

Summary of Gaps, Discussions, Promising Practices, and Trends

Throughout the document, gaps in services, discussion points, promising practices, and trends are identified using the following symbols:

Gap



Discussion



Promising Practice



Trends



These special statements are intended to stimulate planning activities for transforming the mental health and substance abuse systems to deliver recovery-based, outcome-oriented services. The mental health data has been analyzed in two ways. The **Total** Mental Health Services reflects all reported Outpatient Services, while the **Core** Mental Health Services shows data for Assessments, Outpatient Individual Therapy, Group Therapy, Medication Management services, and Case Management services. There is variability across centers in the way that Specialty Mental Health Services are delivered; these were separated out in most of the discussions of access and service utilization.

Gaps



Mental Health Gap: CMHC Average Total Hours per Client. For Total Mental Health Services, the statewide average hours per client (20.49 hours) shows an increase in the average hours per year since FY 2005. However, there is a lot of variability between centers. There are six (6) CMHCs with an average number of hours per client that is above the benchmark: Cloud Peak, Pioneer, Yellowstone, Southwest, Northern, and Peak Wellness. Children with SED averaged 29.42 hours per year, or approximately two and one half (2 ½) hours of service per month. Adults with SPMI received 42.48 hours per year, or approximately three and one half (3 ½) hours per month. Many of these high-need children and adults have many needs and could benefit from additional services to help them meet their treatment goals and achieve positive outcomes.



Mental Health Gap: Expanding Medication Management Services. Medication Management services includes a Medication Evaluation and Medication Management services delivered by a physician, Advanced Nurse Practitioner, Physician Assistant, and/or Registered Nurse. There has been a dramatic increase in the number of persons receiving Medication Management services and the total number of hours delivered as a result of additional funding and expansion of Telemedicine. However, persons interviewed reported an ongoing need for additional Medication Management services, as the average client received 3.47 hours of Medication

Management services across the year. The implementation of Health Care Reform will require the system to link clients with primary care services to help expand access and coordinate health-related services.



Mental Health Gap: Expanding Case Management Services. Case Managers support clients to live independently and access services. Some centers have hired Case Managers to support clinicians and deliver Case Management services. Other centers have clinicians deliver Case Management services to their clients. The centers that have a Case Manager on staff report that they are highly effective in helping clients access services and are critical to keeping clients stable at home. These centers also noted that there is a demand for additional Case Managers to meet the needs of their clients. Hiring additional Case Managers can be a cost-effective approach to meeting the needs of children with SED and their families, and adults with SPMI.



Mental Health Gap: Children with SED. Children with SED have a need for comprehensive services for themselves and their families. These are the highest-need children and youth in our system. These children and youth received an average of 26.49 hours per year, or approximately two (2) hours of Core Services per month. For these complex children and families, this amount of services may not be sufficient to provide comprehensive services to achieve optimal outcomes.



Mental Health Gap: Hours of Core Service per Child with SED. Children with SED are individuals with multiple needs. Across the state, each child with SED received an average of 26.63 hours of Core Services in the year. This represents an average of two (2) hours per month. This data breaks down to 1 hour per month of Outpatient Therapy; 1.7 hours of Group Therapy; 30 minutes of Case Management; approximately 3 hours of Day Treatment (for a few children); and approximately 15 minutes of Medication Management. These are the highest need children in the system, and they would greatly benefit from intensive treatment services for the child, supportive services for the family, and a collaborative multiagency approach. An average of 26.63 hours per year may not be sufficient to meet all of the needs of these high-need children and their families.



Mental Health Gap: Continue to Expand Mental Health Services for Young Children. The development of services for young children and their families, as well as utilization of promising practices and/or evidence-based practices, would further enhance the existing children's mental health system. Additional funding has expanded services to this young population, and a few CMHCs have developed evidence-based practices to serve young children and their parent(s). The continual implementation of evidence-based practices for this age group in all regions would further develop these important treatment services to meet the needs of young children and families.

