



02/14 - 16/2011 SYNC Review

Albany County Adult Drug Court¹

SUMMARY

- A participant who had been using drugs and alcohol for 35 years has been “clean and sober” for over one year in this program. This is a testimony to the quality of this program to intervene in long term substance abuse and empowering participants.
- **Tensions between different factions of the Albany County Drug Court (ACADC) that have been observed in a past review have been resolved and are not apparent in this review;** this was solved in part by contracting with a new treatment provider.
- The ACADC is a four phase program; comprised of time and meeting certain and specific requirements.
 - In Phase I, clients report to court every Thursday.
 - In Phase II, clients report to court every other Thursday.
 - In Phase III, clients attend court every third Thursday.
 - In Phase IV clients attend court every fourth Thursday.
- Promulgated rules in 2010 by the Wyoming Supreme Court have resolved certain issues that were complicating who could preside over this program in the past.
 - Judges still participate in team meetings, however they do not vote in management team meetings.
- The ACADC has clientele ages 19-56 with long histories of drug and alcohol abuse.
 - Ironically the Judge for this program finds the older clients easier to work with and typically they are more successful than a younger client. “The aged client is typically at a turning point in their life where the younger client is often trying to use the system to get out of a legal situation.”
- Participants in this program have a very broad range of education and vocational backgrounds; the treatment team realizes this and is able to tailor services appropriately. This is a unique demographic not always seen in other programs across the state.
- The Judge in this program is not satisfied with the “status quo” and sees a need to always strive to do things better and not just be content when things are going well.
 - Participants report that regular changes and improvements in the program are evident.
- Typically there are 17-21 participants in this program at any one time.
- Participants acknowledged the Judge at a Christmas party in 2010 with individual and personal meaningful handwritten feedback.
- Participants pay \$50.00 per month to be in the ACADC program. This money goes into an ancillary fund that can be used for emergency assistance for participants.
 - One example was helping a participant with the application cost for schooling.
 - Another example was assisting four (4) participants with rental assistance.
- Recidivism in any program such as this is difficult to calculate to determine program effectiveness; it is typically calculated through re arrests but that only captures data from those that come to the attention of the court.
- This program is a minimum of 18 months, and a maximum of three years.

Underlying theme from this SYNC Review

“Motivation for success in this program must be internal to the client”

Access to Services:

- Participants routinely start the Albany County Adult Drug Court (ACADC) the same day that they are sentenced in Circuit Court into the ACADC. This has not changed since the last review.
- A participant reports that if there is ever a time that support services are needed, 24 hours per day, it is available from a number of people associated with this program.
- A violation of terms of a participant’s probation began the process for that participant getting into the ACADC program; this seems to be somewhat typical. Access for potential participants to this program is well coordinated among professionals in the community.
- Substance abuse was started by a participant at the age of 15; the out of state school system did not address the substance abuse issues and simply expelled the student. Today, he is receiving services in the ACADC program.
- The Albany County Detention Center supports this program through referrals; the sheriff’s office seems to coordinate well with the ACADC program.
- It would be difficult to find services on your own in this community some participants feel. However, as one professional pointed out “why would someone want services if they were happy being under the influence all the time?”
- Clients accessing services through Peak Wellness do not experience a significant wait; it is reported that a client seeking services on their own are acknowledged quickly by Peak Wellness and a very structured, timely process is in place for intakes.

“Waiting lists don’t have to be a part of mental health or substance abuse treatment services for anyone!”

Dr. Carol Sprabery
Program Director
Peak Wellness

- A participant, who self-admitted to Central Wyoming Counseling (CWC) in Casper and remained there for two months, was in that ACADC treatment program within three days of attempting to seek services.

- Obtaining “basic life services” for a participant was needed and the ACADC case manager was able to assist the participant in filling out the applications for food stamps and energy assistance.
- Depression is being effectively treated by Peak Wellness in a case first, according to a participant, so that the participant’s substance abuse can then be addressed second.
- Not unique to this program, the Albany County community might not know or understand that this program exists. Several reported in this SYNC process, out of pride, that it might be beneficial for the community to know about and understand the nuances of this program.
- The program’s goal is to get a participant into treatment within 10 days of a referral; typically an ASI² gets accomplished within one week through the contract with Peak Wellness Center.
- Wait periods for independent services (clients seeing services on their own) can be up to four months with some providers; this is not the case with Peak Wellness, however.
- Currently, this drug court is a misdemeanor court only. Several professionals involved in the program would like to consider expanding the program to a felony level such as for felony possession or felony driving while under the influence (4th offense in ten years, for example).
- When arrested for the possession of alcohol and drugs at the same time, there is a “pretty good chance,” according to a participant that something is going on in the person’s life and aggressive intervention is needed.
- A 56 year old participant who abused drugs and alcohol for 40 years obtained two driving while under the influence arrests in a six month period; these were the two events which got the participant into treatment.
- The waiting list for Cheyenne Housing has been over two years in one participant’s case; this can be a problem for participants seeking housing.
- When a participant is determined to be in need of inpatient treatment the ACADC program team does an incredibly good job of continuing to advocate for the client and being available when they return from treatment.

