News From the Mental Health and Substance Abuse Services Division of the Wyoming Department of Health

Wyoming Department of Health
Commit to your health.

September 2008

In This Issue

Becoming in-SYNC

Upcoming Events

Sept. 8-9- WYSAAG Conference
Casper, WY

Nov. 4-5 -Governor's Round Table on Children's Mental Health
Casper, Wyoming

Quality Management is a priority of the Division. Along with the substantial financial investment the Legislature has made in mental health and substance abuse programs comes a responsibility to make sure Wyoming gets what it paid for. The Division has created a three legged stool to support a Quality management Initiative. First, all funded providers must be certified under research-based standards for prevention and treatment services. As each program is reviewed a report is submitted to the Division so that providers are monitored for compliance with the state standards. A work group composed of Division staff, providers, consumers and other experts are working to revise the existing standards in consideration of more recent research findings.

The second "leg" of the stool is contract compliance. The Division has launched a team-based project that will review all providers each biennium to make certain that each is in compliance with state contracts and best fiscal and programmatic practices.

Finally, the Division has spent nearly a year working with providers, consumers and other interested persons to develop SYNC: Systems and You, Networking and Collaborating."

Field testing for the community systems review process, known as "SYNC," will begin during late August. A SYNC review is an assessment process designed to evaluate how a community collaborates to meet the needs of persons who utilize the mental health and substance abuse recovery system. This review process was created in cooperation with the Wyoming Citizen Review Panel who will coordinate the on-site reviews. A part of the SYNC review involves teaming a mental health and/or substance abuse professional with a citizen. Community partners are key resources of information. Following training on the process and review instrument, the teams conduct a series of interviews, document and evaluate the findings, and try to identify system issues that may be affecting the local mental health and substance abuse system of care.

How Are We Doing?

The Division conducted a web-based partner survey spring of 2008. Partner agencies and organizations, contractors, key contacts, and consumers who work closely with the Division were asked to complete this satisfaction survey. This report summarizes the survey results and provides comparative data by respondent's role. It is the divisions intent to repeat the survey during Mary 2009 to gauge performance improvement.

Check out the report at www.kadjflkajdflkjadlkfj.com

The Great Rate Study

The Division, in partnership with public mental health and substance abuse treatment providers, kicked off a year long rate study. The effort will develop a rate reimbursement structure for state funded and Medicaid services, and to explore alternative funding and payment options. The Wyoming State Legislature has passed substantial increases in funding for mental health and substance abuse treatment. In 2008, they added a footnote to the budget bill requiring the Division to conduct a rate study on residential treatment services. The footnote coupled with the State's responsibility for accountability and oversight of the money prompted the Division to submit a request for proposal which resulted in a contract with Signal Behavioral Health Network. Signal is working with the community mental health and substance abuse centers to gather the fiscal information necessary to determine a fair rate and ultimately options for payment structures.

Optimally, the rate structure will:

- Reflect the actual cost of providing services, which may vary depending upon location
- Allow for regular adjustments as costs increase
- Reward performance for achieving desired outcomes
- Enhance regionalization
- Award cultural competence and use of evidence based and promising practices
- Reward efficiencies--for example, integration with primary health care, office locations in schools, nursing homes, etc.
- Encourage services to targeted populations

For more information contact Korin Schmidt at korin.schmidt@health.wyo.gov.

Citizen Leadership on WYSAAG

"Through mere words you never know how you can affect someone's life, or how they can affect your own."

The Wyoming Self Advocates Advisory Board is an active statewide membership organization including Wyoming adults with mental health and co-occurring diagnoses, their families, and supporters. Recently the board of this ten year old organization wrote bylaws towards applying for nonprofit status and to expand leadership statewide through an election process. During the September 2008 conference, the first election will take place.

It is expected that more than 120 people will attend the 10th annual conference in September themed "Rising Above and Beyond." Most of the people who attend have experienced the mental health or substance abuse recovery system. "In the beginning years of my illness I never thought I would have meaning in my life. I thought my destiny was to sit in my apartment all day and smoke cigarettes. And that would happen until I died (which I hoped would be 10 years or less)," says board member and peer specialist Dallas Curry. "Then, through seeing other people who had already been through what I was experiencing, and their living a rich and full life, I gained the determination to strive for something better in my life... I now believe that recovery happens every day."