 **Mental Health Gap: Hiring Consumers and Family Members.** Hiring family members to be Parent Partners and work on child teams would strengthen services. These Parent Partners would help promote family voice, as well as help promote the collaboration of services across agencies.

 **Mental Health Gap: Develop Transition Age Youth Services.** At the present time, there are few services developed specifically for Transition Age Youth in Wyoming. This population is high-need, as evidenced by the growing substance abuse population, escalating youth crime rates, increasing jail populations, and a high suicide rate among youth ages 16-25. Age-appropriate services are needed for youth to develop independent living skills, get jobs, and avoid substances. Also, creating positions within the CMHC organization to hire youth as Peer Mentors would help develop youth-oriented services to improve access and retain youth in services as they develop skills to become functional young adults.

 **Mental Health Gap: Hours of Core Service per Adult with SPMI.** Adults with SPMI are individuals with multiple needs. Across the state, each adult with SPMI received an average of 26.96 hours of Core Services in the year. These are the highest need adults in the system, and they would greatly benefit from intensive and collaborative multiagency services. An average of 26.96 hours per year, or 2 hours per month, is not sufficient to meet all of the needs of these high-need adults.

 **Mental Health Gap: Rehabilitative Services.** Rehabilitative services are important for children with SED and adults with SPMI. There are 1,040 clients in the state that received Rehabilitative services. The average client receives 37 hours per year, which calculates into 3.08 hours per month. This amount of services may not be adequate for developing the skills necessary to live independently in the community. It would be helpful to clearly define Rehabilitative services to ensure that all centers are delivering and reporting a similar array of services.

 **Mental Health Gap: Recreation and Socialization Services.** Recreation and Socialization services are important for children with SED and adults with SPMI. The average child with SED receives 7.64 hours per year. The average adult with SPMI receives 94.07 hours. For adults with SPMI, this figure calculates into 7.84 hours per month. This amount of services may not be adequate for developing the social skills necessary to live successfully within a community environment.

 **Mental Health Gap: Low-Income Housing Apartments/Section 8 Housing.** One of the core outcomes for mental health services is to help clients live independently. With the limited number of residential programs and limited availability of Section 8 Housing properties in Wyoming, mental health clients have few low income housing opportunities. There are very few low-income housing and/or expanded Section 8 Housing opportunities in Wyoming. There is a need for the Division to develop additional options for low-income housing and/or advocate for additional Section 8 Housing.



Mental Health Gap: Coordinated Services for Individuals with Co-Occurring Mental Health and Substance Abuse 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 a co-occurring substance abuse and mental health disorder 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 additional residential programs which specifically serve persons with co-occurring substance abuse and mental health disorders.



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.



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.



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 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.

Discussions



Mental Health Discussion: Services for the Non-SED Child. There were a number of children who did not meet the criteria for SED but received intensive Day Treatment and/or Medication Management services. This information may indicate that there is a need to refine the definition and criteria for a Serious Emotional Disturbance and/or review how Day Treatment services are utilized. Medication Management services may be appropriate for children who are not diagnosed with SED, in some instances.



Mental Health Discussion: Early Intervention Services. Early Intervention services have been successfully implemented and have provided an important service in all communities. Every community voiced their request for additional Early Intervention services to meet the needs of young children and their families. Early Intervention services are not clearly defined by the Division, and the services are delivered to different populations in some CMHCs. A clear definition of Early Intervention services and the population to be served would promote a more consistent application of this funding statewide, while still recognizing the need for some flexibility at each center. Early Intervention services are at capacity in each CMHC. Directors and staff reported that these services have been well received and there is a continued increase and demand for services for children who are 0-5 years old and their families.



