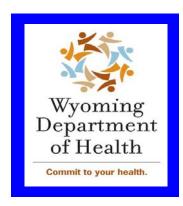
Wyoming Mental Health and Substance Abuse Divisions

Executive Summaries for Mental Health and Substance Abuse Gaps Analysis Reports



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Executive Summary Wyoming Mental Health Services

The Wyoming Mental Health Division (MHD) is in the process of transforming the public mental health System of Care. A broad range of mental health services exists for individuals who need different levels of care, from brief therapy and evidence-based Cognitive Behavioral Therapy to Psychiatric Medication Management, Acute Psychiatric Inpatient Services, as well as a broad range of programs at the State Hospital.

Several Community Mental Health Centers (CMHC) provide exemplary services which meet or exceed the statewide averages for Penetration Rate and average hours per client. Washakie, Pioneer, Fremont, Northern, Central, and Peak Wellness have all demonstrated higher rates of access to services and above-average hours of service per client. These programs serve as models for other centers.

While some CMHCs offer higher-than-average access and service hours, the demand for mental health services greatly exceeds the current capacity of Wyoming's public mental health System of Care. The mandate of Wyoming's public Mental Health System to provide services to anyone who requests mental health services significantly impacts the statewide demand for services.

Three primary factors limit the ability of the system to deliver the needed level of service to Wyoming's most seriously ill clients: 1) lack of funding to hire the number of staff needed to meet the demands of the increased number of individuals requesting services; 2) staff salaries and benefits that are not competitive with surrounding states, or with similar positions in other departments in Wyoming (e.g., Education, Corrections), and 3) difficulty in obtaining licenses for individuals from other states.

With a limited number of staff and funding, all clients receive fewer services. Children with Serious Emotional Disturbance (SED) averaged 30.13 hours of Mental Health Services in FY 2005. For many children with SED, this may be not be adequate to meet their complex needs and the needs of their families. Adults with Serious and Persistent Mental Illness (SPMI) averaged 28.63 hours of Mental Health Services in FY 2005. These individuals require intensive services to help keep them stable in the community, manage their symptoms and medications, and avoid hospitalizations.

Understaffed programs possess the resources to deliver only the minimum core services to clients. Staff must balance many responsibilities and job duties while struggling to meet a client's basic needs. As a result, there is little time to develop exemplary services and deliver the broader range of services which promote the most long lasting outcomes.

Clients with SED and SPMI require a broad range of services to live independently, manage and reduce symptoms, gain employment or return to school, develop social skills, and avoid inpatient hospitalizations. Limited resources also impede programs from developing services for special populations, such as young children (ages 1-5 years), transition age youth (ages 16-24 years), and older adults (ages 60 and older).

Inadequate resources also limit the ability of the CMHCs to develop or expand supported living arrangements (apartments, group homes), which are effective at preventing inpatient hospitalizations. These supported living arrangements provide the core foundation for helping clients remain in the community and reducing the need for more intensive services.

A component of the Mental Health Division's transformation is the development of regional services. Specialized services designed for the highest need clients are being planned in each of five (5) comprehensive care regions of the state. Regionalization of services provides the opportunity to offer specialized services that can be delivered cost-effectively at each CMHC or within the region.

The development and expansion of the Mental Health System of Care will include the development of exemplary programs to help achieve positive outcomes in a cost-effective manner. This includes helping individuals to attend school, stay out of trouble, reduce the use of substances, gain and keep employment, and reduce Inpatient Psychiatric hospitalizations. Building a System of Care will also promote collaboration between agencies and support clients and families through the delivery of coordinated services.

Collaboration among the mental health centers, the MHD, and the State Hospital will also be enhanced as part of the System of Care transformation. Currently, the State Hospital provides a broad range of services on the grounds of the hospital and delivers outpatient-type services in the community. These outpatient-type services duplicate the services delivered by CMHCs and divert scarce resources away from the CMHCs. As the system is transformed, coordination between the State Hospital and the CMHCs will be strengthened.

At the state level, there is a need to redefine the roles of the MHD and SAD. This includes filling current State vacancies, as well as expanding the Divisions' work force to provide both technical assistance and training across the state. The restoration of the role of Field Consultant for each region would provide the opportunity to support local programs in implementing a System of Care, improve the quality of services, and promote recovery for clients. A comprehensive training program would help local programs to develop and deliver evidence-based practices, and help managers to use data and information for decision support and improving the quality of care.

