

WYOMING RURAL DEVELOPMENT COUNCIL



**RURAL RESOURCE TEAM REPORT
FOR
EVANSTON
COMMUNITY ASSESSMENT
UINTA COUNTY, WYOMING
OCTOBER 18-21, 2005**

WYOMING RURAL DEVELOPMENT COUNCIL'S MISSION

*"TO CREATE PARTNERSHIPS THAT RESULT IN EFFECTIVE,
EFFICIENT AND TIMELY EFFORTS TO ENHANCE THE
VIABILITY OF RURAL WYOMING."*

THE WYOMING RURAL DEVELOPMENT COUNCIL

The Wyoming Rural Development Council is a collaborative public/private partnership that brings together six partner groups: local/regional government, state government, federal government, tribal government, non-profit organizations and private sector individuals and organizations.

WRDC is governed by a Steering Committee representing the six partner groups. The Steering Committee as well as the Council membership has established the following goals for the WRDC:

- Assist rural communities in visioning and strategic planning
- Serve as a resource for assisting communities in finding and obtaining grants for rural projects
- Serve and be recognized as a neutral forum for identification and resolution of multi-jurisdictional issues
- Promote, through education, the understanding of the needs, values, and contributions of rural communities.

The Council seeks to assist rural Wyoming communities with their needs and development efforts by matching the technical and financial resources of federal, state, and local governments and the private sector with local development efforts.

If you would like more information about the Wyoming Rural Development Council and how you may benefit as a member, contact:

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TABLE OF CONTENTS

Evanston, Wyoming Resource Team Assessment October 18-21, 2005

1. Process for the Development of This Report.....	pg. 3
2. Executive Summary.....	pgs. 4-5
3. Profile of Evanston.....	pgs. 6-17
4. Uinta County Profile.....	pgs. 18-24
5. Resource Team Members	pgs. 25-26
6. Schedule of Assessment Listening Sessions.....	pgs. 27-28
7. Major Themes and Subthemes.....	pgs. 29-30
8. Team Member Recommendations.....	pgs. 31-113
Nancy Clarke	
Elizabeth Chase	
J.L. Schmidt	
Bob Jensen	
Ashley Bruner	
Marilee Ohnstad	
Maureen Meagher	
9. What was Said at the Listening Sessions	pgs. 114-141
10. 20 Clues to Rural Community Survival.....	pg. 142

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PROCESS FOR THE DEVELOPMENT OF THIS REPORT

The Wyoming Rural Development Council (WRDC) has provided a Resource Team to assist the community of Evanston, Wyoming in evaluating the community's assets and liabilities and in developing suggestions for improving the social and economic future of Evanston.

Evanston requested a community assessment from the Wyoming Rural Development Council. John Harris served as the community contact and took the lead in agenda development, logistics and publicity in for the assessment. Resource team members were selected to visit, interview citizens, business and community leaders; and develop a plan of recommended action for the town. The team members were carefully selected based on their fields of expertise that Evanston officials indicated would be needed to respond to the problem areas identified.

The Resource Team toured the town and interviewed approximately 200 people over a four day period on October 18-21, 2005. The team interviewed representatives from the following segments of Evanston: city employees, county government, state hospital, students, parks and recreation, regional hospital, renewal board, YOU group, after school programs, student council, national honor society, health step committee, human services, general public, chamber, businesses, energy, utilities, mayor's boards, access 2 ability, construction, ministerial alliance, seniors, and educators, faculty and staff. Each participant was asked to respond to three questions designed to begin communication and discussion and to serve as a basis for developing the action plan. The three questions were:

- *What do you think are the major problems and challenges in Evanston?*
- *What do you think are the major strengths and assets in Evanston?*
- *What projects would you like to see completed in two, five ten and twenty years in Evanston?*

Upon completion of the interviews, the team met to compare notes and share comments following the two days of intense study. The team then agreed that each team member would carefully analyze what was said, synthesize what they heard with their knowledge of programs and resources, prepare their notes and suggestions, and forward these items to be combined into the Wyoming Rural Development Council's final report to Evanston.

An oral report was presented to the people of Evanston on October 21th and many of the citizens of Evanston who participated in the interviews were in attendance. Following the oral report, a formal written report is prepared and presented to Evanston.

EXECUTIVE SUMMARY

On behalf of the Resource Team Members, I want to thank the community of Evanston and the numerous businesses and organizations that sponsored this assessment. The hospitality by community leaders and the citizens was greatly appreciated by the Resource Team.

After hearing from many community members, the Resource Team concluded that there are five major “themes.” These themes have become the structure of the report.

- ***Community and Community Amenities*** The community takes great pride in being a clean and safe area to raise families and values the neighborly way of life! The community consists of a multicultural population. The multicultural population is an asset to the community and is evident in the area celebrations and sense of community pride. Evanston has a wealth of community amenities including the historic preservation of the downtown area and the rail yard and roundhouse projects. The Bear River Project has been ongoing and there is ongoing support of completing this project so that not only community members can enjoy the pathways and beauty of the area but so that visitors to the area will be enticed to “stay and visit awhile!”
- ***Economic Development and Workforce Issues*** are ongoing themes not only in Wyoming but rural areas across the United States. Evanston is no exception to the challenges faced in the Economic Development and Workforce arenas. The community is currently reliant on the Wyoming State Hospital and the Social Services sector to provide for a means of employment and mainstay. The community prides itself in being an “open and welcoming” community to those in need and being able to provide services to those individuals. The community has expressed concerns regarding further development of the downtown area as well as expanding current business and industry and attracting new businesses. For those businesses currently in operation several expressed concerns regarding workforce training initiatives. Issues revolving around affordable housing need to be addressed. Retirement housing and assisted living housing were of a concern as well.
- ***Education*** although readily available to the community. It was stated throughout the listening sessions a need for a Community/Junior College and Vocational Trades School would benefit the community as a whole and provide opportunities for ongoing education as well as an opportunity to develop work skills.
- ***Social Services Overall*** the community provides a wealth of readily available social services to the residents. However, there is a need for stronger coordination between non-profit and government social services. In order to provide quality services and utilize funding avenues to the utmost the non-profits and government agencies are encouraged to meet, coordinate and facilitate a social service structure that will enhance and provide for an understanding of the services available and provide for an atmosphere of coordination and cooperation.
- ***Drug Use/Methamphetamines*** While no community likes to admit there is a drug use problem. Evanston’s citizens, officials and youth readily admitted to a problem with Methamphetamines within the community. By admitting there is a problem the

community is now ready to join together and combat the Methamphetamine issue. Resolving the issue will mean that all citizens will need to work diligently and together.

Evanston has a proud past and definitely a vibrant future. The community will need to address the issues as a whole and not rely on whether it is the county or city, for profit or non-profit, young or seniors issue. The Resource Team suggests to the community; prioritize the projects, form your community teams and continue the hard work and keep the “we can do it” attitude. One small accomplishment can lead to the betterment of the community.

Please accept the Resource Team’s recommendations with a grain of salt and a good dose of optimism!

Nancy J. Clarke, Resource Team Leader



EVANSTON COMMUNITY PROFILE

Evanston, named after Union Pacific division engineer James A. Evans, was incorporated in 1868 as a frontier camp for the construction of the Union Pacific Railroad. In November 1868, the Union Pacific's rails reached Evanston and a train depot was constructed the following year. By July 4, 1871, the Union Pacific had located its roundhouse and machine shops in Evanston assuring the town's position as a major stop along the U.P. line. With the railroad various industries developed, including lumber, coal, ice, and petroleum.

Location and Natural Resources

Evanston is nestled in the foothills of the beautiful Uinta Mountains, situated on the banks of the winding Bear River in the far southwest corner of Wyoming. The city lies at the center of the energy-rich Overthrust Belt, which extends from Canada to Mexico. The 40-mile-wide uplift was formed when two land masses smashed together, thrusting the western portion atop the eastern half and creating folds which tapped oil and gas. The region was believed to contain rich energy deposits, but hundreds of dry holes were drilled before one struck oil. In 1976, the Yellow Creek Oil Field was discovered, producing both oil and natural gas and unleashed a boomtown atmosphere. Population estimates reached 20,000 as people moved to the area to work on drilling rigs and build processing plants.

Chinese Community

Chinese have played an important part in Evanston's cultural and economic history. One of Evanston's early landmarks was a section called Chinatown, composed of modest structures huddled on the west side of the railroad tracks, which provided homes and businesses.

Significant structures in Chinatown were an opium den and an elaborately decorated sacred Chinese temple called a Joss House.

Chinese worked as laborers for the Union Pacific Railroad and as miners in the Almy coalmines north of town. In the city they worked as laundrymen, vegetable peddlers, and restaurant employees. Their population flourished from the late 1870's to the early 1920's,

then dwindled as many chose to follow the mining and railroad booms throughout the west. In 1922 the Joss House, one of only three such temples in the United States, mysteriously burned to the ground. A replica of the temple was completed in the early 1990s and stands on Depot Square, near Tenth and Front Streets. It contains artifacts salvaged from the fire.

Historic Landmarks

In 1901, the Union Pacific Railroad completed its gothic-style brick railroad station, and by mid-1906, a Carnegie Library building was opened within a block of the Depot. Months later, Evanston had a Federal Courthouse and Post Office within two blocks of the library. In September 1985, the Union Pacific presented the Depot to the City of Evanston.

Historic Depot Square, home to Evanston's Union Pacific Train Depot, Uinta County Museum, Chinese Joss House Museum, Beeman-Cashin Building, the Chamber of Commerce, and the library, is a focal point and gathering place for both residents and visitors. The city has worked with the local Historic Preservation Commission, a non-profit corporation, citizen volunteers, and the Urban Renewal Agency to stabilize and restore the structures. Evanston recently completed the restoration of the railroad machine shop, part of the historic Evanston Rail Facility listed in the National Register of Historic Places. It is used as a community center for public and private events.

Celebrations and Tourism

Annual heritage observances include the Chinese New Year and a Roundhouse Festival. A highlight each year is the Urban Renewal Ball and Auction that brings the community together to raise funds to rejuvenate the downtown historic district. The redevelopment of the Evanston Train Depot has been one successful outcome. Evanston's preservation efforts also have benefited from Transportation Enhancement and Community Development Block Grants.

Evanston helped found Tracks Across Wyoming, a non-profit partnership of southern Wyoming organizations to promote, preserve, enhance, and interpret the historic transcontinental transportation corridor for the purposes of economic development, education, and the celebration of its heritage. The corridor follows the original route of the transcontinental railroad, and all but one of the major communities along the corridor are railroad towns established when the Union Pacific Railroad progressed through Wyoming from 1867-1868. Historic trails including the Oregon Trail, Overland Trail, Mormon Trail, and Pony Express, cross the corridor. Fossils, stagecoach stops, railroad depots, and roundhouses are just a few examples of the historic resources of the corridor. The corridor also depicts the history of the economy of southern Wyoming featuring seven National Register downtown districts, mining

and timber camps, historic ranches, and Chinatowns. The Wyoming State Legislature has designated the Tracks Across Wyoming corridor a State Heritage Corridor.

The communities involved in Tracks Across Wyoming are looking to heritage cultural tourism and preservation as a source of economic development. While one community alone cannot effectively protect historic sites and heritage tourism, Tracks Across Wyoming brings communities together to further these goals while creating a regional tourist attraction.

Evanston Statistics	
County	Uinta
Zip Code	82030
Elevation	6,749 feet above sea level
Latitude	41.27° north of the equator
Longitude	110.96° west of the prime meridian
Area	10.3 square miles
	Land Area: 10.2 square miles
	Water Area: 0.05 square miles
Estimated City Distances:	
Salt Lake City, UT	82 miles
Rock Springs, WY	100 miles
Cheyenne, WY	358 miles
Denver, CO	453 miles

Population by Age (2005 Estimate)	
Population Estimate	11,191
Median Age	31.7
0 to 4 years	8.1%
5 to 14 years	15.8%
15 to 19 years	8.7%
20 to 24 years	9.2%
25 to 34 years	11.8%
35 to 44 years	13.2%
45 to 54 years	15.7%
55 to 64 years	9.6%
65 to 74 years	4.3%
75 to 84 years	2.7%

85+ years	1.0%
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Marital Status (2005 Estimate)	
Age 15+ Population	8,513
Married, Spouse Present	56.4%
Married, Spouse Absent	3.0%
Divorced	13.5%
Widowed	4.0%
Never Married	23.0%

Household Status (2005 Estimate)	
Total Households:	4,116
1 Person	24.3%
2 Person	31.9%
3 Person	16.4%
4 Person	14.9%
5 Person	7.6%
6 Person	3.1%
7+ Person	1.8%

Housing Units (2005 Estimate)	
Total Housing Units:	4,813
Owner Occupied	63.0%
Renter Occupied	22.6%
Vacant	14.5%

Income (2005 Estimate)	
Median Household Income	\$45,292
Per Capita Income	\$21,548

Households by Income (2005 Estimate)	
Total Households:	4,116
\$0 - \$14,999	13.1%
\$15,000 - \$24,999	14.4%

\$25,000 - \$34,999	11.3%
\$35,000 - \$49,999	16.6%
\$50,000 - \$74,999	24.5%
\$75,000 - \$99,999	12.0%
\$100,000 - \$149,999	6.3%
\$150,000+	1.8%

Employment & Business (2005 Estimate)	
Age 16+ Population	8,346
In Labor Force	71.3%
Employed	94.6%
Unemployed	5.1%
In Armed Forces	0.2%
Not in Labor Force	28.5%

Educational Attainment (2005 Estimate)	
Age 25+ Population	6,512
Grade KG - 08	3.8%
Grade 09 - 12	11.5%
High School Graduate	34.7%
Some College, No Degree	23.2%
Associates Degree	8.2%
Bachelor's Degree	13.4%
Graduate Degree	5.2%

Education (Estimate)	
Public Primary/Middle Schools:	
Clark Elementary	Students: 307; Grades: KG – 05
Aspen Elementary	Students: 330; Grades: KG – 05
North Evanston Elementary	Students: 336; Grades: KG - 05
Uinta Meadows Elementary	Students: 406; Grades: KG - 05
Evanston Middle School	Students: 363; Grades: 06 - 08
Davis Middle School	Students: 409; Grades: 06 – 08
Public High School:	
Evanston High School	Students: 1,011; Grades: 09-12

Evanston Demographic Report (Estimate)

Medical (Hospitals/Medical Centers In/Near Evanston) (Estimate)

Evanston Regional Hospital	Evanston, WY
Wyoming State Hospital	Evanston, WY

Population

The estimated current year population for Evanston is 11,191. The population in 1990 was 10,767 representing a 3.94% change. It is estimated that the population in Evanston will be 10,945 in 2010, representing a change of -2.20% from 2005. The current population is 50.27% male and 49.73% female. The median age of the population is 31.7, compared to the U.S. median age which is 36.3. The population density is 1,087.8 people per square mile.

Households

There are currently 4,116 households in Evanston. The Census revealed household counts of 3,552 in 1990, representing an increase of 15.88%. It is estimated that the number of households in Evanston will be 4,175 in 2010, representing a change of 1.43% from 2005.

The median number of years in residence is 2.86. The average household size is 2.65 people and the average family size is 3.14 people. The average number of vehicles per household is 2.1.

Income

The median household income for Evanston is \$45,292, compared to the U.S. median which is \$46,338. The Census revealed a median household income of \$31,356 in 1990 representing a change of 44.44%. It is estimated that the median household income will be \$49,973 in 2010, which would represent an increase of 10.33% from 2005.

The per capita income is \$21,548 compared to the U.S. per capita, which is \$24,385.

Race & Ethnicity

The racial makeup of Evanston is as follows: 92.51% White; 0.15% Black; 1.10% Native American; 0.39% Asian/Pacific Islander; and 3.94% Other. Compare these to the U.S. racial makeup which is: 75.69% White, 12.15% Black, 0.83% Native American, 4.29% Asian/Pacific Islander and 4.59% Other.

People of Hispanic ethnicity are counted independently of race. People of Hispanic origin make up 7.93% of the current population, compared to the U.S. makeup of 14.45%.

Housing

The median housing value for Evanston was \$58,892 in 1990, compared to the U.S. median of \$78,382. The 2000 Census median housing value was \$87,620, which is a 48.8% change from 1990. In 1990, there were 1,177 renter occupied housing units versus 1,215 in 2000. The average rent in 1990 was \$260 versus \$338 in 2000.

Employment

There are 5,950 people over the age of 16 in the labor force in Evanston. Of these 94.6% are employed, 5.1% are unemployed, 28.5% are not in the labor force and 0.2% are in the armed forces. In 1990, unemployment in this area was 3.74% and in 2000 it was 5.14%. There are 5,096 employees (daytime population) and there are 600 establishments.

In 1990, 50.65% of employees were employed in white-collar occupations and 49.35% were employed in blue-collar occupations. In 2000, white-collar workers made up 52.40% of the population, and those employed in blue-collar occupations made up 47.60%. In 1990, the average time traveled to work was 10 minutes and in 2000 it was 10 minutes.

Evanston Business Report (Estimate)

Daytime Population: Total Employees	5,096
Business Counts: Total Establishments	600

Employees By Occupation	2005 Estimate	% of Total
"White Collar" Employees	3,042	59.69%
Administrative Support Workers	838	16.44%
Executive Managers & Administrators	524	10.28%
Professional Specialty Occupations	874	17.15%
Sales Professionals	124	2.43%
Sales Workers & Clerks	563	11.05%
Technical Sales & Administrative	3	0.05%
Technologies & Technicians	116	2.28%
"Blue Collar" Employees	2,048	40.18%
Construction, Repair & Mining	198	3.89%
Farming, Forestry & Fishing	104	2.04%
Handlers, Helpers & Laborers	125	2.46%
Machine Operators, Assemblers & Inspectors	94	1.84%
Other Services Field Based	38	0.74%
Other Services Site Based	830	16.28%
Precision Craft & Repair	434	8.52%
Private Household Service	0	0.00%
Protective Services	80	1.58%
Transportation & Materials Moving Workers	145	2.84%

Establishments: Size	2005 Estimate	% of Total
1 - 4 Employees	378	63.06%
5 - 9 Employees	114	19.04%
10 - 19 Employees	49	8.19%
20 - 49 Employees	38	6.35%
50 - 99 Employees	14	2.27%
100 - 249 Employees	5	0.80%
250 - 499 Employees	2	0.30%
500 - 999 Employees	0	0.00%
1,000+ Employees	0	0.00%

Major Industry: Employees	2005 Estimate	% of Total
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Agricultural, Forestry, Fishing	5	0.10%
Construction	268	5.26%
Finance, Insurance & Real Estate	220	4.32%
Manufacturing	130	2.54%
Mining	119	2.34%
Public Administration	547	10.73%
Retail Trade	1,357	26.62%
Services	2,060	40.43%
Transportation & Communications	187	3.68%
Unclassified	6	0.12%
Wholesale Trade	197	3.86%

Major Industry: Establishments	2005 Estimate	% of Total
Agricultural, Forestry, Fishing	2	0.39%
Construction	34	5.73%
Finance, Insurance & Real Estate	52	8.61%
Manufacturing	18	2.93%
Mining	18	3.02%
Public Administration	66	11.01%
Retail Trade	121	20.18%
Services	231	38.45%
Transportation & Communications	24	3.96%
Unclassified	6	1.06%
Wholesale Trade	28	4.66%

Retail Trade: Employees	2005 Estimate	% of Total
Auto Dealers & Gas Stations	190	14.04%
Bars	13	0.93%
Building Materials Hardware & Garden	35	2.60%
Catalog and Direct Sales	1	0.07%
Clothing Stores	23	1.71%
Convenience Stores	45	3.30%
Drug Stores	13	0.96%
Electronics & Computer Stores	74	5.49%
Food Markets	72	5.31%
Furniture Stores	7	0.53%
General Merchandise Stores	321	23.66%
Home Furnishings	2	0.15%
Liquor Stores	13	0.98%
Music Stores	2	0.15%
Other Food Service	0	0.00%
Other Food Stores	15	1.13%
Restaurants	454	33.43%
Specialty Stores	75	5.55%
Total Retail Trade	1,357	100.00%

Retail Trade: Establishments	2005 Estimate	% of Total
Auto Dealers & Gas Stations	21	17.16%
Bars	4	3.03%
Building Materials Hardware & Garden	6	4.95%
Catalog & Direct Sales	1	0.83%
Clothing Stores	5	3.93%
Convenience Stores	5	4.25%
Drug Stores	2	1.65%
Electronics & Computer Stores	3	2.33%
Food Markets	3	2.48%
Furniture Stores	2	2.03%
General Merchandise Stores	4	3.31%
Home Furnishings	1	0.83%
Liquor Stores	3	2.20%
Music Stores	1	0.83%
Other Food Service	0	0.00%
Other Food Stores	5	3.86%
Restaurants	26	21.67%
Specialty Stores	30	24.67%
Total Retail Trade	121	100.00%

Service: Employees	2005 Estimate	% of Total
Advertising	2	0.11%
Auto Repair/Services	62	2.99%
Beauty and Barber Shops	29	1.39%
Child Care Services	28	1.36%
Colleges & Universities	4	0.19%
Computer Services	13	0.64%
Dry Cleaning & Laundry	10	0.51%
Entertainment & Recreation Services	132	6.41%
Health & Medical Services	85	4.14%
Hospitals	182	8.84%
Hotels & Lodging	189	9.16%
Legal Services	45	2.18%
Membership Organizations	43	2.07%
Miscellaneous Repair Services	40	1.95%
Motion Pictures	34	1.64%
Museums & Zoos	1	0.05%
Other Business Services	75	3.63%
Other Education & Library Services	17	0.83%
Other Personal Service	97	4.71%
Primary & Secondary Education	485	23.55%
Professional Services	60	2.93%
Social Services	426	20.69%
Total Services	2,060	100.00%

Service: Establishments	2005 Estimate	% of Total
Advertising	2	0.72%

Auto Repair/Services	20	8.73%
Beauty and Barber Shops	11	4.63%
Child Care Services	2	0.87%
Colleges & Universities	3	1.30%
Computer Services	4	1.78%
Dry Cleaning & Laundry	3	1.19%
Entertainment & Recreation Services	9	4.05%
Health & Medical Services	25	10.87%
Hospitals	5	2.11%
Hotels & Lodging	11	4.84%
Legal Services	19	8.24%
Membership Organizations	21	9.04%
Miscellaneous Repair Services	12	5.05%
Motion Pictures	4	1.65%
Museums & Zoos	1	0.43%
Other Business Services	21	8.90%
Other Education & Library Services	3	1.32%
Other Personal Service	12	5.17%
Primary & Secondary Education	10	4.20%
Professional Services	15	6.68%
Social Services	19	8.22%
Total Services	231	100.00%

Evanston Consumer Expenditure Report (Estimate)

	2005 Estimate	2010 Projection	% Change 2005 - 2010
Total Households	4,116	4,175	1.4%
Total Average Household Expenditure	\$47,901	\$51,776	8.1%
Total Average Retail Expenditure	\$20,801	\$22,437	7.9%

Consumer Expenditure Detail (Average Household Annual Expenditures)

	2005 Estimate	2010 Projection	% Change 2005 - 2010
Airline Fares	\$304.62	\$336.63	10.5%
Alcoholic Beverages	\$491.62	\$536.25	9.1%
Alimony & Child Support	\$232.17	\$256.90	10.7%
Apparel	\$2,099.49	\$2,262.17	7.7%
Apparel Services & Accessories	\$316.11	\$349.55	10.6%
Audio Equipment	\$81.05	\$87.03	7.4%
Babysitting & Elderly Care	\$374.21	\$406.87	8.7%
Books	\$58.97	\$64.05	8.6%
Books & Supplies	\$131.20	\$147.57	12.5%
Boys Apparel	\$116.98	\$124.01	6.0%
Cellular Phone Service	\$247.57	\$262.82	6.2%

Evanston Community Assessment, October 2005

Cigarettes	\$332.29	\$344.19	3.6%
Computer Hardware	\$330.56	\$364.05	10.1%
Computer Information Services	\$32.90	\$36.25	10.2%
Computer Software	\$47.33	\$52.08	10.0%
Contributions	\$1,662.54	\$1,843.07	10.9%
Coolant & Other Fluids	\$7.91	\$8.49	7.3%
Cosmetics & Perfume	\$95.09	\$102.58	7.9%
Deodorants & Other Personal Care	\$26.21	\$28.26	7.8%
Education	\$934.23	\$1,049.39	12.3%
Electricity	\$1,311.26	\$1,384.47	5.6%
Entertainment	\$2,608.93	\$2,832.07	8.6%
Fees & Admissions	\$622.64	\$694.24	11.5%
Finance Chgs Exc Mort & Veh	\$489.96	\$526.08	7.4%
Floor Coverings	\$61.75	\$71.12	15.2%
Food & Beverages	\$7,281.49	\$7,791.24	7.0%
Food At Home	\$3,957.21	\$4,179.05	5.6%
Food Away From Home	\$2,832.67	\$3,075.93	8.6%
Footwear	\$374.76	\$397.30	6.0%
Fuel Oil & Other Fuels	\$131.92	\$141.02	6.9%
Funeral & Cemetery	\$82.75	\$89.30	7.9%
Furniture	\$516.62	\$571.15	10.6%
Gasoline & Oil	\$1,738.72	\$1,853.88	6.6%
Gifts	\$1,232.10	\$1,369.85	11.2%
Girls Apparel	\$144.17	\$153.35	6.4%
Hair Care	\$52.08	\$56.14	7.8%
Hard Surface Flooring	\$25.04	\$27.51	9.9%
Health Care	\$3,028.28	\$3,227.43	6.6%
Health Care Insurance	\$1,573.29	\$1,676.84	6.6%
Health Care Services	\$738.20	\$783.83	6.2%
Health Care Supplies & Equip	\$716.80	\$766.76	7.0%
Household Services	\$290.44	\$322.24	10.9%
Household Supplies	\$669.61	\$739.78	10.5%
Household Textiles	\$145.16	\$158.34	9.1%
Housewares & Small App	\$942.15	\$1,037.36	10.1%
Indoor Plants & Fresh Flowers	\$63.52	\$69.74	9.8%
Infants Apparel	\$109.17	\$116.40	6.6%
Jewelry	\$126.33	\$139.96	10.8%
Legal & Accounting	\$91.31	\$98.24	7.6%
Magazines	\$33.00	\$35.83	8.6%
Major Appliances	\$236.46	\$256.90	8.6%
Mass Transit	\$82.00	\$90.56	10.4%
Men's Apparel	\$364.19	\$393.88	8.2%
Mortgage Interest	\$3,777.65	\$4,160.37	10.1%
Natural Gas	\$493.38	\$525.26	6.5%
New Car Purchased	\$1,506.60	\$1,669.08	10.8%
New Truck Purchased	\$1,162.62	\$1,288.06	10.8%
New Vehicle Purchase	\$2,669.22	\$2,957.13	10.8%
Newspapers	\$68.81	\$74.75	8.6%
Oral Hygiene Products	\$24.14	\$26.03	7.8%
Other Lodging	\$499.06	\$564.25	13.1%

Evanston Community Assessment, October 2005

Other Miscellaneous Expenses	\$94.20	\$101.14	7.4%
Other Repairs & Maintenance	\$143.92	\$158.08	9.8%
Other Tobacco Products	\$36.92	\$38.20	3.5%
Other Transportation Costs	\$551.49	\$601.85	9.1%
Other Utilities	\$408.91	\$435.23	6.4%
Paint & Wallpaper	\$63.95	\$70.02	9.5%
Personal Care Products	\$156.66	\$168.97	7.9%
Personal Care Services	\$449.73	\$484.71	7.8%
Personal Insurance	\$494.48	\$545.06	10.2%
Pet Supplies & Services	\$260.20	\$280.30	7.7%
Photographic Equip & Supplies	\$116.55	\$125.70	7.9%
Plumbing & Heating	\$108.41	\$119.63	10.3%
Property Taxes	\$1,558.56	\$1,726.07	10.7%
Public Transportation	\$472.88	\$522.58	10.5%
Records/Tapes/CD Purchases	\$129.12	\$138.34	7.1%
Recreational Equip & Supplies	\$1,056.25	\$1,141.35	8.1%
Rental Costs	\$2,525.13	\$2,594.26	2.7%
Roofing & Siding	\$78.74	\$86.55	9.9%
Satellite Dishes	\$10.12	\$10.85	7.2%
Shaving Needs	\$11.22	\$12.10	7.8%
Shelter	\$9,536.40	\$10,335.53	8.4%
Telephone Svc Excl Cell	\$965.74	\$1,026.44	6.3%
Televisions	\$118.30	\$126.84	7.2%
Transportation	\$10,035.85	\$10,828.08	7.9%
Tuition	\$803.03	\$901.82	12.3%
Used Car Purchase	\$1,282.17	\$1,345.49	4.9%
Used Truck Purchase	\$782.40	\$821.05	4.9%
Used Vehicle Purchase	\$2,064.57	\$2,166.54	4.9%
VCRs & Related Equipment	\$48.75	\$52.22	7.1%
Vehicle Insurance	\$1,168.83	\$1,252.86	7.2%
Vehicle Repair	\$788.34	\$845.29	7.2%
Vehicle Repair & Maintenance	\$796.25	\$853.78	7.2%
Video & Audio Equipment	\$930.04	\$996.48	7.1%
Video Game Hardware & Software	\$30.09	\$32.23	7.1%
Watches	\$23.07	\$25.53	10.7%
Women's Apparel	\$674.11	\$727.68	7.9%



Uinta County Profile

PERSONAL INCOME	2000	2001
Total Personal Income (000s \$)	\$434,744	\$484,854
Per Capita Income	\$22,062	\$24,818
Per Capita Transfer Payment	\$2,749	\$3,020
Per Capita Dividend, Interest, and Rent	\$3,489	\$3,569

RACE AND HISPANIC ORIGIN	2002 Estimate	% of Total
TOTAL	19,792	100.0%
White alone	19,304	97.5%
Black or African American alone	32	0.2%
American Indian and Alaska Native alone	192	1.0%
Asian alone	65	0.3%
Native Hawaiian/ Other Pacific Islander alone	6	0.0%
Two or More Races	193	1.0%

Race alone or in combination with one or more races:		
White	19,497	98.5%
Black or African American	62	0.3%
American Indian and Alaska Native	326	1.6%
Asian	93	0.5%
Native Hawaiian/ Other Pacific Islander	7	0.0%

Ethnic Origin:		
Hispanic or Latino (of any race)	1,071	5.4%
Non-Hispanic or Latino	18,721	94.6%
White alone	18,277	92.3%

Source: U.S. Department of Commerce, Bureau of the Census

LANDOWNERS	Acres	Square Miles
United States Government		
National Park Service	0	0.0
Forest Service	37,762	59.0
Fish and Wildlife	0	0.0
Bureau of Land Mgt.	528,665	826.0
Bureau of Reclamation	558	0.9
Wyoming		
State Lands Comm.	212,095	76.8
Recreation Comm.	316	0.5
Game and Fish	0	0.0
Local Govt.		
County	1,653	2.6
City	2,201	3.4
School Dist. & Colleges	289	0.5
Other Lands	3,027	4.7
Total Public	623,630	974.4
Total Private	716,738	1,119.9
Surface Water	49,043	76.6
TOTAL LAND	1,335,004	2,085.9

Source: University of Wyoming, Department of Geography & Recreation

SALES TAX COLLECTIONS	FISCAL 02	FISCAL 03
Agriculture Sector	\$58,085	\$45,559
Mining Sector	\$1,746,077	\$789,764
Construction Sector	\$721,214	\$635,542
Manufacturing Sector	\$1,162,021	\$891,424
Transportation (TCPU) Sector	\$1,694,282	\$1,547,769
Wholesale Trade Sector	\$2,021,004	\$1,944,008
Retail Trade Sector	\$8,217,955	\$8,634,769
Finance (FIRE) Sector	\$5,528	\$9,702
Service Sector	\$2,840,951	\$2,234,511
Government Sector	\$1,555,175	\$1,400,943
TOTAL	\$20,022,292	\$18,133,091

