

The author(s) shown below used Federal funds provided by the U.S. Department of Justice and prepared the following final report:

Document Title: Wyoming Methamphetamine Treatment Initiative

**Author(s): Wyoming Office of the Attorney General ;
Wyoming Dept of Health and Social Services ;
Wyoming Dept of Probation and Parole**

Document No.: 194103

Date Received: April 2002

Award Number: 99-RT-VX-0056

This report has not been published by the U.S. Department of Justice. To provide better customer service, NCJRS has made this Federally-funded grant final report available electronically in addition to traditional paper copies.

Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

**Wyoming Methamphetamine
Treatment Initiative
October 1998
Washington D.C.**



**Developed by a Consortium of Wyoming Agencies,
Including:**

**Governor's Substance Abuse and Violent Crime Advisory Board
The Office of the Governor
The Office of the Attorney General
The Office of the United States Attorney
The Division of Criminal Investigation
The Department of Corrections
The Department of Health
The Division of Behavioral Health
The Department of Family Services
The Division of Juvenile Services
The Department of Education**

194103

194103

PROPERTY OF
National Criminal Justice Reference Service (NCJRS)
Box 6000
Rockville, MD 20849-6000

OBJECTIVES:

1. Receive federal critique of Wyoming Methamphetamine Strategy.
2. Secure funding for development of jail-based, intensive outpatient, and residential treatment programming for adult methamphetamine users and specialized services for adolescents in the context of a collaborative methamphetamine strategy tailored for rural America.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	□
 WYOMING METHAMPHETAMINE STRATEGY:	
MAGNITUDE OF THE PROBLEM - RESPONSE TO DATE	1
I. <u>BASIC FACTS ABOUT WYOMING</u>	1
II. <u>THE IMPACT OF METHAMPHETAMINE ON WYOMING'S HUMAN SERVICE SYSTEMS</u>	1
A. Law Enforcement	1
1. <u>Growth of Methamphetamine Use</u>	1
2. <u>Wyoming's law enforcement structure</u>	2
3. <u>Highway Patrol Involvement</u>	3
4. <u>Role of the DEA</u>	3
5. <u>Impact on the State Crime Laboratory</u>	3
B. Education and Prevention	3
C. Public Treatment	4
D. Hospitals	4
E. Juvenile Indicators	4
F. Prison Populations	5
III. <u>WYOMING MOVES TO A BROAD-BASED, COORDINATED RESPONSE</u>	5
A. Systematic Data Collection: Needs and Response	6
B. Creating a Public Awareness Response	6
IV. <u>FORMULATION OF A PLAN</u>	7
A. Plan Goal	7
B. System Gaps	7
C. System Anchors	7
1. <u>Creating a treatment continuum addresses hard to serve and criminal populations</u>	7
2. <u>Mandated treatment is an effective approach to hard to serve populations</u>	8
D. Proposed System Description	8
E. Residential Treatment Recommendations Included in the Methamphetamine Initiative	8
F. Jail/Community Intensive Outpatient Treatment	9
V. <u>CHILD AND ADOLESCENT SERVICES</u>	10
A. Additional Foster Care Services	10
B. Increased Intensive Supervision of Juvenile Offenders	10
C. Enhanced Substance Abuse Treatment at State Operated Juvenile Institutions	10
VI. <u>PROGRAM EVALUATION</u>	10
VII. <u>BUDGETS PER PROGRAM</u>	12

A.	LONG TERM RESIDENTIAL PROGRAM	12
B.	JAIL-BASED AND INTENSIVE OUTPATIENT	13
C.	CORRECTIONS AND COMPLIANCE CHECKS	13
D.	DFS YOUTH PROGRAM	13
E.	RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAMS	14
F.	FOSTER CARE PROGRAM	15
G.	DIVISION OF CRIMINAL INVESTIGATION	15
H.	TOTAL PROJECT SUMMARY BUDGET, BY YEAR	16

EXECUTIVE SUMMARY

Introduction

Wyoming, along with other western and mid-western states, has been and continues to be under siege. The surge of methamphetamine is generally from outside Wyoming, although clandestine labs are on the rise in Wyoming. Wyoming has already conducted significant research, assessment and evaluation into and continues to refine its response to this problem. A coordinated response by state, local, and federal law enforcement officials, legislators, treatment providers, health care providers and officials, corrections officials, welfare officials, education officials, court and judicial officials, civic leaders, business leaders and the Governor's Substance Abuse and Violent Crime Advisory Board make Wyoming an excellent candidate for demonstrating workable projects for a "rural states with limited resources" in response to the impact of methamphetamine. Our proposed coordinated response directly addresses Goals 1, 2, and 3 of the 1997 National Drug Control Strategy set by the Office of National Drug Control Policy: to educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco; increase the safety of America's citizens by substantially reducing drug-related crime and violence; and reduce health and social costs to the public of illegal drug use.

Wyoming Methamphetamine Facts

- Between 1992 and 1998, methamphetamine investigations have increased by over 600%.
- Methamphetamine now accounts for over 55% of the Division of Criminal Investigation (DCI) caseload.
- Cocaine users are switching to methamphetamine, with a DCI caseload of only 7%.
- Mexican methamphetamine has increased Hispanic drug arrests from 11% to 21%.
- Repeat drug offender arrests have increased from 30% to 45%.
- Drug related weapons arrests have increased dramatically.
- A definite correlation exists between methamphetamine and an increase in violent crime.
- Crime laboratory backlogs have more than tripled with the influx of methamphetamine.
- Some community treatment programs report methamphetamine involved with 50% to 80% of admissions.
- Drug induced hospital discharges have increased 42%.
- Juvenile arrests have increased 48% while national figures show a 12% decline.
- Wyoming 8th graders use methamphetamine more than the national average for 12th graders, and
- Wyoming 12th graders use methamphetamine 3 to 5 times the national average.