The development of a state-level Quality Leadership Program, which bridges the Mental Health and Substance Abuse Divisions, would provide an oversight and accountability process for transforming the mental health and substance abuse Systems of Care. This Quality Leadership process would utilize data to promote an understanding of the results of these expanded treatment services.

The development of a core set of client outcomes and system-level performance measures to demonstrate the effectiveness of services would assist the Divisions in improving quality, coordinating and providing oversight, and developing accountability at both the state and local levels. By developing these measures and a methodology for collecting and analyzing the data, managers at all levels of the system would be able to use data to show program effectiveness. A newly-formed, state-level Quality Leadership Council would utilize this information as a component of a quality improvement and quality management system to continually improve services across time.

Through a collaborative effort, Wyoming can develop a decision support system which uses data to understand the effectiveness of services and achieve optimal outcomes. This involves more than counting the number of people who access services and the number of hours that they receive. It is also working to determine the *right* amount of service to meet the needs of each individual client and empowering the client to achieve optimal functioning and recovery.

To accomplish the recommendations outlined in this report, begin addressing the gaps in services, and build an accountable mental health System of Care, additional resources and funding are required. The development of a strong service delivery system will not only improve the lives of citizens of Wyoming and their families, it will positively impact other community partners, including law enforcement, jails, education, and social services.

Mental Health Summary of Gaps, Discussions, and Promising Practices

Throughout the document, Gaps in services, Discussion points, and Promising Practices are identified using the following symbols:



These special statements are intended to stimulate planning activities for transforming the mental health system to deliver recovery-based, outcome-oriented services.

Gaps

Gap: CMHC Penetration Rates Eight of the CMHCs have Penetration Rates equal to or higher than the statewide average of 3.4% for all clients. Seven of the CMHCs have a Penetration Rate equal to or higher than the statewide average of 1.2% for targeted clients. Seven CMHCs have both Penetration Rates equal to or higher than the statewide average. These are: Hot Springs, Washakie, Big Horn, Eastern, Pioneer, and Southwest.

Gap: CMHC Average Hours per Client The statewide average hours per client (16.80 hours) can be used as an initial benchmark. There are nine (9) CMHCs with an average number of hours per client that is above the benchmark: Washakie, Carbon, Jackson, Pioneer, Park, Fremont, Northern, Central, and Peak Wellness.

Gap: Medicaid Reimbursement Medicaid reimbursement is claimed for 57.2% of all service hours for children. However, only 27.7% of the service hours for adults are reimbursed by Medicaid. Maximizing Medicaid funding can provide additional dollars for expanding community based services. Existing state dollars which would pay for mental health services can be used to match the additional Medicaid claims. Additional state funds are not required in order to expand Medicaid services in the CMHCs.

Gap: Hours of Service per Child with SED The majority of children with SED (66.70%) received Outpatient Therapy in the Clinic. These children averaged 9.97 hours of Outpatient Therapy services. Children who received Group Therapy averaged 32.20 hours of Group Therapy service. Across all SED children, the average hours per child was 25.94 hours of service in the year. In addition, 70.71% of the children with SED received an additional 7.90 hours of Case Management. These are the highest need clients in the system, and benefit from collaborative services with the family. An average of 26 hours per year may not be sufficient to meet all of the needs of these high-risk clients.

Gap: Hours of Service per Non-Targeted Child The majority of non-targeted children (59.02%) received Outpatient Therapy in the clinic. On average, these children received 6.36 hours of service in the year. In addition, 55.81% of these children received an additional 2.51 hours of Case Management. A small percentage of these children (14.25%) received Group Therapy, with an average of 27.33 hours per child. Across all non-targeted children, the average hours per year was 12.19 hours per year.

Gap: Hours of Service per Adult with SPMI The majority of adults with SPMI (75.04%) received Outpatient Therapy in the clinic. On average, each adult with SPMI received 10.09 hours of Outpatient Therapy Service in the clinic in FY 2005. In addition, 68.71% of the adults with SPMI received an additional 9.76 hours of Case Management. Across all services, each client received an average of 22.13 hours per year. For these high-risk clients, this level of services may not be sufficient to help them achieve optimal outcomes.

Gap: Psychiatric Services by a Psychiatrist Hours per Client The amount of time each client receives for psychiatric services is extremely low. In this fiscal year, each client averaged approximately 90 minutes of psychiatrist time. This is an inadequate amount of time for psychiatrists to evaluate and treat complex mental health diagnoses.

