

# News From the Mental Health and Substance Abuse Services Division

*Wyoming Department of Health*



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## The Changing Healthcare System: Wyoming Blueprint 2010

In recent years, the Legislature has been especially generous in providing state funds for mental health and substance abuse services. Nearly all of the public funding is intended to support the community mental health and substance abuse centers (CMHC's). However, the mental health "system" includes not only these publicly funded CMHC's but also the many private providers in every community throughout the state. While the private providers can bill Medicaid for services to qualified clients, only the CMHC's receive state funds.

In exchange, the centers agree to performance standards, data reporting and other requirements contained in contracts with the Mental Health and Substance Abuse Services Division. They also agree to comply with Wyoming statutes that say no person will be denied services

based on their inability to pay.

The investment of state dollars in CMHC's was never intended to replace or marginalize the services of the private provider community. The millions of taxpayer dollars provided to the community mental health centers were designed to create a safety net so that citizens who need services but cannot afford to purchase them from a private provider do not go without. In other words, those who are uninsured, under-insured and/or not eligible for Medicaid can always receive treatment at a community mental health or substance abuse center.

Now, with healthcare reform, the cornerstone of the Wyoming system is changing. Soon nearly every citizen in the state will have insurance coverage and all will be at parity with physical health coverage. Those

citizens who had no choice but to go to a CMHC because of a lack of insurance will now be on the same level playing field with those who were insured. Every Wyoming citizen will have a choice between providers and that choice will no longer be dictated by finances.

The Legislature will have new choices to make about where to invest the 100 million dollars it appropriates to the CMHC system. The new Blueprint is your opportunity to talk about those choices. Healthcare reform has made any defense of the status quo anachronistic at best. We now need your ideas about shaping a new paradigm.

For more information, or to subscribe to the project commentary RSS feed, please go to [www.wyo-blueprint2010.com](http://www.wyo-blueprint2010.com).



A new trend has made its way through the United States and is now crossing into party scenes in Britain. "Vodka eyeballing," is the practice of pouring liquor directly into the eye. One former practitioner who has spoke out about this trend now has a constantly weepy, scarred eye and worsening eyesight as a result of the risky practice.

The trend began by nightclub waiters in Las Vegas eyeballing for tips. Multiple examples of this practice are available on YouTube, and there are even "fan" pages for it on Facebook. In Scotland, people are eyeballing cinnamon schnapps...which sounds too painful to contemplate.

Devotees claim that 'vodka eyeballing' induces drunkenness faster than drinking it can, because it passes easily through the mucous membrane and enters the bloodstream directly through veins at the back of the eye, although some experts are skeptical about the claims and believe that since those who do it are usually already drunk, they simply convince themselves that it's having such an effect.

Professor Robin Touquet, consultant in emergency medicine at St Mary's Hospital, Paddington, says: At 40 per cent pure ethanol, vodka in the eye would create inflammation and thrombosis, clotting of the blood vessels, such that very little alcohol would be absorbed. Unlike the stomach, the eye does not have a gastro-intestinal lining to protect it and aid absorption.

Read more: <http://www.dailymail.co.uk/news/article-1278583/Young-people-drinking-neat-vodka-EYE-quick-buzz.html#ixzz0pFL1rPig>

A British man who died from emphysema had a sign stating "Smoking Killed Me" placed on his hearse and at his grave site in hopes of encouraging others to quit their addiction, the [Associated Press](#) reported March 3. The will of Albert 'Dick' Whittamore directed that the signs be displayed as his hearse passed through his hometown of Dover, England. Whittamore, 85, believed that the smoking he did earlier in life lead to his fatal lung disease.

## New Diabetes Research

Alcohol and tobacco use increases the risk of type 2 diabetes.