Wyoming's Methamphetamine Treatment Initiative Proposal

- Create two "front end", long term, intense, adult residential programs based on the therapeutic community model.
- Create three drug courts and three, integrated, jail-based and intensive treatment programs to provide immediate intervention for methamphetamine or other drug-involved arrestees.
- Create three intensive outpatient treatment programs to fill the gaps between the therapeutic community programs and the early, jail/community-based interventions for both general substance abuse clients and methamphetamine involved users.

- Add six Intensive Supervision Program (ISP) Officers to adult Corrections to supervise and participate in the case management of these individuals,
- Initiate two pilot Intensive Supervision Programs for juveniles and enhancement of substance abuse services in juvenile correctional facilities,
- Request additional resources to address the out of home placement costs of children who have essentially become "methamphetamine orphans" as a result of parental addiction,
- Integrate DARE with other anti-drug and prevention efforts in middle and high schools to support elementary school DARE efforts,
- Establish a public awareness program including billboards and an 800 information - reporting #,
- Maintain or increase Edward Byrne funding for the regional enforcement teams,
- Continue funding for the Tri-Ethnic Center Community Readiness Methamphetamine Prevention Project.

WYOMING METHAMPHETAMINE STRATEGY:
MAGNITUDE OF THE PROBLEM - RESPONSE TO DATE

I. BASIC FACTS ABOUT WYOMING

The State of Wyoming contains approximately 100,000 square miles with slightly less than ½ million residents. The entire state is defined as a frontier area based upon the population density. Wyoming's most populous county contains approximately 75,000 people. The economy is driven primarily by mining, oil and gas, tourism, and government employment. There are more than 900 miles of interstate highway with about 400 miles forming the I-80 corridor as the dominant transportation route from California to the Midwest. Tourism, particularly to Yellowstone and Grand Teton National Parks bring approximately 4 million people through Wyoming each year, primarily in the summer. Wyoming has not participated in the continuing upswing in the national economy.

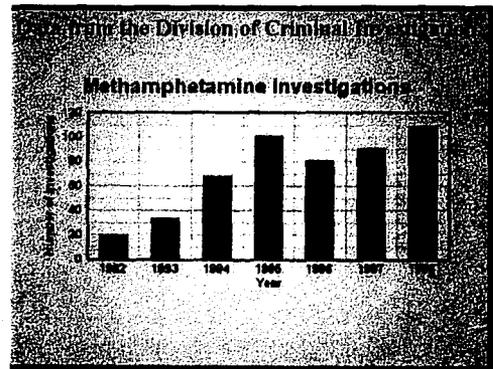
II THE IMPACT OF METHAMPHETAMINE ON WYOMING'S HUMAN SERVICE SYSTEMS

The impact of methamphetamine use on Wyoming has been increasing dramatically. Multiple systems are now involved in working toward addressing the effects of this drug on our citizens and our youth and families. The specific effects attributable to methamphetamine are described below:

A. Law Enforcement:

1. Growth of Methamphetamine Use:

Methamphetamine was not unknown prior to 1993, but it was in that year that undercover officers working Wyoming noted greater presence of methamphetamine and market for the drug. Shortly thereafter, agents were regularly investigating methamphetamine cases with prosecution provided by county, district, and federal prosecutors. Law enforcement, particularly the Division of Criminal Investigation (DCI) Regional Enforcement Teams (RET's), were confronted with an explosion of methamphetamine use and methamphetamine trafficking. Methamphetamine investigations involving the RET's rose from 15 % of the case load in 1992 to 51 % in 1997. Preliminary figures for 1998 suggest a 600% increase over 1992 figures.



This trend has been accompanied by an increase in Hispanic offenders. In 1988, Hispanics accounted for 11.5% of those arrested for drug trafficking. By 1997, that figure had

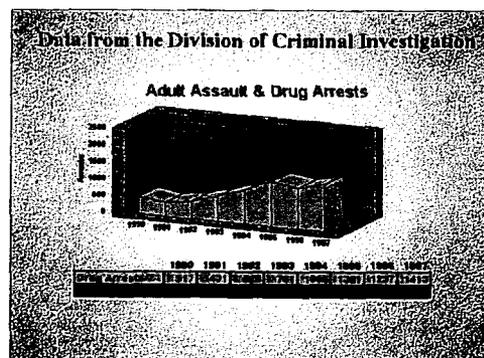
risen to 21% with the state Hispanic population being only 6%. This increase reflects the national pattern of Mexican methamphetamine smuggled across the southwest border.

Clandestine methamphetamine lab activity has also increased. For many years, Wyoming would seize one or two methamphetamine labs a year. However, in a six month period of 1998, Wyoming seized 10 methamphetamine labs. These varied in size from large sophisticated operations to small "kitchen counter" operations capable of producing a couple of ounces of methamphetamine.