Source: State of Wyoming, Department of Revenue

POPULATION BY AGE: 2002	
Population under 5 years	1,492
Population 5 to 17 years	4,609
Population 18 to 24 years	2,133
Population 25 to 34 years	2,164
Population 35 to 44 years	3,058
Population 45 to 64 years	4,904
Population 65 years and over	1,432
TOTAL	19,792

Source: U.S. Department of Commerce, Bureau of the Census

COUNTY EMPLOYMENT STATISTICS	
Labor Force (June 2005)p	10,906
Employed (June 2005)p	10,518
Unemployed (June 2005)p	388
Unemployment Rate (June 2005)p	3.6%
Ave Weekly Wage - Covered Emp (Q4_04)	\$586

Source: State of Wyoming, Department of Employment

p = preliminary

CRIME INDEX OFFENSES BY CONTRIBUTOR: 2004	
Murder	0
Rape	1
Robbery	0
Assault	21
Burglary	69
Larceny	624
Motor Vehicle Theft	35
Violent Crimes	22
Property Crimes	728
Crime Index Total	750

Source: State of Wyoming, Attorney General's Office, DCI

SELECTED STATISTICS SCHOOL YEAR 2001 - 2002	
Number of School Districts	3
Number of Schools	15
Fall Enrollment, 2001	4,638
High School Graduates, 2002	356
Average Daily Membership (ADM)	4,623
Average Daily Attendance (ADA)	4,385
Certified Teachers	209
Certified Staff	40
Classified Staff	311
Administration	30
Students Transported Daily	2,176
Bonded Indebtedness, 6/30/2002	\$20,255,000
Total General Fund Revenues	\$36,468,222
Total General Fund Expenditures	\$36,918,715
Operating Cost Per ADM	\$9,857

Source: State of Wyoming, Department of Education

COUNTY FINANCE	
Assessed Valuation (FY2002)	\$696,537,548
Total Taxes Levied (FY2002)	\$44,215,634
Sales and Use Tax Distribution (FY2002)	\$11,823,850
Bank Deposits (12/31/2002)	\$185,902,000
FY2002 Ave. County Levy (mills)	63.479

Source: State of Wyoming, Department of Revenue,

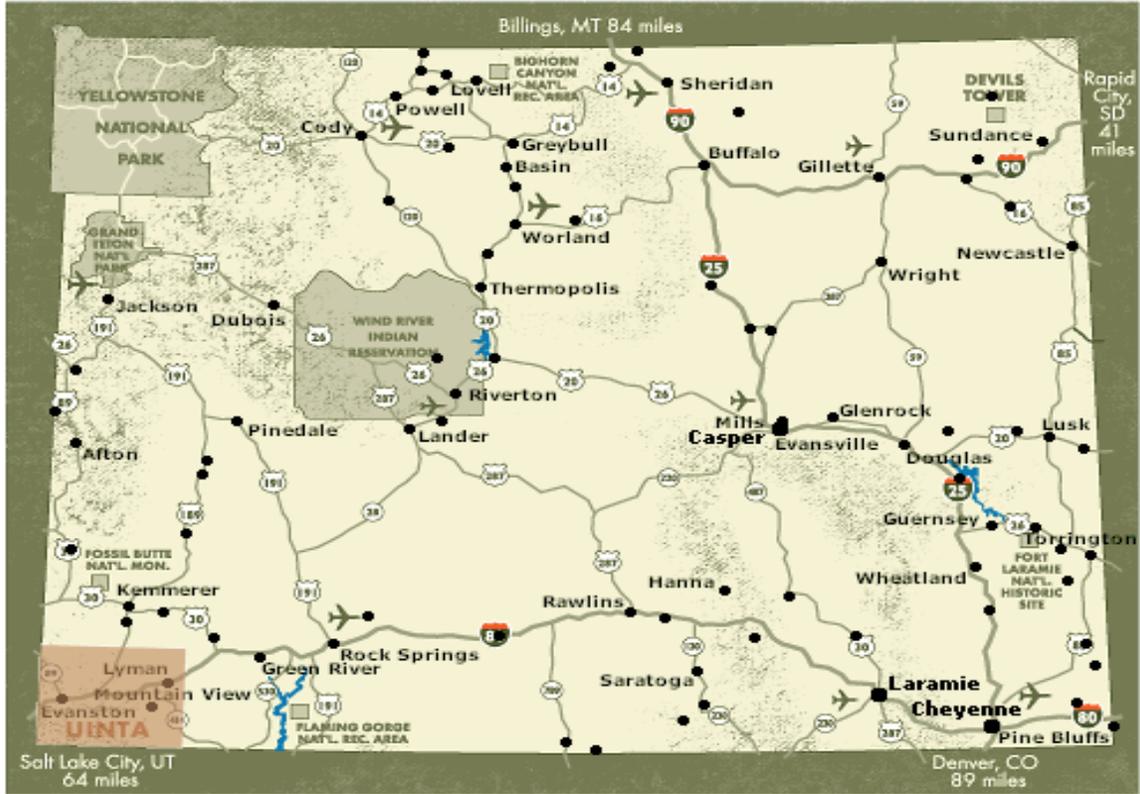
Audit Department/Banking Division

FULL AND PART TIME EMPLOYMENT	2001
Wage and salary	9,465
Proprietors	2,525
Farm	416
Forestry, fishing, related activities	66
Mining	662
Utilities	65
Construction	1,310
Manufacturing	465
Wholesale trade	198
Retail Trade	1,725
Transportation and warehousing	429
Information	209
Finance and insurance	198
Real estate and rental and leasing	397
Professional and technical services	(D)
Management of companies and enterprises	(D)
Administrative and waste services	386
Educational services	(D)
Health care and social assistance	(D)
Arts, entertainment, and recreation	133
Accommodation and food services	792
Other services, except public administration	489
Government and government enterprises	2,198
TOTAL	11,990

EARNINGS (000s of \$):	2001
Wage and salary	\$251,589
Proprietors	\$45,583
Other Labor Income	\$27,502
Farm	\$572
Forestry, fishing, related activities	1,184
Mining	\$52,213
Utilities	\$4,135
Construction	\$45,922
Manufacturing	\$14,964
Wholesale trade	\$7,366
Retail Trade	\$26,355
Transportation and warehousing	\$17,818
Information	\$9,710
Finance and insurance	\$4,041
Real estate and rental and leasing	\$4,646
Professional and technical services	(D)
Management of companies and enterprises	(D)
Administrative and waste services	6,942
Educational services	(D)
Health care and social assistance	(D)
Arts, entertainment, and recreation	763
Accommodation and food services	12,581
Other services, except public administration	\$8,414
Government and government enterprises	\$65,549
TOTAL	\$324,674

(D) - not shown to avoid disclosure of confidential information.

Source: U.S. Dept. of Commerce, Bureau of Economic Analysis (BEA), Regional Economic Information System



Workforce Training

1. Wyoming Department of Workforce Services offers employers up to \$2,000 per employee for training. (<http://wyomingworkforce.org/how/wdtfp.aspx>).

2. Quick Start

Wyoming is the first state approved to license the State of Georgia's Quick Start program. The Wyoming Business Council and the Wyoming Community Colleges are partnering to provide training in:

- Customer Service
- Manufacturing
- Warehousing and Distribution

(http://www.wyomingbusiness.org/workforce/Quick_Start_Programs/index.cfm).

State Incentives

1. No corporate state income tax.

2. No personal state income tax.

3. Community Development Block Grants administered by Wyoming Business Council.

(<http://www.wyomingbusiness.org/communities/programs/cdbg.cfm>).

- Provides grants to local governments for community and economic development projects.
- Provides convertible loans to grants based on job creation.

4. Partnership Challenge Loan Program administered by Wyoming Business Council.
 - Provides low interest loans to community development organizations.
 - Provides gap financing for projects with the Wyoming Business Council participating with a commercial lender.
5. Industrial Development Revenue Bonds. Cities and counties may issue tax-exempt bonds to provide financing for manufacturing.

Taxes

1. No corporate state income tax.
2. No personal state income tax.
3. No inventory tax.
4. Uinta County has a 5% sales and use tax (statewide base of 4% plus 1% optional county tax).
Source: Wyoming Department of Revenue, Excise Division (July 2005)
5. Unemployment Insurance - taxable base rate of \$16,400. Tax rates by industry grouping - WY Dept. of Employment. (<http://wydoe.state.wy.us/doe.asp?ID=617>).
6. Workers' Compensation - rates vary by occupation and can be found at:
(<http://wydoe.state.wy.us/doe.asp?ID=480>).
7. Property taxes. Average tax rate in Uinta County is 6.3518%.
Source: Wyoming Department of Revenue, Ad Valorem Division (September 2004)

Tax computation:

Fair Market Value of Property * Level of Assessment (9.5% for Residential and Commercial Property) * Tax Rate

Example: Tax on a commercial facility valued at \$1,000,000 is as follows: \$1,000,000 x

$$0.095 = \$95,000 \times 0.063518 = \$6,034.$$

State assesses agricultural lands at 9.5% of agricultural value, residential and commercial at 9.5% and Industrial at 11.5% of fair market value.

Telecommunications

Available Services:

All West Communications
84 Allegiance Circle
Evanston, WY 82930

Phone: (307) 444-8448
Fax: (307) 444-8420
Website: www.allwest.net

Services offered: (Evanston, Lyman, Mountain View) Local and Long Distance Phone Service, DSL, Internet Digital Cable TV, Web Hosting.

Contact Communications
937 West Main Street
Riverton, WY 82501

Phone: (307) 856-0980
Fax: (307) 856-1499
Website: www.contactcom.net

Services offered: (Evanston, Fort Bridger, Lyman, Mountain View, Urie) 56 & 64 Data Connections, Frame Relay, ISP, Network Security, PBX, T-1, Web Hosting, Wireless Data

Net Wright LLC

Phone: (307) 857-5800

P.O. Box 1747
Riverton, WY 82501

Fax: (307) 857-1053
Website: www.netwright.net

Services offered: (Evanston only) 56 & 64 Data Connections, Frame Relay, T-1 Web Hosting

Qwest Communications
103 North Durbin, Room 1
Casper, WY 82601

Phone: (307) 234-1107
Fax: (307) 235-2618
Website: www.qwest.com

Services offered: (Evanston only) Local and Long Distance Phone, 56 & 64 Data Connections, ATM, Centrex, Digital Switched Services, Frame Relay, ISDN-BRI, T-1, Web Hosting

Visionary
P.O. Box 2799
Gillette, WY 82717

Phone: (888) 682-1884
Fax: (307) 682-2519
Website: www.vcn.com

Services offered (Evanston only): Dial Up, T-1 & Frame, Web Design, Web Hosting. (All other incorporated communities): Web Hosting.

Source: Wyoming Interactive Business Center, Wyoming Business Council

Power Cost

Weighted Average Cost per kWh of Power	2001
Cents per kWh of industrial power	3.24
Cents per kWh of commercial power	5.14
Cents per kWh of residential power	6.44

Industrial Commercial Residential

Bridger Valley Electric Association, Inc. (2000) 40014 Business Loop 80 Lyman, WY 82937 (307) 786-2800	4.80	7.34	7.92
PacifiCorp (2001) 825 NE Multnomah Portland, OR 97232 (888) 221-7070	3.24	5.14	6.44

Source: ACN (U.S. Department of Energy, Energy Information Administration)

Cost of Living Index (Prices as of January 5, 6, and 7, 2005, Statewide Average = 100)

Food	Housing	Apparel	Transportation	Medical	Recreation & Personal Care
91	87	90	100	94	99

Source: State of Wyoming, Economic Analysis Division (<http://eadiv.state.wy.us/wcli/NewsRelease-4Q04.pdf>).

Average Price of Single-Family Home (2003) [\$116,031]

Source: A Profile of Wyoming (http://www.wyomingcda.com/PDFfiles/Profile04a_Vol_I_Fnl.pdf).

Uinta County Demographic Report (Estimate)

Higher Education

Western Wyoming Community College: Campuses in Rock Springs and Green River
University of Wyoming Outreach Program
Lifelong Learning Center

Transportation

1. Airports:

Uinta County – Burns Field (EVW) (Gulfstream or smaller)

3 miles west of Evanston

Runway: 7,300 x 100 ft., asphalt

Fixed Base Operators: Star West Aviation

Salt Lake City International Airport

75 minutes west of Evanston via I-80

Commercial Service: AeroMexico, America West, America West Express, American, Continental, Delta, Frontier, jetBlue, Northwest, SkyWest, Southwest, United Express and United Airlines operate 726 scheduled daily flights from Salt Lake City International Airport

Daily flights to: Currently, non-stop service is offered to 70 cities

Runways: 12,003 ft., 12,000 ft., 9,596 ft., and 5,295 ft.

Rock Springs – Sweetwater County (RKS)

7 miles east of Rock Springs

Commercial Service: Great Lakes (United Express)

Daily flights to: Denver

Fixed Base Operators: Franklin Aviation

Runways: 10,000 x 150 ft., asphalt

5,223 x 75 ft., asphalt

Fort Bridger (FBR) (C-II facility)

4 miles north of Fort Bridger

Fixed Base Operators: Weber Airmotive

Runway: 6,404 x 80 ft., asphalt

2. Highways:

Interstate 80 – runs east/west through county, with connections to I-15, I-84, and I-25.

State 89

State 414

3. Railroad:

Union Pacific – Located on the UPRR east/west main line

Population

The estimated current year population for Uinta County is 19,787. The population in 1990 was 18,705 representing a 5.78% change. It is estimated that the population in Uinta County will be 19,857 in 2010, representing a change of 0.35% from 2005. The current population is 50.59% male and 49.41% female. The median age of the population is 32.8, compared to the U.S. median age which is 36.3. The population density is 9.5 people per square mile.

Households

There are currently 7,132 households in Uinta County. The Census revealed household counts of 5,885 in 1990, representing an increase of 21.19%. It is estimated that the number of households in Uinta County will be 7,421 in 2010, representing a change of 4.05% from 2005.

The median number of years in residence is 2.57. The average household size is 2.72 people and the average family size is 3.16 people. The average number of vehicles per household is 2.3.

Income

The median household income for Uinta County is \$48,401, compared to the U.S. median which is \$46,338. The Census revealed a median household income of \$33,130 in 1990 representing a change of 46.09%. It is estimated that the median household income will be \$53,685 in 2010, which would represent an increase of 10.92% from 2005.

The per capita income is \$22,023, compared to the U.S. per capita, which is \$24,385.

Race & Ethnicity

The racial makeup of Uinta County is as follows: 94.30% White; 0.11% Black; 0.88% Native American; 0.27% Asian/Pacific Islander; and 2.88% Other. Compare these to the U.S. racial makeup which is: 75.69% White, 12.15% Black, 0.83% Native American, 4.29% Asian/Pacific Islander and 4.59% Other.

People of Hispanic ethnicity are counted independently of race. People of Hispanic origin make up 6.08% of the current population, compared to the U.S. makeup of 14.45%.

Housing

The median housing value for Uinta County was \$59,354 in 1990, compared to the U.S. median of \$78,382. The 2000 Census median housing value was \$89,409, which is a 50.6% change from 1990. In 1990, there were 4,248 owner occupied housing units in Uinta County versus 6,823 in 2000. Also in 1990, there were 1,637 renter occupied housing units versus 1,687 in 2000. The average rent in 1990 was \$257 versus \$339 in 2000.

Employment

There are 10,508 people over the age of 16 in the labor force in Uinta County. Of these 95.38% are employed, 4.47% are unemployed, 28.75% are not in the labor force and 0.11% are in the armed forces. In 1990, unemployment in this area was 4.26% and in 2000 it was 4.55%. There are 8,231 employees (daytime population) and there are 990 establishments.

In 1990, 46.28% of employees were employed in white-collar occupations and 53.72% were employed in blue-collar occupations. In 2000, white-collar workers made up 46.98% of the population, and those employed in blue-collar occupations made up 53.02%. In 1990, the average time traveled to work was 13 minutes and in 2000 it was 12 minutes.

**Resource Team Members
Evanston, Wyoming
October 18-21, 2005**

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Community Contact
John Harris, Chief of Police
307-783-6404

EVANSTON COMMUNITY ASSESSMENT AGENDA

Monday 10/17/2005

Team arrives	Check in Hotel	Dunmar Inn
*1800 –1900	* Dinner / Meet in Lobby	Don Pedro’s

Tuesday 10/18/2005

TIME	TITLE	LOCATION
*0730 - 0830	*Team Breakfast	*Dunmar Inn
0900 - 1000	Resource Team Meeting	City Hall
1000 – 1100	Meet with City Department Heads	City Hall
1100 - 1200	County Government	Commissioner’s Conf. Rm.
*1200 – 1300	*Lunch	Rotary
1300 –1330	Break	
1330 – 1630	Tour of City and Facilities	City Wide
1630 – 1730	Break	
1730 – 1900	City council Meeting	City Hall
*1900 – 2000	*Dinner - BBQ	Police Training Room

We

Wednesday 10/19/2005

*0730 - 0830	Team Breakfast / Meet in Hotel Lobby at 0715	Nebco
0900 – 1000	State Hospital	State Hospital
1000 – 1100	Students / Law Class	High School Rm. 115
1200 - 1300	TBA	
*1300 -1400	Parks and Recreation / Golf -*Lunch	Bear Building
1400 – 1430	Break	
1430 –1530	Regional Hospital	Regional Hospital
1545 – 1645	TBA	
1645 – 1745	YOU Group / After School Programs	YOU Center Rm. 201
1745 – 1800	Break	
*1800 - 1900	*Dinner /Meet in Lobby at 1750	Bon Rico’s
1900 – 2000	Student Council / National Honor Society	High School – Seminar Room

Thursday 10/20/2005

*0730 - 0830	*Team Breakfast / At Hotel	*Dunmar
0900 – 1000	Health Step Committee / Meet in Hotel Lobby at 0845	Depot
1000 - 1100	Human Services	Depot
1100 – 1200	Public Meeting	Depot
*1200 – 1300	Chamber/Business - *Lunch	Depot

1300-1330	Break	
1330 -1430	Energy-Utilities	Depot
1430 –1530	Mayor’s Boards	Depot
1530 – 1630	A2A / BLN	Depot
1630 - 1700	Break	
1715 – 1815	Business / Chamber	Depot
*1800 – 1900	*Dinner / Meet in Lobby	Golf Course

Friday 10/21/2005

*0730 - 0830	*Team Breakfast	* Dunmar
0900 – 1000	Construction	Depot
1000 – 1100	Ministerial Alliance	Depot
1100 - 1200	Seniors	Senior Center
*1200 – 1300	* Lunch	Senior Center
1300 – 1400	Staff Time for Team	
1400 – 1430	Staff Time for Team	
1430 – 1515	Staff Time for Team	
1530 – 1630	Educators – Faculty and Staff	High School Seminar Room
1630 – 1645	Break	
*1645– 1745	*Dinner	*Dunmar
1800 – 2000	Public Meeting	Bear Building

EVANSTON MAJOR THEMES

1. Community

- ◆ Multicultural population
- ◆ Hispanic population
 - ◆ Integration/cultural education and understanding
- ◆ Leadership development
 - ◆ Government and non-profit
 - ◆ Youth inclusion
- ◆ Clean and safe
- ◆ Sense of community and pride
- ◆ Great neighbors
- ◆ Events/celebrations

2. Community Amenities

- ◆ Historic Preservation
 - Downtown
 - Railyard and roundhouse
- ◆ Railyard
 - Roundhouse
- ◆ Events Center/fairgrounds/convention center
- ◆ Bear River Project
 - Pathways-extend
 - Whitewater park/fishery enhancement
- ◆ Public Transportation
 - Expanding current services
- ◆ Restaurants/Shopping
- ◆ Sidewalks
 - Replace and shovel them
 - ADA accessibility
- ◆ Youth center
- ◆ Emergency management plan
 - Flood/earthquake

Methamphetamines

- ◆ Long term rehabilitation center

Social Services

- ◆ Seniors
- ◆ Youth
- ◆ Mental and physical disabilities
- ◆ Coordination between non profit and government social services
- ◆ Emergency detention

Economic Development

- ◆ Workforce
 - Workforce training initiatives

- Daycare
- Healthcare professional training
- ◆ Business retention, expansion, and recruitment
- ◆ Housing
 - Affordable
 - Seniors

Education

- ◆ Community/Junior College
- ◆ Vocational/technical
- ◆ Early childhood
- ◆ K-12/post secondary education
- ◆ Healthcare professional training

TEAM MEMBER RECOMMENDATIONS

Nancy J. Clarke

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Introduction: I would like to take this opportunity to thank the citizens of Evanston for their hospitality during our assessment of your community. My initial impression of Evanston was positive. I saw a community that is proud of its past and is now reaching out for a vibrant future. During the listening sessions it was evident the folks living in Evanston enjoy being part of the community and are looking for ways to expand on their assets, learn from their mistakes and or mishaps and are definitely seeking ways to exhibit to each other and visitors the history of their community. The community is proud of its local businesses and those businesses that are expanding into the area; there is concern of having a workforce that is trained and ready to go

beyond the traditional jobs in the area. In this report I will address the segment of Workforce issues.

Theme: Economic Development/Workforce Issues

Challenge: Trained and available workforce

Solution/Suggestion Having well paying and sustainable jobs in a community are what many communities see as their future in order to survive. Evanston is no different in that respect. The community would serve itself well in working with area, regional and state economic development entities. In order to attract new businesses and expand the current businesses a diversified and well trained workforce is a must. The Wyoming Department of Workforce Services offers a wide array of programs to not only the individual job seeker but to the business community as well. The Agency is focused on delivering comprehensive and effective services that build a workforce to meet the changing demands of Wyoming's diverse businesses, citizens and economy – hence, the Agency's mission - linking human and economic development for Wyoming's future. DWS is comprised of the following divisions: Employment Services, Business Training and Outreach and Vocational Rehabilitation Program. The information I am providing below relates to the listening session issues. It is a segment of programs and available services through the Wyoming Department of Workforce Services.

The Employment Services Division program areas offer the following:

Adult Workforce Investment System is to provide universal access to services and information on demand occupations, job vacancies, career options, student financial aid, relevant employment trends, and instructions on how to conduct a job search, write a resume or interview with an employer, or anyone who wants to obtain employment or advance his or her career. Through WIA, intensive & training services are offered to the unemployed and employed adults who meet the eligibility requirements for funding streams and who are determined to need these services to achieve employment, or in the cases of employed individuals to obtain or retain self-sufficient employment. The Workforce Investment Council has designated the self-sufficient wage as 185% of the Federal Poverty Guidelines. The program offers intensive services which are: diagnostic testing, out of area job search assistance, literacy activities related to basic workforce readiness activities, relocation assistance, internships, work experiences, assessment of skill levels, aptitudes, abilities and supportive service needs, basic workplace safety courses and the development of an individual employment plan, to identify the registrants employment goals, and appropriate achievement objectives and combination of services to Achieve the employment goals. Training services are also offered and include the following: occupational skills training, on the job-training, programs that combine workplace training with related instruction, training programs operated by the private sector, skills upgrading and retraining, entrepreneurial training, job readiness training, ABE activities in conjunction with these activities, customized training with a commitment to employ trainees.

During the listening sessions the youth of the community expressed concerns regarding finding and retaining employment. The Department of Workforce Services, Employment Service Division also offers the Youth Workforce Investment Services the program is designed to provide eligible youth seeking assistance an opportunity in achieving academic and employment

success, effective and comprehensive activities which includes a variety of options for improving educational and skill competencies and provide effective connections to employers. To be eligible for youth services an individual must be 14 years of age though 21 years old, low income, with at least one additional barrier which would determine the youth at risk in achieving academic or employment success. The Ten Program Elements Of Workforce Investment Act Youth Program include: tutoring - study skills training, and instruction, leading to completion of secondary school, including dropout prevention strategies, alternative - secondary school services as appropriate, summer employment - opportunities that are directly linked to academic and occupational learning, paid or unpaid - work experiences, including internships and job shadowing, occupational - skill training, leadership development opportunities - which may include community service and peer centered activities encouraging responsibility and other positive social behaviors during non- school hours, supportive services, adult mentoring - for the period of participation and subsequent period, for a total of not less than 12 months, follow- up services -for not less than 12 months after the completion of participation; and comprehensive guidance and counseling - which may include drug and alcohol abuse counseling and referral.

At this point in time having a vast array of dislocated workers within the community does not appear to be an issue. However, I am including information on the dislocated worker program available through the Department of Workforce Services. The purpose of the workforce investment system for dislocated worker is to provide access to services and information on job vacancies, career options, student financial aid and instructions on how to conduct a job search, write a resume or interview with an employer. Additionally, individuals needing occupational skills to obtain or retain employment can also receive training assistance. To be eligible as a dislocated worker the individual must meet the definition of dislocated worker. A dislocated worker is an individual who: has been terminated or laid-off, or who has received a notice of termination or layoff from employment, is eligible for or has exhausted entitlement to unemployment compensation, or has been employed for a duration sufficient to demonstrate, to the appropriate entity at a one-stop center, attachment to the workforce, but is not eligible for unemployment due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law and is unlikely to return to his/her previous industry or occupation. Has been terminated or laid off, or has received notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at a plant, facility or enterprise. Is employed at a facility at which the employer as made a general announcement that such facility will close within 180 days or, was self employed (including farmers and ranchers) and is unemployed as a result of general economic conditions in the community in which the individuals resides or because of natural disasters or, is a displaced homemaker. Services available through the dislocated worker program include: diagnostic testing, out of area job search assistance, literacy activities related to basic workforce readiness activities, relocation assistance, internships, work experience, assessment of skill levels, aptitudes, abilities and supportive service needs, basic workplace safety courses, development of an individual employment plan, to identify the registrants' employment goals, and appropriate achievement objectives and combination of services to achieve the employment goals. Training services are also available and include: occupational skills training, On-the-Job Training, programs that combine workplace training with related instruction, training programs operated by the private sector, skills upgrading and retraining, entrepreneurial training, job readiness training, ABE activities, customized training with a commitment to employ trainees.

Another program offered by the Department of Workforce Services is the federal Temporary Assistance for Needy Families (TANF) program is known as the Personal Opportunities with Employment Responsibilities (POWER) program in Wyoming. As a condition of eligibility for cash assistance, individuals must be referred to Department of Workforce Services (DWS) and participate in the POWER work program. DWS case managers provide work program case management along with job readiness and job search services to work program participants known as "job seekers".

Job seekers work with case managers to write an Individual Responsibility Plan (IRP), which must be followed, in order to remain in compliance with the work program. Case managers take into consideration the job seeker's strengths and challenges on an individual basis when negotiating the plan. Plans provide detailed steps in order for the job seeker to reach self-sufficiency.

Job seekers must be in "countable" activities for a minimum number of hours (30 hours for a single parent family, 35 hours for 2-parent family, 55 hours for a 2-parent family who is receiving child care) in order to be counted into the federally required participation rate. Countable activities include:

- Job Search
- Job Readiness
- Job Retention
- Unsubsidized Employment
- Subsidized Employment
- Work Experience (including DVR work experience activities)
- On-the-Job Training
- High School or GED for Teen Parents
- Short Term Vocational Training

The Business Training & Outreach Division (BTO) of the Department of Workforce Services works cross functionally with the other divisions of the Department. The function of the BTO includes consulting, data gathering dissemination services. Program areas included the Adult Basic Education, General Educational Development Testing, Employment and Training for Self Sufficiency, Senior Community Service Employment Program and Workforce Training Fund. For the benefit of this assessment I am providing information regarding the Workforce Development Training Fund Grants. During the listening sessions I heard various businesses and industry representatives expressing a need for a well trained workforce. I believe the following information will assist with an understanding of what is available and provide for an understanding of what the grants can do for profit and non-profit businesses. Business Training Grants provide unique opportunities for Wyoming's new or current businesses to create new jobs or to complete necessary skill upgrades to stay competitive in today's economy. The Business Training Grants program provides two types of grants to businesses – Grants for Existing Positions and Grants for New Positions.

Grants for existing positions have the following guidelines: Business Eligibility which means the following; all for profit and not-for-profit businesses registered with the Wyoming Secretary of State to conduct business in Wyoming, Wyoming sole proprietorships, Wyoming partnerships, Wyoming county hospitals (Government entities are not eligible). Businesses are required to be in good standing with: Wyoming Unemployment Insurance program, Wyoming Worker's Compensation program, Wyoming Secretary of State's office and the WDTF program. In order for training to be approved the business must demonstrate; the training will either correct an employee's skill deficiency or upgrade an employee's current skill level; there is a direct relationship between the training and the trainee's occupation or craft; the training is not normally provided by the business; the business will not substitute funds normally provided for training or funds obtained from another source with Business Training Grant funds; there is a need for the skill upgrade provided by the training for the business to remain competitive in the industry or economy; and the skill upgrade provided by the training will enhance the business' productivity, efficiency or profitability and the training will enhance the employee's effectiveness. In order for a trainee to be eligible, they must be working in Wyoming at least 50% of the time for the eligible business applying for the training grant. A trainee may receive no more than \$2,000 for training for each state fiscal year. The business is required to pay 40% of approved allowable training expenses. Allowable training expenses include; tuition, registration, class fees and class materials, travel expenses, including transportation, lodging and meals. Instructor fees and travel expenses where the instructor is not an employee of the business. Fees for continuing education units and certifications that may be obtained during the training. Businesses must submit an official application form. The application must be mailed or hand delivered to the address on the application. Applications must request funding for only one training event per application, but the event may include multiple training dates. There is no limit to the number of applications a business can submit. Applications will only be accepted; up to 110 days before the scheduled training date and no less than 45 days before the scheduled training date. A proposed curriculum for the training and copies of any brochures, information etc. describing the training must be included with the application. Applications will only be accepted for a minimum grant amount of \$300. No funding will be granted on a retroactive basis. The application must be approved and a contract must be signed and dated by the business prior to the training start date. Additional information can be found on the Wyoming Department of Workforce Services website @ www.wyomingworkforce.org

Grants for new positions have the following guidelines: All for profit and not for profit businesses that are registered with the Wyoming Secretary of State to conduct business in Wyoming; or Wyoming sole proprietorships; or Wyoming partnerships; or Wyoming county hospitals. Businesses must also be registered, if required and in good stand with the following; Wyoming Unemployment Insurance; Wyoming Workers' Compensation Wyoming Secretary of State and WDTF. In order for the training to be approved the business must demonstrate there is a direct relationship between the training and the trainee's occupation or craft. Trainees must be working in Wyoming at least 50% of the time for the eligible business applying for the training grant. For each state fiscal year (July 1-June 30) a trainee may only receive the following; \$1,000 per trainee working less than 35 hours per week, \$2,000 per trainee working 35 or more hours per week, \$4,000 per trainee whose wages are equal to or greater than the mean hourly wage by county. Allowable training expenses include; tuition, registration, class fees, and class materials travel expense including transportation, lodging and meals. Instructor fees and travel

expenses, fees for continuing education units and certifications that may be obtained during the trainee, trainee's wages. The application must be submitted on the official application form. The application must be mailed or hand delivered to the address on the application. Applications must request funding for only one training event per application but the event may include multiple training dates. There is no limit to the number of applications a business can submit. Applications will only be accepted up to 110 days before the scheduled training date and no less than 45 days before the scheduled training date. A proposed curriculum for the training copies of any brochures, information, etc describing the training must be included with the application. Applications will only be accepted for a minimum of \$300. Applications in excess of \$25,000 must include a favorable recommendation from the local Economic Development Entity and the Wyoming Business Council. No funding will be granted on a retroactive basis. The application must be approved and a contract must be signed and dated by the business prior to the training starting date. DWS will consider all positions to be new when a business is new to Wyoming. The position must have been created within 180 days prior to the application date. If a Wyoming business is expanding there must be a net increase in the number of positions working for the business in Wyoming. The net increase will be the number of positions greater than the highest number of positions working for the business in the previous 12 months. The position must have been created within 180 days prior to the application date. For additional information please check the Wyoming Department of Workforce Services website @ www.wyomingworkforce.org

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Theme: Community Amenities
Sub-Theme: Historic Preservation—Roundhouse/Railyards

Evanston is fortunate to have a variety of commercial historic assets—from Main Street to Depot Square and the former Union Pacific railyards and roundhouse. It is important to develop these assets as an enhancement to the additional community development activities simultaneously taking place elsewhere in the community. The former Union Pacific railyards and roundhouse are gems rarely found elsewhere. The redevelopment project on this site is already well underway with the completion of the machine shop rehab and the development of a masterplan

for the roundhouse and railyards. Financing this project will be the largest hurdle to completion. It will be important to look to both public and private resources for funds. Community Development Block Grants (CDBG), Brownfields Development, Restore America, and Save America's Treasures programs could provide ideal funding for this project. Also look to private foundations for grants.

