



Wyoming

PRISON PROGRAMS

Wyoming Honor Conservation Camp (WHCC): Male Intensive Treatment Unit

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CONTINUING CARE/REINTEGRATION PROGRAMS

Casper Reentry Center – Therapeutic Community Treatment (CRC-TC) Program, Wyoming Department of Corrections

Prison Programs



Wyoming Honor Conservation Camp (WHCC): Male Intensive Treatment Unit, Wyoming Department of Corrections

FY2023 RSAT funded program

OVERVIEW OF PROGRAM

The RSAT program in the WHCC Male Intensive Treatment Unit (WHCC-MITU) was established in January of 2010 and was formerly operated at the Wyoming Medium Correctional Institution (WMCI). The WHCC-MITU can accommodate 64 men and is designed to operate as a modified therapeutic community using a holistic treatment approach. Like the WHCC Female Intensive Treatment Unit (WHCC-FITU), the WHCC-MITU program is in a unit separate from the general population and is certified under the Wyoming Department of Health's substance abuse certification standards.

ELIGIBILITY CRITERIA, SCREENING/ASSESSMENT, AND TREATMENT PLANNING

All individuals entering with the Wyoming Department of Corrections (WDOC) are assessed upon intake to determine if they have a substance use disorder (SUD) treatment need. WDOC utilizes the Addiction Severity Index (ASI) and American Society of Addiction Medicine (ASAM) criteria to determine the level of need for each individual. Those with an ASAM score of 3.5 are eligible to go to the Intensive Treatment Unit (ITU) programs. Eligibility is also dependent upon the individual's classification score, mental health needs, and other specialty medical needs.

Other routes to RSAT program treatment include stipulations from the parole board, staff recommendations, and individuals self-requesting treatment. All individuals requesting treatment must also be eligible through the criteria listed above.

What we can learn from this RSAT program

The WDOC responds to the cultural and religious beliefs of indigenous people who are incarcerated within its facilities through the inclusion of sweat lodges, smudge ceremonies, as well as recovery curricula and groups designed specifically for them.

All individuals who are accepted into the ITU must have enough time prior to release to complete the program. ITU is a six-month program with step-down phases into the facility's intensive outpatient

program unit as necessary. If an individual is granted parole, it is understood that they must successfully complete ITU prior to their supervised release.

YesCare is the current contracted mental health provider for the Wyoming Department of Corrections (WDOC). Within the two-week period of initial screening and assessment, mental health and co-occurring disorders are identified with a proprietary mental health instrument administered by YesCare staff. Community-based mental health and psychiatric records are obtained with a release of information, if available, for additional information. Individuals may be referred to a psychiatrist for medication as needed. Those with more significant mental health needs may be moved into the Mental Health unit at WMIC.

After individuals are admitted into the ITU, more information is obtained about their substance use history, motivation, social supports, criminal thinking, and criminal history using the Addiction Severity Index (ASI) and Texas Christian University (TCU) Core Forms. Other information attained includes family involvement, treatment history for both substance use and mental health and history of trauma. Although intake screenings and assessments upon entry into the facility assist in determining if the ITU is the most appropriate level of care, the results of the TCU Core Forms help establish a better understanding of needs and goals for a resident to work towards while participating in the ITU.

ITU staff also use the Strengths, Needs, Abilities and Preferences (SNAP) approach when developing treatment plans for residents. SNAP worksheets help create an individualized and collaborative case plan that has been endorsed by SAMHSA as a trauma and evidence informed family and community-centered process. This method along with ASAM level of care guides placement and classification of men according to their substance use, mental health, health, and other needs.

MODALITY OF RSAT PROGRAM

The intent of the program is to create an environment that provides a 24/7 learning experience that supports and reinforces positive life choices, the acquisition of life and recovery skills, and the acceptance of ongoing recovery maintenance. Treatment integrates social learning, cognitive behavioral intervention, and therapeutic community principles and methods to provide a powerful intervention that addresses both substance use disorder (SUD) and criminogenic treatment needs.