Mental Health Discussion: Voice, Choice, and Involvement for Children and Families. Some CMHCs utilize the family services and resources provided through the Children's Waiver Program and UPLIFT. A few CMHCs have hired family members as Parent Partners/Family Advocates to support families who are receiving mental health services. Statewide training on family voice, choice, and involvement would help include families in all aspects of the service delivery system, from initial assessment to service delivery, and providing mentoring and support to other family members. Developing paid family positions would also promote collaboration across systems, provide advocacy for families, help family members access services through the Children's Waiver and UPLIFT, and engage families in treatment. This strategy will help to maximize child and family outcomes.



Mental Health Discussion: Mental Health Services for Adults. There are 3,854 adults with SPMI and 8,231 adults who do not meet the SPMI criteria who received mental health services. Some persons with mental health needs may be effectively treated by a primary care physician. As Wyoming begins to implement Health Care Reform, it will be important for CMHCs and local physicians to integrate and coordinate treatment services. Short-term mental health conditions may be treated by primary care physicians who have access to psychopharmacological consultation opportunities. This approach would help focus the efforts of mental health clinicians to coordinate and integrate services for adults with SPMI to help them live in the community, reduce inpatient hospitalizations, recover, and achieve optimal outcomes.



Mental Health Discussion: Services for Veterans. Veterans returning to their home community may experience mental health problems that need supportive mental health services. These may include Posttraumatic Stress Disorder (PTSD); depressive disorders; and military sexual trauma (MST), which the Department of Veterans Affairs uses to refer to sexual assault or repeated, threatening sexual harassment that occurred while the Veteran was in the military. The MHSASD has identified veterans has a high priority population. These returning veterans could greatly benefit from additional mental health services.



Mental Health Discussion: Services for Older Adults. Mental health services for older adults are extremely limited, with some specialized programs closing due to limited funding. During their phone interviews, many CMHC Directors noted the lack of outreach and mental health services for this population. The development of targeted funding for services specifically designed to meet the unique needs of the older adult population would help to reduce stigma, improve access, and assist individuals to live independently and achieve positive outcomes. In addition, there is a need to improve collaboration between physical health, mental health, and substance abuse services to improve coordination of services to meet the needs of older adults.



Mental Health Discussion: Expanding Rehabilitative and Employment Programs. Many CMHCs have developed some Rehabilitative and Employment programs and are helping clients to obtain employment. This strategy is an important 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); 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. In addition, the high employment benchmarks in the DVR accountability model are not compatible with mental health clients' need for ongoing supported employment and are not accommodating to a serious mental illness. As the mental health system measures employment as one of the key client outcomes, it is critical that the system helps clients learn and practice skills that are marketable. There is a need to fund and develop supported employment programs specifically designed for persons who are SPMI. Washakie Works provides a strong model for other centers.



Mental Health Discussion: Reporting Recreation and Socialization Services. Recreation and Socialization services are often available as a component of a CMHC's drop-in center activities. Some CMHCs record and report data on Recreation and Socialization services; others do not collect data on these activities. As a result, the data for these services are not consistently reported across the state. It would be helpful to more clearly define these services and outline how to consistently report them to WCIS.



Mental Health Discussion: Expanding Residential Apartments.

Supported living options and low cost apartments create the opportunity for clients with SPMI to achieve success in living independently in the community. The development of safe, affordable living options in each region would provide an excellent foundation for helping clients reduce dependence on the mental health system. Residential data shows that in most apartments, the same client stays in a unit for one (1) year or longer. With such a low turnover, this limited resource is not available for other clients who could also benefit from this resource. Some clients interviewed reported that it is extremely difficult to find low-income housing in Wyoming and that there is a need for additional group homes. For persons on a limited income, there are few housing options. This difficulty adds to the stress and, in some cases, exacerbates their mental illness.



Mental Health Discussion: Medicaid Payment for Adult Residential Crisis Stabilization Services.