Client Quote

“Now that I am in this program I don’t have to flick the devil off my shoulder every morning when I get up.”

² ASI stands for Addiction Severity Index. More information may be obtained on the ASI at: <http://wdh.state.wy.us/mhsa/treatment/DENS.html>.

Quality of Services:

- One requirement of the ACADC program is to attend two (2) AA/NA meetings per week. In a past review of this area, the Alcoholic Anonymous programs were not always reported to be effective by and for participants. This issue has corrected itself largely in part by contracting with a treatment provider who advocates the benefits of AA/NA, and by tightening up AA/NA documentation.
- Participants work on relapse prevention plans while in the program to answer the question; “what things do I need to do to stay clean and sober?”
- Peak Wellness does a very good job, according to one participant, of differentiating between mental health treatment and substance abuse treatment and effectively addressing both.
- A participant went thru a major surgery, and was able to successfully manage the pain medication while being in the program. The program did a great job of managing the participant’s medical situation with prescribed medication and this was a participant with many decades of substance abuse.
- “I was becoming a drunken hermit” according to one participant; “this program has allowed me to regain some social skills that were rapidly slipping away.”
- Trigger points are learned to be recognized by the participants; and the participant who reported this is able to tell other’s including a parent that there would be no family visits until the parent’s significant other does not consume alcohol around the participant.
- Through Peak Wellness, ACADC participants have access to a psychiatrist for needed medication services with little or no wait.
- There are four well defined phases of the ACADC program. Yet the program allows for the treatment team to recommend treatment changes in the phases based on the participant’s needs.
- Jail sanctions are typically not long but effective and serve as a reminder that there is a better and easier way to live life.
- Currently, a risk and needs assessment is done by the Wyoming Department of Corrections. A more focused risk and needs assessment for participants could also be beneficial for this program and other similar programs around the state.
 - The ACADC program would volunteer to be a beta testing center for such a tool in Wyoming, according to the program Judge.
- This program is working with the State to implement use of the RANT³ risk/needs assessment.
- Participants seemingly have an unspoken competition among themselves to complete the program without sanctions or relapses; this is a somewhat unique demographic to this

³ RANT stands for Risk and Needs Triage Assessment.

program and not driven by the treatment team. It seems to stem from participant pride and internal drive which is fostered by the treatment team.

- The Judge talks to participants and warns them that they will “screw up” in this program whether it be a relapse or not following a schedule; he then tells them that it is best taken care of up front by the participant being honest rather than the treatment team and/or probation having to discover it.
- The use of spice⁴ has become a problem in Albany County and the program aggressively tests for it; this does help for accountability among participants in this program. Until recently a laboratory test was not available. Prior to the urinary analysis test being used, participants could and did conceivably complete the program using spice, that loophole has since been closed in this program.⁵
- Case management can include the following according to the ACADC case manager:
 - Helping participants create resumes;
 - Assist in filling out applications for various things;
 - Assisting participants to locate various social services that participants may utilize;
 - Referencing community services in the areas;
 - Economic assistance such as energy assistance through the Department of Family Services;
 - Helping participants manage the process of getting a driver’s license reinstated, and
 - Assisting participants with obtaining food stamps.
- Interestingly, participants would not mention the case management position, or use of the case manager in this program. Only when asked would they relate some of the things that the case management position had done for the participant. It did not appear that the case manager was a significant part of the participants experience with the ACADC program.
- Findings from the Compas Assessment Tool, used by the Wyoming Department of Corrections and completed by the ACADC probation agent with each participant upon entry into the program, are effectively shared with the treatment team.
- Phase I participants submit to a urinary analysis a minimum of four times a month and are visited by the probation officer at least eight times a month, usually more.
 - Participants in general report great respect and understanding for the probation officer assigned to this program.
- Greater case management is needed from the ACADC program to lessen the load of the probation officer.

⁴ More information on spice can be found at: http://en.wikipedia.org/wiki/Synthetic_cannabis.