Resources:

Community Development Block Grant (CDBG) and the Wyoming Community Facilities Grant and Loan Program

*Terry Koerwitz
Community Development Program Manager
Wyoming Business Council
214 W. 15th Street
Cheyenne, WY 82002-0240
307-777-2812*

*Ray Sarcletti
Regional Director, SW Region
Wyoming Business Council
307-382-3163*

Brownfields Development Funds
Environmental Protection Agency (EPA) Region 8
www.epa.gov/region8/land_waste/bfhome/bftools/toolsfunding.html

Restore America Grant Program
www.nationaltrust.org/restore_america/index.html

Save America's Treasures Grant Program
www.saveamericastreasures.org

Sub-Theme: Historic Preservation—Main Street

Evanston was a past participating Main Street community in Wyoming. Now that Wyoming again has a statewide coordinating program, it would be a good time to become involved again. There is a substantial group of historic buildings in the downtown district that if not soon rehabilitated or stabilized will be lost. Those that have already been rehabilitated need to be kept maintained.

The organizational management system that exists through Main Street will go a long way to help building and business owners utilize resources available to complete rehab projects or obtain knowledge necessary to strengthen their businesses and adapt to the ever-changing market. Main Street helps improve the appearance of historic commercial districts while utilizing those historic resources to promote the district, which in turn assists in the economic growth.

You will need to promote the Main Street concept to business and property owners in the district as well as the city and get their support for the program before pursuing application from Wyoming Main Street. Those business owners, property owners, and city officials need to recognize the financial and time commitment that it takes for a successful and sustainable Main Street program to operate. The greater community of Evanston needs to be supportive of the program as well.

It will be important to develop a long-term plan based on the Main Street Four Points—Design, Organization, Promotion, and Economic Restructuring. Begin to form partnerships with other community development organizations and with city and county agencies. Look at a Business Improvement District (BID) for financing the administration of the program. Target a large scale rehab project such as the hotel and use it as a focal point to the revitalization effort.

Keep in mind the keys to successful downtown revitalization—partnerships, a vision, a plan, market understanding, management, maintenance, knowledge, and money. Dare to be different and unique.

Resources:

Wyoming Main Street

Randy Adams
Wyoming Main Street
2219 Carey Avenue
Cheyenne, WY 82002
307-777-6430
www.wyomingmainstreet.org

National Main Street Center

www.mainstreet.org

Theme: Community

Sub-Theme: Hispanic Population—Integration, Understanding, Cultural Competency

The Hispanic population are a real part of Evanston’s consumer base and workforce. Understanding how they view their community, their jobs, and their new country is important.

Many Hispanics do not trust rules and authority because they’ve come from countries with corrupt governments and people. They continue to retain that same fear here and don’t become involved in civic or business networking activities.

It will take time and patience to develop relationships with Hispanic community members. Work with the churches and find the leaders. Get to know them one-on-one, ask them about their family and let them get to know you. Interactions need to be warm, inviting and

comfortable—not forced. Be genuine. They may not trust you if they think you have ulterior intentions.

Look at bringing in a cultural competency consultant to help bring the community together. These consultants can help the business community understand the culture and work better with their Hispanic employees. They can also help city and county governments, school system, and other civic organizations relate to the community's Hispanic population better.

Resources:

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Theme: Methamphetamine

Sub-Theme: Interdiction.

The National Drug Intelligence Center says that methamphetamine has been the primary drug threat to Wyoming since the mid- 1990s. In a report published four years ago, the NDIC said that methamphetamine is the drug-investigative priority for federal, state and local law enforcement agencies throughout the state.

Nearly every listening group in the Evanston Community Assessment Survey mentioned the methamphetamine problem in one form or other. I have separated the problem into a number of sub-themes to reflect the responses from 21 hours of listening sessions and to break discussion of possible solutions into more manageable pieces.

Wyoming is the ninth-largest and least populous state in the nation with more than 100,000 square miles of rugged land and fewer than 500,000 residents. The state has more than 900 miles of interstate highway, about 400 of which make up the main transportation route from California to the Midwest. Thus, it has become a pipeline for drugs from California and Mexico to other states.

Profilers say that the majority of meth users in Wyoming are 20 to 30-year-old males. Men working in the oil and gas fields are thought to be the nucleus of users and they are often transient and hard to track.

The Drug Enforcement Administration says that 50 percent of all drug arrests in Wyoming are for methamphetamine possession or manufacture or distribution. One of the by-products of this increased use is an increase in violent crimes, domestic violence and child abuse. Identified methamphetamine users are also known to engage in crimes such as burglary, larceny and fraud to support their habit.

Suggested Solutions:

Continuing education for the public in general and for law enforcement personnel in specific. The basic tenets of the Wyoming Meth Initiative are educating the public and garnering public support for comprehensive solutions. This 8-year-old initiative deserves continuing support from lawmakers and the general public.

As Wyoming Division of Criminal Investigation Director Tom Pagel said years ago, “we can’t arrest our way out of this problem.” There needs to be a broad network of intervention services available. Some of those specific to Evanston will be addressed elsewhere in this report.

The state continues to participate in the DEA Mobile Enforcement Teams and the Rocky Mountain High Intensity Drug Trafficking Area task forces. This regional approach should be supported by interstate compacts which could make it easier for law enforcement to arrest individuals wanted in nearby states who are using the distribution pipeline and just happen to be arrested in Wyoming. The same would hold true for those who have committed crimes in Wyoming while passing through and could be arrested in a nearby state.

Resources:

The Wyoming Meth Initiative and the Citizens Education Project.

www.citizensedproject.org

The Drug Enforcement Administration

National Drug Intelligence Center

www.usdoj.gov/ndic/pubs07/712/meth.htm

Educational materials for parents, educators and law enforcement

www.Extension.unl.edu/Meth/

Sub-Theme: Methamphetamine Labs

The presence of methamphetamine labs in Wyoming poses a significant risk to law enforcement officers, according to the National Drug Intelligence Center. Officers discovered booby traps, blasting caps, black powder and hand grenades during four laboratory seizures in 1999. Books and literature on bomb making and substances used to make bombs were discovered in subsequent raids. Caustic and flammable substances used in the manufacture of methamphetamine are dangerous to persons living in or near the labs. Children were found in two labs and five more labs were built within 500 feet of elementary schools during 1999 and 2000.

Such laboratories produce 5 to 7 pounds of toxic waste for every pound of methamphetamine produced. Dumping this by-product contaminates soil and groundwater. Remediation of these sites costs federal, state and local governments millions of dollars a year. The NDIC says the cost of cleaning an average site is \$5,000.

Using the Birch reduction method of methamphetamine production can be done in small, highly mobile laboratories which can be assembled in the trunk of a car, the bed of a pickup, a house, a motel room, or even outdoors. This is the most common production method that uses Anhydrous ammonia, an agricultural fertilizer present in rural states such as Wyoming. Evidences of the Iodine/red phosphorous production method has also surfaced in recent months. This process uses chemicals that are mixed and heated by the sun (called the cold cook method). Ephedrine or pseudophedrine and iodine combined with water (to produce hydriodic acid) are common ingredients.

Suggested Solutions:

At least 15 states have worked with pharmacists and medical suppliers to restrict the availability of pseudophedrine tablets, one of the key ingredients in methamphetamine. Placing the drug “behind the counter” has given a measure of control to pharmacists in helping with the situation. Education will help them understand the importance of reporting suspicious activity to authorities.

Likewise, farmers and law enforcement personnel are learning to monitor Anhydrous ammonia tanks and usage. Hardware and convenience store owners are being educated to track the sale of propane tanks and burners.

Programs such as Neighborhood Watch can be used to report suspicious activity in and around vacant or dilapidated properties. Farmers and landowners can keep an eye on vacant properties, little used outbuildings and secluded places such as areas under bridges or in or near large culverts. Likewise, motel cleaning employees should be educated to look for possible signs of illegal activity in the rooms they clean.

Resources:

The Wyoming Meth Initiative and the Citizens Education Project.

www.citizensedproject.org

Sub-Theme: Emergency Detention

We heard it more than once. There are no emergency detention facilities available for the meth addict who has committed a serious crime and needs to be detained, usually away from the general population in a jail or other lock-up.

The problems come with the users in the “Tweaking” stage which is characteristically marked by days without sleep and subsequent irritability. The tweaker also craves more methamphetamine which results in frustration and contributes to anxiety and restlessness. Tweakers do not need a confrontation of provocation to become violent. The National Drug Intelligence Center says that paranoia sets in and has often caused Tweakers to react violently at the mere sight of a police uniform.

Suggested Solutions:

Treatment professionals agree that detoxification has to start almost immediately since the drug has a residual effect of six months or more. Combining this detox with some manner of protective custody is often necessary in the first 24 to 48 hours. The use of drugs to calm the individual and suppress the desire for more methamphetamine is generally recommended.

While the Wyoming Meth Initiative has been successful in getting the size of intensive treatment units at the men’s and women’s prisons expanded, that does little to help the initial local placement in places such as Evanston.

Lawmakers and state officials should be lobbied to consider regional type holding facilities that would allow for the emergency cases to be treated immediately within the area while they await placement in private or state run institutions.

A likely possibility should be unused or under-used space at the State Hospital. As more operations are moved to a new campus, rehabilitation of some of the more usable older spaces should be considered on the existing campus. The availability of trained mental health practitioners makes that an even more attractive location.

Resources:

The Wyoming Meth Initiative and the Citizens Education Project.

www.citizensedproject.org

Sub-Theme: Long-term rehabilitation

More than 22 million Americans suffer from addiction. More than 9 million children live with an addicted parent. Untreated addiction costs America approximately \$400 billion a year.

We heard the dream of the State Hospital Director for a gated community to handle people with special needs. DCI Director Pagel and other members of the Governor's Advisory Board have visited the Center Point community treatment facility in San Rafael, California, a similar concept.

Counselor Linda Acker told the Citizens Education Project that Wyoming has long underestimated the need for residential treatment for new "treatment modalities." Counselor Mike Huston says outpatient treatment was based on what worked for alcoholics and insurance companies. He said meth addicts need 18 to 24 months of intensive, residential treatment. Aker and Huston both said they think the Wyoming Meth Initiative will make that happen.

Suggested Solutions:

Interested parties need to check with the operators of places such as Center Point; Valley Hope (which has treatment facilities as close as Parker, Colorado, Chandler, Arizona, Norton, Kansas, and O'Neill, Nebraska; and Hazelden in Minnesota, to see if they are interested in establishing a presence in Wyoming.

The Partnership for Recovery is a great clearinghouse for information on such facilities and will provide resources for using the ASAM (American Society of Addiction Medicine) Patient Placement Criteria to ensure a quality program.

There are independent recovery programs such as Alcoholics Anonymous, Narcotics Anonymous, Ala-Teen and Ala-Non, that can provide a manner of longer term contact for recovering addicts. The 14-year-old faith-based Celebrate Recovery program is also growing in popularity and has even been implemented in prisons in a number of states.

It will take a concerted effort to look at the problem as a long term one with intervention being highly important.

Resources:

www.valleyhope.com

www.partnershipforrecovery.org

www.celebraterecovery.com

www.drugfree.org/Meth

www.hazelden.org

Sub-Theme: Drug Court

Wyoming has 17 drug courts thanks to a \$1.7 million expansion of the statewide system by the 2001 Legislature. That same measure provided \$300,000 to the state Health Department to develop a comprehensive blueprint for substance abuse intervention.

The mission of the drug courts system is to stop the abuse of alcohol and other drugs and related criminal activity by offenders. Drug courts handle cases involving drug-addicted offenders through an extensive supervision and treatment program. In exchange for successful completion of the program, the court may dismiss the original charge, reduce or set aside a sentence, offer some lesser penalty, or offer a combination of these.

As of September 2004, there were 1,212 drug courts operating in the United States, and 476 more were in the planning phases. Currently, 50 states plus the District of Columbia, Puerto Rico, Guam, and 52 tribal courts have operational drug court programs. These courts give judges an alternate approach to address pressing social issues by placing participants under strict scrutiny including electronic monitoring and weekly meetings.

We heard concerns that the Drug Court judges were often sending young offenders back to unhealthy situations with parents who were using or abusing.

Suggested Solutions:

Since the complaints were anecdotal, it would likely be best to await results of a study on the outcomes of the Drug Court system. The Wyoming Department of Health has contracted with the state's Statistical Data Center and the University of Wyoming Survey and Analysis Center to compile numbers and conduct longitudinal studies. That evaluation should be completed by the end of 2005. Careful analysis of the results should give some direction to making changes in the system if necessary.

Passage of a Child Endangerment Act by the 2005 Legislature should also provide further teeth to authorities to correct the problems we heard about. It will be some time, however, before those impacts can be measured.

Gov. Dave Freudenthal is so encouraged by the Drug Courts that he is pushing to expand the idea of problem-solving courts into areas such as domestic violence, child abuse and neglect, truancy and mental illness.

The important thing is, taken as a whole, the systems are in place or coming on line that could greatly impact all aspects of the methamphetamine problem in Evanston and the rest of the state.

If the Drug Court study shows some problem areas, state lawmakers should immediately be made aware. Additional help can be sought from the National Association of Drug Court Professionals.

A study of the Wyoming Methamphetamine Initiative, reported in the May 2001 U.S. Department of Justice/ Office of Justice Programs "Bulletin from the Field" would prove to be informative and instructional for assembling a city-wide task force to look at the problem specific to Evanston.

Resources:

www.nadcp.org

www.usdoj.gov/ndic/pubs07/712/meth.htm

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Introduction

The Evanston assessment was my first as a resource team member. I came away from the experience completely impressed with the City of Evanston. While all communities have problems to overcome, Evanston's strengths far outshine their problems. In the final analysis, the solutions to the problems identified in the assessment are all listed in the strengths identified by the assessment. Evanston defines the word community in its deepest meaning. Leadership - at all levels, commitment, pride, persistence and camaraderie are evident in all the people we

listened to. These attributes, even more than the tools and partnerships identified in this report, will enable the people of Evanston to achieve their vision of the Evanston they want. Thank you for the opportunity to get to know your wonderful city.

Major Theme: Economic Development

Sub Theme: Business Retention, Expansion and Recruitment

Business retention, expansion and recruitment are at the heart of all economic development efforts. Wyoming is fortunate to have a number of tools and partners available to help communities grow their economic base and improve the quality of life for their residents. Most of these are known to Evanston leaders but I will list them here anyway.

Among the many comments we heard on this topic, a few themes emerge as commonly held:

- Desire for a more vibrant downtown business sector
- Desire to take better advantage of the regional location strengths
- Desire to develop the professional health care economic sector more fully

Most of the resources Evanston can access to directly impact these items can be facilitated through the Wyoming Business Council and the South West Regional Director, Ray Sarcletti. The recently updated “Guide to Wyoming Business Council Programs” outlines the many tools available to businesses and communities in our state. All of the WBC and our partner agencies contact information is listed. WBC Regional Directors serve as the main resource to guide people to the right program to fit their need. And in cases where the fit is not quite right they work with all involved to find the best solution available.

In this case the most applicable tools might be:

- Main Street Program Through Wyoming Rural Development. Evanston is already aware of the benefits of this program and is taking advantage of them.
- Market Research Center. This service helps business understand their current and potential markets better and enables them to expand their business by better serving their markets.
- Business counseling services are available through the Regional Director, the Small Business Development Center, or WBC staff. Help is available for everything from basic business planning to specialized financial advice, marketing strategies and human resource consulting.
- Financial assistance in the form of Challenge Loan Participation programs may help businesses in the financing of their enterprise.
- Downtown Development Authority / Tax Increment Financing. This is a tool that allows for a portion of the sales tax incremental increase over a set date to be used to fund activities of a Downtown Development Authority. The development authority can use the funds to market and develop the downtown business district. The Statutes applicable are 15-9-207 and 39-15-203

These programs and many more are outlined in the Guide to Wyoming Business Council Programs and information is also available on the website, www.wyomingbusiness.org.

The issue of developing the already large healthcare provider sector is more complex but presents a real opportunity for a sustainable and strong economic engine. This will take a major collaborative effort between the provider communities, City and County leaders, state agencies, Community Colleges, the University of Wyoming and the Legislature. A visionary working group should identify the best outcome for the community and begin to map out the steps necessary to achieve that outcome. Evanston has proven to be very capable of marshalling community support for major projects. This “project” – the development of a vibrant center of excellence for well trained health care professionals is one that can have positive impacts on the community for generations to come. While the Wyoming Business Council and others have resources that can assist in this effort, nothing will be as powerful as a community focused on achieving this long term goal and a passionate champion leading the way. Evanston, of all communities, has the best chance of getting something like this done.

Sub Theme: Housing, Affordable and Senior

Housing issues are a common problem in many Wyoming communities. The lack of affordable housing has become a major impediment to positive economic growth. Senior housing is an increasingly important issue and will continue to grow in importance as the “baby boom” population adds more people to the retirement age demographic.

Some resources that can help in this area are:

- Wyoming Community Development Authority (WCDA) has many programs to assist communities and individuals. One new program WCDA is seeking legislative funding for is an infrastructure investment program, similar to the Business Ready Communities Grant and Loan program. This proposed program would help communities with building the infrastructure necessary to enable development of housing projects. Information on this is available from WCDA at www.wyomingcda.com.
- Wyoming Housing Network, Inc. is a new organization combining the strengths of many partners and focused on helping communities build sustainable housing opportunities. Information on how this organization and its member partners can help is available at www.wyominghousingnetwork.org.

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abrune@state.wy.us

Introduction

The time spent in Evanston for the community assessment was a pleasure. It was very interesting to see how the community is preserving the history while still being very progressive in planning for the future. Upon speaking to the residents of Evanston, it was evident how proud residents are of the community. I enjoyed the time spent in Evanston and would like to thank the community for welcoming the resource team with open arms. The residents were very open and honest while expressing the problems, strengths and what they would like to see for the future. Everyone seems to understand that change happens locally one step at a time, and that if the community works together amazing things can occur. Good luck in accomplishing the goals set in the community assessment!

Theme: Community

Challenge: Youth inclusion in community events/celebrations

Solution: A reoccurring theme at the Evanston listening sessions was that the people of Evanston greatly enjoy and appreciate the community celebrations in the community. It was stated over and over again that there was a celebration to fit every person in the community. A concern however, was that there was a need for increased leadership development and to increase the youth participation in community activities. This is a common theme among many Wyoming communities, where the same few people do most of the work in planning community activities. Evanston already has a strong foundation including every demographic in community celebrations, for which I commend the community. Some possible ways to include the youth, and help to build community pride among the youth so that they feel ownership in community activities and the community as a whole can start by partnering with local youth organizations. I recommend contacting the Uinta County Extension Office to discuss working with the local 4-H groups in the area. Many groups may be willing to volunteer their time for community activities. 4-H can be a great way to connect with youth from ages 8-18, and what a great opportunity to get young people involved in the community! There are 10 4-H groups in Evanston alone, plus an additional seven groups in the Bridger Valley. I also recommend getting in contact with the Boys and Girls and Club as well as the Boy and Girls Scouts of Wyoming to enquire about local opportunities to partner with organizations and increase youth involvement. It was also brought up that there is no FFA Chapter in Evanston, and that there is a real interest in Evanston for a Chapter. I have included the contact information for both the state and national FFA organizations to learn more about the program.

It was stated often how proud everyone was of Evanston overall, and how it is very clean and safe, with great neighbors who really look out for one another. I encourage you to continue with events and celebrations that showcase Evanston's unique history, as well as its progressive attitude and keep the pride in the community strong!

Resources:

Uinta County 4-H Extension Office

228 9th St.
Evanston 82930-3416
(307) 783-0570

Boys and Girls Clubs of Wyoming

1701 East K Street
Casper, Wyoming 82601
307-234-2456

Girl Scout Council of Wyoming

P O Box 50307 Casper, WY 82605
800.359.0227 FAX 307.266.9174

Boy Scouts of America National Council

P.O. Box 152079 ·
Irving, Texas 75015-2079

Central Wyoming Council

3939 Mountain Rd.
Casper, WY 82602-1506
Tel 307-234-7329
Web site: <http://www.wyoscouts.org>

Wyoming FFA Organization

<http://www.wyomingffa.org/>

National FFA Center

P.O. Box 68960, 6060 FFA Drive
Indianapolis, IN 46268-0960
Phone: 317-802-6060 * Fax: 317-802-6061
<http://www.ffa.org>

Theme: Community Amenities

Challenge: Bear River Project, extending the pathways and complete the whitewater park and fishery enhancement.

Solution: It seems that the City of Evanston has already tapped into many useful resources for completing this project, however, here are a couple more options to consider.

I recommend contacting the Wyoming Game and Fish to learn about programs and support that they may have for Wyoming communities. I have listed the contact information for the closest Wyoming Game and Fish Office below.

Another option for funding may be through the Union Pacific Railroad's Community Based Grant Program. Information about this program is online at the address listed below, and the contact information for the foundation is also listed below.

Wyoming Game and Fish

<http://gf.state.wy.us>
Rob Keith, at the Green River Office
(307) 875-3223

Union Pacific Foundation

1400 Douglas St., Stop 1560
Omaha, NE 68179
(402) 544-5600
Union Pacific's website: <http://www.up.com/>

Union Pacific's grant information pages: <http://www.up.com/found/grants.shtml#how>

Railroad

Union Pacific Railroad
200 E. Railroad Ave.
Green River, WY 82935
307-877-4711

Theme: Community Amenities

Challenge: Public Transportation

Solution: The Office of State Lands and Investments, Financial Programs Division/Grants and Loan Program administers the Transportation Enterprise Grant and Loan program. The grant amount can vary from a few hundred to a few thousand dollars. In addition, I have listed the contact information for a Rural Public Transportation Grant that is administered by the Department of Transportation.

Resource:

Brad Miskimins

Grant and Loan Program Manager
Herschler Building
Third Floor West
122 West 25th St
Cheyenne, WY 82002
bmiski@state.wy.us
307-777-7309

Federal Transit Administration Section 5311, Section 5310: Rural Public Transportation

John Black
P.O. Box 1708
Cheyenne, WY 82003-1708
jblack@state.wy.us
307-777-4181

Theme: Community Amenities

Challenge: Bear River Project

Solution: The Office of State Lands and Investments Forestry Division has Community Tree Planting and Education Grants to encourage tree planting, volunteer involvement and community forestry education in communities. I have also listed grant information for another state grant programs that may be of assistance in placing the rocks into the river, and commend the community for all of the work that has already been accomplished. The resource team walked along the pathway, and it is a terrific resource for Evanston.

Resource:

Mark Hughes

State Forestry
1100 West 22nd St
Cheyenne, WY 82002
mhughe@state.wy.us
307-777-7586

Land and Water Conservation Program

Mary Moore
Grants Specialist
2301 Central Avenue
Cheyenne, WY 82002
307-777-5598
mmoore@state.wy.us

Below are some USDA Rural Development Programs that may be of assistance in accomplishing this project.

15.918 Disposal Of Federal Surplus Real Property For Parks, Recreation, And Historic Monuments

Objectives: To transfer surplus Federal real property for public park and recreation use, or for use of historic real property

Applicant Eligibility: Only State or local units of government are eligible to apply for surplus real property for public park and recreation and historic monument purposes, and must agree to manage the property in the public interest and for public use (in the case of park and recreation purposes).

Information Contacts:

Intermountain Region- Regional Director
National Park Service
12795 Alameda Pkwy
Denver, CO 80225
Tel.: (303) 969-2500.

15.921 Rivers, Trails And Conservation Assistance (RTCA), Federal Agency: National Park Service, Department Of The Interior.

Objectives: To provide staff assistance to support partnerships between government and citizens to increase the number of rivers and landscapes protected and trails established nationwide.

Applicant Eligibility: Private nonprofit organizations and Federal, State and local government agencies.

Information Contacts:

Intermountain Region- Regional Director
National Park Service

12795 Alameda Pkwy
Denver, CO 80225

20.219 Recreational Trails Program, Federal Agency: Federal Highway Administration, Department Of Transportation.

Objectives: To provide funds to the States to develop and maintain recreational trails and trail-related facilities for both nonmotorized and motorized recreational trail uses.

Information Contacts:

Philip E. Miller, Division Administrator
2617 E. Lincolnway Suite D
Cheyenne WY 82001-5662
tel. 307-772-2101 Ext 40.

Theme: Community Amenities

Challenge: Historical Preservation-Railyard/Roundhouse

Solution: The State Parks and Cultural Resources, State Historic Preservation Office has Certified Local Government Grants to support historical preservation projects from education to rehabilitation.

Resource:

Claudia Nissley
State Historic Preservation Officer
2301 Central Avenue
Cheyenne, WY 82002
cnissl@state.wy.us

Theme: Education

Challenge: Vocational/technical education

Solution: One option to increase vocational/technical education in Evanston could be the Rural Rehabilitation Fund. The purpose of this fund is to improve conditions of agriculture, rural communities and youth leadership through education and training.

I also recommend contacting the Wyoming Association for Career and Technical Education (WACTE), a group designed to improve vocational education and connect students with vocational/technical careers in Wyoming. WACTE together with the Wyoming Rural Development Council has built a database of businesses in Wyoming that are willing to work with educational programs throughout the state. This database provides teachers with information about Wyoming businesses that can be passed on to the students in their classrooms. It also supplies information regarding the level of involvement that companies can offer to the

programs in their community. To view a list of industry submissions for Evanston and the surrounding area, please visit: www.wyomingcommunitynetwork.com and click on projects, then the WACTE logo. I have also listed some other websites that may be useful in this endeavor.

Resources:

Kim Porter

Wyoming Business Council
214 West 15th Street
Cheyenne, WY 82002
kporte@state.wy.us
307-777-6319

Manufacturing Works websites: This website also has useful links to other resources in Wyoming for career and technical education.

<http://allwyoming.uwyo.edu/>
http://allwyoming.uwyo.edu/manufacturing_works/

Vocational skills development:

Carl D. Perkins Vocational and Tech Education Act could prove beneficial to local school districts and the higher educational system located in the community.

Linda Scott

Hathaway Building, 2nd Floor
2300 Capitol Building
Cheyenne, WY 82002
lscott@educ.state.wy.us
307-777-5329

Theme: Education

Challenge: Early childhood, K-12, post secondary education

Solution: I recommend contacting the Wyoming Children's Action Alliance to discuss opportunities for scholarships, apprenticeships, training, and more.

Resource:

<http://www.wykids.com/>

Below is information USDA Rural Development Programs that may be of assistance:

94.004 Learn And Serve America School And Community Based Programs. Federal Agency: Corporation For National And Community Service.

Objectives: To encourage elementary and secondary schools and community-based agencies to create, develop, and offer service learning opportunities for school-age youth; educate teachers

about service learning and incorporate service learning opportunities into classrooms to enhance academic learning; coordinate adult volunteers in schools; and introduce young people to a broad range of careers and encourage them to pursue further education and training.

Applicant Eligibility: State education agencies, State Commissions on National Service, U.S. Territories, Indian tribes, and public or private nonprofit entities may apply. **Information**

Contacts:

Wyoming Commission on National and Community Service
Rachel A. Chadderdon, Executive Director, ServeWyoming
PO Box 1271;
Casper, WY 82602
phone: 307-234-3428
email: swyoming@qwest.net

Theme: Methamphetamines

Challenge: Increasing awareness, prevention, and treatment of methamphetamines

Solution: In an effort to address the drug problem in the community, the Safe Drug Free Schools and Communities grant is available to school districts. Contact information to learn more about this is listed below.

Resource:

Dr. Gerry Maas
Hathaway Bldg 2nd Floor
2300 Capitol Ave
Cheyenne, WY 82002
gmass@state.wy.us
307-777-6282

Theme: Economic Development

Challenge: Business retention, expansion, and recruitment

Solution: The Wyoming Business Council Business and Industry Program has a Trade Show Incentive Program that may be useful for recruiting businesses to Evanston.

Resource:

Carol Stearns
214 West 15th St
Cheyenne, WY 82002
307-777-2882

Below is information on a USDA Programs to promote business development and new employment:

93.593 Job Opportunities For Low-Income Individuals (JOLI Program). Federal Agency: Office Of Community Services, Administration For Children And Families, Department Of Health And Human Services.

Objectives: To promote the ability of welfare recipients and other low-income individuals and families to become financially self-sufficient by awarding grants to certain nonprofit organizations and community development corporations that will create new employment and business opportunities through: self-employment; micro enterprise; new business ventures; and the expansion of existing businesses through technical and financial assistance that will result in full-time permanent jobs for eligible participants. **Uses And Applicant Eligibility:** Grants are made to nonprofit organizations (including community development corporations) exempt from taxation under Section 501(c) 3 or 4 of the Internal Revenue Code, to develop demonstration projects as authorized. **Information Contacts:**

Headquarters Office:

Richard Saul, Director, Division of Community Demonstration Programs, Office of Community Services, Administration for Children and Families, Department of Health and Human Services
370 L'Enfant Promenade, SW.
Washington, DC 20447.
Telephone: (202) 401-9341.

10.768 Business And Industry Loans. Federal Agency: Rural Business- Cooperative Service, Department Of Agriculture.

Objectives: To assist public, private, or cooperative organizations (profit or nonprofit), Indian tribes or individuals in rural areas to obtain quality loans for the purpose of improving, developing or financing business, industry, and employment and improving the economic and environmental climate in rural communities including pollution abatement and control.

Applicant Eligibility: An applicant may be a cooperative, corporation, partnership, trust, or other legal entity organized and operated on a profit or nonprofit basis; an Indian tribe; a municipality, county, or other political subdivision of a State; or individuals in rural areas.

Information Contacts:

Southwest Area Office
Jerry Tamlin, Acting Rural Development Manager
Serving Lincoln, Sublette, Sweetwater, Teton, and Uinta counties
625 Washington St., Room B,
P.O. Box 190
Afton, WY 83110-0190
Phone: 307-886-9001
or email: jerry.tamlin@wy.usda.gov

10.769 Rural Development Grants (RBEG) Federal Agency: Rural Business- Cooperative Service, Department Of Agriculture.

Objectives: To facilitate the development of small and emerging private business, industry, and related employment for improving the economy in rural communities. **Applicant Eligibility:** Applicants eligible for RBEG grants are public bodies and nonprofit corporations serving rural

areas such as States, counties, cities, townships, and incorporated towns and villages, boroughs, authorities, districts and Indian tribes on Federal and State reservations which will serve rural areas.

Local Office:

Southwest Area Office
Jerry Tamlin, Acting Rural Development Manager
Serving Lincoln, Sublette, Sweetwater, Teton, and Uinta counties
625 Washington St., Room B,
P.O. Box 190
Afton, WY 83110-0190
Phone: 307-886-9001
or email: jerry.tamlin@wy.usda.gov

59.012 Small Business Loans (Regular Business Loans 7 (A) Loans) Federal Agency: Small Business Administration.

Objectives: To provide guaranteed loans to small businesses which are unable to obtain financing in the private credit marketplace, but can demonstrate an ability to repay loans granted.
Applicant Eligibility: A small business is eligible, which is independently owned and operated and not dominant in its field.

Information Contacts:

Wyoming District Office
100 East B Street, Room 4001, Federal Building
P.O. Box 44001
Casper, Wyoming 82602-5013

Theme: Economic Development

Challenge: Housing

Solution: I have listed several USDA Rural Development Housing Programs that may be helpful. To learn more about all of the programs listed, please contact:

Jerry Tamlin, Acting Rural Development Manager
625 Washington St., Room B,
P.O. Box 190
Afton, WY 83110-0190
Phone: 307-886-9001
email: jerry.tamlin@wy.usda.gov

Resources:

10.410 Very Low To Moderate Income Housing Loans (Section 502 Rural Housing Loans), Federal Agency: Rural Housing Service (RHS), Department Of Agriculture. Types Of Assistance: Direct Loans; Guaranteed/Insured Loans. Uses And Use

10.411 Rural Housing Site Loans And Self Help Housing Land Development Loans (Section 523 And 524 Site Loans) Federal Agency: Rural Housing Service (Rhs), Department Of Agriculture.