Residential Crisis Stabilization services for adults 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 adult clients resolve a crisis. There is an immediate need for Residential Crisis Stabilization services in all regions. In some states, Crisis Stabilization services are reimbursed by Medicaid as a ‘bundled’ day rate. In Wyoming, Medicaid does not have a day rate for Crisis Stabilization services. Instead, centers are able to receive Medicaid reimbursement for some of the Outpatient Services delivered to clients in Crisis Stabilization programs through Medicaid (e.g., Medication Management services, Individual Therapy, and Group Therapy). However, the current Medicaid Waiver does not include a Crisis Stabilization Day Rate Payment for the bundled program. The Division may wish to investigate the advantages of revising the Medicaid Waiver to include payment for Crisis Stabilization services.



Mental Health 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. There has been some improvement in the timely approval of clinical licenses, but Directors noted that there are still significant delays in getting approval from the Wyoming Licensing Board. The modification of Wyoming legislation to allow individuals to obtain a provisional license while meeting the educational requirements is encouraged.



Mental Health 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 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.



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 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.



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.



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.

Promising Practices



Mental Health Promising Practice: Hot Springs Mobile Family Partnership Team. Hot Springs CMHC has created a Mobile Family Partnership Team, comprised of staff from mental health, substance abuse, the Department of Family Services, education, law enforcement, and county attorneys. The team goes out to the homes of families involved in Child Protective Services, then delivers services to the family, and comes out with a plan. The family identifies what they need and the agencies outline how they can help. This model has brought the agencies together to build a coordinated plan that meets the needs of the child

and family. Mental health clinicians have received extensive training in attachment and trauma, and work to develop services that reduce the negative consequences of being removed from the home. The extensive clinical training and the Mobile Family Partnership Team provide a strong clinical best practice model for other communities.



Mental Health Promising Practice: Consumer and Family Leadership and Involvement.

The National Alliance for the Mentally Ill (NAMI) Chapter in Casper has expanded services and provides support and linkage to consumer and family members across the state. The statewide consumer organization, WYSAAG, provides leadership and support to mental health and substance abuse consumers across the state. The MHSASD supports this group by funding a consumer advocate position. Janet Jares has been instrumental in helping this organization gain momentum. Their annual conference was held in August 2010, and had over 300 people in attendance. This clearly illustrates that consumer voice and participation is being strengthened and promoted across the state.



Mental Health Promising Practice: Drop-In Centers to Promote Wellness and Recovery.

Mountain House and Hope House are two excellent examples of drop-in centers for adults. Mountain House is operated by Jackson Hole Community Counseling Center and Hope House is a part of Yellowstone Behavioral Health Center. These programs offer a safe, warm, comfortable environment where community members may “drop in” to relax, read, work on the computer, visit with others, or meet with staff members who can help them address their issues and improve the quality of their lives. Services offered include individual and group therapy, Crisis Intervention, social and recreational opportunities, vocational and career support through job coaching and a working relationship with the Division of Vocational Rehabilitation, Case Management services, and psychiatric medication clinics. The clients work with the staff to create a team approach to provide the comprehensive network of support and care. These two programs are excellent models for other CMHCs to use in developing drop-in centers for their clients.



Mental Health Promising Practice: Washakie Works.

Washakie Works continues to provide an excellent model for creating employment opportunities for clients with SPMI. This Cloud Peak program mentors and trains adult clients to develop 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 companies. Clients who have worked for Washakie Works have confidence and the ability to work as team members, while successfully managing their mental health symptoms.



Mental Health Promising Practice: Central Wyoming Counseling Center's Supported Employment Program.

Central Wyoming Counseling Center's Supported Employment program has been 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. In FY 2008, there were 4,435 clients served in the Supported Employment Program. This program has been recognized as one of the best practice models in the nation by the *President's Committee on Employment of People with Disabilities*.



Mental Health Promising Practice: Yellowstone Behavioral Health's Brief Intervention Treatment.