Gap: Medication Management Hours per Client The amount of time each client receives for Medication Management services is extremely low. In this fiscal year, each child averaged approximately 90 minutes of Medication Management time. Adults averaged 120 minutes. Some clients may need access to additional Medication Management services to adequately meet their needs.

Gap: Supported Employment/Vocational Educational Services Supported Employment and Vocational Educational services are important services which assist clients in getting and keeping a job. A few CMHCs are successful in working with the Division of Vocational Rehabilitation (DVR) to deliver these services to persons with SPMI. However, in most locations, DVR does not have adequate staffing to serve mental health clients. Frequently, clients must wait six months or longer to receive DVR services. One of the core outcomes for mental health services is to help clients become employed, when feasible. Developing these services, tailored to meet the needs of mental health clients, is critical for helping clients live independently. The current availability of employment support services for SPMI clients may not be adequate.

Gap: Individual Recreation and Socialization Services Individual Recreation and Socialization services are important for children with SED and adults with SPMI. The average child with SED receives only 23.33 hours per year. The average adult with SPMI receives 3.47 hours. This calculates into two hours per month for children with SED. For adults with SPMI, it calculates into one hour every three (3) months. This may not be adequate for developing the social skills necessary to live successfully within a community environment. However, many of these services are a component of a CMHC's drop-in center activities, and therefore, not reported to WCIS. It is difficult to assess the amount of services delivered with the present data system.

Gap: Group Recreation and Socialization Services Group Recreation and Socialization Services are important for children with SED and adults with SPMI. The average client receives only 25 hours per year, which calculates into two hours per month. This may not be for developing the social skills necessary to live successfully within a community environment.

Gap: Individual Rehabilitation Services Individual Rehabilitation Services are important for children with SED and adults with SPMI. Only 152 clients in the state received Individual Rehab services. The average client receives only 26 hours per year, which calculates into two hours per month. This may not be adequate for developing the skills necessary to live successfully within a community environment.

Gap: Group Rehabilitation Services Group Rehabilitation Services are critical for helping clients live independently in the community. Documentation of these intensive services could be combined with individual and group rehabilitation services to help clarify documentation. In addition, funding for these services is needed, including the ability to be reimbursed for Medicaid, to help clients achieve positive outcomes.

Gap: Funding for Developing Apartments and Housing Funding for apartments and housing arrangements is extremely limited. Many of the CMHCs have worked with local community resources to build apartments for their clients. Access to state dollars for developing residential options has been limited. However, recently, state funds have been used to develop apartments on the grounds of the State Hospital. This results in fewer dollars available for developing these valuable services in the client's own community. State funding and expansion of community residential housing options is needed in all regions. Safe and stable housing for SPMI clients is the critical foundation for delivery of all other mental health services.

Gap: Therapeutic Foster Care (TFC) Therapeutic Foster Care (TFC) is an important service for children with SED. TFC parents are highly trained and are effective at helping children and youth remain in the community and avoid psychiatric Inpatient Services. Currently, beds in TFC homes are underutilized. Developing collaborative relationships between agencies requires that all partners work together to meet the needs of the children. Enhancement of this collaboration could help maximize the use of this resource could benefit children who need this intensive level of care.

Gap: Crisis Stabilization Services Crisis Stabilization Services are an important component in the full system of care continuum. These cost-effective, community-based services help to reduce inpatient hospitalizations and provide a safe environment for helping clients resolve a crisis. There is an immediate need for Crisis Stabilization Services in all regions.

Gap: Limited Inpatient Services for Children and Adolescents WBI is the only facility in the state that offers inpatient services to children younger than twelve years of age. WBI and United Medical Center offer services to adolescents. There is a need to develop and provide additional funding for inpatient services for children and adolescents.

Gap: Acute Inpatient Psychiatric Services Acute Inpatient Psychiatric Services are severely limited and frequently difficult to access. Development of consistent, appropriate Acute Inpatient Services in each region for all clients experiencing an acute psychiatric episode and needing this level of care is recommended. The recent legislation which funds an additional two Inpatient beds begins to address this issue.

Gap: Voluntary Admissions to WSH WSH staff reported that voluntary admissions to the hospital have been discontinued. This creates a serious burden for the CMHCs, who must identify alternative resources for providing psychiatric inpatient services for clients who are voluntary admissions. In many cases, the CMHC must pursue the legal measures of involuntary admission to help the client receive the necessary treatment.