The ITU utilizes evidence-based curriculums in groups that address criminal thinking and substance use such as:

- Hazelden's "New Direction" that helps reduce relapse and recidivism
- National Institute of Correction's (NIC) "Thinking For a Change" that addresses the cognitive, social, and emotional needs of residents with a goal of reducing at-risk and criminal behaviors
- Texas Christian University (TCU) Mapping Interventions which improves communication and decision making that results in increased treatment engagement and client progress.
- University of Cincinnati's Cognitive-Behavioral Interventions for Substance Use (CBI-SU) as a core cognitive and SUD program

ITU staff utilize cognitive behavioral treatment skills in treatment groups to help residents identify and replace unhealthy antisocial thinking in order to change criminal and addictive behavior patterns

and support long-term recovery. Certified Peer Specialists model pro-social skills and behaviors through daily interactions with residents, as do all ITU staff and officers. Residents understand that to be a member of the ITU modified therapeutic community is to be held to a higher accountability standard. Positive peer pressure that reinforces pro-social healthy interaction works with treatment to target criminogenic needs.

The ITU is a minimum of six months in length. There are three phases within the ITU with hierarchical structures in place for residents. Phase 1 is the orientation phase which lasts at least 30 days. Men learn the rules and regulation of the program, become acclimated to living within a therapeutic community and begin to accept help from community brothers. Phase 2 is the treatment phase where men spend at least four months attending groups, individual meetings, and case management. During this phase, residents hold higher positions of responsibility within the community. Residents in Phase 2 also have more privileges such as playing board and card games after hours. The final stage is re-entry. A 30-day phase which provides the most privileges as well as the most responsibilities. Residents may become Big Brothers in this phase as long as they exhibit maturity and pro-social growth. Re-entry plans are fully developed and the ITU resident should be ready for successful transition.

The ITU staff meets with an ITU family member at the 90-day mark in the program to provide specific and detailed feedback of progress and any necessary improvement needed in particular target areas. Similarly, ITU staff meets to discuss family members who will be reaching their six-month mark soon. If the ITU staff agree that a family member has met all their treatment goals and program requirement, he will be notified and begin the process of program completion. If the treatment team decides there are still areas to be worked on, the family member will be reviewed again in one month.

MAT PROGRAMMING

Medicated-assisted treatment (MAT) is offered in all WDOC SUD programs on a case-by-case basis. The specific type of MAT is based upon the needs of the individual and appropriateness for the corrections setting. The WDOC contracted medical provider and the WDOC contracted SUD provider work together to determine MAT eligibility. Currently, program participants are able to be prescribed both oral and injectable medications such as buprenorphine, naltrexone, and methadone based on individual needs. Both induction and continuation of medication is available.

MAT policies and procedures are still in the process of development and integration into the SUD programs at the facility. The program is planning to provide overdose education training as part of the reentry process and will partner with the Wyoming Department of Health to provide individuals who are released on an MAT with naloxone (Narcan).

CONTINUING CARE/REINTEGRATION

In March 2020, the Wyoming State Legislature enacted a statute, titled House Bill 31 (HB31). The act requires coordination between the Wyoming Department of Health (WDH) and WDOC to develop new programs that improve mental health and substance use disorder (SUD) treatment for persons involved in the correctional system. The purpose of this bill is to reduce recidivism rates. In response to HB31, WDOC, in collaboration with the WDH, developed a process called In-Reach to assist in reducing the length of wait time between release from incarceration to enrollment with a community

treatment provider. All successful ITU participants go through the In-Reach process. During the In Reach process, participants have a video call which serves as an intake appointment with a community provider. This occurs while they are still incarcerated and within 30 days of their release and ensures they are an established client with a community provider so the participant can continue SUD treatment immediately upon discharge from prison. During the intake call, an appointment is schedule for the participant as soon as possible after their anticipated release date. Peer Specialists are utilized throughout the ITU program and help to facilitate the In Reach Process. The expectation is for every participant in WDOC SUD programs to leave prison

PROGRAM CONTACT INFORMATION

Wendy McGee, Contract Manager
wendy.mcgee2@wyo.gov
307-777-7303
1934 Wyott Drive, Cheyenne, WY, 82002

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WHCC: Female Intensive Treatment Unit, Wyoming Department of Corrections

FY2023 RSAT funded program

OVERVIEW OF PROGRAM

The RSAT Program at the WHCC, formerly located at the Wyoming Women’s Center (WCC) and known as the Women’s Intensive Treatment Unit (WHCC-FITU), began in 2003 as a 15-bed Unit. The first year it received RSAT funding was in 2009 and it eventually became a 32-bed program. In June of 2022, the FITU was moved to WHCC where it now has the capacity to house up to sixty (60) female inmates. It The FITU is designed to provide gender-specific substance use disorder (SUD) treatment services in a modified therapeutic community setting and is certified under the Wyoming Department of Health's substance abuse certification standards.