Yellowstone Behavioral Health in Park County has a Brief Intervention Therapist on staff who provides intensive, brief outpatient therapy and follow-up services to suicidal individuals, and their families. By remaining in the home and receiving intensive therapy services (3 to 15 hours per week) in the community, the therapist and individual are able to immediately work on the psychological stressors that trigger the suicidal response and develop effective coping strategies. These brief intervention therapy and Case Management services incorporate many natural supports (family, friends, etc.) to promote the individual's recovery and prevent future suicidal attempts. This intense level of service decreases the need for hospitalization while effectively delivering services within the individual's home environment.



Mental Health Promising Practice: Affordable, Safe Housing for SPMI

Clients. Peak Wellness, Cloud Peak, Pioneer, Southwest, Fremont, and Northern 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 and provide an excellent model for other CMHCs to use in developing this service in other regions.



Mental Health Promising Practice: Haven Residential Treatment

Program for Co-occurring Disorders. Peak Wellness operates a Residential Treatment program for persons with co-occurring disorders (mental health and substance abuse) in Laramie County. It is an eight (8) bed, long-term, Residential program for men and women who have a serious and persistent mental illness and a substance use disorder. The program uses a Therapeutic Community Model with a length of stay in the program between 12 to 18 months. The treatment model has four (4) phases, and the clients progress through the program when they learn key components of the dual issues. As the clients successfully move through the treatment phases, they also develop employment skills, activities of daily living, and money management. This program has been successful and provides an excellent model for replication in other regions.



Mental Health Promising Practice: Crisis Stabilization Programs.

Casa de Paz (Peak Wellness) and Foundations (Pioneer Counseling) are two Crisis Stabilization Programs which have been successful at diverting over 90% of their clients from higher levels of care by resolving the client's crisis in a community setting. Data shows that only 10 out of 157 Casa de Paz clients needed to be hospitalized

while receiving crisis stabilization services. Foundations experienced similar success in its first months of operation. Clients report that their experiences at these programs are very positive and vastly superior to an involuntary emergency detention and inpatient hospitalization.



Mental Health Promising Practice: Peer Specialists. Several CMHCs have hired persons who have received mental health services as Peer Specialists. Cloud Peak, Peak Wellness, Jackson Hole, Yellowstone, and other CMHCs have created paid Peer Specialist positions in the past few years. These Peer Specialists have been very effective at providing a positive role model for other consumers. Peer Specialists are active members of the treatment teams and provide valuable information on consumers' strengths, needs, abilities, and outcomes. These paid positions promote wellness and recovery and create opportunities for clients to develop job skills. Peer Specialists support clients in their home and community and are critical to helping clients achieve positive outcomes. Peer Specialist services are Medicaid reimbursable.



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.



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.



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.



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.



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.



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.

Trends



Mental Health Trends: All Mental Health Services. As shown in Figure 6, there were a total of 16,685 clients who received mental health services in FY 2005. In FY 2009, there were 17,946 clients who received mental health services. This data shows an increase of 7.6%. The total number of hours of mental health services delivered was 280,217 in FY 2005. This number increased to 367,782 hours in FY 2009, which shows a 31.2% increase in mental health service hours. The average hours per client increased from 16.79 hours in FY 2005 to 20.49 hours per client in FY 2009, which shows a 22.0% increase. This increase in access and service utilization clearly shows the positive effects of the expanded funding for mental health services.



Mental Health Trends: Medication Management Services. As a result of additional funding for psychiatrists and nurses, there has been a dramatic increase in the number of clients who are receiving Medication Management services and the number of hours delivered. As shown in Figure 10, there were 4,053 clients who received Medication Management services in FY 2005 and 6,207 in FY 2009. This data shows an increase of 53.1%. The number of Medication Management hours increased from 11,785 to 21,530 hours, which shows an 82.7% increase in Medication Management service hours. The average hours per client increased from 2.91 hours per client in FY 2005 to 3.47 hours per client in FY 2009, which shows a 19.3% increase.