Along with the increase in the number of methamphetamine investigations, the quantities of methamphetamine increased significantly. It is not a situation of individuals possessing user quantities of the drug; instead, Wyoming is directly linked to major methamphetamine organizations. A recent investigation resulted in the arrests of several individuals operating between San Bernardino, California and Wyoming. Authorities were able to attribute over 200 lbs of methamphetamine, smuggled into Wyoming over an 18 month period, to this single organization. The social and economic impact of a case of this magnitude, on a state the size of Wyoming, is obvious.

There is also a frustration with the rate of repeat drug offenders. In the late 1980's through the early 1990's, Wyoming's repeat drug offender arrest rate was steady at 29 to 30%. By 1997, the repeat drug offender arrest rate had risen to 43%. Preliminary figures for 1998 suggest that this figure is continuing to rise.

The increase in drug trafficking, particularly methamphetamine, is not a problem that can be dealt with in isolation. There are many associated social, economic, and crime problems. One of the most troublesome is the irrefutable correlation between drug and assault arrests. This relationship holds true for both juveniles and adults. Methamphetamine is definitely the catalyst for the increase in violent crimes and use of weapons.



Methamphetamine trafficking is also responsible for the backlog that is now present in many areas of the criminal justice arena. The backlog in the DCI State Crime Laboratory has risen from 30 days to over 100 days. The increase in drug cases rose from 45% to 67% of the caseload.

Law enforcement has concentrated on its traditional role of removing predators and traffickers from our communities while emphasizing the deterrent effect of investigations and prosecutions. Consequently, they are the greatest contributors of clients to the treatment system.

The clear indication is that the current treatment programs available are not sufficient and/or are not effective and must be re-evaluated.

2. Wyoming's law enforcement structure:

Like most of the United States, Wyoming's primary law enforcement structure consists of county sheriffs and city police departments. These local departments are supported

by the Wyoming Highway Patrol and Division of Criminal Investigation, both of which have specific authority as outlined by state statute. There is also a limited presence of federal authorities representing the various federal enforcement agencies. In 1987, with the inception of the Edward Byrne Grant, the Governor's Substance Abuse and Violent Crime Advisory Board made the decision that cooperative task forces would be the number one priority of Wyoming's drug enforcement efforts. These task forces are called Regional Enforcement Teams and are unique in that they are all supervised by the DCI and operate under standardized policies, procedures, and reporting while using compatible radios, electronics, and surveillance equipment. This has proven to be a very effective and efficient method of operation with 90% of local departments still participating after ten years of existence.

Local enforcement agencies enforce controlled substance laws through uniformed patrol arrests and contribute personnel and drug information to the DCI Regional Teams. The RET's consist of a DCI Team Leader, 2 or 3 state agents and between 3 and 6 sheriff and police department personnel. With the Wyoming Attorney General lacking original criminal prosecution authority, prosecutions may be handled by county and district attorneys, or the U.S. Attorney. Prosecutors are involved early in the investigative decision process. This has resulted in a prosecution rate of 95% with a conviction rate of 96%. Currently, RET drug investigations account for approximately 90% of the U.S. Attorney's drug prosecution caseload. The partnership formed between the RETs and the various prosecutors has created a formidable force in Wyoming drug enforcement.

3. Highway Patrol Involvement:

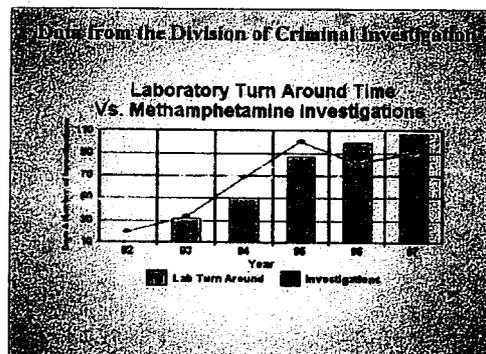
The over 400 miles of interstate highway 80 presents a significant enforcement problem for the Wyoming Highway Patrol. This major west - east route carries huge amounts of illegal drugs, including methamphetamine. Highway interdiction efforts have resulted in many large seizures and major interstate investigations. The Highway Patrol contacts the closest RET for support after making a highway interdiction. Special Agents then attempt to track the drugs from source to destination, utilizing various out of state local, state, and federal law enforcement agencies.

4. Role of the DEA:

The Federal Drug Enforcement Administration has one supervisor and only four agents assigned to Wyoming. They work out of federal offices in Cheyenne and Casper. A proposal is currently being drafted that would co-locate DEA Agents with the RET's.

5. Impact on the State Crime Laboratory:

Methamphetamine cases and samples have caused an unacceptable back-log (468 chemistry tests) in the crime laboratory. The turn-around time that used to be thirty (30) days has risen to over one hundred (100) days. High Intensity Drug Trafficking Area (HIDTA) funds have been used to purchase two new GC Mass Spectrometers with automaters. One is currently



operational while the second is on order. Preliminary estimates from the chemists suggest that Wyoming will be back to a thirty (30) day turn-around in about one year's time.

B. Education and Prevention:

Local police and sheriffs departments have accepted the responsibility for providing D.A.R.E. in our schools. D.A.R.E. is currently offered in sixty-two (62) elementary schools, fourteen (14) middle schools and five (5) high schools. This does not provide a complete picture, however, because other programs are also offered through local schools and through local substance abuse programs.