⁵ The Wyoming Legislature has addressed the legality of spice and that legislation will be in effect July 1, 2011. Unfortunately demand will probably drive the creation of a different version of spice.

- Participants are allowed to come into the Thursday program team meetings when appropriate to discuss their needs and/or concerns before the court proceedings. This was told to reviewers by both participants and treatment professionals. This is an amazing paradigm shift for these types of programs and not always seen in similar programs in Wyoming.
- Continuing education is important in this program and an emphasis is placed on this and encouraged by the program team. Examples of this are:
 - An ACADC participant obtaining his GED at L.C.C.C. in 2010;
 - One participant enrolling next semester in Grad School at U.W.;
 - One participant enrolling next semester at U.W. to finish a bachelor's degree;
 - One participant working on filling out FAFSA and application forms to enter L.C.C.C., and
 - One participant looking to reenter WyoTech to complete schooling he started but did not finish due to his substance abuse.
- People on traditional probation, who have their probation revoked, will often be successful in the ACADC program. The probation officer attributes this to the increased level of supervision in the ACADC program.
- The ACADC program will check out bicycles to their participants for transportation. Several participants reported that this simple item was a major part of their success in the program.
- One participant felt that the taping of court sessions for participants in Phase I would be beneficial for participants in later stages as a reminder as to how much progress they had made.
- According to one participant, now that treatment has transferred to Peak Wellness, it feels "safe to be in the treatment groups."
- A local defense attorney, and former public defender, is a great supporter of this court supervised program:
 - Donates thousands of dollars of time to this program and participants;
 - Feels that voluntary treatment does not work well as the participant can just walk away;
 - Feels participants need to be able to get a good substance abuse evaluation without having to pay several hundred dollars. This might have to be subsidized by the state;
 - Reports that long term support for recovery is really not available in this area. There are several individuals in the area that will always reach out and assist when needed, but it may be beneficial for a structured long term after recovery program.
 - This program would be effective for felons; "drug court" might be a great step down program for those leaving prison, and

- Is aware of a person locked up for 12 years and not treated for alcohol addiction, even though that was a major part of the offender's case.
- The public defender program in this state is broken and ignores mental health and substance abuse issues according to one professional:
 - Federal public defender system works well under the Criminal Justice Act.
 - Public defenders in Albany County do not seem to attend or support this program according to some professionals; more buy in is needed in this area.
 - The public should know more about this program; "we tend to focus on spectacular failures rather than routine successes."
 - The Albany County Attorney's Office is a tremendous supporter of this program.
 - The coordinator of this program is the "heart and soul" of the program. He is what makes it work.
 - There are unmet needs for the participants for legal services in this area.
- ACADC ancillary funds have been used to help a participant with application to graduate school and housing, among other things.
- Peak Wellness Centers "quality of life" funds have been utilized to assist ACADC participants with obtaining a cell phone and paying a physician bill in full.
- One participant reported that this program has been kind and fair, and has treated me with respect.
- One participant's significant other feels like a part of the ACADC program and has met the entire program treatment team; and, was there during court and sentencing into the program.
- The new treatment team seems to have a greater focus on mental health and the ability to "drill down" into those issues.
- The ACADC program helped a participant and family pay the rent when they could not; clearly, they want their participants to succeed.
- The program administrator and the counselor(s) are seen as "loving this program and really caring." It is reported that the program administrator is available 24 hours per day.

"Only when you raise a client up do they have a reason not to fall back down again."

Judge Castano

Coordination of Services:

- It appears that the coordination between all entities with regards to admission into the ACADC program or whether a referral is not admitted is well coordinated and systematic.
- Peak Wellness is simply a great collaborator for this program with regards to treatment and has a number of different services that they are able to offer its clients and the ACADC participants:
 - Continuity of care is very good;
 - Great menu of services to select from;
 - Funds to offer for different services;
 - Client involvement in the case plan and treatment goals;
 - Transitional living;
 - 24 hour structured availability for client access to Peak Wellness;
 - Assistance with transportation needs;
 - Payment options including a sliding fee;
 - Strength based services;
 - Corrective thinking;
 - A variety of staff with varying skills, and
 - Contracted psychiatrist that is available.
- Peak Wellness has done a paradigm shift in recent years to eliminate waits for clients seeing services. In short they are working what is called a “**walk in model**” where clients can “walk in” and have their clinical assessment done that day.⁶
- Employers in the community seem to support the employees who are on probation in the ACADC program.
- Of the 20 participants currently in the Drug Court program, 16 are working fulltime, one is working part time, and three are unemployed. The three participants who are unemployed are required to complete a minimum of 30 hours of community service weekly to fulfill the weekly gainful and meaningful activity requirement.
- ACADC requires that a participant must be going to school full time or maintaining 30 hours of gainful and meaningful community activity. If the participant is not going to school, employed, and/or a combination of both, the difference in hours must be made up in community service.
- Of the 20 participants currently in the program they have given back to the community over 800 hours of community service.
- There are published guidelines for ACADC that upon review seem to be clear and concise; the information is published in a participant handbook.
- Participants seem to have a good understanding of the sanctions; for example:

⁶ More information regarding Peak Wellness may be found at: <http://www.peakwellnesscenter.org/locations.aspx>.