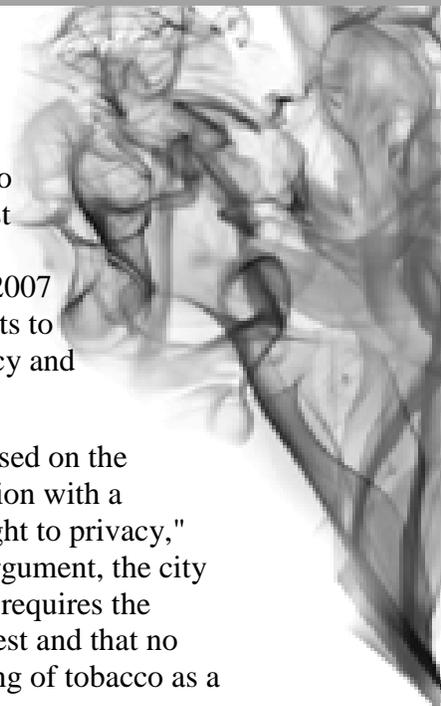
While studies show that drinking moderate amounts of alcohol (one drink a day for women and two drinks a day for men) may actually lower the risk of diabetes, the opposite is true for people who drink greater amounts of alcohol. Heavy alcohol use can cause chronic inflammation of the pancreas (pancreatitis), which can impair its ability to secrete insulin and ultimately lead to diabetes.

Tobacco is equally harmful. Tobacco use can increase blood sugar levels and lead to insulin resistance. And the more you smoke, the greater your risk of diabetes. Heavy smokers — those who smoke more than 20 cigarettes a day — almost double their risk of developing diabetes, when compared with nonsmokers.

## Smoking Not a Right

Smoking is not a fundamental right, the Kansas Supreme Court said in upholding the state's indoor-smoking ban, the *Kansan* reported March 6. The court rejected a challenge to the law filed by an American Legion post and a Veterans of Foreign Wars post in Newton, Kansas, which argued that the 2007 ban violated the 4th and 14th amendments to the U.S. Constitution, the rights to privacy and due process, respectively.

"Plaintiffs' argument is apparently based on the simplistic notion that a private organization with a private clubhouse has a constitutional right to privacy," the court said. "Upon the merits of the argument, the city pointed out that a right to privacy action requires the existence of a fundamental privacy interest and that no court, to date, had recognized the smoking of tobacco as a fundamental right."



## 2 Free Resources from the WDH

# Wyoming QUIT TOBACCO PROGRAM

WY.QUITNET.COM or  
1.800.QUIT.NOW

### WyoCARE

Wyoming Chemical Abuse Research Education

... supporting healthy communities across Wyoming ...

**Free Resources** for teachers, parents, mental health providers, group leaders, school counselors, children and youth workers.

**WyoCARE** is a prevention, education and treatment oriented program coordinated through the Counselor Education Department at the University of Wyoming.

**[www.wyocare.org](http://www.wyocare.org) or [www.wyocare.com](http://www.wyocare.com)**

We are funded by grants from the Wyoming Department of Health, Mental Health & Substance Abuse Services Division and the Wyoming Attorney General's Office, Division of Victim Services

## Training Continues to be a Success

Certified substance abuse providers continue to utilize the professional trainings provided by the Division through a contract with the Center for the Application of Substance Abuse Technologies (CASAT). During the first four months of 2010, six Wyoming New Rules and Regulations for Substance Abuse Standards trainings and three Community Mental Health Center Governing Board trainings were provided; evidence based practice trainings were facilitated regarding Co-Occurring Treatment and Cognitive Behavioral Treatment; additionally, ASI/Adolescent Assessment, ASAM, and Confidentiality/HIPAA trainings were provided. A total of 773 free Continuing Education Units (CEU's) were issued to Wyoming substance abuse providers. A total of 246 participants attended these trainings. A Board Training DVD was also produced which will be available for use at the community level.

These training are offered at no cost to Wyoming's certified substance abuse providers. The Division's trainings and CEU's assist providers to keep up with their licensure requirements while increasing their knowledge around important substance abuse and addiction issues.

MHSASD, in collaboration with CASAT and other stakeholders, is developing a new DUI

training for providers. This training will be specific to the new Wyoming standards. Through this training, providers will have the opportunity to quickly learn the new DUI requirements.

Future plans include development of a higher-level curriculum. This will allow providers to take a higher level of training once the basic level is completed and mastered.

For more information please contact Mary Jane Shultz, Certification and Training Specialist, at 1-800-535-4006 (307-777-5253) or email at [maryjane.shultz@health.wyo.gov](mailto:maryjane.shultz@health.wyo.gov).