Objectives: To assist public or private nonprofit organizations interested in providing sites for housing; to acquire and develop land in rural areas to be subdivided as adequate building sites and sold on a cost development basis to families eligible for low and very low income loans, cooperatives, and broadly based nonprofit rural rental housing applicants.

14.110 Manufactured Home Loan Insurance Financing Purchase Of Manufactured Homes As Principal Residences Of Borrowers (Title I), Federal Agency: Housing, Department Of Housing And Urban Development.

Objectives: To make possible reasonable financing of manufactured home purchases. Types Of Assistance: Guaranteed/Insured Loans.

14.121 Mortgage Insurance Homes In Outlying Areas (203(I)) Federal Agency: Housing, Department Of Housing And Urban Development.

Objectives: To help people purchase homes in outlying areas.

Types Of Assistance: Guaranteed/Insured Loans. Uses And Use Restrictions: HUD insures lenders against loss on mortgage loans. These loans may be used to finance the purchase of proposed, under construction, or existing one-family nonfarm housing, or new farm housing on two and one-half or more acres adjacent to an all-weather public road.

10.417 Very Low-Income Housing Repair Loans And Grants (Section 504 Rural Housing Loans And Grants), Federal Agency: Rural Housing Service (RHS) Department Of Agriculture.

Objectives: To give very low-income rural homeowners an opportunity to make essential repairs to their homes to make them safe and to remove health hazards to the family or the community.

Types of Assistance: Direct Loans; Project Grants.

81.042 Weatherization Assistance For Low-Income Persons

Information Contacts for Persons wanting Assistance is: Wyoming Department of Family Services; 2300 Capitol Avenue, 3rd Floor; Cheyenne, WY 82002-0490; Phone: 307-777-7561
For Communities: Jeff Dockter, Weatherization Program Manager; Phone: (307) 777-6346;
Email: jdockt@state.wy.us.

Conclusion: Thanks again to the community of Evanston and the planning team for all of the work that went into making the community assessment a success. Best of luck in implementing the goals and projects identified in the community assessment that will make Evanston an even better place to live, work and play!

Marilee Ohnstad

WYDOT

Planner

5300 Bishop Blvd.

Cheyenne, WY 82009-3340

Phone: 307-777-3938

Fax: 307-777-4759

Marilee.ohnstad@dot.state.wy.us

Introduction:

Evanston really rolled out the red carpet for the assessment team! The food was wonderful, the police Chief and officers were attentive to our every need and we were made to feel very welcome in the community. Evanston has so much going for it! Everyone smiles when the community celebrations with fireworks are mentioned, as if they are returning to a very special memory. The work done on the Machine Shop and the Depot are amazing. The Bear River Pathway system is a tremendous undertaking, and the community is happy with the progress that has been made, though they really want to see those rocks in the river. I appreciate the openness of the community members who were willing to share their views and participate in the listening sessions.

Evanston Project Area:

Economic development needs to be focused on moving low income people to self sufficiency-

Personal Background with emphasis on educational opportunities:

My first introduction to Evanston was in 1987. I worked in Kemmerer Wyoming using a skill I learned in High School. Intent on pursuing a higher education, I drove to Evanston two times per week for one of my classes that fall, and toured the State Hospital as part of another class I was attending in Kemmerer. I was impressed with the great high school facility, as well as the State hospital. Evanston was a regional hub, it had a theater, shopping and a McDonalds, none of which were available in Kemmerer or Diamondville.

In 1989, I returned to Laramie as a single parent even more intent on completing my education and supporting my children, so I worked and went to college. More than 30 credits of my undergraduate education came through distance learning programs or Wyoming community colleges. I was injured at work and unable to work for about one year and certainly needed the social services assistance that was available. I completed my undergraduate in 1992, and continued on with my master of planning degree program, often working three part-time jobs. I remarried (he was also a single parent) while in graduate school and was widowed six months after graduating with my planning degree, and I am again a single parent.

In my current position as a transportation planner, I am WYDOT's representative to Evanston's Urban Systems Advisory Committee, however, I am willing to work in an unofficial capacity to mentor single parents wishing to work their way to self sufficiency. ---*Marilee Ohnstad*

Medical Issues:

My pertinent past work experience include work as a nursing assistant and past certification as an EMT.

Issue 1: I applaud the Evanston's commitment to pursue funding for a long term methamphetamine rehabilitation center. This is an area that would require more research and consideration by all levels of local and state government.

Issue 2: High numbers of 'meth' babies are reportedly being born in Uinta County due to policy and procedures in place at the Sweetwater County. I contacted the hospital and verified that there is a policy to test a mother and newborn infant under certain conditions. Because this impacts the resources in Evanston, it is important to communicate with the Sweetwater County medical providers to find solutions to a regional, and ultimately a State of Wyoming issue.

I spoke with a contact at the Campbell County Memorial Hospital. They are also struggling with this issue. Mary Barks is working to coordinate the hospitals procedures with law enforcement and the Department of Family Services and is the contact person for Campbell County Memorial Hospital. It is my understanding that there will need to be a cooperative effort with these agencies throughout Wyoming to drive legislative changes.

Mary Barks
Campbell County Memorial Hospital
501 S. Burma Ave.
Gillette, WY 82716
307-688-1531
www.ccmh.net

***Marilee's note: Another related issue is the lack of available foster care for the 'meth' babies. Perhaps the 'meth' rehabilitation center could be targeted towards women and integrate a daycare center.

Clarifications on Medical Education Issues:

Dr. Wiedmann clarified that there is not a policy that prevents an out of state college from offering a program if UW cannot respond to the need. Please contact Dr. Wiedmann for more information regarding that issue. She also provided me with an extensive list of new programs and opportunities that are now available for training nurses. A new online program is now available individuals who hold a 2 or 3 year RN and wish to complete their baccalaureate degree.

Name: Arietta M C Wiedmann
Title: Assoc Dean/Division Head
Department: Outreach Credit Programs
Office: Wyo Hall 305
Email: wiedmann@uwyo.edu
Phone: (307) 766-2911

Dr. Calkins provided background information on reciprocating nursing licenses for Wyoming Nurses. One reason Utah nursing licenses are not automatically accepted is because Utah does not require a criminal background check for nurses. Dr. Calkins stated that a nurse can obtain a 90 day temporary permit in about 5 days, and a Wyoming license in about 14 days.

Dr. Mary Calkins,
State Board of 2020 Carey Avenue, Suite 110
Cheyenne, WY 82002
Phone: (307) 777-7601
Fax: (307) 777-3519
E-mail: wynursing@state.wy.us

Recruiting, Training, Motivating and Retaining Volunteers

My pertinent thesis research project included the areas of recruiting volunteers, and effective facilitation and motivation of volunteers on advisory committees.

I started as a volunteer library aide in my Jr. High/High School library. This volunteer experience paved the way for my many years with the University of Wyoming Libraries where I worked with the maps and aerial photo collections.

Issue 1: In many of the listening sessions comments were made regarding the many volunteer opportunities available. However, the same individuals are volunteering for more than one project which leads to burnout.

Solution 1: State Hospital staff offered to serve as community volunteers in several areas. Developing a training program for volunteers and those who work with them would be very beneficial to the community and to the State Hospital staff.

Related Issue: Coordination between non profit and government social services

Solution 2: The State Hospital could serve as a community clearing house that connects or matches volunteers to projects and would be an invaluable resource for the community.

Resource 1: Working with Volunteers. National Mental Health Association, National Consumer Supporter Technical Assistance Center, 2001 North Beauregard Street, Alexandria, VA 22311. E-mail: ConsumerTA@nmha.org, 1-800-969-NMHA WEB: www.ncstac.org

Resource 2: University of Wyoming (UW) Non-Credit Community Service Education
Contact Person: Sheila Atwood-Couture. Courses on Volunteer training, board training and non-profits may be director to Sheila.

Name: Sheila Kristina Couture
Title: Lecturer, Associate
Department: Community Service Education
Office: Beta House 310
Email: satwood@uwyo.edu
Phone: (307) 766-5641 & (877) 733-3618

Main web page:
<http://outreach.uwyo.edu/service/>

Online course list for Non profits, Healthcare and parenting classes and many others.
<http://www.ed2go.com/uwyo/>

Health care Online Programs
<http://www.gatlineducation.com/uwyo/>

Resource 3: Dr. Larry Hubbell, UW Director of the Master of Public Administration Program offers Online Credit classes on Non-profits.

***Additionally Dr. Hubbell is currently developing a Special Certificate Program for Rawlins State Penitentiary Employees which may be applicable to other detention centers in the state.

Name: Lawrence D. Hubbell
Title: Professor
Department: Political Science
Office: Arts & Sciences Bldg 143
Email: hubbell@uwyo.edu
Phone: (307) 766-6484

Issue 2: The invisible Hispanic population

Other issues involve using volunteer committee work as a stepping stone for political notoriety. Though this is a common practice, the appointment to volunteer advisory boards is often reserved for individuals of perceived influence. This practice can often serve as a barrier to a community's desire to have a healthy and functioning multi-cultural community.

Several community members estimated the Hispanic population to account for 10% of the population of Evanston. Though the census numbers do not support this estimate, I would say the community has a more accurate count of the actual number of Hispanics in Evanston. The non-Hispanic community sincerely wishes to be involved and included in the lives of the Hispanic population. Additionally, community members reported a high number of Hispanic teenagers were not attending high school due to language barriers.

Solution: Actively recruit members of the Hispanic population as volunteers in all aspects of the community. Enlist English and Spanish speaking volunteers to serve as interpreters and instructors. A retired couple offered to fill such a role, but did not know where to apply to serve as volunteer translators.

Offer Conversational Spanish as a second language class, perhaps combined with Conversational English as a second language. Conversational language courses are less intimidating to those of us who find learning another language hard.

Resource 1: Dr. Francisco Rios, UW Educational Studies Department. Dr. Rios specializes in multicultural research in rural areas. The department offers In Service Teaching courses in English as a Second Language, allowing school teachers to earn an ESL certificate.

Name: Francisco Alfonso Rios
Title: Professor
Department: Educational Studies
Office: McWhinnie Hall 314
Email: frios@uwyo.edu
Phone: (307) 766-4055

Resource 2: I have had some personal success with using the online translation programs to translate children's books into Spanish. The online translator programs have their short comings, but they are helpful, readily available, and can translate from English to Spanish or Spanish to English.

<http://babelfish.altavista.com>

<http://www.freetranslation.com>

Youth inclusion in the community.

Related Issue: Retaining the youth, the high school students and college graduates.

Inclusion in the community was listed as being very important to the youth. Though I won't provide a complete list of what they asked for, primarily they want to be heard. I paired this with a related issue of retaining the youth. If the youth have a vested interest or a stake in Evanston they would be more likely to return to Evanston after graduating from training programs or college.

Evanston youth would like to have the following:

the ear of the City Council; a safe place to park their cars and chat with friends, i.e. a designated parking lot; they want to see the Roundhouse completed as an events center, not city offices; they want to know why the city zoning ordinances are preventing businesses from locating in Evanston; a youth center that is open on weekends; to be recognized for achievements that go beyond football; they want their science and math programs strengthened; they want a traffic stop sign or light at Twin Ridge Avenue and Yellow Creek Road; the return of the community band, as it was viewed as a good way for youth to earn money; different work opportunities; more playing fields and gyms; and the drug abuse problems addressed.

Solution 1: WYDOT employees are very willing to work with the high school students (and the City) to find a traffic solution for Twin Ridge Avenue and Yellow Creek Road. One solution would involve setting up a traffic test (an applied science/math project) with the assistance of the students, High School Administration, and the Police Department.

Marilee Ohnstad
WYDOT
Planner
5300 Bishop Blvd.
Cheyenne, WY 82009-3340
Phone: 307-777-3938
Fax: 307-777-4759
Marilee.ohnstad@dot.state.wy.us

Additional contacts are:

Charles Bauer, P.E., Resident Engineer
P.O. Box 132 Evanston, WY 82931-0132
Charlie.bauer@dot.state.wy.us

Paul Jones, P.E. Traffic Squad Leader
5300 Bishop Blvd.
Cheyenne, WY 82009-3340
Phone: 307-777-4370
paul.jones@dot.state.wy.us

Solution 2: Consider appointing youth representatives to the city council. Keep the kids informed about council decisions.

Solution 3: Dr. Arietta Wiedmann's specialty area is math and science education and she is willing to serve as a contact person.

Name: Arietta M C Wiedmann
Title: Assoc Dean/Division Head
Department: Outreach Credit Programs
Office: Wyo Hall 305
Email: wiedmann@uwyo.edu
Phone: (307) 766-2911

Solution 4: Make certain that there is community consensus on the future plans for the Roundhouse. I cannot stress this enough. The Youth's vision for the Roundhouse is for a civic center on a grander scale than the Machine Shop.

Solution 5: Enlist the youth in volunteer positions that lead to employment opportunities; two that come to mind would be summer docents for the Museum, such as are used in the Grand Encampment Museum, and library aides at the county library. One of the best places to work when going to college is at the library, it gives the student an edge by knowing where to find resources, and that leads to better grades. At UW, I served on a number of search committees to fill entry level positions in libraries. Volunteer experience in libraries was viewed the same as a work history entry as long as it was well documented.

Resource 1:

Community youth volunteer positions could be created to target needs in the community or to help prepare students for employment while attending school. The University of Wyoming now lists all student positions including workstudy on their human resources website.

<http://uwadmnweb.uwyo.edu/HREmployment/onoffcam.htm>

Mental and Physical Disabilities and the Elderly

Personal background- I have a physical disability due to carpal and cubital tunnel syndrome and use adaptive equipment in my daily work. My Dad utilized the transit system in Campbell County to get to his VA medical appointments.

Evanston has a disproportionate number of individuals with mental and physical disabilities. The community values and accepts this segment of the population and would like to be better able to accommodate their diverse and varied needs. I applaud the work that is being done and the compassion and foresight that is shown by this community.

Solution 1: Transit system. Accurate numbers of this population needs to be identified because it would be pertinent to grant applications for Transit funding and other programs. The elderly population also needs to be clearly identified as well as the number of low income or other

disadvantaged groups that do not have access to transportation. If Evanston clearly documents that it has a higher than average population of mentally and physically disabled people, elderly, and socially disadvantaged individuals, it improves the community's chances of qualifying for more transit funding.

Name: Darlena Schlachter
Title: Public Transit Assistant
Department: WYDOT Local Government
Office: 5300 Bishop Blvd. Cheyenne, WY 82009-3340
Email: darlena.schlachter@dot.state.wy.us
Phone: (307) 777-4438

Solution 2: The Wyoming Institute for Disabilities (WIND) maintains a library and will perform free disabilities research and information for Wyoming residents. They have materials available for loan.

Web: <http://wind.uwyo.edu/library/library.asp>

Librarian - Beth Robertson, brobert@uwyo.edu, 307-766-2932
Library Assistant – Miranda Lamb, mirandal@uwyo.edu, 307-766-2935

Mailing Address

WIND Resource Library
Department 4298
1000 E. University Ave.
Laramie, WY 82071
Phone: 307-766-2932
TTY: 307-766-2720

Solution 2: The University of Wyoming invests a great deal of money into the research databases and employs a medical librarian who performs general medical reference assistance as well as bibliographic searches. Wyoming residents have access to the resources of UW libraries in two ways. The first way is to visit one of UW's libraries. Wyoming residents may check out library materials at no fee, a valid ID is required (Non Wyoming Residents pay a \$10 fee for a year). Reference librarians are available most hours the libraries are open to assist Wyoming residents in learning how to use the medical resource databases, as well as the other databases. The second method that a Wyoming resident may receive assistance is through a Fee Based program is called UWIN. A methamphetamine sample search for Evanston's assessment using the PUBMED database has been made available at the end of this report in the Methamphetamine Research Appendix.

Jenny Garcia, MLS, AHIP
Medical Reference Librarian
University of Wyoming Libraries

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1000 E University Ave
Laramie, WY 82072**

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Solution 3:

Free Equipment Rentals for those with disabilities: WIND over sees another program called WATR. WATR even handles the shipping costs both ways. Loaning equipment prior to purchasing equipment really helps. I have utilized the program to help my aging family member find a phone with a ringer that could be heard, an adaptive keyboard and an embroidery hoop for myself, and WYDOT borrowed a wheel chair and a hand pedal bike for our Bike and Pedestrian workshop.

Suzanne Adams wrote up the following summary of this Free equipment rental program aimed at assisting the disabled of Wyoming.

The first thing we do (after establishing what the individual/organization representative wants to borrow) is have them sign a Device Loan Center agreement form, which basically says that they'll be responsible for the item they are borrowing and that they'll report any breakages. We have to have the original signed for our records, and the agreement is good for one year. For example, if you sign an agreement, you can check out any other AT device we have available for loan without having to fill it out again.

Once we have the signed agreement on file, we wrap the AT, including a packing slip which tells them what they've borrowed, it's physical description, and the length of their loan (30 days.) Anyone who wishes to do so can extend their loan period, but must contact us at least 2 days before their loan is due to make sure that no one else has requested the item. I don't remember, but I'm not sure if you received a packing slip for the bicycles or not. In any case, we keep a copy of the packing slip and ship a copy to the borrower with the equipment with the request that they return the packing slip with the item when they return it to us. Once everything is packed up, we ship the AT via UPS.

When 3 weeks have passed on the loan period, we send a reminder to the borrower through the mail that we will be picking up the item on the designated date. When the time comes for the AT to be picked up, we issue a call tag to UPS, which tells them to get the package and deliver it back to us. That way, WATR can handle all the shipping costs instead of the consumer.

In summation, what happens is:

- 1) Device Loan Center agreement is signed and filed at WATR offices
- 2) The device(s) and packing slip are packed and shipped to the borrower via UPS
- 3) 3 weeks into the loan, the borrower is reminded that the loan is coming due
- 4) Borrower has until 2 days before end of the loan to extend the loan period
- 5) UPS picks up AT from borrower and delivers it back to WATR

The only time we do not extend loans is when someone else has requested the item. In that case, the first borrower may borrow it again for 30 days after the second borrower's loan period is up. The only other thing is that we are now required by the legislation that funds the program to obtain consumer satisfaction information, which we will most likely do with a survey that will accompany the packing slip.

If you have any other questions (or need clarification for any of the above,) let me know!

Contact:
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Department 4298
1000 E. University Ave.
Laramie, WY 82071
Ph: (307) 766-2051
Fax: (307) 766-2549

SIDEWALKS

Issue 1: Designing Sidewalks and Streets for Pedestrians, those in Wheelchairs, the Elderly and Bicyclist

I recently attended a 2 day workshop by Michael Ronkin <http://www.michaelronkin.com/> on this topic. Michael offers an additional class that specifically addresses the needs of pedestrians and those in wheel chairs. It is my hope that there will be enough interest in the program for WYDOT and the Federal Highway Administration to fund that workshop in the future. I am willing to serve as a planning contact person on this topic. WYDOT engineers Charlie Bauer and Tory Thomas can speak to the engineering design aspects of sidewalk design.

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ISSUE 2: Sidewalk replacement

Many comments were directed at the need to replace sidewalks in Evanston. The City of Evanston has a program to reimburse the land owner for a portion of the cost of the sidewalk replacement, currently \$1.00 per sq. ft. This program has not been fully utilized in the past, due to several reasons. The landowner must request an inspection by the Public Works Department prior to having the sidewalks replaced. Over the past few years less than 20 individuals have received reimbursement for sidewalk replacement. The City has several things working for them in this regard. The City council has discussed increasing the amount of reimbursement allowed and the City requires an inspection for the reimbursement program. This prior to construction consultation could be utilized to help the City implement the recommendations from the Ronkin workshop. The end result would be a sidewalk system that could be used by all members of the Evanston community. Additionally, the Wyoming Business Council assessment team member, Bob Jensen, mentioned the possibility of sidewalk funds being made available to the community. This could be done in several ways, one of which was to have property owners temporarily transfer ownership of the sidewalk to the City of Evanston. The City could then apply for sidewalk funds to repair those sidewalks.

Contact:
City of Evanston Public Works Department
307-783-6450

Bob Jensen
Wyoming Business Council
Chief Operations Officer
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Cheyenne, WY 82002
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Bjense1@state.wy.us

Flood Inundation Mapping and Disaster Planning

Personal Background: I worked as a cartographer (map making) and was a UW instructor for cartography, and have background with grant writing, aerial photography and a limited background with hazardous materials.

Evanston citizens were concerned about disaster planning issues. I spoke with Jim Case of the Wyoming Office of Homeland Security. The really good news is that Uinta County has a completed draft of their Multi-Hazard Mitigation Plan. Completion of a Multi-Hazard Mitigation plan is a prerequisite for funding with the Pre-Disaster Mitigation (PDM) Program funded through the Federal Emergency Management Agency (FEMA) for fiscal year 2006. Jim stated that Flood Inundation Mapping would fall under this program.

This is a cost share program with a 75% federal and 25% non-federal, HOWEVER, small or impoverished communities may be eligible for up to 90% federal cost share.

Resource:

http://www.fema.gov/pdf/fima/fy_2006_pdm_guidance.pdf

Jim Case
Chief, Plans Division
Wyoming Office of Homeland Security
Herschler Building, 1E
122 West 25th St.
Cheyenne, WY 82002

307-777-4918

Note: Evanston may be able to meet this eligibility based on the special populations which include those in nursing homes, the State and regional hospitals, detention facilities, and the physically and emotionally disabled population that is dispersed throughout the city of Evanston.

WYDOT is working with Homeland Security on a number of issues which include evacuation plans and route selection.

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State Maintenance Engineer
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Community Development –Real Estate

Recently I completed four of six courses toward a Real Estate Certificate through the University of Wyoming's Outreach (Online) Program. In an effort to help my children with their college expenses and utilizing the financial knowledge from this course work, I renovated my basement and converted it into a rental. When I moved to Cheyenne, I kept my house in Laramie and I purchased a home with another basement rental. I do many of the repairs and modifications myself. When I see vacant buildings, I see possibilities and start to mentally calculate the potential rate of returns.

Evanston has Real Estate potential in a number of areas. I noticed that the upper floors of several downtown businesses along Front Street are vacant and are used for storage. My first apartment was located above a downtown business. It was a great place for a young person to live. A cost assessment could be done to calculate the potential rate of return of converting the upper floors to rentals. Parking, zoning, lead paint, plumbing and many other issues would have to be considered, but the location would be prime, located near the Depot Square and the great walking path, and it could help fill the apartment shortage.

Personal Background: My parents are currently in a very good assistive living facility in Denver, however, it would have been their preference to stay in Wyoming.

Developing one level living for Senior Citizens without the federal income constraints would be next on my list, as well as the gated community for those with special needs.

Methamphetamine Research Appendix

Note***Methamphetamine Research Information as provided by Jenny Garcia, UW Libraries on four areas listed in the sections below: Some articles have web links.

Search Terms:

(Maternal Exposure OR Pregnancy Complications OR Pregnancy Outcomes)

AND

Amphetamines or Amphetamine-Related Disorders

1: *Pediatr Clin North Am.* 2005 Oct;52(5):1369-93, vii.

Prenatal alcohol and drug exposures in adoption.

Davies JK, Bledsoe JM.

Division of General Pediatrics, University of Washington School of Medicine,
Seattle, WA, USA. joolian@u.washington.edu

Prenatal alcohol and drug exposures are a significant concern in many domestic and international adoptions. This article addresses the following substance exposures for children: alcohol, opiates, tobacco, marijuana, cocaine, and methamphetamines. For each substance, we review the teratogenicity of the exposure and identify the spectrum of neurodevelopmental issues that can present in children exposed to this substance. Diagnosis of the spectrum of fetal alcohol outcomes is also discussed. When possible, we provide country-specific statistics on exposure risks for adopted children.

Publication Types:

Review
Review, Tutorial

PMID: 16154468 [PubMed - indexed for MEDLINE]

2: *Psychiatry Res.* 2004 Dec 15;132(2):95-106.

Smaller subcortical volumes and cognitive deficits in children with prenatal methamphetamine exposure.

Chang L, Smith LM, LoPresti C, Yonekura ML, Kuo J, Walot I, Ernst T.

Department of Medicine, John A. Burns School of Medicine, University of Hawaii'I, HI 96813, USA. lchang@hawaii.edu

The purpose of this pilot study was to examine possible neurotoxic effects of prenatal methamphetamine (Meth) exposure on the developing brain and on cognition. Meth-exposed children (n=13) and unexposed control subjects (n=15) were evaluated with MRI. Global brain volumes and regional brain structures were quantified. Ten Meth-exposed and nine unexposed children also completed neurocognitive assessments. Meth-exposed children scored lower on measures of visual motor integration, attention, verbal memory and long-term spatial memory. There were no differences among the groups in motor skills, short delay spatial memory or measures of non-verbal intelligence. Despite comparable whole brain volumes in each group, the Meth-exposed children had smaller putamen bilaterally (-17.7%), smaller globus pallidus (left: -27%, right: 30%), smaller hippocampus volumes (left: -19%, right: -20%) and a trend for a smaller caudate bilaterally (-13%). The reduction in these brain structures correlated with poorer performance on sustained attention and delayed verbal memory. No group differences in volumes were noted in the thalamus, midbrain or the cerebellum. In summary, compared with the control group, children exposed to Meth prenatally exhibit smaller subcortical volumes and associated neurocognitive deficits. These preliminary findings suggest prenatal Meth exposure may be neurotoxic to the developing brain.

PMID: 15598544 [PubMed - indexed for MEDLINE]

3: N Z Med J. 2004 Nov 26;117(1206):U1180.

Maternal methamphetamine use during pregnancy and child outcome: what do we know?

Wouldes T, LaGasse L, Sheridan J, Lester B.

Health Psychology, Faculty of Medical and Health Sciences, University of Auckland, New Zealand. t.wouldes@auckland.ac.nz

PMID: 15570349 [PubMed - indexed for MEDLINE]

4: Soc Work. 2004 Jul;49(3):373-81.

Methamphetamine abuse and manufacture: the child welfare response.

Hohman M, Oliver R, Wright W.

Center on Substance Abuse, School of Social Work, San Diego State University, CA, 92182-4119, USA. mhohman@mail.sdsu.edu

Methamphetamine abuse is on the rise, particularly by women of childbearing age. This article describes the history and effects of methamphetamine use. The authors examine the ways exposure to the manufacture of this drug affects clients and social workers in the course of their work. Because children are frequently found at the scene of a manufacturing laboratory, the child welfare system often becomes involved, and child protective services and other social work agencies need protocols to address the needs of the children and their parents, as well as those of the legal system. In 1997 California created and implemented drug-endangered children's units in seven counties to address the needs of children from families that manufacture methamphetamine; these units involve collaborative efforts among child protective workers, district attorneys, physicians, and police officers. A case example provides information about the role of social workers and their collaboration with these multiple systems.

PMID: 15281692 [PubMed - indexed for MEDLINE]

5: J Clin Anesth. 2003 Aug;15(5):382-94.

Anesthetic implications of drug abuse in pregnancy.

Kuczkowski KM.

Department of Anesthesiology and Department of Reproductive Medicine, University of California San Diego, San Diego, CA 92103, USA. kkuczkowski@ucsd.edu

Substance abuse has crossed social, economic, and geographic borders and--throughout the world--remains one of the major problems facing society today. The prevalence of substance abuse in young adults (including women) has increased markedly over the past 20 years. Nearly 90% of drug-abusing women are of childbearing age. Consequently, it is not unusual to encounter pregnant women who abuse illicit drugs, as numerous case reports of drug abuse in pregnancy confirm. The diverse clinical manifestations of drug abuse combined with physiologic changes of pregnancy, and pathophysiology of coexisting pregnancy-related disease may lead to life-threatening complications and significantly impact the practice of obstetrical anesthesia. Regardless of the drug(s) ingested and clinical manifestations, it is always difficult to predict the exact anesthetic implications in chemically dependent patients.

Publication Types:

Review

PMID: 14507568 [PubMed - indexed for MEDLINE]

6: *Obstet Gynecol Surv.* 2003 Sep;58(9):599-608.

Labor analgesia for the drug abusing parturient: is there cause for concern?

Kuczkowski KM.

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Drug abuse has crossed geographic, economic and social borders, and it remains one of the major problems facing our society today. The prevalence of recreational drug abuse among young adults (including women) has increased markedly over the past two decades. Nearly 90% of drug abusing women are of childbearing age. Consequently, it is not surprising to find pregnant women with a history of drug addiction. Obstetricians and obstetric anesthesiologists become involved in the care of drug abusing patients either in emergency situations, such as placental abruption, uterine rupture or fetal distress, or in more controlled situations, such as request for labor analgesia. The diverse clinical manifestations of maternal substance abuse may result in life-threatening complications and significantly impact the peripartum care of these patients. **TARGET AUDIENCE:** Obstetricians & Gynecologists, Family Physicians. **LEARNING OBJECTIVES:** After completion of this article, the reader will be able to list the most commonly abused substances during pregnancy, to describe the various effects of particular substances on pregnancy including the mechanism of desired effect for various substances, and to outline the obstetric

anesthesia recommendations for the various substances abused during pregnancy.

Publication Types:

Review

PMID: 12972835 [PubMed - indexed for MEDLINE]

7: *Acta Anaesthesiol Belg.* 2003;54(2):161-3.

Amphetamine abuse in pregnancy: anesthetic implications.

Kuczkowski KM, Benumof JL.

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The prevalence of recreational substance abuse amongst young adults (including women in child-bearing age) has markedly increased over the past two decades and it remains one of the major problems facing our society today--worldwide. Amphetamine is one of the most common substances abused in pregnancy and one of the most potent sympathomimetic amines with respect to stimulatory effects on the central nervous system. The following case report illustrates the problems that may arise during anesthesia in the parturient with recent amphetamine intake.

Publication Types:

Case Reports

PMID: 12872434 [PubMed - indexed for MEDLINE]

8: *Arch Gen Psychiatry.* 2003 Mar;60(3):303-10.

A twin study of the neuropsychological consequences of stimulant abuse.

Registration Required for Free Full Text:

<http://archpsyc.ama-assn.org/cgi/content/full/60/3/303>

Toomey R, Lyons MJ, Eisen SA, Xian H, Chantarujikapong S, Seidman LJ, Faraone SV, Tsuang MT.

Department of Psychiatry, Massachusetts Mental Health Center, Harvard Medical School, 02129, USA. rosemary_toomey@hms.harvard.edu

BACKGROUND: Previous studies document neuropsychological deficits associated with stimulant abuse, but findings are inconsistent. **METHODS:** We identified 50 twin pairs in which only 1 member had heavy stimulant abuse (cocaine and/or amphetamines) ending at least 1 year before the evaluation. The co-twin control

research design controls for familial vulnerability and makes it easier to identify neuropsychological deficits that are consequences of stimulant abuse. Subjects were administered an extensive neuropsychological test battery organized into the following 5 functions: attention, executive functioning, motor skills, intelligence, and memory. RESULTS: Multivariate tests showed that abusers performed significantly worse than nonabusers on functions of attention and motor skills. Within each of these functions, univariate tests showed that abusers performed significantly worse on certain tests of motor skills and attention. In contrast, abusers performed significantly better on one test of attention measuring visual vigilance. Within the abuser group, higher levels of stimulant use were largely uncorrelated with neuropsychological test scores, although a few significant correlations indicated better functioning with more stimulant use. CONCLUSIONS: With ideal controls, this study demonstrates that deficits in attention and motor skills persist after 1 year of abstinence from stimulant use and raises hypotheses regarding relative strengths on a vigilance task among abusers.

Publication Types:

Twin Study

PMID: 12622664 [PubMed - indexed for MEDLINE]

9: J Dev Behav Pediatr. 2003 Feb;24(1):17-23.

Effects of prenatal methamphetamine exposure on fetal growth and drug withdrawal symptoms in infants born at term.