Mental Health Trends: Case Management Services. As shown in Figure 12, there has been a slight increase in the number of clients receiving Case Management services (6.6%). The total hours of Case Management services has increased 28%, from 47,200 hours in FY 2005 to 60,406 hours in FY 2009. The average hours per client has increased 20%. This percentage calculates into 6.69 hours of Case Management services per year for each Case Management client.



Mental Health Trends: Children Core Services. As shown in Figure 16, there were a total of 5,319 children who received Core Services in FY 2005. There was a small increase in the total number of children served by FY 2009, to 5,375. This data shows a 1.1% increase. However, the total number of Core Service hours for children's services increased by 13.3%, from 93,007 hours in FY 2005 to 105,371 in FY 2009. Similarly, the average Core Service hours per child increased 12.1%, from 17.49 hours per client in FY 2005 to 19.60 hours per client in FY 2009. This data calculates into approximately 1.6 hours of service per month for each child in FY 2009.



Mental Health Trends: Children with SED Core Services. As shown in Figure 17, there were a total of 1,922 children with SED who received Core Services in FY 2005. In FY 2009, there were 2,103 children with SED served.

This data shows an increase of 9.4% for children with SED. Core Service hours for children with SED increased 10.0%, from 50,917 hours to 55,999 hours. However, the average Core Service hours per child with SED remained stable, with 26.49 hours per client in FY 2005 and 26.63 hours per client in FY 2009.



Mental Health Trends: Adult Core Services. As shown in Figure 21, there were a total of 11,366 adults who received Core Services in FY 2005. There was an increase in the total number of adults served by FY 2009, to 12,085. This data shows a 6.3% increase. The total number of hours for adult's Core Services increased by 16.2%, from 154,106 hours in FY 2005 to 179,082 in FY 2009. Similarly, the average hours per adult increased 9.3%, from 13.56 hours per client in FY 2005 to 14.82 hours per client in FY 2009. This number calculates into approximately 1.2 hours of service per month for each adult in FY 2009.



Mental Health Trends: Adults with SPMI Core Services. As shown in Figure 22, there were a total of 3,790 adults with SPMI who received Core Services in FY 2005. In FY 2009, there were 3,854 adults with SPMI served. This data shows an increase of 1.7% for adults with SPMI. Core Service hours for adults with SPMI increased 15.1%, from 90,250 hours in FY 2005 to 103,896 hours in FY 2009. The average hours per adult with SPMI increased 13.2%, with 23.81 hours per client in FY 2005 and 26.96 hours per client in FY 2009.



Mental Health Trends: Rehabilitative Services. As shown in Figure 26, the number of clients receiving Rehabilitative services has increased over the past four years. In FY 2005, 380 clients received Rehabilitative services. That has increased to 1,040 clients in FY 2009. This data shows a 173.7% increase. Similarly, the total number of hours of Rehabilitative services has increased from 10,404 in FY 2005 to 38,071 in FY 2009. Nearly half of these Rehabilitative services (15,885) were delivered by Yellowstone.



Mental Health Trends: Employment Services. As shown in Figure 28, Employment services offered by the CMHCs have decreased over the past four years. In FY 2005, there were 429 clients receiving Employment services. In FY 2009, these services were offered to 367 clients. Similarly, the total hours decreased from 12,118 hours of Employment services offered in FY 2005 to 5,433 in FY 2009. This data shows a 55.2% decrease.



Mental Health Trends: Recreation/Socialization Services. As shown in Figure 30, the number of clients receiving Recreation/Socialization services increased from 420 clients in FY 2005 to 513 clients in FY 2009. This data shows an increase of 22.1%. The number of hours of Recreation and Socialization services increased from 10,584 hours in FY 2005 to 35,270 hours in FY 2009. This data shows a 233.2% increase. Most of the hours (24,936) were delivered by Southwest Counseling to adult clients.



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.



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.



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.



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.



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.



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.



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.