The manpower expenditure necessary for D.A.R.E. does pose a problem for Wyoming law enforcement. Most Wyoming law enforcement agencies are composed of twelve (12) or less officers. This makes it difficult to provide D.A.R.E. officers. Most agencies have chosen to commit to the elementary school children and thereby provide a good foundation. Unfortunately, D.A.R.E. commitments decrease as students reach middle and high schools and peer pressure increases.

C. Public Treatment:

Methamphetamine users frequently enter community based treatment with various types of dysfunction in addition to their addiction, i.e., sleep disturbance, impulsive and erratic behavior, malnourishment, short term memory disruption, hostility, behavioral disruption and depression. In some instances their behavior is indistinguishable from paranoid schizophrenia. Social and occupational functioning show progressive deterioration. Their illegal drug use often has resulted in multiple involvements with the criminal justice system.

Wyoming's public substance abuse treatment system is small and limited in the range of services available. The community based public system consists of: limited traditional outpatient services available in each of the 23 counties; 48 adult residential beds providing 28-30 day primary treatment; 30 transitional/halfway house beds; and 8 primary residential treatment beds for adolescents. Small "intensive outpatient programs" are available in several of our larger communities but in the majority of Wyoming counties the treatment system is comprised of one or two counselors. While we have always treated "drug and polydrug users" the system has traditionally been dominated by individuals whose primary drug of abuse is alcohol.

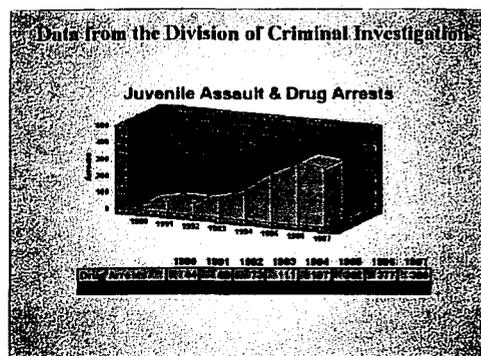
Community treatment programs in the designated HIDTA counties report increasing percentages of all clients treated as being involved with methamphetamine. In some instances the methamphetamine involved clients represent in excess of 50 % to 80% of all admissions, contrasted to the national 3.5 % proportion reported in 1996 Treatment Episode Data Set (Office of Applied Studies 1998). The impact is most apparent in our residential component. Outpatient programs in other areas of the state also report methamphetamine abuse as a growing proportion of the clients presenting for treatment. The rise in the proportion of methamphetamine treatment admissions indicates that these individuals develop rapid, pronounced dysfunction and need for treatment once methamphetamine use begins. The urgency of their treatment needs, combined with their frequent multiple encounters with the criminal justice system make development of an improved treatment response of highest priority.

D. Hospitals:

Wyoming's Social Indicator Study (1998) reports that drug-induced hospital discharges have increased 42% in the last decade in Wyoming. Much of the growth can be credited to the dramatic increase in methamphetamine abuse. These are cases that have made it beyond the emergency room and have required inpatient admission for their condition. The 1995-1997 rate is 235 discharges per 100,000. Also, an analysis of emergency room contacts in Natrona County indicates a methamphetamine related rate that is ten times higher than DAWN data reported for Denver or the U.S. in 1996.

E. Juvenile Indicators:

Wyoming's drug involved arrest rate for juveniles has gone from being 55% below the US rate a decade ago to 5% above the U.S. rate in the 1995-1997. Juvenile arrests for the most serious and violent crimes and property offenses have risen 48% over the past decade, while nationwide arrests for these offenses declined 12% in the same period. The other assault rate for Wyoming juveniles has grown three times faster than the rest of the nation.



School survey data indicates an alarming level of use of methamphetamine by Wyoming's young people. Based on the recent survey of all 6th, 8th, 10th, and 12th graders in fourteen randomly selected school districts, our eighth graders report using methamphetamine at a higher rate than 12th graders nationwide. This holds true at all levels of use, whether lifetime, past year or past month.

The Department of Family Services has noted an increase in juveniles with drug related issues at the correctional facilities for girls and boys. Currently 59% of the girls at the Wyoming Girls School and 51% of the boys at Wyoming Boys School report using methamphetamine. Family services has also documented a growing number of youngsters in both short and long term foster care placement due to parental methamphetamine use.

F. Prison Populations:

In 1995 the Wyoming State penitentiary opened a 28 bed long term modified therapeutic community to serve both male and female inmates. The program has a planned minimum duration of 7.5 months. Admission is based upon voluntary application of individuals whose sentence structure ensures their eligibility for release upon successful program completion. Program outcome data demonstrates significant effectiveness, with only three of the seventy-six graduates having been convicted of a new crime and only a 20% revocation/ re-incarceration rate. This unit shows a 21% increase over three years in the designation of methamphetamine as either the primary or secondary drug of choice by participants; in 1996, 46% named methamphetamine; in 1997, 50% named methamphetamine; and in 1998, 67% named

methamphetamine. Approximately 36% of all admissions to this unit self-report methamphetamine as the primary drug of abuse.

III. WYOMING MOVES TO A BROAD-BASED, COORDINATED RESPONSE

During a discussion with the Appropriations Committee of the Wyoming legislature, DCI Director Tom Pagel discussed the methamphetamine problem as part of an enforcement request. The Appropriations Committee requested he assemble a plan through which Wyoming could address this growing problem. The plan, which became known as "Wyoming's Methamphetamine Initiative", was developed and presented to this committee. This plan was created by a collaborative effort of DCI, the Department of Health, Department of Family Services, and Department of Corrections, and has been the basis of continuing coordinated work toward addressing this problem. The specifics are described in a later section.