ELIGIBILITY CRITERIA, SCREENING/ASSESSMENT, AND TREATMENT PLANNING

All individuals entering the Wyoming Department of Corrections (WDOC) are assessed upon intake to determine if they have a substance use disorder (SUD) treatment need. WDOC utilizes the Texas Christian University Drug Screen 5 (TCUDS 5) and the Women’s Risk Needs Assessment (WRNA). Individuals who score high on both instruments are assessed more thoroughly using the Addiction Severity Index (ASI) and the University of Rhode Island Change Assessment (URICA) to identify readiness to change and to determine level of care based upon American Society of Addiction Medicine (ASAM) criteria. Individuals with an ASAM score of 3.5 are eligible to go to the FITU. Eligibility is also dependent upon the individual’s classification score, mental health needs, and other specialty medical needs.

What we can learn from this RSAT program

The WHCC-FITU employs a “no discharge approach” for women positive for substance use during treatment, although they must restart the program. This ensures that the program does not “abandon” an RSAT resident when they are in most need of treatment.

Other routes to RSAT program treatment include stipulations from the parole board, staff recommendations, and individuals self-requesting treatment. All individuals requesting treatment must also be eligible through the criteria listed above.

WDOC contracts with a third party medical and mental health provider. Within the two-week period of initial screening and assessment, mental health and co-occurring disorders are identified with a proprietary mental health instrument administered by contracted medical staff. Community-based mental health records are obtained with a release of information, if available, for additional information. Individuals may be referred to a psychiatrist for medication as needed. Women with more significant mental health needs may be moved into the mental health unit at WMCI.

Once women are admitted into the FITU, more information is obtained about substance use history, criminal justice involvement, mental health, PTSD and trauma-related issues, social supports, criminal thinking and health using a variety of TCU Core Forms. Although intake screenings and assessments upon entry into the facility helped decide the FITU is the most appropriate classification, the results of the TCU Core Forms help establish a better understanding of needs and goals for a resident to work towards while participating in the FITU.

FITU staff also use a Strengths, Needs, Abilities and Preferences (SNAP) worksheet to help individuals realize their goals for the future. This worksheet acts as a “rough draft” of a truly collaborative treatment plan. The SNAP approach is an individualized comprehensive approach to treatment planning and care utilized and endorsed by SAMHSA as a trauma and evidence informed family and community-centered process. Although the schedule remains largely the same for most of the individuals in the FITU, treatment plans are individualized due to mental health and medical needs. It also is the beginning of each FITU resident’s re-entry plan which includes highly individualized goals.

Treatment plans are based upon the results of screening and assessment instruments and are reviewed every 90 days. Completion of the program is based on achievement of all treatment goals and objectives.

MODALITY OF RSAT PROGRAM

The established mission of the WHCC-FITU is “to create an environment that provides a 24-hour learning experience in which a resident’s transformation in conduct, attitude, values, and emotions are introduced, monitored, and mutually reinforced as part of the daily regime.” It is the aim of the program to provide residents with an opportunity to learn skills that will lead to recovery from SUD, in addition to the tools necessary to live a crime-free life. The gender-specific treatment focuses on the whole person, fostering personal responsibility, accountability, and emphasizing pro-social values and attitudes.

The FITU utilizes evidence-based curriculums that address criminal thinking such as:

- **Courage to Change** - participants address their individual problem areas based on a criminogenic risk and needs assessment.
- **Thinking For a Change** - interpersonal communication skills development and recognition of thought patterns that can lead to problematic, risky and criminal behaviors.
- **University of Cincinnati's Cognitive-Behavioral Interventions for Substance Use (CBI-SU)** as a core cognitive and SUD program.