Smith L, Yonekura ML, Wallace T, Berman N, Kuo J, Berkowitz C.

Department of Pediatrics, Harbor-UCLA Medical Center, University of California, Los Angeles School of Medicine, USA. smith@gcrc.rei.edu

To determine fetal growth and the incidence of withdrawal symptoms in term infants exposed to methamphetamine in utero, we retrospectively identified neonates whose mothers used methamphetamine during pregnancy and matched them to unexposed newborns. Exclusion criteria included multiple and preterm gestations. Although there were no differences in infant growth parameters between the methamphetamine-exposed and methamphetamine-unexposed neonates, methamphetamine exposure throughout gestation was associated with decreased growth relative to infants exposed only for the first two trimesters. In addition, there were significantly more small for gestational age infants in the methamphetamine group compared with the unexposed group. Methamphetamine-exposed infants whose mothers smoked had significantly decreased growth relative to infants exposed to methamphetamine alone. Withdrawal symptoms (as determined by a previously reported scoring system) requiring pharmacologic intervention were observed in 4% of methamphetamine-exposed infants. These preliminary findings indicate that

methamphetamine use is associated with growth restriction in infants born at term.

PMID: 12584481 [PubMed - indexed for MEDLINE]

10: J Subst Abuse Treat. 2002 Sep;23(2):145-50.

Treatment of methamphetamine use disorders: an update.

Rawson RA, Gonzales R, Brethen P.

UCLA Integrated Substance Abuse Programs, 11050 Santa Monica Boulevard, Suite 100, Los Angeles, CA 90025, USA. matrixex@ucla.edu

Methamphetamine (MA) is a major public health and criminal justice problem in much of the Western and Midwestern US, and its use seems to be increasing east of the Mississippi River. MA use can produce significant psychiatric and medical consequences, including psychosis, dependence, overdose, and death. Cognitive behavioral therapy and contingency management are among the most promising approaches for treatment of MA abuse and dependence. A multisite study evaluating the Matrix Model of outpatient treatment will soon be completed to provide data on this manualized approach. An ambitious program of pharmacotherapy development research is currently being sponsored by the National Institute on Drug Abuse (NIDA) in geographic areas significantly affected by MA use. The development of treatments for MA-related problems is particularly critical for a number of user groups including MA users who experience persistent psychosis, pregnant women and women with children, gay and bisexual men, and MA users involved in the criminal justice system. Copyright 2002 Elsevier Science Inc.

Publication Types:

Review

Review, Tutorial

PMID: 12220612 [PubMed - indexed for MEDLINE]

11: Acta Paediatr. 2000 Dec;89(12):1474-8.

Children of mothers abusing amphetamine: head circumference during infancy and psychosocial development until 14 years of age.

Eriksson M, Jonsson B, Zetterstrom R.

Department of Pediatrics, Karolinska Institute, Stockholm, Sweden.

OBJECTIVE: To study the relationship between head circumference (HC) at birth

(HO) and at 1 y of age (HI) and later outcome variables in children exposed to amphetamine during fetal life through maternal drug abuse. **METHOD:** Prospective longitudinal study of 65 children born to women abusing amphetamine. Potential bivariate and partial correlations between HC and outcome variables at 4, 8 and 14 y of age were studied. In multivariate analyses on outcome variables, HC, maternal and perinatal factors were used as predictors. Analyses were performed for all children and separately for boys and girls. **RESULTS:** Head circumference at birth and 1 y of age were significant predictors for the level of achievement in Swedish language at 14 y. Head circumference at birth was a significant predictor for grades in mathematics in boys. Combined assessment of psychomotor development and psychosocial adjustment at 4 and 8 y correlated with HI in girls. **CONCLUSION:** Head circumference at birth and at 1 y of age correlated with school achievement at 14 y. HI also correlated with adjustment at 4 and 8 y in girls. A difference in vulnerability between girls and boys is important and should be considered in longitudinal studies of risk cohorts.

PMID: 11195239 [PubMed - indexed for MEDLINE]

12: Pediatrics. 2001 Feb;107(2):309-17.

The Maternal Lifestyle Study: drug use by meconium toxicology and maternal self-report.

Free Full Text:

<http://pediatrics.aappublications.org/cgi/content/full/107/2/309>

Lester BM, ElSohly M, Wright LL, Smeriglio VL, Verter J, Bauer CR, Shankaran S, Bada HS, Walls HH, Huestis MA, Finnegan LP, Maza PL.

Brown Medical School, Women and Infants' Hospital, Providence, Rhode Island 02905-2499, USA. barry_lester@brown.edu

OBJECTIVE: The objective of this study was to describe drug use by pregnant women participating in the 4-site Maternal Lifestyle Study of in utero cocaine and/or opiate exposure. **METHODS:** Meconium specimens of 8527 newborns were analyzed by immunoassay with GC/MS confirmation for metabolites of cocaine, opiates, cannabinoids, amphetamines, and phencyclidine. Maternal self-report of drug use was determined by hospital interview. **RESULTS:** The prevalence of cocaine/opiate exposure in the 4 sites was 10.7% with the majority (9.5%) exposed to cocaine based on the combination of meconium analysis and maternal self-report. However, exposure status varied by site and was higher in low birth weight infants (18.6% for very low birth weight and 21.1% for low birth weight). Gas chromatography/mass spectrometry (GC/MS) confirmation of presumptive positive cocaine screens was 75.5%. In the cocaine/opiate-exposed group, 38% were cases in which the mother denied use but the meconium was positive. There was 66% agreement between positive meconium results and positive maternal report. Only 2% of mothers reported that they used only cocaine during pregnancy

and mothers were 49 times more likely to use another drug if they used cocaine.
CONCLUSION: Accurate identification of prenatal drug exposure is improved with GC/MS confirmation and when the meconium assay is coupled with a maternal hospital interview. However, the use of GC/MS may have different implications for research than for public policy. We caution against the use of quantitative analysis of drugs in meconium to estimate the degree of exposure. Our study also highlights the polydrug nature of what used to be thought of as a cocaine problem.

Publication Types:
Multicenter Study

PMID: 11158464 [PubMed - indexed for MEDLINE]

13: Scand J Public Health. 2000 Jun;28(2):154-7.

Amphetamine abuse during pregnancy: environmental factors and outcome after 14-15 years.

Eriksson M, Jonsson B, Steneroth G, Zetterstrom R.

Department of Pediatrics, Karolinska Hospital, Stockholm, Sweden.
Margareta.Eriksson@kbh.ki.se

The aim of this study was to assess the influence of social environmental factors on school performance and behavioural problems among 14-year-old children who had been exposed to amphetamine during foetal life. The study group comprised a cohort of 65 children who had suffered intrauterine exposure to amphetamine due to maternal drug abuse. This group has been followed since birth and examined at regular intervals. Information regarding the academic performance of the children was gathered from the school authorities. The psychosocial environment of the children was determined through interviews and through information obtained from the social authorities. Of the 64 children who attended a school within the state school system, 10 (15%) were a year behind for their age. The mean grades were significantly lower than those of their classmates. Behavioural problems were mentioned in the social authority documentation of one-third of the children, regardless of whether the child was placed in a foster home or was residing with the biological mother. A positive significant correlation was found between maternal age and the outcome of the children, as well as between therapy during pregnancy and outcome, whilst several environmental factors, particularly during the child's first four years, correlate negatively to outcome. Psychosocial factors early in life influence the outcome at 14 years. The positive effect of intervention during pregnancy illustrates the importance of early identification preferable during pregnancy.

PMID: 10954143 [PubMed - indexed for MEDLINE]

14: *J Psychoactive Drugs*. 2000 Apr-Jun;32(2):137-41.

History of the methamphetamine problem.

Anglin MD, Burke C, Perrochet B, Stamper E, Dawud-Noursi S.

UCLA Drug Abuse Research Center/UCLA Department of Psychiatry; UCLA/Matrix Coordinating Center for the CSAT Methamphetamine Treatment Project, Los Angeles, USA.

Methamphetamine, called meth, crystal, or speed, is a central nervous system stimulant that can be injected, smoked, snorted, or ingested orally; prolonged use at high levels results in dependence. Methamphetamine (MA) is a derivative of amphetamine, which was widely prescribed in the 1950s and 1960s as a medication for depression and obesity, reaching a peak of 31 million prescriptions in the United States in 1967. Until the late 1980s, illicit use and manufacture of MA was endemic to California, but the MA user population has recently broadened in nature and in regional distribution, with increased use occurring in midwestern states. An estimated 4.7 million Americans (2.1% of the U.S. population) have tried MA at some time in their lives. Short- and long-term health effects of MA use include stroke, cardiac arrhythmia, stomach cramps, shaking, anxiety, insomnia, paranoia, hallucinations, and structural changes to the brain. Children of MA abusers are at risk of neglect and abuse, and the use of MA by pregnant women can cause growth retardation, premature birth, and developmental disorders in neonates and enduring cognitive deficits in children. MA-related deaths and admissions to hospital emergency rooms are increasing. Although inpatient hospitalization may be indicated to treat severe cases of long-term MA dependence, optimum treatment for MA abusers relies on an intensive outpatient setting with three to five visits per week of comprehensive counseling for at least the first three months. The burgeoning problems of increased MA use must be addressed by adequate treatment programs suitable for a variety of user types.

Publication Types:
Historical Article

PMID: 10908000 [PubMed - indexed for MEDLINE]

15: *J Paediatr Child Health*. 2000 Jun;36(3):262-4.

The drug epidemic: effects on newborn infants and health resource consumption at a tertiary perinatal centre.

Kelly JJ, Davis PG, Henschke PN.

The Division of Newborn Services, the Royal Women's Hospital, Melbourne, Australia.

OBJECTIVES: Illicit drug taking in Australia, with its attendant social and medical consequences, is increasing and the effects extend to maternity hospitals where infants born to addicted mothers have more health problems in the neonatal period. The aims of this study were to evaluate (1) the patterns of illness of such infants and (2) the burden imposed on the neonatal department of a large tertiary maternity centre. **METHODOLOGY:** An audit was conducted of all Chemical Dependency Unit (CDU) mothers and babies delivered at the Royal Women's Hospital, Melbourne, Australia during 1997. Data were compared with those from a concurrent control group of mothers and babies randomly generated from the hospital's obstetric database. **RESULTS:** Ninety-six infants born to CDU mothers were compared with a control group of 200 infant/mother pairs. The majority of women in the CDU clinic were treated for narcotic addiction with methadone (90%) but most continued to use heroin during pregnancy (68%). Infants born to CDU mothers were significantly less mature and lighter than control infants. Fifty-three (55%) CDU infants required admission to the Special Care Nursery either because of neonatal abstinence syndrome (n = 29) or other medical reasons (n = 24). The median length of hospital stay was significantly longer in CDU compared with control infants (8 vs 3 days, P < 0.01). **CONCLUSIONS:** Infants born to drug dependent mothers have more neonatal problems requiring specialized medical and nursing expertise, compared with control infants. These infants are large consumers of scarce health resources.

PMID: 10849229 [PubMed - indexed for MEDLINE]

**Search Terms:
Amphetamine-Related Disorders/Review Articles**

1: Ann N Y Acad Sci. 2004 Oct;1025:279-87.

Clinical features of sensitization to methamphetamine observed in patients with methamphetamine dependence and psychosis.

Free Full Text:

<http://www.annalsnyas.org/cgi/content/full/1025/1/279>

Ujike H, Sato M.

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Methamphetamine (METH) has been the most popular drug of abuse in Japan for more than 50 years, resulting in serious health and social issues. Most adult abusers in Japan consume only METH; multiple-substance abusers are rare. This unusual

aspect of drug abuse makes it possible to observe clearly the sequential alteration of psychiatric symptoms induced by METH without modification by other illegal drugs. Clinical investigation reveals three core characteristics of METH abuse: (1) progressive qualitative alteration in mental symptoms from a nonpsychotic to a prepsychotic to a severely psychotic state; (2) enhanced vulnerability to relapse of psychosis; and (3) very long duration of the vulnerability to relapse. These findings indicate that the phenomenon of sensitization to METH develops during abuse and plays a key role in the susceptibility to and onset of psychosis and in the refractory process. Molecular findings using animal sensitization models may facilitate a better understanding of, and open the way for innovative therapies for, METH psychosis and also chronic schizophrenia.

Publication Types:

Review
Review, Tutorial

PMID: 15542728 [PubMed - indexed for MEDLINE]

2: *Neuropharmacology*. 2004;47 Suppl 1:92-100.

The methamphetamine experience: a NIDA partnership.

Hanson GR, Rau KS, Fleckenstein AE.

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The neurotoxic properties of the amphetamines such as methamphetamine (METH) were originally described about the time of the National Institute on Drug Abuse's organization, in the early 1970s. It required more than 20 years to confirm these neurotoxic properties in humans. Much like Parkinson's disease, multiple high-dose administration of METH somewhat selectively damages the nigrostriatal dopamine (DA) projection of the brain. This effect appears to be related to the intracellular accumulation of cytosolic DA and its ability to oxidize into reactive oxygen species. Both the dopamine plasmalemmal transporter and the vesicular monoamine transporter-2 seem to play critical roles in this neurotoxicity. METH and related analogs such as methylenedioxymethamphetamine (MDMA) can also damage selective CNS serotonin neurons. The mechanism of the serotonergic neurotoxicity is not as well characterized, but also appears to be related to the formation of reactive oxygen species and monoamine transporters. Studies examining the pharmacological and neurotoxicological properties of the amphetamines have helped to elucidate some critical features of monoamine regulations as well as helped to improve our understanding of the processes associated with degenerative disorders such as Parkinson's disease.

Publication Types:

Review

PMID: 15464128 [PubMed - indexed for MEDLINE]

3: Drug Alcohol Rev. 2003 Sep;22(3):323-35.

A review of psychosocial interventions for amphetamine use.

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There are clear signs that amphetamine use is increasing in Australia and internationally, yet there are few services that offer amphetamine-specific interventions. This review examines the evidence for the use of psychosocial interventions for amphetamine users. The literature is very limited in the number of well-conducted, controlled studies, but the evidence available suggests that cognitive-behavioural therapy appears to be current best practice. Motivational interviewing has been recommended as a strategy to assist those ambivalent for treatment. There is also some evidence that contingency management is effective while clients are in treatment. The effectiveness of other types of intervention is not well supported. The literature is particularly hindered by a paucity of well-conducted studies among primary amphetamine users. Recommendations about appropriate interventions for use in clinical settings are offered and directions for future research are considered.

Publication Types:

Review

PMID: 15385227 [PubMed - indexed for MEDLINE]

4: Heart Dis. 2003 Jul-Aug;5(4):253-71.

Cardiovascular manifestations of substance abuse: part 2: alcohol, amphetamines, heroin, cannabis, and caffeine.

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The abuse of alcohol is associated with chronic cardiomyopathy, hypertension, and arrhythmia. Abstinence or using alcohol in moderation can reverse these

cardiovascular problems. Alcohol is also distinguished among the substances of abuse by having possible protective effects against coronary artery disease and stroke when used in moderate amounts. Amphetamines (eg, speed, ice, ecstasy) have many of the cardiovascular toxicities seen with cocaine, including acute and chronic cardiovascular diseases. Heroin and other opiates can cause arrhythmias and noncardiac pulmonary edema, and may reduce cardiac output. Cardiovascular problems are less common with cannabis (marijuana) than with opiates, but major cognitive disorders may be seen with its chronic use. It is still controversial whether caffeine can cause hypertension and coronary artery disease, and questions have been raised about its safety in patients with heart failure and arrhythmia.

Publication Types:

Review

PMID: 12877759 [PubMed - indexed for MEDLINE]

5: J Subst Abuse Treat. 2003 Apr;24(3):267-77.

Treatment of methamphetamine abuse: research findings and clinical directions.

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Over the past few years, methamphetamine has appeared in mass quantities, in part, because of the ease and cost efficiency of manufacturing. With this increase in availability, the use of methamphetamine has increased significantly. The purpose of this article is to describe the existing treatment options for methamphetamine abuse and provide recommendations for practitioners and researchers. Methamphetamine abuse adversely impacts physical functioning, brain functioning and cognition, social support and social networks, and behavioral functioning. Negative consequences have also been documented to the environment and communities. In the studies reviewed on effective treatments, interventions consisted of aversion therapy, medication, psychosocial treatment, and case management. Each specific treatment is described as connected with an overall drug treatment program. If methamphetamine abuse continues to increase and the consequences continue to be so devastating, researchers and clinicians could advance the field by particular focus on the treatment of this type of drug use.

Publication Types:

Review

Review, Tutorial

PMID: 12810148 [PubMed - indexed for MEDLINE]

6: *Drug Alcohol Rev.* 2002 Jun;21(2):179-85.

Substitution therapy for amphetamine users.

Shearer J, Sherman J, Wodak A, van Beek I.

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Publication Types:

Review

Review, Tutorial

PMID: 12188997 [PubMed - indexed for MEDLINE]

7: *Ann N Y Acad Sci.* 2002 Jun;965:421-33.

Cell-mediated immune response in MDMA users after repeated dose administration: studies in controlled versus noncontrolled settings.

Pacifici R, Zuccaro P, Farre M, Pichini S, Di Carlo S, Roset PN, Palmi I, Ortuno J, Menoyo E, Segura J, de la Torre R.

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Acute administration of 3,4-methylenedioxymethamphetamine (MDMA, "ecstasy") produces time-dependent immune dysfunction in humans. Recreational use of MDMA generally includes repeated drug consumption, often in association with other drugs, such as alcohol and cannabis. In the laboratory setting, repeated MDMA administration to healthy MDMA consumers produced a time-dependent immune dysfunction similar to that observed with the ingestion of a single dose, and the first of the two administrations paralleled the time-course of MDMA-induced cortisol stimulation kinetics and MDMA plasma concentrations. A significant decrease in CD4 T-helper cells with simultaneous increase in natural killer (NK) cell and a decrease in functional responsiveness of lymphocytes to mitogenic stimulation was observed. Response to the second dose was either long-lasting compared with the first dose or disproportionate and did not show any parallelism with cortisol and MDMA plasma concentrations. This circumstance extended the critical period during which immunocompetence is highly impaired as a result of MDMA use. Accumulation of MDMA in the body of a poor metabolizer induced higher immunomodulatory effects with statistically significant differences in NK cell function compared with extensive metabolizers. When basal values of lymphocyte subsets were examined in a population of recreational MDMA users participating in different clinical trials, alterations in several

immunological parameters were observed. The absolute number of lymphocytes, in particular T lymphocytes and CD4 T-helper cell subsets, showed a trend toward reduced values, although cell counts were within normal limits. By contrast, NK cells in MDMA consumers were reduced to one-third of those from healthy persons. A statistically significant decrease in affected immune parameters was recorded during a 2-year observation period in a subgroup of recreational MDMA users. These permanent alterations in immunologic homeostasis may result in impairment of general health and subsequent increased susceptibility to infection and immune-related disorders.

Publication Types:

Review
Review, Tutorial

PMID: 12105117 [PubMed - indexed for MEDLINE]

8: *Biochem Pharmacol.* 2002 Jan 15;63(2):89-98.

A novel mechanism of action and potential use for lobeline as a treatment for psychostimulant abuse.

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Lobeline, an alkaloidal constituent of *Lobelia inflata* LINN., has a long history of therapeutic usage ranging from emetic and respiratory stimulant to tobacco smoking cessation agent. Although classified as both an agonist and an antagonist at nicotinic receptors, lobeline has no structural resemblance to nicotine, and structure--function relationships do not suggest a common pharmacophore. Lobeline inhibits nicotine-evoked dopamine release and [3H]nicotine binding, thus acting as a potent antagonist at both $\alpha_3\beta_2$ (*) and $\alpha_4\beta_2$ (*) neuronal nicotinic receptor subtypes. However, lobeline does not release dopamine from its presynaptic terminal, but appears to induce the metabolism of dopamine intraneuronally. Reevaluation of the mechanism by which lobeline alters dopamine function reveals that its primary mechanism is inhibition of dopamine uptake and promotion of dopamine release from the storage vesicles within the presynaptic terminal, via an interaction with the tetrabenazine-binding site on the vesicular monoamine transporter (VMAT2). Thus, lobeline appears to perturb the fundamental mechanisms of dopamine storage and release. Based on its neurochemical mechanism, the ability of lobeline to functionally antagonize the neurochemical and behavioral effects of the psychostimulants amphetamine and methamphetamine was examined. Lobeline was found to inhibit the amphetamine-induced release of dopamine in vitro, and amphetamine-induced hyperactivity, drug discrimination, and self-administration.

However, lobeline does not support self-administration in rats, suggesting a lack of addiction liability. Thus, lobeline may reduce the abuse liability of these psychostimulants. The development of lobeline and lobeline analogs with targeted selectivity at VMAT2 represents a novel class of therapeutic agents having good potential as efficacious treatments for methamphetamine abuse.

Publication Types:

Review

PMID: 11841781 [PubMed - indexed for MEDLINE]

9: J Addict Dis. 2002;21(1):5-19.

Will the methamphetamine problem go away?

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Methamphetamine use has clearly reached epidemic proportions in large parts of the western and midwestern US. Because of the regional specificity of methamphetamine use, there is speculation that it may be a temporary problem and not a long-term public health problem. Unfortunately there are a number of factors that suggest that significant methamphetamine problems may persist or even expand. For this reason, it is important that federal law enforcement, prevention, research and treatment agencies prepare strategies to address the likelihood of this persisting problem. This article reviews the issues concerning the future of the methamphetamine problem in the US and provides some recommendations for setting priorities to address the problem.

Publication Types:

Review

Review, Tutorial

PMID: 11831500 [PubMed - indexed for MEDLINE]

10: West J Med. 1999 Apr;170(4):214-9.

Comment in:

West J Med. 1999 Apr;170(4):232.

Methamphetamine and the expanding complications of amphetamines.

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During the past 10 years, the use of methamphetamine has increased rapidly in the West and throughout the United States. Because of this increase, our attention has focused on methamphetamine's toxicity. Methamphetamine and related compounds generate many of the same toxic effects as cocaine. Because of methamphetamine's widespread use, clinicians should be familiar with its medical effects and toxicity and with treatment options for acute and long-term effects of methamphetamine abuse.

Publication Types:

Review
Review, Tutorial

PMID: 10344175 [PubMed - indexed for MEDLINE]

11: Drug Alcohol Depend. 1998 Jun-Jul;51(1-2):141-53.

Neuroadaptations involved in amphetamine and cocaine addiction.

White FJ, Kalivas PW.

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Publication Types:

Review

PMID: 9716936 [PubMed - indexed for MEDLINE]

12: J Psychol. 1998 Mar;132(2):227-37.

Psychophysiological aspects of amphetamine-methamphetamine abuse.

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Abuse of amphetamines-methamphetamines has increased worldwide. Profiles of abusers, effects of different methods of administration, and research on amphetamine psychosis are reviewed, along with research on psychophysiological mechanisms, addictive potential, and psychotherapeutic strategies.

Publication Types:

Review

PMID: 9529666 [PubMed - indexed for MEDLINE]

**Search Terms:
Amphetamine-Related Disorders/therapy
AND
Randomized Controlled Trials**

1: Arch Gen Psychiatry. 2005 Oct;62(10):1148-56.

Effect of prize-based incentives on outcomes in stimulant abusers in outpatient psychosocial treatment programs: a national drug abuse treatment clinical trials network study.

Petry NM, Peirce JM, Stitzer ML, Blaine J, Roll JM, Cohen A, Obert J, Killeen T, Saladin ME, Cowell M, Kirby KC, Sterling R, Royer-Malvestuto C, Hamilton J, Booth RE, Macdonald M, Liebert M, Rader L, Burns R, DiMaria J, Copersino M, Stabile PQ, Kolodner K, Li R.

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CONTEXT: Contingency management interventions that provide tangible incentives based on objective indicators of drug abstinence are efficacious in improving outcomes in substance abusers, but these treatments have rarely been implemented in community-based settings. **OBJECTIVE:** To evaluate the efficacy of an abstinence-based contingency management intervention as an addition to usual care in community treatment settings. **DESIGN:** Random assignment to usual care or usual care plus abstinence-based incentives for 12 weeks. **SETTING:** Eight community-based outpatient psychosocial drug abuse treatment programs. **PARTICIPANTS:** A total of 415 cocaine or methamphetamine users beginning outpatient substance abuse treatment. **INTERVENTION:** All participants received standard care, and those assigned to the abstinence-based incentive condition also earned chances to win prizes for submitting substance-free urine samples; the chances of winning prizes increased with continuous time abstinent. **MAIN OUTCOME MEASURES:** Retention, counseling attendance, total number of substance-free samples provided, percentage of stimulant- and alcohol-free samples submitted, and longest duration of confirmed stimulant abstinence. **RESULTS:** Participants assigned to the abstinence-based incentive condition remained in treatment for a mean +/- SD of 8.0 +/- 4.2 weeks and attended a mean +/- SD of 19.2 +/- 16.8 counseling sessions compared with 6.9 +/- 4.4 weeks and 15.7 +/- 14.4 sessions for those assigned to the usual care condition ($P < .02$ for all). Participants in the abstinence-based incentive condition also submitted significantly more stimulant- and alcohol-free samples ($P < .001$). The abstinence-based incentive group was significantly more likely to achieve 4, 8, and 12 weeks of continuous abstinence than the control group, with odds ratios of 2.5, 2.7, and 4.5, respectively. However, the percentage of positive samples

submitted was low overall and did not differ between conditions. CONCLUSION: The abstinence-based incentive procedure, which provided a mean of 203 dollars in prizes per participant, was efficacious in improving retention and associated abstinence outcomes.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 16203960 [PubMed - indexed for MEDLINE]

2: *J Subst Abuse Treat.* 2005 Apr;28(3):231-7.

When treatment meets research: clinical perspectives from the CSAT Methamphetamine Treatment Project.

Obert JL, Brown AH, Zweben J, Christian D, Delmhorst J, Minsky S, Morrisey P, Vandersloot D, Weiner A.

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Integrating research-based treatments into clinical settings has become a priority in the substance abuse treatment field. This article examines the introduction of research, via manualized treatment (i.e., the Matrix Model), into community treatment settings that participated in the Center for Substance Abuse Treatment Methamphetamine Treatment Project, a multi-site randomized controlled trial (RCT) that provided free treatment to 1016 methamphetamine-dependent individuals. With both empirical (qualitative) and anecdotal data from those involved clinically in the project, the article utilizes the framework of practitioner concerns set forth by Addis, Wade, and Hatgis (1999) to assess the issues realized during the implementation of this manualized treatment. Despite fairly smooth implementation of the model, the authors conclude that introducing manualized treatment in the context of an RCT may not be the best way to bring research-based treatment into the practice world.

PMID: 15857723 [PubMed - indexed for MEDLINE]

3: *Drug Alcohol Depend.* 2005 May 9;78(2):125-34. Epub 2004 Nov 28.

Behavioral treatment approaches for methamphetamine dependence and HIV-related sexual risk behaviors among urban gay and bisexual men.

Shoptaw S, Reback CJ, Peck JA, Yang X, Rotheram-Fuller E, Larkins S, Veniegas RC, Freese TE, Hucks-Ortiz C.

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BACKGROUND: Methamphetamine-dependent gay and bisexual men (GBM) are at high risk for HIV transmission, largely due to drug-associated sexual risk behaviors. This project evaluated the efficacy of four behavioral drug abuse treatments for reducing methamphetamine use and sexual risk behaviors among this population. **METHODS:** In this randomized controlled trial, 162 methamphetamine-dependent (SCID-verified) GBM in Los Angeles County were randomly assigned to one of four treatment conditions for 16 weeks: standard cognitive behavioral therapy (CBT, n=40), contingency management (CM, n=42), combined cognitive behavioral therapy and contingency management (CBT+CM, n=40), and a culturally tailored cognitive behavioral therapy (GCBT, n=40). Stimulant use was assessed thrice-weekly during treatment using urine drug screens (48 measures). Sexual risk behaviors were monitored monthly (four measures). Follow-up assessments were conducted at 6 (80.0%) and 12 months (79.9%). **RESULTS:** Statistically significant differences in retention ($F(3,158)=3.78, p<.02$), in longest period of consecutive urine samples negative for methamphetamine metabolites ($F(3,158)=11.80, p<.001$), and in the Treatment Effectiveness Score were observed by condition during treatment ($F(3,158)=7.35, p<.001$) with post hoc analyses showing the CM and CBT+CM conditions to perform better than standard CBT. GEE modeling results showed GCBT significantly reduced unprotected receptive anal intercourse (URAI) during the first 4 weeks of treatment ($X^2=6.75, p<.01$). During treatment between-group differences disappeared at follow-up with overall reductions in outcomes sustained to 1-year. **CONCLUSIONS:** Among high-risk methamphetamine-dependent GBM, drug abuse treatments produced significant reductions in methamphetamine use and sexual risk behaviors. Drug abuse treatments merit consideration as a primary HIV prevention strategy for this population.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 15845315 [PubMed - indexed for MEDLINE]

4: J Urban Health. 2005 Mar;82(1 Suppl 1):i100-8. Epub 2005 Feb 28.

Sustained reductions in drug use and depression symptoms from treatment for drug abuse in methamphetamine-dependent gay and bisexual men.

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Methamphetamine abusers often complain of feelings of depression that can complicate accurately diagnosing these individuals during treatments for

methamphetamine abuse. This article presents an examination of temporal associations between documented methamphetamine use and reported ratings of depression among 162 gay and bisexual male methamphetamine abusers who participated in a 16-week randomized clinical trial of four behavioral therapies for methamphetamine abuse. Methamphetamine use was measured using thrice-weekly urine samples analyzed for drug metabolite. Self-reported depressive symptoms were collected weekly using the Beck Depression Inventory (BDI). At treatment entry, 73.2% of participants rated their depressive symptoms as mild or higher in severity (BDI \geq 10), with 28.5% reporting BDI scores in the moderate to severe range (BDI \geq 19). All participants reported significant decreases in depressive symptoms from baseline through the end of treatment, regardless of treatment condition, HIV status, or mood disorder diagnosis. A mixed regression model showed methamphetamine use for up to 5 days prior to the BDI score strongly predicted depressive symptoms (F1, 968=18.6, P<.0001), while BDI scores had no significant association with subsequent methamphetamine use. Findings show that behavioral methamphetamine abuse treatment yields reductions in methamphetamine use and concomitant depressive symptom ratings that are sustained to 1 year after treatment entry.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 15738315 [PubMed - indexed for MEDLINE]

5: *Addiction*. 2005 Mar;100(3):367-78.

Brief cognitive behavioural interventions for regular amphetamine users: a step in the right direction.

Baker A, Lee NK, Claire M, Lewin TJ, Grant T, Pohlman S, Saunders JB, Kay-Lambkin F, Constable P, Jenner L, Carr VJ.

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AIMS: The present study sought to replicate and extend a small pilot study conducted by Baker, Boggs & Lewin (2001) which demonstrated that brief interventions consisting of motivational interviewing and cognitive-behaviour therapy (CBT) were feasible and associated with better outcomes compared with a control condition. **DESIGN:** Randomized controlled trial (RCT). **SETTING:** Greater Brisbane Region of Queensland and Newcastle, NSW, Australia. **PARTICIPANTS:** The study was conducted among 214 regular amphetamine users. **MEASUREMENTS:** Demographic characteristics, past and present alcohol and other drug use and mental health, treatment, amphetamine-related harms and severity of dependence. **FINDINGS:** The main finding of this study was that there was a significant

increase in the likelihood of abstinence from amphetamines among those receiving two or more treatment sessions. In addition, the number of treatment sessions attended had a significant short-term beneficial effect on level of depression. There were no intervention effects on any other variables (HIV risk-taking, crime, social functioning and health). Overall, there was a marked reduction in amphetamine use among this sample over time and, apart from abstinence rates and short-term effects on depression level, this was not differential by treatment group. Reduction in amphetamine use was accompanied by significant improvements in stage of change, benzodiazepine use, tobacco smoking, polydrug use, injecting risk-taking behaviour, criminal activity level, and psychiatric distress and depression level. **CONCLUSIONS:** A stepped-care approach is recommended. The first step in providing an effective intervention among many regular amphetamine users, particularly those attending non-treatment settings, may include provision of: a structured assessment of amphetamine use and related problems; self-help material; and regular monitoring of amphetamine use and related harms. Regular amphetamine users who present to treatment settings could be offered two sessions of CBT, while people with moderate to severe levels of depression may best be offered four sessions of CBT for amphetamine use from the outset, with further treatment for amphetamine use and/or depression depending on response. Pharmacotherapy and/or longer-term psychotherapy may be suitable for non-responders. An RCT of a stepped-care approach among regular amphetamine users is suggested.