The Wyoming Legislature has been responsive to the increasingly negative impact of illegal drugs. Three years ago, a felony possession bill was passed that made possession of certain amounts of powder drugs a felony. They were also successful in increasing the penalties for methamphetamine to those of a Schedule I drug. This year, they will consider legislation specifically dealing with clandestine methamphetamine labs.

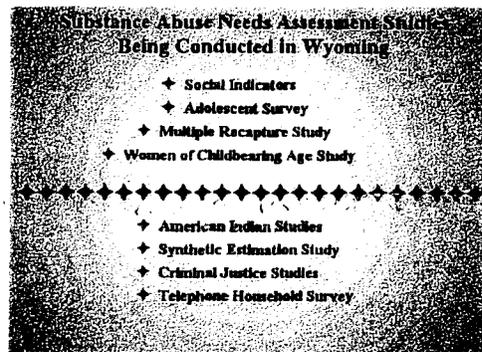
Overall, Wyoming has been able to fashion a comprehensive, coordinated and multi-jurisdictional response to the growing epidemic of methamphetamine. A retrospective analysis makes our response appear more strategic and plan-driven than it actually is. As a practical matter, the Wyoming response has come in waves as various entities have become aware of the nature and magnitude of the methamphetamine/drug problem in Wyoming and much of rural America.

Initially, Wyoming's response took the form of actions by particular groups as their area of concern was impacted, i.e. law enforcement responded to crime, hospitals responded to increased admissions, treatment centers attempted to cope with the treatment and medical needs of methamphetamine users and began to discuss tailored programs. The practical result of this experience has been a realization that a coordinated response is the only hope of dealing with the scope of this problem.

A. Systematic Data Collection: Needs and Response

Wyoming authorities felt that they had a huge problem, but were frustrated by the lack of corroborating data. The Governor's Substance Abuse and Violent Crime Advisory Board decided to begin a systematic effort to develop a statistical rather than simply anecdotal definition of the problem.

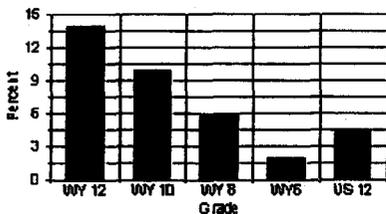
In 1996 the Governor's Substance Abuse and Violent Crime Advisory Board contracted with Bernard Ellis and Associates to conduct various studies, focusing



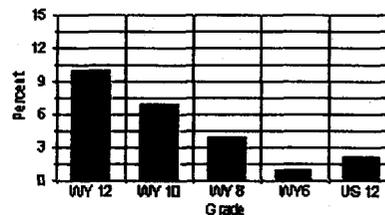
initially on analysis of all Wyoming substance abuse indicator data. This effort now funded by The Center for Substance Abuse Treatment as a Treatment Needs Assessment contract has allowed us to conduct a "family" of research studies. The studies are designed to assist the state in determining substance use, dependence and treatment demand. The research has identified several areas of concern and information gaps.

One of the most disturbing research results is a school survey that indicates Wyoming 8th, 10th, and 12th graders far exceed the national average for the use of methamphetamine. Wyoming high school seniors are five times more likely to have used methamphetamine in the past month as other seniors across the country. (1997 Wyoming Adolescent School Survey.)

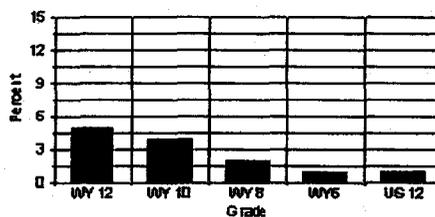
Ever Used Methamphetamine



Methamphetamine Last Year



Methamphetamine Last 30 Days



Another study, using a multiple recapture sampling methodology, provides a preliminary estimate of potentially 5 - 6,000 adult methamphetamine users in need of treatment. The estimate suggests almost 40% of those in need of treatment are under the age of 30 years. Based upon the overall estimates, it appears only 10% of those in need of treatment receive treatment. (Multiple Recapture Sampling for the Prevalence of Substance Abuse and Dependence: Phase 1 Results, 1998.)

Several additional studies are in various stages of implementation. We will soon begin testing adult arrestees in Natrona County as a part of our Needs Assessment process, and we have finished data collection in our study of women of childbearing age. Preliminary findings from the womens study indicate alarming methamphetamine abuse and dependence rates in this vulnerable population.

B. Creating a Public Awareness Response:

Armed with data and real life anecdotal evidence, many Wyoming people, but particularly DCI Director Pagel, began to travel the state speaking to local governments,

business groups, and civic organizations about the methamphetamine problem.

A statewide conference, organized by The Division of Behavioral Health and sponsored by a wide variety of groups, was held on April 27th and 28th, 1998. More than 600 people attended. Follow-up community presentations have been conducted by Director Pagel in virtually every county of the state. The Governor's Substance Abuse and Violent Crime Advisory Board has held town meetings in a variety of communities to solicit feedback on the methamphetamine proposal and to discuss the local impact of the methamphetamine problem.