Gap: Coordinated Services for Individuals with Co-Occurring Substance Abuse and Mental Health Disorders There is a need to develop additional programs to meet the complex needs of persons with co-occurring substance abuse and mental health disorders. These programs would be staffed by appropriately credentialed mental health professionals with training in substance abuse treatment. Individuals with dual substance abuse and mental health diagnoses enrolled in these specially designed programs would have access to such services as Intensive Outpatient Substance Abuse Services, Intensive Case Management, Psychotropic Medication Management, and mental health therapy. In addition, there is a need to develop residential programs which specifically serve persons with co-occurring substance abuse and mental health disorders.

Gap: Services for Young Children The development of services for young children, as well as utilization of promising and/or evidence-based practices, would enhance the existing children's mental health system. A few CMHCs have developed evidence-based practices to serve young children and their parent(s). The expansion of these services into all regions would enable these important early intervention services to meet the needs of children and families. These early intervention services would also provide an important resource for the Department of Family Services. Most families who are trying to reunify with their children could greatly benefit from this mental health early intervention services.

Gap: Transition Age Youth Services At the present time, there are few services developed specifically for Transition Age Youth in Wyoming. This is one of the highest need populations, as evidenced by the growing substance abuse population, escalating crime rates, increasing jail populations, and a high suicide rate amongst youth ages 16-25. Age-appropriate services to help this vulnerable population to develop independent living skills, get jobs, and avoid substances, are needed to achieve these outcomes.

Gap: Services for Older Adults Mental health services for older adults in Wyoming are limited. During statewide interviews, many CMHC Directors noted the lack of outreach and mental health services for this population. The development of specific services to meet the unique needs of the older adult population will help to reduce stigma, improve access, and assist individuals to live independently and achieve positive outcomes.

Gap: Services to Meet the Needs of SED and SPMI Clients With existing funding, the number of staff, and the demand for services, many centers have waiting lists and a limited ability to fully meet the needs of the most disabled clients. Without additional funding to hire staff, it may be necessary to discuss strategies for addressing the needs of persons with SED and SPMI are met.

Discussions

Discussion: Review Mental Health Services for Non-targeted Clients Of the 11,366 adults receiving mental health services, 7,576 are not considered SPMI. This shows that 66.7% of the adults who receive mental health services are not reported as meeting the target population. Many of these clients are high-risk clients who respond well to brief therapy. This population averages 7.94 hours of services in the year. With limited funding for mental health services, there is a need to review the clients who are receiving services and discuss the implications of the impact these brief therapy clients have upon existing resources. There is a need for additional resources to meet the complex needs all clients in the system, especially those who are SED and SPMI.

Discussion: Developing Telepsychiatry Many CMHCs have difficulty recruiting and retaining a psychiatrist, partially due to remote locations, pay scales, and relative professional isolation. The delivery of psychiatric services via audio-visual equipment, known as Telepsychiatry, has provided an effective solution to the shortage of psychiatrists in Wyoming. Both clients and staff report that this cost-effective strategy promotes positive outcomes and report high levels of satisfaction with these services. Expanding this technology into all CMHCs and utilizing the psychiatrists at the State Hospital would help meet the needs of clients in Wyoming.

Discussion: Expanding Vocational and Rehabilitation Programs

Many CMHCs have developed vocational programs and are helping clients to obtain employment. This is a strong first step in developing employment opportunities for clients. Training for staff and expansion of services to include a variety of employment services in each region is encouraged. A few CMHCs work closely with the local Department of Vocational Rehabilitation (DVR). Expanding these services requires close collaboration with DVR to maximize resources. Developing a model of collaboration between DVR and the CMHCs is important to maximizing these services.

Discussion: Developing Supported Education Supported Education Services assist transition age youth and adult consumers in accessing community college classes and obtaining the support needed to achieve educational goals. These services also help clients to obtain their General Educational Development Test (GED) to obtain their high school equivalency diploma. The development of Supported Education Services in each region in collaboration with local community colleges is encouraged.



Discussion: Expanding Residential Apartments Supported living options and low cost apartments create the opportunity for SPMI clients to achieve success in living independently in the community. The development of these safe, affordable living options in each region will provide an excellent

foundation for helping clients reduce dependence on the mental health system. This residential data shows that in most apartments, the same client stays in an apartment for one year or longer. With a low turnover in clients, this limited resource is not available for other clients who could also benefit from this resource.