Publication Types:

Clinical Trial

Multicenter Study

Randomized Controlled Trial

PMID: 15733250 [PubMed - indexed for MEDLINE]

6: *Psychopharmacology (Berl)*. 2005 Mar;178(2-3):296-302. Epub 2004 Sep 25.

Effects of isradipine on methamphetamine-induced changes in attentional and perceptual-motor skills of cognition.

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RATIONALE: While the effects of d-amphetamine in increasing performance have been established, there is a paucity of information on the effects of methamphetamine on cognition in drug-naïve subjects, and no published information on the effects of intravenous methamphetamine administration in dependent individuals. The dihydropyridine-class calcium channel antagonist, isradipine, has been posited as a putative treatment to prevent

methamphetamine-associated hypertensive crisis and its sequelae. Yet, isradipine's effects on cognitive performance in methamphetamine-dependent individuals are not known. **OBJECTIVE:** Since individuals whose dependence on methamphetamine is attributable to the need to enhance performance may be loath to take a cognition-impairing medication, even for the treatment of life-threatening hypertensive crisis, it would be important to determine isradipine's effects on performance. **METHODS:** We therefore examined in a blinded, placebo-controlled, crossover design the cognitive effects of low and high doses of intravenous methamphetamine (15 mg and 30 mg, respectively) in both the presence and absence of isradipine. **RESULTS:** Intravenous d-methamphetamine produced dose-dependent increases in attention, concentration, and psychomotor performance. Isradipine, both with and without methamphetamine, had a modest effect to decrease attention. **CONCLUSION:** Our results do not support the further testing of isradipine as a medication for improving the cognitive impairments that have been associated with chronic methamphetamine use.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 15452681 [PubMed - indexed for MEDLINE]

7: *Addiction*. 2004 Jul;99(7):875-84.

Drug use patterns and mental health of regular amphetamine users during a reported 'heroin drought'.

Baker A, Lee NK, Claire M, Lewin TJ, Grant T, Pohlman S, Saunders JB, Kay-Lambkin F, Constable P, Jenner L, Carr VJ.

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Aims: The present study extends the findings of a pilot study conducted among regular amphetamine users in Newcastle, NSW, in 1998. It compares key features between current participants in a state capital city (Brisbane) and a regional city (Newcastle) and between the 1998 and current Newcastle sample. **DESIGN:** Cross-sectional survey. Setting Brisbane and Newcastle, Australia. **PARTICIPANTS:** The survey was conducted among 214 regular amphetamine users within the context of a randomized controlled trial of brief interventions for amphetamine use. **MEASUREMENTS:** Demographic characteristics, past and present alcohol and other drug use and mental health, treatment, amphetamine-related harms and severity of dependence. **FINDINGS:** The main findings were as follows: (i). the rate of mental health problems was high among regular amphetamine users and these problems commonly emerged after commencement of regular amphetamine use; (ii). there were regional differences in drug use with greater accessibility to a wider range of

drugs in a state capital city and greater levels of injecting risk-taking behaviour outside the capital city environment; and (iii). there was a significant increase in level of amphetamine use and percentage of alcohol users, a trend for a higher level of amphetamine dependence and a significant reduction in the percentage of people using heroin and benzodiazepines among the 2002 Newcastle cohort compared to the 1998 cohort. **CONCLUSIONS:** Further longitudinal research is needed to elucidate transitions from one drug type to another and from recreational to injecting and regular use and the relationship between drug use and mental health in prospective studies among users. **IMPLICATIONS:** Intervention research should evaluate the effectiveness of interventions aimed at: preventing transition to injecting and regular use of amphetamines; toward reducing levels of depression among amphetamine users and interventions among people with severe psychopathology and personality disorders; and toward reducing the prevalence of tobacco dependence among amphetamine users.

PMID: 15200583 [PubMed - indexed for MEDLINE]

8: *Addiction*. 2004 Jun;99(6):708-17.

A multi-site comparison of psychosocial approaches for the treatment of methamphetamine dependence.

Rawson RA, Marinelli-Casey P, Anglin MD, Dickow A, Frazier Y, Gallagher C, Galloway GP, Herrell J, Huber A, McCann MJ, Obert J, Pennell S, Reiber C, Vandersloot D, Zweben J; Methamphetamine Treatment Project Corporate Authors.

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AIMS: The Center for Substance Abuse Treatment (CSAT) Methamphetamine Treatment Project (MTP) is the largest randomized clinical trial of treatments for methamphetamine (MA) dependence to date. The objective of the study was to compare the Matrix Model, a manualized treatment method, with treatment-as-usual (TAU) in eight community out-patient settings in the Western United States.

DESIGN: Over an 18-month period between 1999 and 2001, 978 treatment-seeking, MA-dependent people were randomly assigned to receive either TAU at each site or a manualized 16-week treatment (Matrix Model). **SETTING:** The study was conducted as an eight-site out-patient trial, with six sites located in California and one each in Montana and Hawaii. **FINDINGS:** In the overall sample, and in the majority of sites, those who were assigned to Matrix treatment attended more clinical sessions, stayed in treatment longer, provided more MA-free urine samples during the treatment period and had longer periods of MA abstinence than those assigned to receive TAU. Measures of drug use and functioning collected at treatment discharge and 6 months post-admission indicate significant improvement by participants in all sites and conditions when compared to baseline levels, but

the superiority of the Matrix approach did not persist at these two timepoints.
CONCLUSIONS: Study results demonstrate a significant initial step in documenting the efficacy of the Matrix approach. Although the superiority of the Matrix approach over TAU was not maintained at the post-treatment timepoints, the in-treatment benefit is an important demonstration of empirical support for this psychosocial treatment approach.

Publication Types:

Clinical Trial
Multicenter Study
Randomized Controlled Trial

PMID: 15139869 [PubMed - indexed for MEDLINE]

9: *Am J Addict.* 2003 Oct-Dec;12(5):377-85.

Abuse and violence history of men and women in treatment for methamphetamine dependence.

Cohen JB, Dickow A, Horner K, Zweben JE, Balabis J, Vandersloot D, Reiber C; Methamphetamine Treatment Project.

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The Methamphetamine Treatment Project offers the opportunity to examine the history of abuse and violence in a sample of 1016 methamphetamine users participating in a multisite study between 1999-2001. Reporting of abuse and violence was extensive, with 80% of women reporting abuse or violence from a partner. Men were more likely to report experiencing violence from friends and others. A high percentage of study participants reported a variety of threatening or coercive experiences with their partners. Past and current interpersonal violence is a characteristic of the lifestyles of the majority entering treatment for methamphetamine dependence.

Publication Types:

Clinical Trial
Multicenter Study
Randomized Controlled Trial

PMID: 14660152 [PubMed - indexed for MEDLINE]

10: *J Clin Psychopharmacol.* 2003 Aug;23(4):384-8.

Cocaine and amphetamine use in patients with psychiatric illness: a randomized trial of typical antipsychotic continuation or discontinuation.

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Animal studies indicate that typical antipsychotics (neuroleptics) increase cocaine and amphetamine self-administration. Patients with psychiatric illnesses have high rates of substance abuse and frequently receive chronic typical antipsychotic therapy. This open, pilot study examined the effect of typical antipsychotic discontinuation on cocaine and amphetamine use in patients with psychiatric illnesses. Twenty-four evaluable outpatients were randomized to continue (n = 12) or discontinue (n = 12) chronic typical antipsychotic therapy. The atypical antipsychotic quetiapine was instituted, when necessary, for psychosis in the discontinuation group (n = 8). Participants were assessed weekly over 12 weeks with measures of psychiatric symptoms, drug use, and drug craving. Those discontinuing typical antipsychotics (n = 12) had significant reductions in drug craving compared with those continuing typical antipsychotics. No significant between-group differences in drug use were found. Typical antipsychotic discontinuation combined with a quetiapine switch for those with psychotic symptoms was associated with reduced drug craving. Definitive trials of typical antipsychotic discontinuation in dual-diagnosis patients are warranted.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 12920415 [PubMed - indexed for MEDLINE]

11: *Addiction*. 2001 Sep;96(9):1289-96.

Pilot randomized controlled study of dexamphetamine substitution for amphetamine dependence.

Shearer J, Wodak A, Mattick RP, Van Beek I, Lewis J, Hall W, Dolan K.

National Drug and Alcohol Research Centre, University of New South Wales, Sydney, New South Wales, Australia.

AIMS: To test the feasibility of conducting a definitive randomized controlled trial of dexamphetamine substitution for amphetamine dependent people and provide preliminary data. DESIGN: An open, two-group pre-post randomized controlled trial. PARTICIPANTS: Forty-one long-term, dependent amphetamine users seeking treatment. INTERVENTION: Twenty subjects were offered weekly counselling. Twenty-one subjects were, in addition, prescribed up to 60 mg

dexamphetamine daily. MEASUREMENTS: Immunoassay and mass spectrometric urinalysis techniques were used to identify the presence of amphetamine and methylamphetamine in urine. The Opiate Treatment Index and Severity of Dependence Scale were used to collect pre- and post-self-report data. Subjects were screened using the Composite International Diagnostic Interview. FINDINGS: Reduced street amphetamine use and amphetamine dependence was observed both in subjects prescribed dexamphetamine and subjects receiving counselling only. Treatment subjects appeared more likely to attend counselling. CONCLUSIONS: A definitive randomized controlled trial of dexamphetamine substitution using the techniques and instruments piloted in this study is feasible. Users appeared to be attracted and retained in substitution treatment. The intervention also appeared to be acceptable to clinicians.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 11672493 [PubMed - indexed for MEDLINE]

12: *Addiction*. 2001 Sep;96(9):1279-87.

Comment in:

Addiction. 2001 Oct;96(10):1511-2.

Randomized controlled trial of brief cognitive-behavioural interventions among regular users of amphetamine.

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AIMS: To identify whether brief cognitive-behavioural interventions are feasible among regular users of amphetamine, to assess the effectiveness of intervention overall and to pilot two- and four-session interventions. DESIGN: Subjects were assigned randomly to individually receive a cognitive-behavioural intervention (n = 32) of either two or four sessions' duration or a self-help booklet (control condition; n = 32). SETTING: Subjects were volunteers recruited from needle exchange schemes and treatment centres in Newcastle, Australia. PARTICIPANTS: Regular (at least monthly) users of amphetamine were recruited. INTERVENTION: Either four sessions of cognitive-behaviour therapy, consisting of a motivational interview and skills training in avoidance of high-risk situations, coping with craving and relapse prevention, or two sessions consisting of a motivational interview and discussion of skills. MEASUREMENTS: The Opiate Treatment Index was the main measure at pre-treatment and 6-month follow-up. FINDINGS: There was a significant reduction in amphetamine use among

the sample as a whole, with inconclusive differences between intervention subgroups. There was a moderate overall intervention effect, with the intervention group reporting over twice the reduction in daily amphetamine use as the control group. Significantly more people in the cognitive-behavioural intervention condition abstained from amphetamine at 6-month follow-up compared to the control condition. **CONCLUSION:** Brief cognitive-behavioural interventions appear feasible among regular users of amphetamine. A larger randomised controlled trial of the effectiveness of such interventions appears warranted.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 11672492 [PubMed - indexed for MEDLINE]

**Search Terms:
Substance Abuse Treatment Programs
And
Amphetamine-Related Disorders**

1: Arch Gen Psychiatry. 2005 Oct;62(10):1148-56.

Effect of prize-based incentives on outcomes in stimulant abusers in outpatient psychosocial treatment programs: a national drug abuse treatment clinical trials network study.

Petry NM, Peirce JM, Stitzer ML, Blaine J, Roll JM, Cohen A, Obert J, Killeen T, Saladin ME, Cowell M, Kirby KC, Sterling R, Royer-Malvestuto C, Hamilton J, Booth RE, Macdonald M, Liebert M, Rader L, Burns R, DiMaria J, Copersino M, Stabile PQ, Kolodner K, Li R.

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CONTEXT: Contingency management interventions that provide tangible incentives based on objective indicators of drug abstinence are efficacious in improving outcomes in substance abusers, but these treatments have rarely been implemented in community-based settings. **OBJECTIVE:** To evaluate the efficacy of an abstinence-based contingency management intervention as an addition to usual care in community treatment settings. **DESIGN:** Random assignment to usual care or usual care plus abstinence-based incentives for 12 weeks. **SETTING:** Eight community-based outpatient psychosocial drug abuse treatment programs. **PARTICIPANTS:** A total of 415 cocaine or methamphetamine users beginning outpatient substance abuse treatment. **INTERVENTION:** All participants received standard care, and those assigned to the abstinence-based incentive condition also earned chances to win prizes for submitting substance-free urine samples;

the chances of winning prizes increased with continuous time abstinent. **MAIN OUTCOME MEASURES:** Retention, counseling attendance, total number of substance-free samples provided, percentage of stimulant- and alcohol-free samples submitted, and longest duration of confirmed stimulant abstinence. **RESULTS:** Participants assigned to the abstinence-based incentive condition remained in treatment for a mean \pm SD of 8.0 \pm 4.2 weeks and attended a mean \pm SD of 19.2 \pm 16.8 counseling sessions compared with 6.9 \pm 4.4 weeks and 15.7 \pm 14.4 sessions for those assigned to the usual care condition ($P < .02$ for all). Participants in the abstinence-based incentive condition also submitted significantly more stimulant- and alcohol-free samples ($P < .001$). The abstinence-based incentive group was significantly more likely to achieve 4, 8, and 12 weeks of continuous abstinence than the control group, with odds ratios of 2.5, 2.7, and 4.5, respectively. However, the percentage of positive samples submitted was low overall and did not differ between conditions. **CONCLUSION:** The abstinence-based incentive procedure, which provided a mean of 203 dollars in prizes per participant, was efficacious in improving retention and associated abstinence outcomes.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 16203960 [PubMed - indexed for MEDLINE]

2: J Subst Abuse Treat. 2005 Apr;28(3):231-7.

When treatment meets research: clinical perspectives from the CSAT Methamphetamine Treatment Project.

Obert JL, Brown AH, Zweben J, Christian D, Delmhorst J, Minsky S, Morrisey P, Vandersloot D, Weiner A.

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Integrating research-based treatments into clinical settings has become a priority in the substance abuse treatment field. This article examines the introduction of research, via manualized treatment (i.e., the Matrix Model), into community treatment settings that participated in the Center for Substance Abuse Treatment Methamphetamine Treatment Project, a multi-site randomized controlled trial (RCT) that provided free treatment to 1016 methamphetamine-dependent individuals. With both empirical (qualitative) and anecdotal data from those involved clinically in the project, the article utilizes the framework of practitioner concerns set forth by Addis, Wade, and Hatgis (1999) to assess the issues realized during the implementation of this manualized treatment. Despite fairly smooth implementation of the model, the authors conclude that introducing manualized treatment in the context of an RCT

may not be the best way to bring research-based treatment into the practice world.

PMID: 15857723 [PubMed - indexed for MEDLINE]

3: Drug Alcohol Depend. 2005 May 9;78(2):125-34. Epub 2004 Nov 28.

Behavioral treatment approaches for methamphetamine dependence and HIV-related sexual risk behaviors among urban gay and bisexual men.

Shoptaw S, Reback CJ, Peck JA, Yang X, Rotheram-Fuller E, Larkins S, Veniegas RC, Freese TE, Hucks-Ortiz C.

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BACKGROUND: Methamphetamine-dependent gay and bisexual men (GBM) are at high risk for HIV transmission, largely due to drug-associated sexual risk behaviors. This project evaluated the efficacy of four behavioral drug abuse treatments for reducing methamphetamine use and sexual risk behaviors among this population. **METHODS:** In this randomized controlled trial, 162 methamphetamine-dependent (SCID-verified) GBM in Los Angeles County were randomly assigned to one of four treatment conditions for 16 weeks: standard cognitive behavioral therapy (CBT, n=40), contingency management (CM, n=42), combined cognitive behavioral therapy and contingency management (CBT+CM, n=40), and a culturally tailored cognitive behavioral therapy (GCBT, n=40). Stimulant use was assessed thrice-weekly during treatment using urine drug screens (48 measures). Sexual risk behaviors were monitored monthly (four measures). Follow-up assessments were conducted at 6 (80.0%) and 12 months (79.9%). **RESULTS:** Statistically significant differences in retention ($F(3,158)=3.78, p<.02$), in longest period of consecutive urine samples negative for methamphetamine metabolites ($F(3,158)=11.80, p<.001$), and in the Treatment Effectiveness Score were observed by condition during treatment ($F(3,158)=7.35, p<.001$) with post hoc analyses showing the CM and CBT+CM conditions to perform better than standard CBT. GEE modeling results showed GCBT significantly reduced unprotected receptive anal intercourse (URAI) during the first 4 weeks of treatment ($X^2=6.75, p<.01$). During treatment between-group differences disappeared at follow-up with overall reductions in outcomes sustained to 1-year. **CONCLUSIONS:** Among high-risk methamphetamine-dependent GBM, drug abuse treatments produced significant reductions in methamphetamine use and sexual risk behaviors. Drug abuse treatments merit consideration as a primary HIV prevention strategy for this population.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 15845315 [PubMed - indexed for MEDLINE]

4: Arch Gen Psychiatry. 2005 Apr;62(4):444-52.

Methamphetamine users in sustained abstinence: a proton magnetic resonance spectroscopy study.

Nordahl TE, Salo R, Natsuaki Y, Galloway GP, Waters C, Moore CD, Kile S, Buonocore MH.

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BACKGROUND: Abnormal patterns of metabolite levels have been detected by magnetic resonance spectroscopy in frontostriatal regions of individuals meeting DSM-IV criteria for methamphetamine dependence, but less is known about the effects of drug abstinence on metabolite levels. **OBJECTIVE:** To assess the effects of long-term methamphetamine use and drug abstinence on brain metabolite levels. **DESIGN:** To assess regional specific metabolite levels using magnetic resonance spectroscopy imaging techniques in 2 groups of currently abstinent methamphetamine users: methamphetamine users who recently initiated abstinence and methamphetamine users who had initiated abstinence more than 1 year prior to study. **SETTING:** Participants were recruited from outpatient substance abuse treatment centers. **PARTICIPANTS:** Eight methamphetamine users with sustained abstinence (1 year to 5 years) and 16 recently abstinent methamphetamine users (1 month to 6 months) were compared with 13 healthy, non-substance-using controls. **MAIN OUTCOME MEASURES:** Magnetic resonance spectroscopy measures of N-acetylaspartate-creatine and phosphocreatine (NAA/Cr), choline-creatine and phosphocreatine (Cho/Cr), and choline-N-acetylaspartate (Cho/NAA) ratios were obtained in the anterior cingulate cortex as well as in the primary visual cortex, which served as a control region. **RESULTS:** The absolute values of Cr did not differ between controls and methamphetamine users. Methamphetamine users had abnormally low NAA/Cr levels within the anterior cingulate cortex, regardless of the time spent abstinent ($F(2,34) = 12.61; P < .001$). No NAA/Cr group differences were observed in the primary visual cortex ($F(2,33) = 0.29; P = .75$). The Cho/NAA values for the anterior cingulate cortex were abnormally high in the methamphetamine users who recently initiated abstinence but followed a normal pattern in the methamphetamine users who had initiated abstinence more than 1 year prior to study ($F(2,34) = 7.31; P = .002$). **CONCLUSIONS:** The relative choline normalization across periods of abstinence suggests that following cessation of methamphetamine use, adaptive changes occur, which might contribute to some degree of normalization of neuronal structure and function in the anterior cingulum. More research is needed to elucidate the mechanisms underlying these adaptive changes.

PMID: 15809412 [PubMed - indexed for MEDLINE]

5: *Psychiatry Clin Neurosci.* 2005 Feb;59(1):77-82.

Relapse antecedents for methamphetamine use and related factors in Taiwanese adolescents.

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The purpose of the present study was to identify the relapse antecedents for methamphetamine (MAMP) use in Taiwanese youth, and to examine the relationships between attribution of these antecedents, demographic variables, psychiatric disorders, characteristics of MAMP use, attitudes toward MAMP use, and personality. A total of 60 Taiwanese adolescents who had previously experienced MAMP relapse were studied. Their relapse antecedents for MAMP use were evaluated using the Questionnaire for Relapse Antecedents of Methamphetamine Use. Their psychiatric disorders were also assessed. The relationships among the relapse antecedents of MAMP use, demographic variables, MAMP-use characteristics, psychiatric disorders, attitudes toward MAMP use and personality were analyzed. The results of the analysis reveal that social pressure to use MAMP was the leading antecedent of relapse. Social adaptation, emotional stability, and education level were the factors that influenced adolescents' attributions of relapse antecedents for MAMP use. However, psychiatric disorder status and attitudes toward MAMP use were not related to any of the relapse antecedents. The results indicate that multiple factors influenced adolescents' attributions of relapse antecedents for MAMP use, and may serve as a basis for construction of models for teaching adolescents to manage the antecedents and reduce the risk of relapse of MAMP use.

PMID: 15679544 [PubMed - indexed for MEDLINE]

6: *J Psychiatry Neurosci.* 2004 Nov;29(6):452-7.

Potential benefits of quetiapine in the treatment of substance dependence disorders.

Free Full Text: <http://www.cma.ca/multimedia/staticContent/HTML/N0/12/jpn/vol-29/issue-6/pdf/pg452.pdf>

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OBJECTIVE: Some antipsychotic medications prescribed for the treatment of

psychoses, mood disorders or post-traumatic stress disorder in patients with coexisting substance dependence disorders (SDD) have reduced substance dependence. We studied the potential benefits of quetiapine in the treatment of SDD. **METHODS:** We conducted a retrospective chart review of data for 9 patients who were admitted to a 28-day residential rehabilitation program designed for individuals with SDD during a 3-month period from January 2003 through March 2003 and treated with quetiapine for nonpsychotic anxiety. These patients also met the Diagnostic and Statistical Manual of Mental Disorders, fourth edition, criteria for alcohol, cocaine and/or methamphetamine dependence and substance-induced anxiety disorder. The patients were assessed using the Hamilton-D Rating Scale for Depression (Ham-D), a 10-point Likert scale to measure alcohol or drug cravings, and random Breathalyzer and urine drug screens. **RESULTS:** Quetiapine was generally well tolerated. Only 1 of the 9 patients stopped taking the medication because of increased anxiety. Other patients reported improvement in sleep and anxiety. The mean decrease in Ham-D score at discharge for the responders was 18.5 ($p < 0.005$). The biggest decreases on the Ham-D occurred on the subscales of insomnia, agitation, somatic anxiety, psychologic anxiety, hypochondriasis and obsessional symptoms. The mean decrease in the Likert 10-point craving scale was 5.9 for the responders ($p < 0.005$). These patients' periodic Breathalyzer and urine test results suggested that they remained abstinent from alcohol and other drug use. **CONCLUSION:** Quetiapine was beneficial in the treatment of SDD in patients with nonpsychotic anxiety.

PMID: 15644986 [PubMed - indexed for MEDLINE]

7: *Int J STD AIDS*. 2004 Oct;15(10):697-704.

Methamphetamine users in northern Thailand: changing demographics and risks for HIV and STD among treatment-seeking substance abusers.

Beyrer C, Razak MH, Jittiwutikarn J, Suriyanon V, Vongchak T, Srirak N, Kawichai S, Tovanabutra S, Rungruengthanakit K, Sawanpanyalert P, Sripaipan T, Celentano DD.

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Our objective was to determine sociodemographic, sexual and drug-use-related risk factors among methamphetamine (MA) users presenting for drug treatment in northern Thailand. Patients admitted for drug detoxification for MA and other drugs were studied cross-sectionally for risk factors associated with substance abuse and blood-borne and sexually transmitted pathogens. In all, 1865 (200 women) patients treated for MA, opiate, and mixed substance abuse between 1 February 1999 and 31 January 2000 completed all study procedures. Among 1865

participants, 750 (40.2%) were admitted for MA detoxification and 1115 (59.8%) for opiate (heroin, opium, or both) treatment. MA users were significantly younger, better educated, more likely to be Thai than highland ethnic minorities, and had significantly different sexual risks and sexually transmitted disease rates, including lower syphilis seropositivity and higher chlamydial prevalence, than persons admitted for opiate or mixed drug treatment. For those who reported MA use only, use by injection was rare and HIV infections significantly less common than among all other drug users. Thailand is undergoing an epidemic of MA use. These young users are a strikingly different population from opiate/heroin users in northern Thailand. MA users had higher rates of chlamydia infection than opiate users, reflecting their young age, and HIV rates in this population were lower than injecting drug users, but still elevated. MA use is a serious public health problem in Thailand and both improved prevention and treatment methodologies are urgently needed.

PMID: 15479508 [PubMed - indexed for MEDLINE]

8: *Am J Addict.* 2004 Jul-Sep;13(4):381-9.

Methylphenidate and dextroamphetamine abuse in substance-abusing adolescents.

Williams RJ, Goodale LA, Shay-Fiddler MA, Gloster SP, Chang SY.

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The prevalence of methylphenidate and dextroamphetamine misuse and abuse was examined in 450 adolescents referred for substance abuse treatment. Twenty three percent reported nonmedical use of these substances and six percent were diagnosed as methylphenidate or dextroamphetamine abusers. Abuse was more common in individuals who were out of school and had an eating disorder.

Methylphenidate and dextroamphetamine abuse appears to be much less common than abuse of most other substances. It does occur, however, and parents and schools need to exert greater control over the dispensing of these medications.

Physicians are advised to prescribe non-stimulant medications (eg, bupropion) when treating attention deficit hyperactivity disorder in substance-abusing individuals.

PMID: 15370936 [PubMed - indexed for MEDLINE]

9: *Addiction.* 2004 Jan;99(1):53-60.

Mortality in a cohort of opiate and amphetamine users in Perth, Western Australia.

Bartu A, Freeman NC, Gawthorne GS, Codde JP, Holman CD.

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AIMS: This study compares the hazard of death among opiate and amphetamine using clients who accessed drug treatment with individuals who had no specialist treatment contact between 1985 and 1998. **DESIGN, SETTING, PARTICIPANTS:** This was a retrospective cohort study of 4280 drug-using individuals (2887 opiate users, 1393 amphetamine users) admitted to Perth metropolitan hospitals or Perth psychiatric institutions between 1985 and 1998. Of these, 1469 attended Next Step Specialist Drug and Alcohol Services (928 received methadone and 541 attended counselling or support groups) and 2811 had no contact with this service. **METHODS:** Data from two drug treatment programmes were linked with hospital morbidity, psychiatric services and the mortality database using record linkage. **FINDINGS:** The results show that people who were currently in drug treatment had a lower hazard of death compared with non-clients and those who had ceased treatment. Those who had ceased treatment more than 6 months ago had 7.0 times the hazard of all-cause death and 8.4 times the hazard of drug-cause death. Opiate users were at 1.4 times the hazard of all-cause death and 2.4 times the hazard of drug-cause death compared with amphetamine users. Males were at 1.79 times the hazard of all-cause death and, unexpectedly, were found to be at 2.69 times the hazard of drug-cause death compared with females. **CONCLUSIONS:** Treatment protected clients from premature death compared with people who did not receive treatment and also those who ceased treatment. While amphetamine users had a lower risk of mortality compared with opiate users, the full extent of the relationship between amphetamine use and mortality needs to be examined further.

Publication Types:
Multicenter Study

PMID: 14678062 [PubMed - indexed for MEDLINE]

10: J Psychoactive Drugs. 2003 May;35 Suppl 1:161-8.

Psychiatric and substance dependence comorbidities, sexually transmitted diseases, and risk behaviors among methamphetamine-dependent gay and bisexual men seeking outpatient drug abuse treatment.

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This article describes psychiatric and substance dependence comorbidities, lifetime rates of infectious disease, and reported high-risk sexual behaviors

for methamphetamine-dependent, gay and bisexual men at entry to outpatient drug abuse treatment in Los Angeles. Participants' self-reports of high-risk sexual and drug use behaviors and of history of infectious disease status were correlated with diagnostic information from 155 Structured Clinical Interviews for the DSM-IV (SCID). A total of 82 participants met criteria for lifetime depressive disorders; 44 participants met criteria for lifetime anxiety disorders. Compared to those without psychiatric diagnoses, significant differences were observed in lifetime prevalence of sexually transmitted infections among those who have generalized anxiety disorder (higher rates of genital gonorrhea), specific phobia and major depressive disorder (higher rates of oral gonorrhea), social phobia (higher rates of syphilis) and bipolar disorder, type I (higher rates of HIV). Differences in infectious disease prevalence did not correspond to significantly different rates of high-risk sexual behaviors. Findings indicate that gay and bisexual men seeking outpatient treatment for methamphetamine dependence are likely to experience psychiatric comorbidity and to have high rates of infectious disease, including HIV, syphilis and gonorrhea.

PMID: 12825759 [PubMed - indexed for MEDLINE]

11: *Am J Drug Alcohol Abuse*. 2003;29(1):75-104.

Self-reported health status among treated methamphetamine users.

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Very little research has examined how drug abuse is related to general health status over the long term among both young and middle-aged adults. In this article, we investigate how self-reported health status is related to prolonged methamphetamine (MA) use in a diverse sample of MA users from ages 18 to 52 who have been treated for drug abuse in Los Angeles County. Using retrospective data, we investigate how prolonged MA use within younger and older age groups is related to two self-reported measures of current health status: the presence of a health condition that began after starting illegal drug use, and overall health. We control for the effects of drug use history, social and demographic factors, and other early experiences (e.g., early sexual abuse) that might be obstacles to achieving good health later in life. We find that having a current health condition is predicted by greater age and by more prolonged MA use, especially among younger people. Early sexual abuse predicts both measures of poor health. Current health status is predicted by several measures of drug use history and early experiences, but by fewer social and demographic factors. The results suggest that reduction of MA use among younger people is important in promoting their later health and that MA treatment services could be improved by

a greater understanding of how early experiences influence later health.

PMID: 12731682 [PubMed - indexed for MEDLINE]

12: *Subst Use Misuse*. 2003 Jan;38(1):141-50.

Juvenile drug offenders who use amphetamine recommitted to a remand center: the role of psychiatric morbidity.

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One hundred consecutive juvenile drug offenders with amphetamine use in a remand center were assessed for extent of substance use and psychiatric morbidity by a psychiatrist from 1998 to 1999. They were monitored for one year after discharge. The "risk" of being recommitted to the remand center against use of various drugs and psychiatric morbidity was determined. Amphetamine-use disorder was more prevalent in those who were recommitted than those who were not, while no significant difference was found with licit substances, psychiatric morbidity, or the number of substances used between these two groups. In view of the high dependency properties of amphetamine, early intervention is suggested to prevent reuse.

PMID: 12602811 [PubMed - indexed for MEDLINE]

13: *J Addict Dis*. 2002;21(1):91-105.

Patient characteristics, HIV serostatus, and risk behaviors among gay and bisexual males seeking treatment for methamphetamine abuse and dependence in Los Angeles.

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Methamphetamine, a drug used at alarming rates among gay/bisexual males in the West, is often combined with sexual activities, thereby increasing HIV-related risks in an already high-risk group. Findings from 68 gay/bisexual men seeking treatment for methamphetamine dependence in Hollywood, California were analyzed to predict HIV serostatus based on demographic, drug use, or sexual behavior variables. Results showed that more HIV-infected participants than non-infected men reported medical problems (97.6% versus 46.2%; $X^2 = 24.7$, $df = 1$, $p < .0001$), histories of genital gonorrhea (59.5% versus 26.9%; $X^2 = 6.9$, $df = 1$, $p < .01$), use of injection methods (45.2% versus 19.2%; $X^2 = 4.8$, $df = 1$, $p <$

.03), and more sexual partners with unprotected receptive anal intercourse in the 30 days prior to intake (5.9 versus 0.7; separate $t = 3.5$, $df = 43.7$, $p < .001$). More non-infected participants (19.2%) reported suicidal thoughts than HIV-infected men (0%; $X^2 = 4.8$, $df = 1$, $p < .03$). Discriminant function analysis correctly classified 74.6% of cases into serostatus groupings based on presence of suicidal thoughts, history of gonorrhea, number of sexual partners with unprotected receptive anal intercourse and prior methamphetamine treatment. Findings provide information that may prove helpful in tailoring culturally relevant treatment and prevention messages.