The Wyoming Heritage Foundation, a statewide organization of business and civic leaders, has chosen the impact of substance abuse and domestic problems on the business community as the topic for their upcoming 16th annual public forum on November 19-20, 1998. This forum is expected to draw over 700 business leaders from across the state. Members of the Governor's Substance Abuse and Violent Crime Advisory Board will play an active role in the presentations with the goal of involving these business leaders as community partners in our efforts to fight methamphetamine abuse.

DCI is about to institute an 800 number for both treatment referral information and for turning in pushers, and has organized a billboard awareness and education campaign in the HIDTA counties (Laramie, Sweetwater and Natrona). Local substance abuse providers with prevention staff people will help with the education and billboard projects

With the assistance of the National Institute of Drug Abuse and the Tri-Ethnic Center of Fort Collins, Colorado, a broad based effort is underway to organize prevention activities in Wyoming communities. Initial efforts using the "community readiness model", a nationally recognized 'best practice' prevention strategy, are targeted to the fourteen areas where the school survey process has been completed. The Tri-Ethnic Center plans to continue to add resources over the next several years to work with the remaining Wyoming communities. The project is designed to assist communities in planning effective prevention activities and to track the response of a small state to a drug epidemic.

IV. FORMULATION OF A PLAN:

A. Plan Goal:

Adequate and appropriate treatment to directly address the needs of those afflicted with methamphetamine abuse.

B. System Gaps:

Wyoming officials have identified: long term residential therapeutic community treatment, immediate post-arrest jail-based intervention, intensive outpatient programming, additional Intensive Supervised Parole Agents for both adult and juvenile criminal justice populations, and additional foster care resources for kids abandoned by methamphetamine affected parents as the missing pieces in Wyoming's efforts to respond to the increasing problems caused by methamphetamine. A Wyoming team, consisting of enforcement, corrections and treatment staff made a site visit to Center Point of San Rafael, California, where they were shown that long term residential therapeutic community treatment could be effective in treating methamphetamine addiction.

C. System Anchors:

1. Creating a treatment continuum addresses hard to serve and criminal populations.

The utilization of a jail-based drug court and treatment intervention program, complete with criminal justice sanctions, is a natural conduit into a Therapeutic Community program. The Therapeutic Community residential treatment program will be supported by local treatment programs who will join together with additional Intensive Supervised Parole (ISP) Agents to provide structured aftercare management for program graduates. Wyoming's Department of Corrections has adopted the Reasoning and Rehabilitation program, developed in Ottawa, Canada, as an essential component of their community and institutional treatment response. This approach, coupled with the increased surveillance and monitoring of ISP program, will provide for intensive structured supervision for the corrections population during and post treatment.

2. Mandated treatment is an effective approach to hard to serve populations.

Because of the persistent link between drug abuse and crime, planned programs will be available as a requirement of probation and an alternative to incarceration. We believe that effective treatment and intervention will require much closer collaboration and coordination with all other agencies within the criminal justice system, courts, probation and parole, and community corrections. Treatment responses will be mutually planned and will include strategies to address significant elements of criminality in order to improve treatment outcomes and reduce recidivism. Research (Anglin & Maugh, 1992) indicates that the use of "mandated" or "coerced" treatment as part of the criminal justice system sanctions is one of the best and most cost effective approaches to breaking the cycle of drug use and crime. Mandated treatment has demonstrated comparable and at times superior outcomes to self-referral. We believe that the entry into the criminal justice system presents a major opportunity to provide substance abuse treatment to an otherwise elusive population. Use of the crisis created by interaction with the law and leverage available through the criminal justice system is an opportunity to initiate treatment and long term recovery.

D. Proposed System Description:

The Methamphetamine Initiative includes a recommendation for the development and funding of two adult long term (minimum of six month) Therapeutic Community (TC) residential programs, an improved capacity to address substance abuse within juvenile correctional facilities, and three jail-based intervention and intensive outpatient programs to complement the therapeutic communities in areas impacted by the high levels of methamphetamine use and treatment demand. Currently three Wyoming counties, Sweetwater, Natrona and Laramie are designated as Methamphetamine High Intensity Drug Trafficking Areas (HIDTA's). Additional Wyoming counties are being considered for inclusion in this designation based upon the rapid escalation in methamphetamine use and arrest rates.

Two pilot adolescent ISP programs will be implemented, and additional resources will be used to address the out of home placement costs of children who have essentially become "methamphetamine orphans."

E. Residential Treatment Recommendations Included in the Methamphetamine Initiative:

While we recognize that no singular treatment approach is appropriate for all methamphetamine users, effective treatment shares the common elements of increases in the structure, frequency, intensity, and duration of services. The availability of a continuum of services from outpatient through long term treatment to continuing aftercare has been shown to be extremely effective and is essential if we are to more effectively address our problems with methamphetamine. Retention in a structured program of longer length coupled with a long term structured continuing care program of one year minimum length is known to improve the recovery outcomes. Due to high relapse rates and frequent multiple drug and alcohol abuse patterns associated with methamphetamine abuse, outpatient programs should include frequent and random monitoring by urine and breath alcohol testing to insure program compliance.