There are a variety of groups and classes that target criminogenic needs in the FITU. These include substance use disorder treatment, education, employment readiness, setting boundaries, anger management, communication skills, and healthy relationships and parenting groups. Cognitive-

behavioral techniques and theory are the foundation throughout all classes which emphasize listening, taking others' perspectives and providing honest feedback.

The FITU's minimum length is six months but participants may stay longer if it is therapeutically beneficial based on clinical and behavioral evidence. If a participant is having a difficult time with re-entry planning, they may be allowed to stay in the FITU longer. Other participants have successfully completed the program but have been allowed to stay as peer mentors. Each participant's course through the treatment is individually based.

Successful completion of the FITU affects parole eligibility in a positive manner. In some cases, participants receive parole grants which allow them to release upon completion of SUD treatment which means they will not be released until successful completion of the FITU. If a participant decides to leave the FITU program, they are eligible to apply to return at a later time.

There are three phases within the FITU with hierarchical structures and responsibilities in place for residents. Phase 1 is the orientation phase which lasts approximately four weeks. Participants become familiar with the FITU TC rules and regulations, are assessed by FITU staff and community elders, and are introduced to basic concepts of cognitive self-change. Phase 2 is the treatment phase and can last approximately 16 weeks. Women become fully integrated into the community and treatment process; develop a working knowledge of recovery and the connection between substance use and criminal behavior; practice communication skills through development of interpersonal relationships with other residents and take on more responsible roles within the ITU community. Phase 3 is the re-entry phase and lasts approximately four weeks. In this final phase, a participant now becomes the role model for new family members, leads groups and holds higher positions of responsibility in the community, completes their re-entry plan and demonstrates progress in all areas.

Days begin with a 50-minute Morning Motivation meeting, then Health and Wellness activities are scheduled for an hour between 9:05am – 9:55am. Depending on where an ITU resident is in their treatment process, they may next go to work, study, and encounter group or meet with other FITU staff to address non-compliant behaviors. Throughout the weekdays, women will go to different groups or classes depending on where they are in the program. However, all residents come together three times a week for Big Sister/Little Sister groups where the Orientation Group will provide time for new Big/Little Sisters to ask questions in a group setting.

MAT PROGRAMMING

Medicated-assisted treatment (MAT) is offered in all WDOC SUD programs on a case-by-case basis. The specific type of MAT is based upon the needs of the individual and appropriateness for the corrections setting. The WDOC contracted medical provider and the WDOC contracted SUD provider work together to determine MAT eligibility. Currently, program participants are able to be prescribed both oral and injectable medications such as buprenorphine, naltrexone, and methadone based on individual needs. Both induction and continuation of medication is available.

MAT policies and procedures are still in the process of development and integration into the SUD programs at the facility. The program is planning to provide overdose education training as part of the reentry process and will partner with the Wyoming Department of Health to provide individuals who are released on an MAT with naloxone (Narcan).

CONTINUING CARE/REINTEGRATION

In March 2020, the Wyoming State Legislature enacted a statute, titled House Bill 31 (HB31). The act requires coordination between the Wyoming Department of Health (WDH) and WDOC to develop new programs that improve mental health and substance use disorder (SUD) treatment for persons involved in the correctional system. The purpose of this bill is to reduce recidivism rates. In response to HB31, WDOC, in collaboration with the WDH, developed a process called In-Reach to assist in reducing the length of wait time between release from incarceration to enrollment with a community treatment provider. All successful ITU participants go through the In-Reach process. During the In Reach process, participants have a video call which serves as an intake appointment with a community provider. This occurs while they are still incarcerated and within 30 days of their release and ensures they are an established client with a community provider so the participant can continue SUD treatment immediately upon discharge from prison. During the intake call, an appointment is scheduled for the participant as soon as possible after their anticipated release date. Peer Specialists are utilized throughout the ITU program and help to facilitate the In Reach Process.