- Being late or missing an appointment a participant receives five hours of community services;
 - for every minute late to court; a hour of community service, and
 - Sanctions for “using” are individual based.
- Peak Wellness runs an Intensive Outpatient Probation (IOP) program; this allows them to have a greater principal of understanding to provide services for the ACADC program and their IOP program requirements.
- Coordination with the Sheriff’s Office remains positive despite a change in administrations.
- The Department of Family Services, Economic Assistance Programs seem to be accessible and well-coordinated with others.
- Treatment team meetings occur every Tuesday between the case manager, probation, program coordinator and treatment.
 - This same group meets with the entire ACADC program team on Thursdays prior to ACADC proceedings.
- Intensive Outpatient (IOP) clients from Peak Wellness have been integrated into groups with the ACADC participants. This conjoining of the two populations has worked out better than expected.
- Interfaith Good Samaritan Program is an available resource in Laramie to assist with services for those in need of food, clothing and emergency funds.
- A participant went from being almost kicked out of the ACADC program under the past treatment providers to being a spokesperson for Peak Wellness, the current treatment providers.
- It might be beneficial for the ACADC to coordinate with the University of Wyoming; possibly the law school for greater legal services for participants.
- A juvenile, who is now an adult in the program came to the attention of the system at least 10 times previously and there was never any effective intervention accomplished until ACADC.
- A participant who relapsed numerous times was revoked from the program and furloughed to inpatient treatment. The program administrator provided transportation for the participant to inpatient treatment and stayed in touch with the participant and their case manager while in treatment for one year. The program administrator coordinated the return of the participant by securing housing so the participant would have housing when they returned to the community. Additionally, the coordinator and the lead clinical therapist from Peak Wellness for the ACADC program transported the client back to the community after treatment.
- The ACADC coordinator clearly demonstrates consistency and efficacy in the administration of the program.
- A participant who was using spice ended up advocating against it and being an anti-spice leader in the program.

- One client reports age of first use being 11. Another participant reported age of first use being six at the urging of his parents.
- A number of the ACADC participants have parents who were absent and/or alcohol/drug users.
- Participants report that the treatment team has a willingness to guide people in the right direction and that they make this program feel like an accomplishment.
- The treatment team makes a point to weed out the people who are just here to “float” the program, according to one participant.
- It is understood among some participants that the strict schedule keeps participants from making impulsive decisions; other participants would be well served to be reminded of this fact.
- Two participants felt that the public defender’s do not care and do not adequately represent the participants:
 - They don’t see the participants routinely;
 - Didn’t know about the participants case, and
 - Didn’t prepare the participant for the court proceedings.
- A participant reports a “fear” of getting out of the program and having to “live life” individually.
- The program team has a very realistic understanding of the judicial process. For example, when the program lost a case of a participant possessing suspected paraphernalia, the program team considered that the participants were able to witness due process and that they are in a “fair program.”
- While participants understand that there are a number of factors that go into the delivery of a sanction, some express a desire for them to be more consistent among the participants.
 - The same participant later explained how much it was appreciated that the treatment team and court would listen to mitigating circumstances and then alter the/a sanction accordingly.

Participants become humanized to the bench and the bench becomes humanized to the participants. – *Judge Castano*

Systemic Issues:

- Over the course of 35 years of drinking, a participant has had four driving while under the influence arrests.⁷
- Participant developed a drinking habit over a long period of drinking at home. It originally started as social drinking and just evolved into a way of life. Despite a few encounters with the “system” in general, there was no effective intervention or assessments done.
- Laboratory tests for substances such as “bath salts” and “spice” are expensive and costing the program a great deal of money but are very necessary.
- GPS monitoring is also costly to the program, however, this sanctioning and supervision tool has proven to be worthwhile and of value.

**We have moved from “therapist knows all” to
“client centered...”**

Dr. Carol Sprabery
Program Director
Peak Wellness

⁷ According to the MADD website at <http://www.madd.org/statistics/> a drunk driver will drive 87 times before their initial arrest.