Discussion: Minimizing Jail Time for Mentally Ill Persons Persons with a mental illness who are waiting to access residential services are sometimes placed in jail, or held in jail, until a residential bed becomes available. This setting frequently exacerbates symptoms of mental illness, as jail staff are not trained to effectively manage acute mental health symptoms. There is a significant need to create alternatives to placing clients with a mental illness in jail.

Discussion: Treating Co-Occurring Disorders at the State Hospital It is estimated that 30-50% of mental health clients also have a co-occurring substance abuse disorder. Treatment for these co-occurring disorders is necessary for achieving positive outcomes. CMHC staff and WSH staff had varying views on WSH admission policies for persons with substance abuse and co-occurring disorders. A discussion around the role of WSH in providing services to clients with co-occurring disorders is encouraged.

Discussion: Models for Mental Health Clinical Licensing Reciprocity
Several of Wyoming's neighboring states model efficient programs and
procedures for licensing reciprocity and dual credentialing. Nebraska offers
core courses statewide which give staff the opportunity to obtain dual credentialing. Most
states have a reciprocal agreement with other states and accept clinical licenses from these
states. The timely approval of clinical licenses also allows programs to expand recruitment
activities to attract qualified, experienced staff from across the country. The modification
of Wyoming legislation to allow individuals to obtain a provisional license while meeting
the educational requirements, is encouraged.

Discussion: Hiring Youth, Clients, and Family Members There were only a few paid staff positions in the State that are filled by consumers or family members in FY 2005 and 06. Promoting the development of youth, consumer, and family member paid positions to utilize the strengths, knowledge, and experience of our clients will benefit the entire system. Creating the opportunity to hire youth as Peer Mentors, adult clients as Peer Specialists, and family members as Parent Partners in each CMHC and at the State Division will help transform the system and achieve positive, recovery-oriented outcomes. At the present time, there is no specific funding for hiring clients and family members.

Promising Practices

Promising Practice: Washakie Works Washakie Works provides an excellent model for creating employment opportunities for clients with SPMI. The Washakie Works program manager has a contractor's license and has mentored and trained many of the adult clients to develop construction and wood-working skills. Washakie Works advertises in the community and receives contracts from community members to build porches, construct additional rooms, paint, and complete maintenance activities. These skills create the opportunity for clients to earn money and, more importantly, develop marketable and employable skills. As a result, clients can 'graduate' from Washakie Works and successfully find employment with other construction management firms. Clients who have worked for Washakie Works have confidence and the ability to work as team members, while successfully managing their mental health symptoms.

Promising Practice: Central Wyoming Counseling Center's Supported Employment Program Central Wyoming Counseling Center's Supported Employment program has been immensely successful in helping clients with SPMI obtain and maintain competitive employment. This program was developed in 1994 through a joint cooperative effort with the Division of Vocational Rehabilitation. As of 11/2006 they had 73%, or 177 individuals, of their SPMI caseload working competitively in full- or part-time employment. This program has been recognized as a best practice model by the <u>President's Committee on Employment of People with Disabilities.</u>

Promising Practice: Affordable, Safe Housing for SPMI Clients A few of the CMHCs have built and/or purchased apartments for use by clients who are SPMI. These apartments are available to clients who are living on disability and have limited incomes. Affordable, safe housing provides the foundation for a person to live independently. Combining these apartments with supportive services helps clients to successfully live in the community. As the client develops the skills to live independently without supports, he/she can then 'graduate' to a fully independent living situation. These apartments have been an important component in helping clients recover and achieve their life goals.

Executive Summary

Wyoming Substance Abuse Services

The Wyoming Substance Abuse System has an excellent foundation of program models and core services for delivering comprehensive substance abuse services across the State. Each Substance Abuse Center (SAC) has qualified and trained staff to conduct the mandated Addiction Severity Index (ASI) Assessment and identify each client's level of need using the ASAM (American Society of Addiction Medicines) Patient Placement Criteria. All but the smallest SACs offer a full range of substance abuse services.

A number of exemplary programs exist in Wyoming. Curran-Seeley provides an outstanding model for outpatient and intensive outpatient services. Southwest's residential programs, which utilize the evidence-based Therapeutic Community model, have excellent retention and results. Fremont Alcohol Crisis Center offers a social detoxification program which is utilized by a number of SACs.

However, the demand for substance abuse services greatly exceeds the current capacity of Wyoming's public substance abuse services system. Recently, the number of clients referred for services has increased for several reasons, including the requirements of new legislation for assessing individuals who have been arrested for Driving Under the Influence (DUI), and a general rise in Wyoming's population.