The therapeutic community (TC), a value-based, highly structured and well supervised, adult long term residential treatment program, is an essential component missing from Wyoming's treatment continuum. The TC emphasis on multi-dimensional change in the areas of abstinence, social responsibility, "right living," and moral development matches the array of needs of the methamphetamine users currently in our treatment system. The program values of honesty, personal responsibility and accountability, economic self-reliance, community involvement and good citizenship provide a solid structure and complement Wyoming's restorative justice emphasis. This model of treatment, because of its longer term and its focus beyond abstinence to the development of pro-social values and behaviors, has proven to be particularly effective in working with the user involved with the criminal justice system. The TC program appears to be particularly well suited to the needs of the population of methamphetamine users flooding our system.

Center Point has agreed to work closely with Wyoming in establishing programming of this nature. This mentoring relationship will include orientation and training of a core team of Wyoming clinical professionals. Center Point will also be available to provide consultation in program design, staff recruitment, implementation issues and operations. Staff of the Wyoming State Hospital will provide clinical backup and support in the development of TC programs.

F. Jail/Community Intensive Outpatient Treatment:

Available substance abuse treatment for those imprisoned and incarcerated is limited both nationally and in Wyoming. Intervention at the time of the crisis created by arrest is an effective early opportunity to assess chemical dependency and engage individuals in participation in a voluntary treatment program operated within the jail setting.

In addition to intervention with incarcerated individuals, communities need the capacity to provide structured, intensive, outpatient treatment; transitional, and continuing care services for both the general population and those involved with the criminal justice system. The increased structure, intensity, and duration of the intensive outpatient services are essential elements in dealing with the highly involved user.

It appears that the majority of outpatient approaches, with evidence of effectiveness with methamphetamine users, are adaptations of highly structured intensive programs, originally

developed to treat cocaine and other stimulant abuse. The most prominent is the outpatient model developed by the Matrix Institute on Addictions. The model is based on the principles of cognitive behavioral psychology and is standardized, manualized and sequenced. We will evaluate this and similar models that can be utilized in jail, community settings or in a combined approach.

The Methamphetamine Initiative includes the recommendation for development of intensive outpatient jail/community programs in the three designated High Intensity counties: Sweetwater, Natrona and Laramie. Additional staff and resources are necessary to develop an adequate outpatient response that will begin with assessment and voluntary treatment services within the jail system or community prior to adjudication and sentencing. The program will also serve traditional community referrals and provide aftercare services using an intensive, structured approach that would include case management, monitoring, and coordination with the criminal justice system.

V. CHILD AND ADOLESCENT SERVICES:

The Department of Family Services is proposing the development of three (3) distinct service approaches that cover children's needs across a continuum including additional foster care services for "methamphetamine orphans", intensive supervision of juvenile offenders, and enhanced substance abuse treatment at state operated juvenile institutions.

A. Additional Foster Care Services:

We recognize that a further increase in adult arrest and incarceration rates will impact families and children, specifically to decrease their ability to remain family units. Based on current incidents, the Department anticipates an increase in out-of-home placement demand, with focus in the foster care arena. Monetary support for methamphetamine related increases in foster care demand will be requested by DFS during the upcoming 1999 Legislative session. Projections indicate an impact of 30 children per month requiring foster care services as a result of methamphetamine use by their adult care giver.

B. Increased Intensive Supervision of Juvenile Offenders:

We propose two community based pilot programs that focus on intensive supervision of juvenile offenders identified as high risk to self and/or community due to substance abuse, with emphasis on methamphetamine. These pilots will pattern themselves after the successful Intensive Supervision Program (ISP) presently operated within adult corrections. Electronic monitoring, testing for substance use, and high levels of direct contact are keystones of these pilots.

C. Enhanced Substance Abuse Treatment at State Operated Juvenile Institutions:

Limited substance abuse services are presently provided at both state operated juvenile institutions. During calendar year 1997, a total of 373 juvenile offenders were served by both facilities. It is estimated that at least 50% have a history of methamphetamine use. Each institution operates a separate housing unit for residents who have a serious substance abuse problem. To effectively address the treatment needs of these adolescents, DFS proposes the