Publication Types:

Case Reports

PMID: 11831503 [PubMed - indexed for MEDLINE]

14: *J Addict Dis.* 2002;21(1):45-60.

Use ecology and drug use motivations of methamphetamine users admitted to substance abuse treatment facilities in Los Angeles: an emerging profile.

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Who are methamphetamine (MA) users and what are the circumstances that surround their drug use? This article provides a foundation for future ethnographic studies and collaborative clinician-researcher assessments of MA use by describing use ecology and drug use motivation for 260 MA users admitted to treatment at public Los Angeles County facilities in 1996. Use ecology data include MA varieties and street names, first introductions to use, drug use histories, access, selling and manufacturing, routes of administration, unwanted results of use, and participants' use behavior in the year before the 1996 treatment. Use motivation data describe clients using MA as a substitute for other stimulants; to cope with mental distress; to stay awake; to enhance sexual experience; and to lose weight. Qualitative case studies illustrate the findings and demonstrate the complex inter-relations of society, culture, psyche and soma shaping MA use over time.

Publication Types:

Case Reports

PMID: 11831499 [PubMed - indexed for MEDLINE]

15: *J Addict Dis.* 2002;21(1):107-19.

Status of methamphetamine users 2-5 years after outpatient treatment.

Rawson RA, Huber A, Brethen P, Obert J, Gulati V, Shoptaw S, Ling W.

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Increasing numbers of methamphetamine users sought treatment during the decade of the 1990s. Little is known about the post treatment status of methamphetamine users who enter treatment. The data presented in this paper describe the outcome status of a group of a convenience sample of 114 methamphetamine users from a total group of 500 methamphetamine users who were treated 2-5 years prior to a follow up interview. Since the sample was not randomly selected, no specific treatment outcome attribution is possible. Methamphetamine use and other drug use of the follow up sample was substantially reduced from pretreatment levels. In general, the follow up status of the sample was much improved as compared to before treatment. However, headaches and depression were reported at a similar rate at follow up as had been reported at treatment admission.

PMID: 11831496 [PubMed - indexed for MEDLINE]

16: Alcohol Clin Exp Res. 1999 Nov;23(11):1772-9.

Impact of a stimulant-focused enhanced program on the outcome of alcohol- and/or stimulant-dependent men.

Smith TL, Volpe FR, Hashima JN, Schuckit MA.

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BACKGROUND: The approaches to the treatment of most forms of substance dependence are similar. It is not clear whether specific treatment components need to be added to address specific substances. This study asks two questions: What is the impact of a more intense drug treatment program, and do different substance problems require different treatment interventions? **METHODS:** The 383 veterans included in this study represent two groups of consecutive inpatient male admissions with current alcohol dependence and/or dependence on amphetamines or cocaine at the inpatient Alcohol and Drug Treatment Program of the Veterans Affairs San Diego Healthcare System. All were interviewed at intake by trained interviewers using a standardized semistructured assessment instrument, and a resource person interview also was conducted with 85% of them. The first group of men received the Standard Treatment Program (STP), whereas the second group received the Enhanced Treatment Program (ETP). The latter included an addition of 10 hr per week of intense treatment aimed at stimulants, including two newly developed manual-driven groups (Relapse Prevention and Interpersonal Counseling), each of which met twice a week. **RESULTS:** The patient follow-up was 92% at 3 months and 83% at 12 months. Abstinence from substances

of abuse for ETP and STP were 63% vs. 49% at 3 months and 43% vs. 24% at 12 months. Logistic regressions demonstrated that treatment type continued to predict outcome even in the context of other potentially predictive variables. CONCLUSIONS: Despite the ETP emphasis on stimulants, both alcohol- and stimulant-dependent men appeared to benefit, suggesting a generic improvement in substance use.

PMID: 10591593 [PubMed - indexed for MEDLINE]

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Introduction

It was a pleasure and great experience to be part of the City of Evanston Community Assessment. The tour, meals and hospitality were wonderful. I was amazed to hear about all of the activities the town has for its citizens of all ages throughout the year. Thank you for inviting us to your city.

Theme: Events Center/Fairgrounds/Convention Center

Challenge

The idea of an event center/new fairgrounds/convention center came up repeatedly during the listening sessions. What I heard was the city residents were mainly interested in having a location for activities during the winter months. The center would also serve the citizens in other times of the year however the main concern was during the winter months. The facility would also be designed to host activities to increase travel & tourism dollars to the town. The winters are long and once winter does come, opportunities for recreation/activities besides outdoor winter recreation are very little. Travel to other locations is limited due to the topography surrounding Evanston. In one direction there is a drive through Parley's Canyon to get to Salt Lake. In the other direction there is travel across the Sister's to get to Rock Springs. As residents know well winters can make this impossible to travel.

Recommendation

In order for a community the size of the City of Evanston to achieve the goal of an events center/fairgrounds/convention center it will require partnering. Partners will need to include a wide variety of organizations and government entities that might have an interest in such a facility. A way to complete this is to create a task force of interested individuals representing the different interest groups in the community who would utilize the facility. The task force would then need to come to a consensus on the type of facility needed now and in the future.

Additionally this task force would need to address who would own the facility and does this entity have the ability and interest to run and maintain the facility after it is built? The next step would be to complete a feasibility study and work with possible funders. Possible funding could be accomplished with bonds or capital facility tax. This would need to be a county wide initiative.

Contact Person

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Bear River Project

Challenge

This is a wonderful project for the City of Evanston. I heard over and over again on what a great asset this is to your community. Citizens did want the project completed yesterday.

Recommendation

The citizens need to continue supporting the efforts of the organizers and volunteer their time and expertise to speed the process along.

Contact:

The Bear River Greenway is part of the Better Environment & River Project (B.E.A.R. Project). Planning and fundraising to develop the B.E.A.R. Project is administered by the B.E.A.R. Project Inc., Board of Directors. For information call Board Chairperson Marilee Jackson at 789-1770.

Emergency Management Plan – Flood Control

Challenge

Emergency management is a hard area to get citizens involved and behind before an event happens. The mind set is it won't happen to us. Educating citizens and government officials on what could happen has been hard to imagine in the past. New technology enables planners to demonstrate what could happen if an event like a flood would occur in Evanston. One example of the new technology is LIDAR.

Recommendation

City and county planners look into utilizing LIDAR. LIDAR has been proven to be a faster and more accurate way to develop timely flood inundation and dam breach analyses. Defensible 2-foot contours can be derived that create maps showing safety zones and more accurately depict inundated areas. Structures that may be shown to be safe from inundation using inferior elevation data have in some cases been shown to be inundated using superior LIDAR technology. This is a life and death difference.

Contact Person

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Public Transportation

Challenge

Creating a public transportation system in a community is always a challenge. How does the community meet the requests of all of the citizens needing a public transportation system and how does the community support such a system.

Recommendation

A working group of citizens be formed who represent various groups who currently use the transportation system and those who would if the services were available to them. This group would then brainstorm on what they would like a public transportation to be. The group needs to address who, what, why, where and when. The results of this would then be presented to the city council for assistance in planning as they have a great deal of knowledge to aid in this process. The group would need to understand once the information is presented to the city council their job is not done. The Evanston City Council can support such a project but again it is the citizens' responsibility to follow through.

Contact Person

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Education

Challenge

City of Evanston like many other cities their size observe a need for education on all levels however how do they provide for all the needs. Team members heard from citizens with concerns from early childhood all the way to college/technical school level.

Recommendation

Several things have been tried to accomplish the goal of enhancing education opportunities in Evanston. A committee of interested community parties needs to be established to investigate what opportunities are there. Initially the task force would request copies of any current studies or survey's the community, businesses, schools and government agencies may have completed. This information would assist the committee on what the next step is. Planning on this scale will require assistance from knowledgeable people inside and outside of your community. The process will require a large amount of facilitation to achieve a goal which is in the best interest for the citizens in Evanston.

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EVANSTON LISTENING SESSION RESPONSES

WHAT ARE THE MAJOR PROBLEMS AND CHALLENGES IN EVANSTON?

* indicates an agreement to the comment, one * for each person who agrees

- ◆ Economic diversification, used to be a ranching/state hospital/railroad community, now economy is based on natural resources, need to diversify
- ◆ Lack of affordable housing, elderly community and associated issues
- ◆ Border community, leakage to Utah
- ◆ Maintaining a sustainable workforce due to development growth east of Evanston**
- ◆ Shopping
- ◆ Workforce
- ◆ Methamphetamine problems, as well as other drugs in the community, often coming from Salt Lake City

- ◆ Retaining the youth, the high school students and college graduates
- ◆ Working with the county to manage projects can be a challenge
- ◆ Lack of predictable revenue, have very little ability to set how Evanston derives revenue to operate
- ◆ Construction prices, and labor costs due to growth outside of Evanston
- ◆ How do we recruit younger people involved to keep the good things going in Evanston, we need to engage the youth
- ◆ People move to Evanston for the welfare benefits in Wyoming and the community, it brings salaries down because of welfare
- ◆ Do not market Evanston as a tourist destination, need to improve marketing*
- ◆ Need to increase revenue to do basic maintenance on city
- ◆ Vacant lots, weeds, infrastructure that is in place but never used, from the boom 20 years ago
- ◆ Lost a number of high paying oil jobs, hurt the economy, lost talented people
- ◆ Evanston is one of the only youth drug courts in the state, usually done at a county level, so funding is an issue for Evanston
- ◆ Retirees from the Wasatch front come to Evanston, changing the community
- ◆ Bear River corridor, is pretty, but prior development on the area that created a nuisance and an eyesore, hard to find funding to clean it up
- ◆ Lack of restaurants in Evanston
- ◆ Hazard planning in the community for natural disasters in Evanston, such as an earthquake, and its effects*
- ◆ Lack of a sufficient and trained workforce for future growth
- ◆ Lack of coordination between the city and the county, particularly in economic development
- ◆ Senior citizens coming to Evanston from the Wasatch front is impacting the community will have an impact over the next few years
- ◆ The physicians in the community do not stay, need to find out why
- ◆ Along I-80, so we get transient crime, impacts law enforcement and county jail and the community has to pay for their services particularly healthcare
- ◆ Drugs, particularly methamphetamines**
- ◆ Retention of young people is a problem
- ◆ Lack of cooperation with drug issues in the schools around the area
- ◆ Adequate and affordable housing to attract people, to come and feel proud
- ◆ Well trained adequate workforce is lacking, particularly with continuing education*
- ◆ Involuntary hospitalizations in Evanston due to transient population, high number of mentally ill citizens in the county
- ◆ Communication and cooperation with emergency management among local, state and federal
- ◆ How do we keep the local businesses competitive with large chain stores
- ◆ Ranching communities can get high prices for land, hard to turn down and stay involved in agriculture, many are subdivided with a lack of infrastructure and control
- ◆ Employment for the disabled
- ◆ Difficult to pursue education tracks
- ◆ Workforce issues, tapping into the Hispanic population

- ◆ Tax base is not broad enough, it is focused on just a few areas
- ◆ Difficult for other cultures to integrate into the community
- ◆ Alcohol and drug abuse
- ◆ Career tracks for high school student counseling is difficult, need to be more well connected to the high school kids*
- ◆ Hard to integrate with the school system in Evanston
- ◆ Insufficient clinical resources for substance abuse users
- ◆ Identifying and stopping the manufacture and use of meth in the community
- ◆ Emergency detentions in town, we currently have people coming in on the maximum security unit, it would be nice if there were some local detention centers
- ◆ Housing for low income people is insufficient, need for low income housing for Hispanic people
- ◆ Have a lot staff that really lack some of the life skills to conduct their lives in a financially, organizationally good manner
- ◆ Drugs*****
- ◆ Alcohol
- ◆ Nothing to do, lack of after school activities*****
- ◆ Need larger businesses to revive the community into an economic metropolis
- ◆ Have to go to Salt Lake for fun things to do
- ◆ Nowhere to eat
- ◆ Need fine dining
- ◆ There are a lot of activities, just need more variety of activities****
- ◆ Crack down on illegal immigrants and social welfare
- ◆ Corrupt politics and teachers, preferential to athletes
- ◆ Community isn't in for spending money, too conservative to build more parks and other activities*
- ◆ The City doesn't want Evanston to grow, they don't allow businesses to come in
- ◆ The math department, is not very good
- ◆ Bringing the youth back into the community*
- ◆ Finding activities to keep the youth active*
- ◆ Incentive for youth to stay in the community or come back after schooling or training*
- ◆ Slow economic growth, low paying jobs*
- ◆ Getting kids involved is a challenge in the community*
- ◆ Only about 10% of people volunteer in the community, they do a great job but have* burnout since such a small percentage does so much work*
- ◆ Need more volunteers*
- ◆ Large corporations that come to the community and hurt business for the small, locally owned businesses
- ◆ Funding to keep the great projects going in Evanston*
- ◆ Agree with all
- ◆ Workforce problems in Evanston, lack of qualified applicants
- ◆ Youth, we are raising our kids, then they leave and benefit other communities, they do not have opportunities in Wyoming*
- ◆ Economic development is an issue, Evanston does not have opportunities for the spouse

- ◆ Methamphetamine**
- ◆ Lack of involvement of kids in the community
- ◆ Have to turn kids away, because there are too many kids and not enough space in the programs
- ◆ We need to find an incentive to get people to stay in the state (such as what Alaska does)
- ◆ Keeping what the park system has maintained
- ◆ Parking in the downtown area is limited, no room for customers when the employees park in front of the store
- ◆ Lack of vibrant growth in the community
- ◆ The City is competing against and working against local business
- ◆ Methamphetamine abuse
- ◆ Retain youth
- ◆ Economic development in the community is lacking
- ◆ Lack of growth and opportunities for teens, so they engage in other activities
- ◆ Lack of school training in trades in Evanston
- ◆ Access to health insurance for small business owners is a problem
- ◆ Lack of people who have health insurance
- ◆ Socioeconomic layering of the community, several communities exist within the same space and little interaction between the two*
- ◆ Lack of coordination between city and county*
- ◆ Need to diversify the economy to stay alive
- ◆ The boom and bust economy of Evanston, loss of professional oil offices, thus loss of professional personnel and the energy that they bring to the community*
- ◆ Downtown business closing, concern both historically and economically*
- ◆ Less of an effort is being put toward consensus building lately
- ◆ The sense of community and sense of place is spotty at best right now
- ◆ Apathy on the part of the general population of the community
- ◆ Deep divide between the classes in the community, particularly in the Spanish community
- ◆ Drugs, methamphetamines
- ◆ Underage drinking and driving
- ◆ Littering
- ◆ Fighting
- ◆ Lack of activities after school and on the weekends*
- ◆ Streets aren't plowed on some streets in the wintertime
- ◆ Problem with getting another school of adequate size, we don't have enough room for elementary school kids
- ◆ Sex and drugs programs that kids do, aren't getting the funding and recognition in the community that they deserve
- ◆ Drugs in the high school
- ◆ Lack of things to do in the community*
- ◆ Kids have trouble getting the best education, teachers not qualified enough in math
- ◆ Poor teacher/student relations, students can't go and talk to teachers comfortably
- ◆ Not a big enough place for kids to meet at, need an events center
- ◆ Not very many nice restaurants

- ◆ Teen pregnancy
- ◆ Too many hotels and motels in Evanston, it gives the impression that we are only good for a one night stay
- ◆ Too many gas stations in Evanston
- ◆ Before Evanston brings new businesses in, we need to clean up the empty businesses first to make the community look better
- ◆ All fast food is on one side of town
- ◆ Music department and the choir is declining, the teacher is good, but has a hard time wanting to stay in choir, would like to see violins in the band
- ◆ Need a better bookstore in Evanston
- ◆ The programs do not have even distribution of money, the football team gets more money than anyone else but there are other programs that are way more successful
- ◆ Planning for organizations often has conflicts
- ◆ The justice system is being run by political machines
- ◆ Working with the city is hard when developing land
- ◆ Not as beautiful as I would like it to be, we need more trees, statues and other things
- ◆ People will not go to the hospital here because there is poor service
- ◆ Provide educational resources that are appropriate to attract new businesses/economic development in Evanston
- ◆ Not a very business friendly community, very little recruiting, tax advantage
- ◆ Providing an educated workforce, particularly in healthcare
- ◆ Need for more daycare
- ◆ Find a way to better utilize, the strength that we have in the medical community, to bring the current organizations together
- ◆ More mentally ill and developmentally disable than any other community, it is a challenge to build partnerships fit connect the government, community and hospital together
- ◆ Workforce development is the biggest problem, need to draw specific professionals to the healthcare industry from Wyoming, not other states
- ◆ Not prepared for an aging workforce in Wyoming, do not understand the value of older adults
- ◆ How does state government perceive the rural communities
- ◆ The winters
- ◆ The UW has a policy that if they offer a curriculum that if they offer a curriculum, other university's can't offer the same programs that could supplement Evanston
- ◆ The size of the facilities for the nursing programs
- ◆ Put the rocks in the river, need the funds and finish the development of the park
- ◆ Wyoming's licensing for nurses is an issue, it limits the number of nurses who will come to Wyoming. Lack of reciprocating licenses for nurses, is the issue
- ◆ Substance abuse problems, no organized program for drug rehabilitation
- ◆ Isolation that most professionals still have in this rapid communication world, no connectivity to towns in Wyoming and other states
- ◆ Lack of business recruitment
- ◆ Access to care, lack of insurance and lack of funding, especially with minorities
- ◆ We need to get a victim into low income housing faster

- ◆ Lack of quality childcare and family intervention
- ◆ Substance abuse***
- ◆ Abuse and neglect has increased 30% in Uinta County, so it is difficult to
- ◆ Drug abuse
- ◆ Methamphetamines**
- ◆ Access to services
- ◆ Funding for all of the human service needs
- ◆ Small amount of people doing a lot of the work
- ◆ Apathy in getting involved
- ◆ Public transportation, issues, you have to call 24 hours in advance to make an appointment**
- ◆ Lack of parental support, dysfunctional families
- ◆ Lots of services, partnering to strengthen the services as a group
- ◆ County and city governments do the best that they can, but nothing can be solved as long as meth sucks resources out of the community
- ◆ The haves and the have nots in Evanston
- ◆ So many services available, hard to train the boards of non-profit organizations, lack of board training
- ◆ What is making meth so interesting and seductive to people
- ◆ Lack of medical services for Latino's
- ◆ People who undocumented, so you can't give services to help them
- ◆ Limited options for treatment for meth
- ◆ Undocumented aliens, afraid to come forth and say they have been abused
- ◆ Non-profits do not have an adequate workforce, low salaries, no benefits
- ◆ Loss of the youth
- ◆ Expensive for an interpreter for the Latino population
- ◆ Adjust the perging of the Latino community, a number of Asians that are coming in as well
- ◆ Service sector jobs, trouble offering the secondary jobs at a low wage
- ◆ Lack of education, and a low focus on education, the high is not efficiency at the high school
- ◆ Integrate the community across, social, economic and age of the population, it's a challenge to get investment into the sectors
- ◆ Lack of housing in the community for low income/handicapped
- ◆ The city has really lousy sidewalks, or none at all, in the winter people do not shovel
- ◆ Lack of zoning enforcement, especially in the older part of the town, more proactive measures need to be taken to clean up
- ◆ There is a huge invisible part of the community, and are not integrated into the community at all, discrimination is an issue**
- ◆ People do not participate in the English as a second language classes
- ◆ Economic development downtown
- ◆ Keep working on the downtown
- ◆ Weedy lots are an issue here
- ◆ Diverse interests here, split on religious grounds, between Mormons and non-Mormons
- ◆ Economic Development, lack of overall growth, it isn't happening fast enough****
- ◆ Better representation of politically connected folks to Cheyenne

- ◆ Parking lack of
- ◆ Youth Development
- ◆ Youth Opportunities Unlimited, computer lab?
- ◆ Drug Use
- ◆ Housing, lack of middle income **
- ◆ Increase in vocational trade area *
- ◆ Aging infrastructure, lack of money from State to the communities to assist with refurbishing
- ◆ Lack of available workforce *****
- ◆ Meth Use*
- ◆ Lack of vision, no plan on how we want to bring all of this about. No vision on how to bring it about, change it.
- ◆ Lack of quality education
- ◆ Lack of tobacco and drug use programs in school
- ◆ Finding funding for the roundhouse area
- ◆ Aging population throughout the state...
- ◆ Not being able to keep our youth
- ◆ We are our own worst enemy, by what we tell others about our community
- ◆ Educating folks in the community on services available
- ◆ Development needs to make sure is not in the flood plains, need to make sure that the buildings are earthquake safe
- ◆ Flood inundation for the dam
- ◆ Maintaining businesses in the city and an atmosphere for professional development
- ◆ Youth being educated, then leaving
- ◆ Lack of medical services
- ◆ Many people do not have health insurance, and access to care
- ◆ Lack of a trained workforce
- ◆ Lack of daycare
- ◆ Lack of community support for adult education programs*
- ◆ Need to find jobs and businesses to get kids to come back and live here
- ◆ Youth migration, do not have enough jobs
- ◆ Community college is needed here
- ◆ Need a diversity of different jobs, and the technology to entice people to come to Evanston
- ◆ Lack of healthcare options in Evanston (compared with in Utah)*
- ◆ Lack of physicians and facilities
- ◆ Need more community education programs
- ◆ Lack of a conference center
- ◆ Lack of diversity as far as economic opportunity for jobs
- ◆ Get a wider spectrum of community involved in cultural events, need events to attract more people
- ◆ All of the issues tie into each other
- ◆ Lack of workforce
- ◆ A lot of people on welfare and social security in the community
- ◆ Need more public transportation with extended hours

- ◆ Juvenile suicide, drug use, crime and pregnancy
- ◆ Family dysfunction with the drug use
- ◆ Drug use*
- ◆ Lack of activities for kids*
- ◆ Quality jobs for kids to stay around here
- ◆ Activities for 12 year old kids, we have programs for younger kids, but need more for teenagers*
- ◆ Need more meeting places and places for social events, weddings, etc.
- ◆ 23% dropout rate, highest suicide rate, earliest age use of tobacco, alcohol and drugs
- ◆ Education for law enforcement to people with mental or developmental disabilities
- ◆ Agencies not working together in the county, if people worked better together, it would be more efficient
- ◆ Apathy, as a community as a whole, neighborhood watch is an example they don't stick with it
- ◆ Educating agencies about different culture diversity*
- ◆ Large Hispanic population, but the cultures do not understand each other, need more community programs to interact
- ◆ Small town, know everyone so people can be judgmental and have a lack of cooperation
- ◆ Lack of youth with disabilities connection to the community, need to feel that they are more a part of the community
- ◆ Educate the parents on how to parents in the community, no laws that hold parents responsible for their kids
- ◆ Do not have easy access for people in wheelchairs, can't get into building because they are disabled*
- ◆ Youth in the community, lots of family issues
- ◆ No detention center for juveniles in the western part of the state, have to travel across the state and it is costly
- ◆ Latino community has a lot young teens who go to school and do not understand the language, and there are not classes to teach them
- ◆ Latino parents need to become interested in learning English to help their kids
- ◆ Many Latino parents here work three jobs to make a living and have a hard time getting ahead
- ◆ Repetitive people coming into the police station who tie up the time and do not allow them to help others in need in the community
- ◆ Public transportation needs to be expanded
- ◆ Methamphetamines
- ◆ Drugs and alcohol
- ◆ Lack of economic development in Evanston, the town leaders seem to be making us a tourist area, and there are other assets here to develop
- ◆ Need to bring business in here such as internet sales
- ◆ Close to large areas, so we could possibly have a distribution center here
- ◆ Trying to keep the youth here is a challenge
- ◆ People can have tunnel vision here, even if you are here 25 years you are still not considered a native

- ◆ Lack of communication and coordination for some governmental services and how to deliver them best*
- ◆ The county Salvation Army personnel is not doing the greatest work, often funds run out for this problem
- ◆ Breakdown of communication with the churches in the area to do the best work
- ◆ How do we get information distributed among the people in the community to reach common needs*
- ◆ Ditto to above, but it is also a problem for people going through Evanston
- ◆ Transportation needs to be improved
- ◆ Drug culture in the community and in the state
- ◆ Methamphetamines
- ◆ How do you keep the kids involved in the church and the community
- ◆ Lack of support for kids at home
- ◆ Relationship with the Hispanic community, it is hard to get them integrated into the community
- ◆ Lack of affordable housing in the community
- ◆ Senior affordable housing is an issue
- ◆ Public transportation***
- ◆ Workforce problem, lack of a workforce
- ◆ Overall lack of housing and a lack of one level apartments for seniors***
- ◆ Lack of communication with the city and county government, and to feel like we are being listened to and that someone care
- ◆ Sidewalks are an issues*
- ◆ Drug problem-really affects the senior population in finance and emotion, often they have to take care of grandchildren
- ◆ Outreach educational program could be dramatically improved in the community*
- ◆ Snow removal for senior citizens, particularly the sidewalks
- ◆ Need to do something about the disposal of trash, old cars, etc on homes and properties*
- ◆ Ruralness of the community, many people are cash poor and land rich, they live way below the poverty level but are uneligible for services due to their land they own
- ◆ Declining agriculture and ranching in the area
- ◆ Taxes are a problem for seniors, when people build new houses, it drives up the property taxes
- ◆ Need to hire someone to help with yardwork for seniors
- ◆ Seniors and low income people being able to maintain their homes, can't afford it
- ◆ No low income housing in Bridger Valley
- ◆ Ordinances enforced in the community
- ◆ Need a transportation system to take the seniors out of Evanston for activities**
- ◆ Public transportation
- ◆ Programs for youth
- ◆ Outsourcing of jobs through free trade agreements; want children to have better jobs
- ◆ Youth have little to do after school; lack of young adult fun things to do**
- ◆ Multi event center to use for outside school activities
- ◆ Stabilizing a skilled workforce

- ◆ Not many opportunities for older kids to go to college and come back
- ◆ Things for adults to do in town; facilities for adult functions (concerts, etc.)
- ◆ Traffic issues at the high school; only one stoplight that facilitates the exit
- ◆ Traffic issues downtown and by Walmart
- ◆ Issues revolving around families--drug and alcohol use
- ◆ Lack of cultural stimulation
- ◆ Lack of access to technology
- ◆ Lack of things that build good character; choices are limited--choices limited for college prep
- ◆ Lack of foresight in development--no infrastructure for new development; subdivisions developed with intention of becoming their own communities but using Evanston's resources
- ◆ Need for water and air quality protection
- ◆ No good soccer fields
- ◆ Lack of sustainable jobs to bring kids and families back
- ◆ Lack of volunteerism--the same people are the same doing all the work
- ◆ Affordable housing--middle level that would attract workers to businesses in the community

WHAT ARE THE MAJOR STRENGTHS AND ASSETS IN EVANSTON?