The increase in clients has resulted in the need for additional services for individuals with substance abuse problems. For example, many Intensive Outpatient (IOP) Group Therapy programs either have large numbers of individuals attending each group service or long waiting lists for these intensive services. Waiting lists also exist for the limited number of residential programs in the State. The limited number of social or medical detoxification facilities and inpatient services also impacts client quality of care. When clients require this level of service, there are few resources in the State to meet their needs.

Limited services to meet the needs of an increasing substance abuse population are also a result of inadequate staffing across the State. Currently, there are several barriers to filling staff positions in Wyoming. Salaries and benefits currently paid to staff are extremely low, in comparison to surrounding states, as well as similar positions in other departments in Wyoming (i.e., Education, Law Enforcement). In addition, tedious licensing requirements and lack of licensing reciprocity with other states further complicate the recruitment and retention of new staff.

Expansion of services to meet current demand and development of necessary financial incentives for hiring skilled and experienced staff will require additional funding. Many of the Substance Abuse Centers operate with limited dollars. Statewide, clients who need the most intensive outpatient services (IOP) receive an average of 57 hours of service per year, while exemplary programs deliver an average of 98 hours of service per client per year. This demonstrates the intensity of services received by high-need clients.

The development of a Quality Leadership Program would provide an oversight and accountability process which would utilize data to promote understanding of the results of expanded treatment services. The development of a core set of client outcomes and system-level performance measures to demonstrate the effectiveness of services would help transform the substance abuse system. By developing these measures and a methodology for collecting and analyzing the data, the Wyoming Substance Abuse Division (SAD) would be able to use data to show effectiveness over time. A newly-formed, state-level Quality Improvement Council would utilize this information as a component of a quality improvement and quality management system to continually improve services across time.

To address the gaps in services and accomplish the recommendations outlined in this report, the following steps are recommended:

- 1) Continue developing a cost-effective treatment system which utilizes promising and evidence based practices, when feasible.
- 2) Implement a Quality Leadership system which develops and utilizes performance and outcome measures to promote an accountable substance abuse system of care to assure access, quality, and cost-effectiveness of services.
- 3) Provide the needed additional resources and funding required to implement services.

The development of a strong substance abuse treatment system will not only improve the lives of citizens of Wyoming and their families, it will positively impact other community partners, including law enforcement, jails, education, and social services.

Substance Abuse: Summary of Gaps, Discussion Points, and Promising Practices

Throughout the document, Gaps in services, Discussion points, and Promising Practices are identified using the following symbols:



These special statements are intended to stimulate planning activities for transforming the mental health system to deliver recovery-based, outcome-oriented services.

Gaps

Gap: Availability of Substance Abuse Services for Youth There were only 1,065 youth in the State who received substance abuse services in FY 2005. Out of the total number of youth ages 10-17 (N=32,819), this represents 3.2% of adolescents. Presently, no specific funding exists for substance abuse services for youth. As a result, there are very few services for adolescents who need substance abuse services. However, there is a significant need for these services. This shortage of services includes community Alcoholics Anonymous (AA) and more Narcotics Anonymous (NA) groups for youth, outpatient therapy, group therapy, and intensive outpatient group therapy specifically designed for youth. There are also a very limited number of residential beds for youth. There is a need for collaborative efforts and coordinated funding partnerships between substance abuse, mental health, probation, Department of Family Services, education, and the family. This collaborative effort would promote coordinated service planning and delivery of services across state and local programs to promote recovery and positive outcomes for these high-need youth.

Gap: Substance Abuse Centers' (SAC) Access and Average Hours Per Client The statewide Penetration Rate (1.7%) combined with the average hours per client (18.65 hours) may be used as an initial benchmark for service access and utilization. The development of a standard for outpatient service access and average hours of service delivery will provide a benchmark for enhancing services in Wyoming. Developing benchmarks for individual levels of service (e.g., ASAM Level I, ASAM Level II) will help to optimize delivery of each service.

Gap: Coordinated Services for Individuals with Co-Occurring Substance Abuse and Mental Health Disorders There is a need to fund and develop additional programs to meet the complex needs of persons with co-occurring substance abuse and mental health disorders. These programs would be staffed by appropriately credentialed mental health professionals with training in substance abuse treatment. Individuals with dual substance abuse and mental health diagnoses enrolled in these specially designed programs would have access to such services as Intensive Outpatient Substance Abuse Services, Intensive Case Management, Psychotropic Medication Management, and mental health therapy. In addition, there is a need to develop residential programs which specifically serve persons with co-occurring substance abuse and mental health disorders.