# Coming Soon

## 2010 Wyoming Mental Health and Substance Abuse Consumer Survey

The Wyoming Department of Health, Mental Health and Substance Abuse Services Division has once again partnered with local treatment providers to conduct the 2010 Consumer Survey. The Division provides funding for mental health and substance abuse treatment services to a variety of provider agencies across the state of Wyoming. One important component of this relationship is assuring that clients are satisfied with the services they receive. This information is essential as we strive to ensure that quality services are provided to all Wyoming residents.

As with previous years, client participation in this survey is completely voluntary. A random, anonymous sample of clients who received a treatment service at a state-funded provider in 2009 or 2010 was chosen. The survey packets are compiled at the Division and then distributed to the local provider agencies. Local provider agencies address and send the packets to the randomly selected survey respondents. The survey data (*which does not contain names or any other identifying information*) will be analyzed and available in a future newsletter.

If you receive this survey in your mailbox, we ask that you consider completing and returning the short response form. The results of this survey will help us to find areas of strength, as well as to identify and work on areas that might need some additional attention. Our goal is to ensure that the services in Wyoming are responsive to the needs of Wyoming residents.

For more information or questions, please contact Mariah Storey (307) 777-6492 or [mariah.storey@health.wyo.gov](mailto:mariah.storey@health.wyo.gov). You can also visit our website at: <http://health.wyo.gov/mhsa>

# SAMHOP Provides Support and Advocacy for Wyoming.

Emily Smith, Substance Abuse and Mental Health Ombudsman, Wyoming Guardianship Corporation

The Substance Abuse and Mental Health Ombudsman Program (SAMHOP) continues to provide support and advocacy around the State of Wyoming. The Division contracts for these essential services which are provided by the Wyoming Guardianship Corporation.

An ombudsman is an advocate who is familiar with the issues at hand and is able to resolve issues to ensure consumer rights and access to services. SAMHOP helps individuals and their families who need assistance in resolving issues related to mental health and/or substance abuse. The Ombudsman can assist by

helping to resolve problems, provide information and education, give referrals, answer questions about consumers' rights, and help with difficulties accessing substance abuse and/or mental health care. As always, the Ombudsman program is a great support system to have in your corner!

This summer, an Ombudsman will be traveling to several locations throughout the state to help people learn more about these services. Visits are scheduled in the Northeast part of the state (Lusk, Newcastle, and Sundance) during the first week of June; in the Riverton/Lander area

the second week of June; and in Park County, Big Horn County, and Teton County the later part of the summer. While on the road, the Ombudsman will meet with consumers. (Call the SAMHOP office to schedule a meeting). The Program employs four Ombudsmen located in Cheyenne, Evanston and Sheridan. The services are available statewide.

Call today and take advantage of these free services. The program welcomes any question or concern. To access this FREE and valuable service, call 307-632-5519 or 1-888-857-1942.

## Wyoming CIT Program Continues to Expand

Charlee Puchner, NAMI Wyoming, CIT Coordinator

Wyoming's Crisis Intervention Team (CIT) project has been so successful that the program expanded into Laramie and Cheyenne. The Albany County Crisis Intervention Team (ACCIT) and the Laramie County Crisis Intervention Team (LCCIT) will both host their second 40-hour CIT Officer Trainings. The ACCIT Training is planned for June 21-25, 2010 in Laramie, and the LCCIT training will be held June 28-July 2, 2010 in Cheyenne. By June 30, 2011, CIT will be underway within each Wyoming comprehensive care region.

The Casper program (CWyCIT)

held its 7<sup>th</sup> CIT Officer Training in Casper, May 17-21, 2010. Ten law enforcement personnel from various agencies including Natrona County Sheriff's Office, Casper Police Department, and the Department of Family Services attended the training. In addition, four service providers from UPLIFT attended and completed the training. The Wyoming Highway Patrol is also participating.

"We continue to be amazed by the officers from all the various departments who attended training and participated in the program," says Charlee Puchner, Wyoming's CIT

Coordinator. "The officers involved have been so receptive to the training. By the end of each training, all officers involved stated that CIT is one of the best programs they have ever attended."

Crisis Intervention Teams are community-based collaborations between local law enforcement officers, mental health consumers, advocacy groups and mental health providers. CITs are designed to improve the outcomes of police interactions with people with mental illness and to divert individuals from incarceration to appropriate treatment.