** indicates an agreement to the comment, one * for each person who agrees*

- ◆ Very proactive community, strong planning efforts and continue to look to the future
- ◆ Developing partnerships private sector and other governmental agencies
- ◆ Great vision in Evanston
- ◆ Historic preservation ethic in the state, the roundhouse is a major asset
- ◆ Location, close to the mountains, other natural resources
- ◆ The people, great planning department in the City of Evanston
- ◆ Qualified people who volunteer, their time and money*
- ◆ Existing infrastructure is well maintained, water and sewer are well positioned for the future
- ◆ The city government looks to the future, great planning and visioning
- ◆ Excellent quality of life in Evanston
- ◆ Departments working together
- ◆ Everyone knows each other, a good strength to tap into
- ◆ The State Hospital, huge infrastructure in healthcare in Evanston

- ◆ Union Center, the City owns its own business park, major economic development tool to the community
- ◆ Downtown historic district, have been doing Main Street work for a long time
- ◆ Events and activities in the community that happen year round
- ◆ Proximity to the Wasatch Valley
- ◆ The golf course, great asset and investment by the city
- ◆ Scenic byway that goes through here
- ◆ The State Park
- ◆ Lifelong Learning in Western Wyoming
- ◆ Education in Evanston, good schools
- ◆ Forward looking leadership in the Evanston City Council and the mayor, Evanston is looked at enviously in the state due to what is going on in the community
- ◆ Real estate is very reasonable
- ◆ Location, beautiful place and far enough away from the big city
- ◆ The leadership in the valley is great, easy to work with the city and county*
- ◆ Great partnerships in the area
- ◆ Number of volunteers in the community
- ◆ Small town with good services, and still maintains a small rural atmosphere
- ◆ Great place to live and be from, the schools are big enough to be competitive but small enough to let kids be really involved in the school activities
- ◆ Don't lock our doors, really safe community
- ◆ Great school system, and the Western Wyoming Community College extension
- ◆ Historic preservation efforts are outstanding, great community buy-in*
- ◆ People appreciate historic and understand that it is an economic development tool
- ◆ The city and county try to be efficient and not duplicate services
- ◆ The Renewal Ball, lots of donated time and funds
- ◆ Emergency services, lots of volunteer time goes into it
- ◆ EMS and fire services are great, very proud of them
- ◆ Gas and oil production in the community, creates a good tax base*
- ◆ Great airport, good capability
- ◆ State Park
- ◆ Communication from the city leadership to the citizens
- ◆ No state income tax, and low sales tax
- ◆ Location, gateway to four different directions and destinations
- ◆ Good sense of belonging in Evanston, good integrity
- ◆ Good support for various community projects
- ◆ Recreational activities have been well developed in Evanston, and they are used but not to the point where they are overcrowded
- ◆ Cross country ski trails, great fishing and hunting opportunities
- ◆ Community partnerships are amazing in Evanston
- ◆ A lot of cultural activities, great for a small town
- ◆ Sense of safety
- ◆ Acceptance of mentally ill people in Evanston is great

- ◆ Community rose up against an arian nation group who wanted to locate here, the community stopped it and showed great community pride
- ◆ People from many backgrounds are accepted in Evanston
- ◆ Hispanic population
- ◆ Lot of human services in town
- ◆ Tremendous pull together in times of any crisis
- ◆ Great support when the fires happened with the community
- ◆ High number of educated people, many professional people
- ◆ Have lots of open space, the mountains
- ◆ Outdoor activity
- ◆ Everyone knows everyone****
- ◆ Friendly
- ◆ Small and not overcrowded\
- ◆ No traffic problems*
- ◆ After school activities-sports
- ◆ Clean community**
- ◆ Outdoor recreation*****
- ◆ People help each other out**
- ◆ Not cluttered
- ◆ The location, close to the mountains**
- ◆ Schools
- ◆ Done a good job at keeping the businesses in the downtown area
- ◆ Police department and city is great to keep us safe, except for drugs problems
- ◆ School is safe, except for drug problems
- ◆ Lack of natural disasters
- ◆ People get along
- ◆ Safe*****
- ◆ No gangs
- ◆ Old fashioned community and buildings look good
- ◆ Great job with historical preservation
- ◆ Community support is great (especially for school programs)*
- ◆ Community size
- ◆ Location
- ◆ Snow
- ◆ Good programs for youth and adults to stay involved*
- ◆ Great programs all year long with the parks department
- ◆ Close to major communities
- ◆ In the summer, almost every weekend there is a planned activity
- ◆ High quality city staff and volunteers
- ◆ Friendly people, say hello
- ◆ Fresh air, freedom and fun
- ◆ Nice, safe community to raise kids
- ◆ Volunteerism
- ◆ Because of the natural resources, we have gotten nice schools and recreation center

- ◆ The Bear Building and surrounding parks
- ◆ The river walkway
- ◆ Recreation center***
- ◆ Sense of community in Evanston, great boards and partnerships
- ◆ The people***
- ◆ Great planning and zoning, and parks and recreation
- ◆ Golf course is a great strength
- ◆ Family oriented community
- ◆ Proximity to larger communities
- ◆ I-80
- ◆ The people and the willingness to be involved and to get things done
- ◆ Amazing things have happened here through volunteer efforts
- ◆ Location
- ◆ Current facilities
- ◆ Tree program makes Evanston a nice pleasant community
- ◆ Outdoor recreation, Uinta Mountains, all other areas surrounding Evanston
- ◆ People have a strong sense of history and vision, good historical asset
- ◆ Vision, master plan, and partnerships*
- ◆ School district
- ◆ Low tax base, current facilities, senior center
- ◆ Location, proximity to Salt Lake City**
- ◆ The community is very supportive and helps any family who is in need
- ◆ Acceptance of the diversity in the community, great community programs for people who have been de-institutionalized
- ◆ People are diverse and friendly in Evanston
- ◆ Quality of life, small everyone knows each other**
- ◆ No gangs
- ◆ Good place to raise a family
- ◆ The mountains
- ◆ Great summers
- ◆ The people
- ◆ Diversity of the economy, lots of employers
- ◆ Lifelong learning center is an asset
- ◆ Great school communication with the parents***
- ◆ People want to stay here when they graduate
- ◆ Easy access to community leaders, easy to work through major issues
- ◆ The hospital, accessibility, ability for people to come and be addressed
- ◆ Access to outdoor recreational activities in the area
- ◆ Good senior program
- ◆ Young community, (age of people)
- ◆ Local government is strong, great chamber of commerce and downtown in Evanston
- ◆ Community infrastructure, parks and parades are numerous, very involved community
- ◆ Recreation center
- ◆ Low crime rate, safe place to live*

- ◆ The police force are great, not afraid to address problems, they look out for us, someone cares
- ◆ Know the cops, they are friendly
- ◆ Close knit community, everyone supports each other and supports each other
- ◆ The people, here and the energy that goes into the community, the sense of the place in the community*
- ◆ Location, beautiful place to live, raise a family
- ◆ Outdoor recreation*
- ◆ Historic downtown Evanston, continuity of identity
- ◆ History fosters a culture in the community generation to generation, we are lucky
- ◆ Proximity to a major airport
- ◆ Access to professional sports and cultural activities close
- ◆ Amenities that the city has developed for its citizens, Bear Parkway, recreation center, golf course, and railroad project
- ◆ Small town atmosphere, friendly
- ◆ Good tax base, mostly from property taxes
- ◆ The city owns the rail yard, which is a huge asset to the community
- ◆ Effort to get more activities in town for kids
- ◆ Youth can show that we do things for the community, kids can get things done for the community
- ◆ Small town, no crimes here
- ◆ Two movie theatres, recreation center
- ◆ Schools are great
- ◆ Youth opportunities, (YOU) gets great support from the community
- ◆ Community supports schools
- ◆ The city puts on a lot of community activities that are good
- ◆ The parkway is really good for the community
- ◆ Community gatherings such as Cinco De Mayo, and many others
- ◆ Depot square
- ◆ Historical preservation (Roundhouse)
- ◆ Community activities are great, for all ages and interests
- ◆ Youth opportunities center is a very positive thing
- ◆ Recreation center
- ◆ Walmart supercenter
- ◆ Religion is good in the school and the community
- ◆ Lots of churches for every persons interest
- ◆ The police department started an incentive program to get kids to wear their seat belts and it works*
- ◆ School groups are well supported by the community
- ◆ After school programs are great, and there are lots of them
- ◆ Local concerts in the community and bands are well supported in the state
- ◆ Jam session during lunches to perform
- ◆ City's preparation for disaster is good, they have mock trials
- ◆ Great place for outdoor recreation

- ◆ Uinta mountains, good hunting
- ◆ Offer concurrent enrollment in the school, can take AP credits that will transfer to college
- ◆ Highly involved in 4-H in the community, the fairgrounds offer facilities to keep livestock for the kids who live in town
- ◆ Murdochs
- ◆ Industry, oil and railroad
- ◆ Small community, everyone knows each other
- ◆ The presence of the diverse culture, specifically the Latino population
- ◆ The communities partnerships with the oil and gas industries, so therefore, we have great buildings and professionals who come to Evanston
- ◆ Committed people who are willing to do things
- ◆ Willing to rally around its own*
- ◆ Leadership and volunteers*
- ◆ Close to an international airport, I-80 is a transportation corridor**
- ◆ Positive outlook in the community
- ◆ Educational strengths with the programs for post secondary education
- ◆ Sense of community, people support the activities, and education*
- ◆ Community really supports educational programs
- ◆ Community that values the abilities of people, rather than focusing on disability, they accept the mentally ill and disabilities
- ◆ Lack of brutality in law enforcement
- ◆ We don't forget our history and the town leaders are focused on getting out of the boom and bust cycle
- ◆ Good quality of life
- ◆ Historical restoration and preservation
- ◆ Size and location
- ◆ Beautiful town
- ◆ Lots of people willing to provide services*
- ◆ Good professionals in the community, people like and they stay and are well qualified*
- ◆ Networking of the services offered
- ◆ Spirit of cooperation in the community**
- ◆ Medical services are improving in the community
- ◆ Good non-profit sector, and great teamwork
- ◆ Proof is in the listening session attendance
- ◆ Community spirit, rallies around people in need*
- ◆ Agree with all
- ◆ Good public schools system and community education system
- ◆ Low cost of living
- ◆ Core of religious community is great, and a great faith based
- ◆ Cooperation
- ◆ Not isolated here, access to other services in the area, and access to jobs in the area
- ◆ Mountains
- ◆ People move here to get away from the city
- ◆ We offer a lot

- ◆ Safe
- ◆ Programs for youth and opportunities for youth
- ◆ Adults who are concerned with the youth
- ◆ Current mayor, city council and police department are great
- ◆ Vision, partnerships in the community
- ◆ Downtown is great
- ◆ The river walkway
- ◆ Museum
- ◆ Zoning is great overall here
- ◆ Great opportunity for financial services due to taxes and the proximity to Salt Lake City, as well as internet companies
- ◆ Educated workforce
- ◆ Relatively safe
- ◆ Small town, low traffic, clean air
- ◆ High level of community service and community activity
- ◆ The college set up here is wonderful
- ◆ Great alternative high school and opportunities
- ◆ Educational opportunities are increasing
- ◆ Very open to new people
- ◆ Internet corridor is here, great opportunities
- ◆ Community strength
- ◆ Great place to live
- ◆ Location, close to natural resources, close to International Airport
- ◆ People within the community It's the people that make Evanston, Evanston! *
- ◆ Taking care of each other within the community
- ◆ Infrastructure * (most of what we have is suited to service population of 25,000)
- ◆ Great sense of community and volunteerism
- ◆ Transportation, (I-80, RR, fiber optic back bone)
- ◆ No state income tax
- ◆ Cost of living
- ◆ Quality of living*
- ◆ Natural Resources, wind, coal, natural gas, oil Fresh Air Freedom and Fun*
- ◆ School facilities and everything the school administration does
- ◆ Close knit community
- ◆ Outreach Center for continuing education*
- ◆ Great place to raise children
- ◆ Sense of history
- ◆ Access to the Wyoming Business Council
- ◆ Strong business community and strong spirit amongst them
- ◆ Uinta Mountains
- ◆ Access to government officials, both federal and state
- ◆ Room
- ◆ Bear project, ball fields
- ◆ Open spaces

- ◆ Municipal amenities and services
- ◆ Access to outdoor activities
- ◆ Rec Center
- ◆ Recycling Center
- ◆ Fresh air, quiet town
- ◆ Everyone circles together to help one another out
- ◆ Infrastructure, and room to grow with the current infrastructure in place*
- ◆ Good cooperation among government entities in the community*
- ◆ Good community leadership**
- ◆ One of the most unique industrial parks in the state
- ◆ Community coalitions that are addressed in the community, work in partnerships
- ◆ Basic economy, good people and volunteers
- ◆ Good emergency management, especially in mental healthcare
- ◆ Community did wisely during the boom such as the high school, parks, rec center
- ◆ People want to be here, and it brings good people here, a little growth is good, but not lose the small town feel
- ◆ The river
- ◆ Supportive private businesses that donate back into the community
- ◆ Energy industry, lots of pipelines in the county, many resources associated with that
- ◆ Good safety record
- ◆ Natural resources and outdoor recreation*

- ◆ Location, setting, sense of community and a sense of self
- ◆ Appearance
- ◆ Great programs that we already have, cultural programs, draws people in from the outside
- ◆ People are involved, and the community accepts and loves that
- ◆ Open to new people and letting them express their ideas
- ◆ The City of Evanston has a strong planning department and a strong planning ethic in the town
- ◆ The Bear Project and other historic preservation projects
- ◆ Education is good in the community
- ◆ A lot of people out in the community that speak both languages, and help each other out
- ◆ Lifelong learning classes
- ◆ Evanston has a lot of great youth groups, such as YOU
- ◆ Partnerships between organizations
- ◆ Community boards
- ◆ Employers support in being mentors for youth
- ◆ Evanston Police Department, and its many community programs**
- ◆ Services: SAFE, and other programs to help people**
- ◆ Community education*
- ◆ City focuses on cleanup and restoring old buildings
- ◆ Fireworks, celebrations, one of the happiest towns I have ever been in, where in the New York Times as a top places to come on the 4th of July
- ◆ Safe community

- ◆ Summertime youth work program
- ◆ Car seat safety programs at the police department is increasing safe babies
- ◆ The Police Department volunteered to organize the community assessment, the police department
- ◆ Recreation center
- ◆ Community programs for kids who can't always make the school team
- ◆ Great kids in the community who help out in the community
- ◆ Police department has done so much, they have hired people who speak Spanish and community activities that they support
- ◆ Drug court
- ◆ Continuing education
- ◆ The alternative high school
- ◆ Evanston is Wyoming's best kept secret, we get little recognition but its great
- ◆ Professional development opportunities
- ◆ Good work ethic in Evanston, people want to come here
- ◆ Location, good potential for attracting businesses to Evanston
- ◆ The city was a big help in relocating the business

- ◆ Excellent K-12 education system
- ◆ Good place to raise a family, outdoor recreational opportunities
- ◆ Close to a metropolitan area
- ◆ Came here for work, but stay here because I like the community
- ◆ Good cooperation between Bear River and Evanston
- ◆ Good youth program going on in the high school
- ◆ Old and the new combined in the boom town, strong appreciation of the past, and good look into the future
- ◆ There is a center to the town, many western towns do not have one
- ◆ Great history
- ◆ Location, geography and topography
- ◆ People are great, everyone helps each other out*
- ◆ Hospitable place to live, lots of interaction with outsiders due to I-80
- ◆ Good support of the State Hospital and the mentally ill
- ◆ Strong and generous community spirit
- ◆ Growing diversity in the community, including the Hispanic in the community
- ◆ Clean air
- ◆ No hurricanes, we'll take the blizzards anyday over that
- ◆ Mixed religions that work together
- ◆ Really nice place to live
- ◆ Great infrastructure in place
- ◆ Friendly
- ◆ Having a park in every subdivision*
- ◆ Recreation center
- ◆ Fresh air
- ◆ Entrances to the city, curb appeal

- ◆ Cheapest tax base of anywhere we have lived
- ◆ Overall good community
- ◆ Crisp, clean and clear, you feel like your pores want to sing
- ◆ You don't fully appreciate what Evanston has and does until you go somewhere else
- ◆ We should all stand up and cheer for Evanston
- ◆ Feeling of community and security
- ◆ Low crime
- ◆ Best of all worlds, we have the rural and the city close by**
- ◆ Human services agencies really work well together as a whole
- ◆ Merchants are great, they really support the community
- ◆ Community services in Uinta County and in Evanston
- ◆ Police department's picnics in the parks for the surrounding area, that is great to connect with the police and city officials
- ◆ Safe
- ◆ Historical value
- ◆ Educational facilities
- ◆ Churches
- ◆ Good infrastructure (water, sewer, police, fire, schools)
- ◆ Small town size--not impersonal, rural lifestyle
- ◆ Parks and rec department
- ◆ Good facilities
- ◆ Cost of living
- ◆ Relationships to other towns
- ◆ Taxes
- ◆ Fuel
- ◆ Geographic value--location to an urban area and outdoor recreation, airport
- ◆ People**
- ◆ Great place to work
- ◆ Great place to live
- ◆ Supportive community
- ◆ Shopping
- ◆ Post secondary educational services offered
- ◆ Visiting cultural groups (Army Band, good groups)
- ◆ Rec center
- ◆ Sense of community
- ◆ Natural features
- ◆ Library
- ◆ Human services programs
- ◆ Machine Shop

WHAT PROJECTS WOULD YOU LIKE TO SEE ACCOMPLISHED IN EVANSTON IN THE NEXT 2, 5, 10 AND 20 YEARS?

** indicates an agreement to the comment, one * for each person who agrees*

- ◆ In the next five years, full utilization of the Union Center
- ◆ Full implementation of the Health Steps economic development program*
- ◆ New city hall, where everything is centralized in the next 5 years
- ◆ In the next 2 years, have the city revenues more substantial and more fixed
- ◆ Need more nurses in Evanston, be trained here
- ◆ Roundhouse developed into the city hall in 5 years
- ◆ The river development completed**
- ◆ In two years additional youth soccer fields
- ◆ Implementation of east end development plan
- ◆ Bear River Drive corridor plan,
- ◆ River rehabilitation project implemented
- ◆ New visitor center on the scenic byway
- ◆ Expansion of wind farms

- ◆ A buy-in in five years of a community oriented governing process, working in partnerships within the community and the county
- ◆ School district needs to participate in partnerships, and allow school facilities to be used
- ◆ Elderly housing project built, then allow first time homebuyers an opportunity to purchase
- ◆ Rental rehabilitation project, for old housing
- ◆ Lifelong learning center upgraded to a community college
- ◆ Downtown sidewalks renovated
- ◆ Pave alleys in neighborhoods in two years
- ◆ Complete the historic hotel in two years
- ◆ Union center project
- ◆ Need some new outdoor/indoor water features
- ◆ New youth baseball fields
- ◆ 10-20 years, Bear River project
- ◆ Indoor convention/special events center
- ◆ Link open space project with the State Park
- ◆ Pathway extension to downtown, Bear River, neighborhoods, and center, expand north and south
- ◆ Develop a new plan for the fairgrounds in the next 2-5 years**
- ◆ Flood study for protection for Evanston
- ◆ Continue economic development efforts in Evanston
- ◆ Downtown revitalized and redeveloped to become a major hub again
- ◆ Freeway exit off to Yellowcreek Road
- ◆ Major historic preservation project partly on the roundhouse
- ◆ Provide training from the Lifelong Center for jobs that are in the area
- ◆ Need more technical training and directed to the existing industry
- ◆ Economic development needs to be focused on moving low income people to self sufficiency
- ◆ Events center or indoor/outdoor soccer fields for the kids
- ◆ Find additional land to expand the fairgrounds*
- ◆ Housing growth and development in the area, soon*
- ◆ Bigger financial investment downtown
- ◆ Preservation projects downtown
- ◆ Assisted living for seniors
- ◆ Visionary plans for both the city and the county, including the financial data
- ◆ Family court system in place, it could help with the drugs problems
- ◆ Bear River recreation project finished in five years
- ◆ Professional football team in Salt Lake and a stadium in Evanston
- ◆ Endorse a gated community for people with various impairments in functioning
- ◆ Better linkage with the schools for career development, and to help inform the students of opportunities that are available
- ◆ Whole State Hospital should move to where the new hospital is located
- ◆ Young people really need career and life skills direction
- ◆ Substance abuse treatment facility in town, long term after care (especially for meth users) needs to be done immediately

- ◆ State of the art emergency detention facility for adults and adolescents that is treatment oriented
- ◆ More youth activity programs in Evanston
- ◆ More activities, such as water park, amusement park***
- ◆ More development, more people
- ◆ Paintball arena, indoor
- ◆ Motocross
- ◆ Clean up the movie theatres, and stop smoking in the bowling alley
- ◆ The recreation center is good, but not great for activities for high school
- ◆ More businesses, a mall*****
- ◆ Other stores besides Walmart
- ◆ Bigger town, more people
- ◆ Ski resort*****
- ◆ More business growth, maybe an events center
- ◆ More restaurants**
- ◆ Better grasp on the drug problem
- ◆ Influence a large corporation to make Evanston a headquarters, they would not have competition and would be located on the interstate so it would be easy to get around
- ◆ Have a centralized mall or activities, all of the activities are outside of the community, nothing is in the city limits*
- ◆ Inside skate park
- ◆ One place for a lot of activities*****
- ◆ Bigger airport to skydive from**
- ◆ Public transportation
- ◆ Events center downtown*
- ◆ Keep business thriving, old Walmart building was empty for awhile and was an eyesore
- ◆ Land around the high school needs to be utilized for things that would give activities to the students*
- ◆ Lose the cowboy image that Wyoming has, get rid of it****
- ◆ If we could do these things, it would maybe get rid of the drug problem, since they would be busier
- ◆ Added facilities to the recreation center, especially to the pool area
- ◆ Youth baseball complex*
- ◆ The county and city get together and redo the fairgrounds and build an events center
- ◆ College campus
- ◆ Finish the skate park in two years
- ◆ Par three golf course for the beginners*
- ◆ Downtown Main Street/Front Street area thriving in five years
- ◆ More recreation, a play area at the ball field for the younger kids
- ◆ River rehabilitation project done in 14 months
- ◆ In 20 years the master plan completed
- ◆ Soccer facility
- ◆ Additional outdoor activities
- ◆ River rehabilitation and trails system completed, meadow area

- ◆ Rocks put into the river
- ◆ Need for more facilities, especially ballpark separation, especially soccer fields
- ◆ Outdoor pool
- ◆ Indoor ice arena
- ◆ Development in other areas of town besides next to Walmart and McDonalds
- ◆ In two years, develop the driving range at the golf course
- ◆ Roundhouse in the rail yard needs to be completed
- ◆ Separate building for the gymnastic program from the recreation center
- ◆ Need better training in trades offered in schools in Evanston and Wyoming
- ◆ Community college***
- ◆ Training for the youth, setting up a program to train the youth
- ◆ Economic development is a priority to retain and recruit businesses in Evanston
- ◆ Improve upon the current post secondary education programs going on here
- ◆ The streets need to be better plowed, improved snow removal altogether, improve road maintenance
- ◆ Public transportation
- ◆ Dorms
- ◆ Sports program at the community college
- ◆ Re-instate the community clean-up program
- ◆ Grants coordinator position for economic development for small businesses to help access and write grants
- ◆ Get rid of the methamphetamine labs in the community
- ◆ Stronger emphasis on education, especially in the high schools, currently there are low test scores
- ◆ Business expansion, nice to have one other major employer in the community
- ◆ Events center to attract concerts and other attractions
- ◆ Covered rodeo grounds and year round rodeos
- ◆ More people seeking healthcare locally
- ◆ The Roundhouse project being completed*
- ◆ The Hotel Evanston, being re-opened
- ◆ The old theatre could serve as a great center for evenings downtown
- ◆ The revitalization of downtown in general, put resources into downtown and more good things will happen
- ◆ Fill the downtown with good businesses to attract tourists and local residents
- ◆ Somewhere to sit downtown
- ◆ Expansion of the fairgrounds
- ◆ Performing arts/visual arts for the community (maybe in the old theatre), art galleries
- ◆ Downtown merchants should piggyback the marketing efforts and visually connect the downtown with the Walmart area to draw people in to the downtown
- ◆ Bigger skate park
- ◆ More expansion of the area around the high school, maybe a mall
- ◆ Events center
- ◆ Gart sports, or a sporting goods store
- ◆ Better jobs open for the youth

- ◆ More restaurants, such as Chili's
- ◆ Places to shop
- ◆ Hot Topic Store
- ◆ Youth center finished within a year
- ◆ Somewhere to go on the weekends, the youth center isn't open on the weekends
- ◆ Need positions at the youth center, right now everyone is a Vista Volunteer
- ◆ A better bookstore
- ◆ Covered skate park
- ◆ Update old buildings on Main Street to make it more attractive to people who may move here
- ◆ Make it more green, more trees
- ◆ Make people haul their trash off of their property
- ◆ More schools
- ◆ Buy more books for the schools, lack of educational books
- ◆ Longer lunch in high school
- ◆ Need better teachers in the math department at the high school
- ◆ Bigger lunches at school
- ◆ More options for college courses in Evanston
- ◆ Redo the Roundhouse and rail yard, follow up on the projects they said that they were going to do
- ◆ Bring more businesses to Evanston
- ◆ Get rid of old, vandalized houses
- ◆ More foreign foods, at restaurants
- ◆ Fire hydrant that is knocked over on Cedar Street be fixed
- ◆ Tree needs to be trimmed by city hall
- ◆ Need more stop signs
- ◆ Get more restaurants
- ◆ Stop light on Twin Ridge and Yellowcreek Road to make it safer to get in and out of the school and for the houses
- ◆ Need a Cabela's in Evanston
- ◆ Make school earthquake safe
- ◆ Another bookstore in Evanston
- ◆ Clothing store in Evanston
- ◆ Indoor ice rink in 10 years
- ◆ Events center
- ◆ Keep doing more community involvement activities
- ◆ Auxiliary gym
- ◆ A mall**
- ◆ College in Evanston
- ◆ We need to improve business marketing and recruitment*
- ◆ Better public transportation system, buses in 20 years
- ◆ Expansion of the college offerings through UW
- ◆ More vocational programs and training
- ◆ Recruitment of high tech corporation

- ◆ Telemedicine, we have an opportunity to serve as a center for psychiatrists and psychologists in the state of Wyoming
- ◆ Need to better utilize the current asset
- ◆ Development of a healthcare system here, where people would be taken care of here no matter what their disability
- ◆ Over the next five years, childcare facilities all in one place
- ◆ Preservation mechanism of what we already do well, look at the role of institutions how it needs to keep changing, develop a protected village
- ◆ Figure out how to use existing resources and to think out of the box
- ◆ Accomplish the land transfer within the next 90 days
- ◆ Free medical clinic in 5 years
- ◆ Project that would address the needs of the youth who fall through the cracks
- ◆ Programs to get parents to be healthier, less dysfunctional, more follow-up with parents
- ◆ Expand the community college
- ◆ Restorative justice model for victims of crime, community holds the perpetrator responsible* for adults and adolescents
- ◆ More substance abuse treatment options in Evanston, inpatient treatment facility
- ◆ Youth and family resource center
- ◆ Clark school
- ◆ Vocational program
- ◆ Mental health clinic
- ◆ Public transportation in the next couple of years
- ◆ Move low income people up the ladder
- ◆ Multi use civic center, dome AA baseball team
- ◆ Indoor ice arena
- ◆ Juvenile court system to have family mediators to find solutions
- ◆ Rock be put into the river, embrace the east end of the town
- ◆ Accessibility to buildings for seniors, especially on Front Street, which is dangerous
- ◆ Accessibility plan to older buildings improved
- ◆ Tomorrow, UW offering more opportunities for degrees
- ◆ More accessibility for daycare 24/7
- ◆ Strong effort for economic development, especially for families
- ◆ Economic development of the downtown area would be very positive, and is on-going
- ◆ Roundhouse/railyard completion and hook up with the parkway completion
- ◆ Food bank become secure in the town, right now it is all volunteer
- ◆ Planning opportunities for business, education and then housing, a general expansion here
- ◆ Junior college facility here, advanced education, it would enrich the culture*
- ◆ Finish the Bear River Parkway as laid out in the Master Plan
- ◆ Trade school opportunities for the kids in the town*
- ◆ Retain youth
- ◆ More windmills
- ◆ Events Complex
- ◆ First Class curb side recycling service
- ◆ Round house looking like the machine shop

- ◆ Community College 4 years or 2 years
- ◆ Industry cluster, something that Evanston would be known for
- ◆ How we maintain who we are through a plan and how do we want to look 2 years
- ◆ More people living within the community
- ◆ Completion of Bear Project *
- ◆ More eating establishments, restaurants
- ◆ Neighborhoods for everyday type people
- ◆ Convention Center
- ◆ Home Depot
- ◆ Fill up empty store fronts downtown
- ◆ Youth Development Center 2 years,,for training
- ◆ Employer College 5 years
- ◆ University 10 years
- ◆ More parking in downtown area
- ◆ Community cleanup overall * (extend out into the county as well)
- ◆ Extend the pathways on both sides of the Bear River Project*
- ◆ Planning for housing and subdivisions to bridge the haves and have nots
- ◆ Vocational training
- ◆ Cultural amenities, theater
- ◆ Combat the meth problem, get it out of here 2 years, some type of plan
- ◆ Steady retail growth
- ◆ Development of the historical aspects
- ◆ Attraction of larger businesses
- ◆ Community emergency response team with a lot of community participation in two years*
- ◆ Greater emphasis on recycling efforts
- ◆ Educational opportunities improved
- ◆ More real estate development in Evanston
- ◆ Increase medical services in Evanston, more care for the seniors especially
- ◆ Need more restaurants-sit down, not fast food
- ◆ Air transportation for Fedex and UPS at the airport
- ◆ Events complex
- ◆ Flood inundation map
- ◆ Historical buildings earthquake resistant and new buildings
- ◆ CERT program*
- ◆ Need more residential facilities, and will need to staff them. Need a neurologist and a cardiologist, urologist
- ◆ Fire and ambulance needs to grow
- ◆ State Hospital needs to grow
- ◆ Whitewater park on the river here
- ◆ Historic projects finished such as the Roundhouse Restoration, downtown development
- ◆ Museum addition in two years
- ◆ The population of the town, expand to 15-18,000 people
- ◆ Improve the cultural events here to draw people in
- ◆ A performing theatre venue as soon as possible

- ◆ Roundhouse restoration
- ◆ Bear River project completion
- ◆ Need community core who have a consensus to accomplish cultural goals
- ◆ Revive the Uinta County Arts Council and the Friends of the Arts
- ◆ Expanded public transportation in Evanston, stop at truck stops and pick up drivers to see the community
- ◆ A mall
- ◆ Ten theatres with stadium seats
- ◆ Strong mentoring program for all youth, with education for training mentors
- ◆ Better roads and sidewalks all over Evanston, and better maintained by the city
- ◆ Good jobs and workforce development, develop a program for training nurses and other medical people*
- ◆ Better restaurants
- ◆ Better education, be able to take college level classes in high school in the next two years**
- ◆ The old Evanston hotel renovated in five years
- ◆ Safe, warm, compassionate place for people with mental illness to go to when they act out to get immediate care and counseling
- ◆ Shopping-mall
- ◆ Improved education
- ◆ More car seat technicians in town
- ◆ Inclusion of all people, including people and youth with disabilities
- ◆ Cleaner town and neighborhoods
- ◆ Program for kids who's families have domestic violence problems, such as CASA
- ◆ Big Brothers, Big Sisters program in a year***
- ◆ Part-time help in the wintertime for snow plowing
- ◆ Events center*
- ◆ Vocational training to support the businesses in town
- ◆ Need for welders and other trade classes
- ◆ College here
- ◆ Need more availability of health insurance options here
- ◆ Need technical education school here
- ◆ County and town need to look at zoning more closely to preserve the identity of Evanston, not be too crowded
- ◆ Want to get water out to Bear River from Evanston, I would like to see this, as it also opens up other opportunities in natural gas, fiberoptics, etc.
- ◆ Path to Bear River
- ◆ Better public transportation, in town, specifically the bring back the trains
- ◆ Central agency to provide assistance to people who need it and can then refer them to another agency that could be of assistance-name it Evanston Community Assistance
- ◆ Commuter flights in and out of Evanston
- ◆ Public transportation around Evanston
- ◆ Historic preservation, especially the movie theater in two years
- ◆ Improved integration of the Hispanic community
- ◆ Home shelter in Evanston, a place to stay just for the night

- ◆ Elderly housing that is affordable
- ◆ Social program to help single moms learn parenting skills
- ◆ Wider variety of businesses in town
- ◆ Restroom facilities are needed in the parks that do not have them
- ◆ Comprehensive emergency response in the county*
- ◆ Mass transit system*
- ◆ Light rail system in 10 years, we used to have it**
- ◆ Completion of the Roundhouse and the other historical projects
- ◆ Entice more businesses in the community
- ◆ Senior complex in Evanston, senior housing
- ◆ Community transportation
- ◆ More windmills
- ◆ More industry
- ◆ Industrial complex full of good clean industry, with a nice tax base, have nice incentives to get industry here
- ◆ Junior college, community college in five years
- ◆ Need a nursing school now
- ◆ 2 years early childhood programs that address 3-5 year olds
- ◆ Availability of online courses for high school students yesterday
- ◆ 2 years a wholesome hangout for the kids in town with food, safe, out of the weather
- ◆ Multi-event center for trade shows and other events, sports indoors 2-5 years built close to the high school***
- ◆ 20 years expansion of senior programs for assistance and support
- ◆ Lightrail system connecting to Ogden or Salt Lake City 5 years
- ◆ Facility to house career technology program outside of high school at Western 3 years**
- ◆ West end of town inviting entrance to town
- ◆ Develop more awareness of the town
- ◆ Taco Bell**
- ◆ Local transportation system 2 years**
- ◆ Complete Bear River project
- ◆ Ski Evanston plan; multi-season project
- ◆ Indoor tennis facility
- ◆ Resolve parking issue at rec center and in other areas yesterday
- ◆ Resolve parking issue at high school yesterday
- ◆ Vocational program that would include food, businesses
- ◆ Indoor arena for rodeo
- ◆ FFA and rodeo club
- ◆ Supervision for specific activities--kids dropped off and just hang out and cause problems
- ◆ Intramural sports within the schools
- ◆ Rec center do more with outdoor sports (cross country skiing, other sports not in school)
- ◆ New middle school
- ◆ Curb and gutter throughout the city

**20 CLUES TO RURAL
COMMUNITY SURVIVAL**

1. Evidence of Community Pride:

Successful communities are often showplaces of care, attention, history and heritage.

2. Emphasis on Quality in Business and Community Life:

People believe that something worth doing is worth doing right.

3. Willingness to Invest in the Future:

In addition to the brick-and-mortar investments, all decisions are made with an outlook on the future.

4. Participatory Approach to Community Decision Making:

Even the most powerful of opinion leaders seem to work toward building consensus.

5. Cooperative Community Spirit:

The stress is on working together toward a common goal, and the focus is on positive results.

6. Realistic Appraisal of Future Opportunities:

Successful communities have learned how to build on strengths and minimize weaknesses.

7. Awareness of Competitive Positioning:

Local loyalty is emphasized, but thriving communities know who their competitors are and position themselves accordingly.

8. Knowledge of the Physical Environment:

Relative location and available natural resources underscore decision-making.

9. Active Economic Development Program:

There is an organized, public/private approach to economic development.

10. Deliberate Transition of Power to a Younger Generation of Leaders:

People under 40 regularly hold key positions in civic and business affairs.

11. Acceptance of Women in Leadership Roles:

Women are elected officials, plant managers, and entrepreneurial developers.

12. Strong Belief in and Support for Education: Good schools are the norm and centers of community activity.

13. Problem-Solving Approach to Providing Health Care: Health care is considered essential, and smart strategies are in place for diverse methods of delivery.

14. Strong Multi-Generational Family Orientation:

The definition of family is broad, and activities include younger as well as older generations.

15. Strong Presence of Traditional Institutions that are Integral to Community Life:

Churches, schools and service clubs are strong influences on community development and social activities.

16. Sound and Well-Maintained Infrastructure:

Leaders work hard to maintain and improve streets, sidewalks, water systems, and sewage facilities.

17. Careful Use of Fiscal Resources:

Frugality is a way of life and expenditures are considered investments in the future.

18. Sophisticated Use of Information Resources:

Leaders access information that is beyond the knowledge base available in the community.

19. Willingness to Seek Help from the Outside:

People seek outside help for community needs, and many compete for government grants and contracts for economic and social programs.

20. Conviction that, in the Long Run, You Have to Do It Yourself:

Thriving rural communities believe their destiny is in their own hands. Making their communities good places is a pro-active assignment, and they willingly accept it.

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