Gap: Expanding Social Detox Existing Social Detox programs in the State provide a cost-effective model for delivering this important service to both mental health and substance abuse clients. There is a substantial need for the development of at least one Social Detox program in each region.



Gap: Inconsistent Data Reporting for Social Detox The development of a statewide methodology for each State-funded Social Detox program to report the number of clients and the number of units of services received to the WCIS system is recommended.

Gap: Transitional Housing As noted above, there are several transitional residential services in Wyoming. However, there is a need to increase the number of transitional housing programs offered in the State. Some SACs reported buying or leasing apartment buildings and multiplex dwellings in order to provide clients with a transitional place to live after treatment. However, many SACs are unable to provide an adequate number of housing options. As a result, clients usually return home immediately after treatment. This lack of transitional housing exposes recovering clients to an abrupt change of atmosphere and loss of support at a critical time. Additional transitional housing, such as halfway houses, would provide a necessary level of support to more clients as they adjust to life without addiction.

Gap: Services for Parents with Children In Wyoming, there are few services designed specifically for parents with dependent children. As noted above, a few residential programs offer services to parents and provide day care for children while the parent receives services. There is a need to provide a place for parents to live with their children while participating in Residential Services. Day care services for clients who are enrolled in Outpatient Services would also improve retention and outcomes.

Gap: Substance Abuse Services for Older Adults At the present time, there are very few older adults accessing substance abuse services. In addition, there are few specific services and no targeted funding allocated for this complex population. The development of training for staff on recognizing substance abuse in older adults, as well as developing best practice models of care for these individuals, is highly recommended.

Gap: Waiting Lists for Outpatient and Residential Services Substance
Abuse staff in Wyoming are diligent and dedicated individuals who frequently work long hours. Unfortunately, there is inadequate funding to hire enough staff to serve clients of all ages who are seeking substance abuse treatment. As a result, there are waiting lists for services across Wyoming. Because each SAC manages its own beds and waiting lists and there is no coordinated statewide waiting list, clients often end up on multiple lists.

Gap: Available Programs The existing substance abuse service delivery system is delivering substantial substance abuse services during day time and evening hours, to meet the needs of clients. However, the increase in demand for services creates the need for additional programs at all levels of the continuum of substance abuse services. This includes expanded Intensive Outpatient services, additional Social and Medical Detox programs, and additional Residential and Transitional Residential Programs.

Gap: Low Staff Salaries and Benefits Staff shortages affect every SAC, with some positions remaining vacant for over a year. Low salaries and benefits increase the difficulty of recruiting new staff. SAC pay scales are substantially lower in comparison to other states and other government agencies within Wyoming (e.g., education, law enforcement). Raising SAC pay scales to make them competitive both within Wyoming and with other states will promote the recruitment of new, high quality staff.

Gap: Increase in Substance Abuse Trained and Certified Staff The current substance abuse service system is delivering a substantial number of services during day time and evening hours, to meet the needs of clients. However, the number of individuals who need substance abuse services is growing, creating the need to expand the work force and hire additional staff to meet the growing demand.

Gap: Statewide Training for Substance Abuse Providers There is a need for substance abuse training across the State to help develop and refine staff skills. This would include training on ASI assessments and using the ASAM level of care, as well as training on evidence-based practice models for service delivery. These trainings would help standardize services and achieve positive outcomes for clients.

Gap: Medicaid Reimbursement Medicaid reimbursement is claimed for 10.66% of all clients; only 8.38% of all substance abuse funding comes from Medicaid. Maximizing Medicaid funding can provide additional dollars for expanding substance abuse services. Existing State dollars paid for substance abuse services can be used as match for the Medicaid claims. Additional State funds are not required in order to expand Medicaid services in the SACs.

Gap: Collecting Outcome Measures and Performance Indicators At the present time, the SAD does not routinely collect data for measuring client-level outcomes or system-level performance. There is a need to understand the cost-effectiveness of services and identify which treatment model is most effective at helping clients recover and maintain recovery over time. Funding is needed to support the SACs in collecting outcome data during and after discharge from programs (Outpatient and Residential Services). Without funding, the SACs do not have the resources to follow clients after they have left programs. It is also helpful for SACs to have the ability to pay clients for providing follow-up data after leaving programs. This financial incentive is useful in obtaining information reliable outcome information over time.