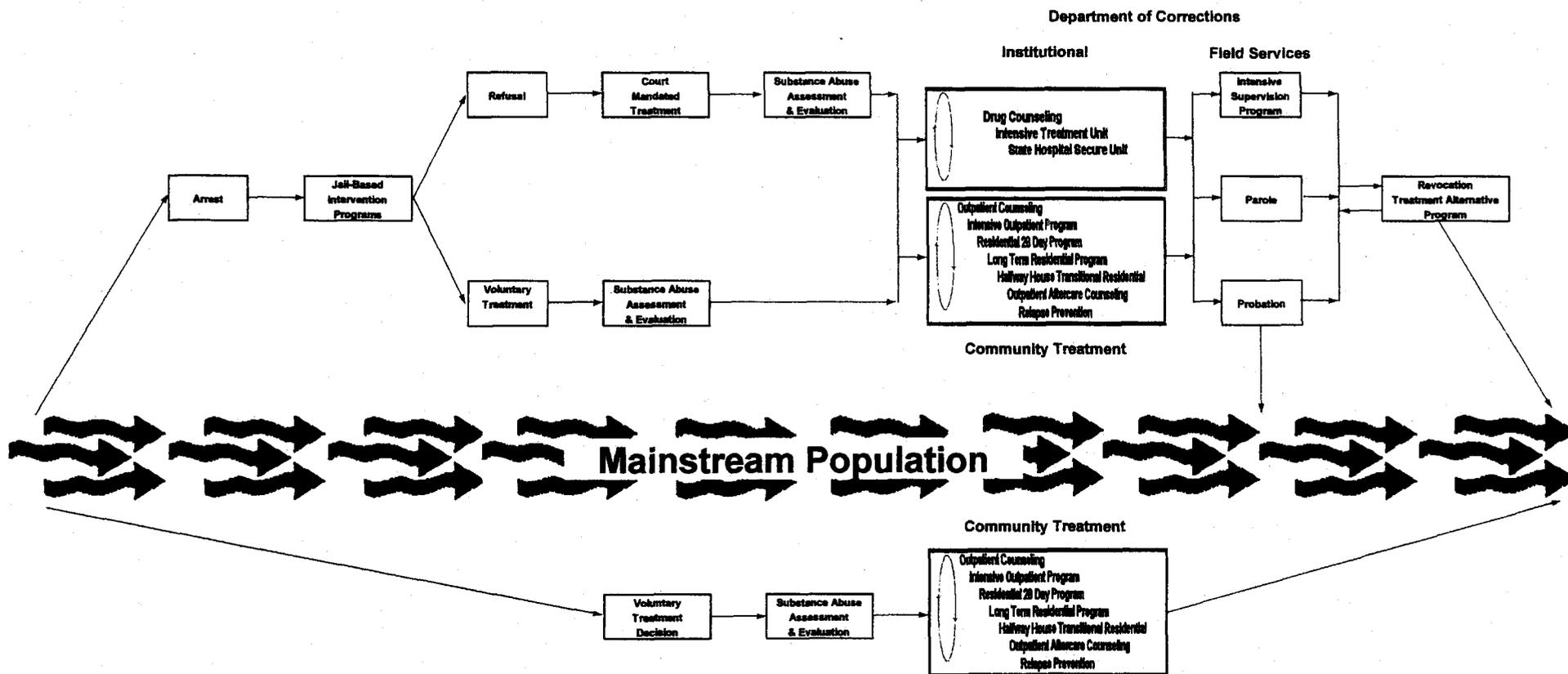
hiring of two licensed addiction specialists for each unit at each facility.

VI. PROGRAM EVALUATION:

Our plan includes the use of a common clinical assessment and evaluation process and client centered post treatment outcome measures across programs. An interesting opportunity exists for the possible evaluation of Wyoming's overall efforts to address the methamphetamine problem. Almost two years of data exists for graduates of the Intensive Treatment Unit (ITU) which is operated at the prison. The "front end" Therapeutic Community model we propose will be an alternative to prison rather than a program, such as the ITU, to prepare people for release. Both of these program types could be compared to each other and to the intensive out-patient programs on effectiveness measures.

We understand that the process of program development is as important as outcomes. We will keep track of the impediments and opportunities as we implement these programs. We welcome the involvement of federal partners in the development of the evaluation component.

The 1998 Methamphetamine Initiative Treatment Continuum



WYOMING METHAMPHETAMINE INITIATIVE COST BREAK-DOWN

- I. EXISTING INFRASTRUCTURE IMPROVEMENTS: \$3,460,563.**
- A. Training in common substance abuse assessment tool for all populations - Health.
 - B. Outpatient Counseling for all populations - Health.
 - C. Intensive Outpatient Programs for stronger interventions for all populations - Health.
 - D. Residential 28 day programs for moderately substance involved individuals of all ages - Health.
 - E. Half-way House Residential Transitional for those returning from residential treatment - Health.
 - F. Outpatient Aftercare and Relapse Prevention Counseling for all populations - Health.
 - G. Intensive Supervision Program for criminal justice populations - Corrections.
 - H. Foster Care Increases for methamphetamine-involved families - Family Services.
 - I. Additional Agent and Scientific Analyst to manage increased methamphetamine arrests - DCI.
- II. NEW PROGRAMMING PROPOSED TO FILL SERVICE GAPS (\$2,389,437)**
- A. Long Term Residential Programs for acutely substance involved populations, mostly criminal justice involved - Health: **\$980,720.**
 - B. Intensive Supervision Program for criminal justice system involved children - Family Services: **\$348,214.**
 - C. Jail - Based Intervention and Intensive Outpatient Programs for any incarcerated person thought to be substance involved, ages 12 and up - Health: **\$392,360.**
 - D. Drug Courts for drug involved adults and children who are arrested - Health: **\$320,000.**
 - E. Substance Abuse Treatment Programs at Boys and Girls Schools - Family Services: **\$212,840.**
 - F. State oversight/monitoring/coordination - Health: **\$135,303.**
- III. ADDITIONAL ACTIVITIES IN PREVENTION AND INTERVENTION FOR CHILDREN AND COMMUNITIES**
- A. UPLIFT program for early screening and early intervention for children with emotional disturbances - statewide (Federal Grant, 3 years)
 - B. NIDA will fund eight prevention staff for the Division of Behavioral Health to assist most of the communities in Wyoming to organize drug prevention program efforts using the Community Readiness Model, which is a natural partner for the Community Asset Building work currently being done across the state.
 - C. The Substance Abuse Block Grant will be increased by \$800,000 in the coming year, and this money will be used to enhance prevention and treatment efforts for the general populations.
 - D. Edward Byrne grant for continuation of the regional enforcement teams.
 - E. HIDTA grant for methamphetamine impacted counties.

PROPERTY OF

National Criminal Justice Reference Service (NCJRS)
Box 6000
Rockville, MD 20849-6000