PROGRAM CONTACT INFORMATION

Wendy McGee, Contract Manager

wendy.mcgee2@wyo.gov

307-777-7303

1934 Wyatt Drive, Cheyenne, WY, 82002

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Continuing Care/Reintegration Program



Casper Reentry Center – Therapeutic Community Treatment (CRC-TC) Program, Wyoming Department of Corrections

Not Currently Funded

OVERVIEW OF PROGRAM

The Casper Re-Entry Center – Therapeutic Community Treatment (CRC-TC) Program began in February 2005 and is designed and operated as a secure long-term residential substance use disorder (SUD) treatment program based on therapeutic community principles and methods. While the Casper Re-entry Center has not yet received RSAT funds, it is currently seeking RSAT funding to support its evidence-based treatment. The CRC-TC can accommodate 100 male participants. The mission of the CRC-TC is to provide a healthy, alcohol and substance-free environment in which treatment services focus on changing addictive and criminal behaviors. The program provides participants with the knowledge and skills necessary for a productive recovery-oriented lifestyle prior to reintegration to society.

ELIGIBILITY CRITERIA, SCREENING/ASSESSMENT, AND TREATMENT PLANNING

Men who enter the facility undergo screening and assessment for substance use severity and criminogenic risk/needs via the Texas Christian University Drug Screen 5 (TCUDS 5) and the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS). Men who score high on both instruments are assessed more thoroughly using the Addiction Severity Index (ASI) and the University of Rhode Island Change Assessment (URICA) to identify readiness to change and to determine level of care based upon American Society of Addiction Medicine (ASAM) criteria. Men who need the long-term intensity of a therapeutic community are classified to the CRC-TC. Individuals are not excluded from the program if they have mental health needs or sexual related offenses.

Treatment plans are based upon the results of screening and assessment instruments and are reviewed every 90 days. Program completion is based on achievement of all treatment goals and objectives.

CRC-TC has maintained certification under the Wyoming Department of Health's Substance Abuse Certification Standards since April 14, 2005, and the American Correctional Association (ACA)'s Performance-Based Standards for Therapeutic Communities since August 11, 2008. The CRC-TC

Program also provides medical and mental health services to individuals in the program and maintains National Commission on Correctional Health Care (NCCHC) accreditation.

MODALITY OF RSAT PROGRAM

The established mission of the CRC-TC is “to create an environment that provides a 24-hour learning experience in which a resident’s transformation in conduct, attitude, values, and emotions are introduced, monitored, and mutually reinforced as part of the daily regime.”

The program aims to provide residents with an opportunity to learn skills that will lead to recovery from SUD in addition to the tools necessary to live a crime free life.

The CRC-TC offers the following services to its residents:

- Individual counseling,
- Group counseling,
- SUD treatment,
- Educational groups,
- Peer led seminars,
- Daily small group sessions,
- Daily house meetings,
- Weekly family counseling sessions,
- Weekly family visitation,
- Matrix Model for methamphetamine [Hazelden],
- Substance misuse evaluations,
- Life skills and community reentry classes,
- Parenting and fatherhood classes,
- Anger management groups,
- Relapse prevention groups,
- Grief counseling groups,
- Narcotics Anonymous/Alcoholics Anonymous (NA/AA) groups,
- High school equivalency (GED) classes,
- Vocational rehabilitation services, and
- Volunteer religious groups.

What we can learn from this program

A smooth transition to community-based care for program participants is ensured through the use of a Reentry Transition Team that includes certified peer specialists that meets with all ITU participants, including those on MAT.

MAT PROGRAMMING

Medicated-assisted treatment (MAT) in the form of naltrexone (Vivitrol) is offered in all RSAT-funded intensive treatment units (ITUs) within Wyoming. After a medical and mental health screening, participants are given oral naltrexone a few days prior to release to ensure there is no allergic reaction.

CONTINUING CARE/REINTEGRATION

Prior to their release, all participants answer 12 questions about their SUD and treatment in order to build a database of responses and compare them to recidivism, relapse, and overdose data to help provide information for more specified targeted treatment prior to release.

PROGRAM CONTACT INFORMATION

Wendy McGee, Contract Manager
wendy.mcgee2@wyo.gov
307-777-7303
1934 Wyoott Drive, Cheyenne, WY, 82002

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