Discussions

Discussion: Substance Abuse Division's (SAD) Study of DUI Assessments conducted by Independent Providers There were some concerns regarding the quality and timeliness of the Driving Under the Influence (DUI) assessments conducted by the Independent Certified Assessors. The Wyoming SAD may examine the feasibility of conducting a survey of the courts and SACs to evaluate the quality, timeliness, and efficiency of how these Independent Assessments are being completed.

Discussion: Matching Client Need to Residential Treatment Service There are a number of different treatment models being used by the Residential Treatment Programs. All of the treatment programs are at full capacity, with long waiting lists of clients needing treatment. Directors noted that some clients were not matched to the type of residential treatment program, but rather admitted to any program when a bed became available. Having a sufficient number of residential services to allow matching a client's need to the residential treatment program could help maximize positive outcomes.

Discussion: Communicating Residential Bed Availability There is no statewide systematic method for communicating the availability of substance abuse residential beds or the criteria for admission to each residential program. The development of a web-based database would provide crucial assistance in linking this valuable resource to clients and providers who could benefit from these critical services. This system would provide information on the number of beds filled, the number of vacancies, and other relevant information on vacant residential beds. Information on gender and treatment length of stay would also be valuable. Residential beds are a valuable and scarce resource in the State.

Discussion: Collecting Unduplicated Counts of Individuals waiting for Residential Services Presently, each residential program keeps a waiting list of individuals who are referred for services. In an effort to access treatment as quickly as possible, each SAC and/or CMHC will call each residential program when a client needs this intensive level of care. Subsequently, the client is placed on each program's waiting list. As a result, the total number of unduplicated clients waiting for a residential bed is impossible to calculate. The development of a statewide list of clients waiting for residential services would provide important information on the demand and need for residential services, promote statewide planning efforts, and document and address the need for additional services

Discussion: Communicating Substance Abuse Services Available at State
Hospital No clear method exists for communicating the range of services
available at the State Hospital. Specifically, the State Hospital does not
consistently inform SAC and CMHC staff regarding available State Hospital
services for clients, including substance abuse services. Consistent, standardized
communication of this information by the WSH to SACs and CMHCs would greatly
improve access to these services and expand treatment options for SACs and substance
abuse clients across Wyoming.

Discussion: Models for Licensing Reciprocity and Dual Credentialing
Several of Wyoming's neighboring states model efficient programs and
procedures for licensing reciprocity and dual credentialing. Nebraska offers
core courses statewide which give staff the opportunity to obtain dual credentialing. Most
states have a reciprocal agreement with other states and accept clinical licenses from these
states. The timely approval of clinical licenses also allows programs to expand recruitment
activities to attract qualified, experienced staff from across the country. The modification
of Wyoming legislation to allow individuals to obtain a provisional license while meeting
the educational requirements is encouraged.

Discussion: Developing Funding Strategies to Promote Quality Services As regional services are developed and clients are more likely to receive services across SACs, the methodology for funding services will need to be analyzed and distributed based on performance. The SAD and providers are encouraged to discuss strategies for assuring that each SAC has sufficient funding to support the core personnel needed to support the program (i.e., Director, Administrative staff) and deliver core substance abuse services. In addition, strategies for compensating providers based on the number of clients and the amount of services may be developed to reimburse providers for the services they deliver. Paying SACs on a fee-for-service basis is one option to consider.

Discussion: Expanding Core Client Outcomes and Collecting Client Data
Although consensus exists regarding the core outcomes and performance
measures, development of reliable and valid methods for measuring these
indicators is still being discussed on a national level. In addition, the methodology for
analyzing outcome data is still under development. Given the current state of outcome
measurement and analysis, it is recommended that the Wyoming SAD continue to expand
core client outcomes and collect data on these indicators. It is also recommended that the
client-specific outcome data is used only as a quality improvement tool at this time, and not
be tied to contract dollars until there is consensus on the methodology of collecting and
analyzing specific outcome measures.

Promising Practices

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 3.2%. 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 98 hours of IOP Group Therapy services. 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.

Promising Practice: Fremont Alcohol Crisis Center The Fremont 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.

Promising Practice: Southwest Residential Programs Southwest
Counseling offers residential programs utilizing the Therapeutic Community
Intervention model. This program provides an excellent model for delivering
comprehensive services with positive outcomes. Their program allows women
to have their children live with them, providing day care while the women attend programs
in the day. They also focus on developing employment and life management skills while
helping individuals learn and assimilate social norms and develop more effective social
skills. This program helps individuals achieve positive, long-term outcomes.