WYSAAG began a decade ago and grew as consumers expressed a want and need for leadership and for better care. "WYSAAG membership is open to anyone in Wyoming," says board member Amy Davis. "Please email us at wysaag@gmail.com or call the Division at 1-800-535-4006 for more information."

Alcohol Statute Review

The Wyoming Prevention Framework Communities have been working with a group of dedicated professionals since the first of the year to conduct a comprehensive review of Wyoming State Statutes relative to alcohol consumption, distribution, taxation and misuse.

This legislative review group - comprised of statewide representation from the legal, legislative, prevention, educational, judicial, parental and law enforcement communities - have been meeting for the past eight months discussing and analyzing the economic and social consequences of maintaining, modifying, eliminating or adding to Wyoming's existing legislation.

Research and testimony on a wide assortment of issues relative to *underage and binge drinking in Wyoming* has been provided and thoroughly discussed: "loopholes" and ambiguity in the existing language, whether current sanctions or sentencing provisions are effective deterrents, parental and location exemptions in the law, liquor licensing and suspension authority, alcohol promotions and sales at family events, happy hour and special drink promotions, and whether the current level excise tax on alcohol is appropriate.

The review group is in the final stages of formulating a series of recommendations for consideration by the members of the Wyoming Legislature. The final report is scheduled to be released October 30, 2008. Audio recordings (and a complete listing) of all the testimony and discussion of relative issues by this legislative review group to date are available online in three separate podcasts. These podcasts (consisting of approximately twenty hours of testimony and group discussions) are available at:

http://www.gcast.com/u/WYStatuteReview/main

http://www.gcast.com/u/WYStatuteReview/WYStatuteReview2

http://www.gcast.com/u/WYStatuteReview/WYStatuteReview3

Questions and requests for additional information regarding this effort should be directed to Ernie Johnson, Johnson and Associates, who has been contracted to facilitate and manage this project.
307-351-8614
janda@communicomm.com

Or Erica Mathews, Youth Advocate for Prevention with MHSASD.
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Did You Know?

Most of Us:

Most Wyoming High School students have not had a drink containing alcohol in the past 30 days.

4 out of 5 Wyoming residents do not drive while under the influence of alcohol.

83% of Wyoming adults do not binge drink.

Source:
WY 2007 YRBS;
WY 2006 PNA;

Wyoming Drug Courts:

Drug courts are one of the great success stories in Wyoming battle against drug abuse. Drug courts have played an important role in Wyoming's efforts to reduce the use of meth and other dangerous drugs. Research continues to show these courts to be effective and a meaningful way to protect public safety while requiring addicted offenders to be accountable. According to the NADCP, "[after a decade of drug court research, scientists at the esteemed Treatment Research Institute at the University of Pennsylvania concluded that, 'To put it bluntly, we know that drug courts outperform virtually all other strategies that have been used with drug-involved offenders.' Columbia University's historic analysis of drug courts concluded that 'drug use and criminal behavior are substantially reduced while offenders are participating in drug court.' An extensive review of drug courts by the U.S. Government Accountability Office (GAO) concluded that adult drug court programs substantially reduce crime by lowering re-arrest and conviction rates among drug court graduates well after program completion. More recently, a four-year study by the Northwest Professional Research Consortium, Inc. found that parents enrolled in family treatment drug courts were and more likely than parents in traditional child welfare case processing both to complete treatment to be reunified with their children."

The Division encourages individuals to visit their local drug court or visit the Division's website at http://www.health.wyo.gov/mhsa/drugcourt/index.html

On September 3-5, 2008, the Wyoming Drug Court Association will hold its annual conference in Cody, Wyoming. For information on the conference please log onto http://www.wydca.org/.

The Treatment Research Institute at the University of Pennsylvania concluded that, "To put it bluntly, we know that drug courts outperform virtually all other strategies that have been used with drug-involved offenders."

The Evolution

In 1989, the first drug court was created in Dade County, Florida and since then drug courts have expanded rapidly throughout the United States. According to the National Association of Drug Court Professionals (NDCP), over 2,000 drug courts are in existence or being planned across the nation. In 1998, Wyoming founded its first drug courts. Wyoming's original drug courts, Unita Adult Drug Court and Sheridan Juvenile Drug Court were established with federal grant funds, which were further supplemented with state funds from the Governor's Substance Abuse and Violent Crime Advisory Board ("GSAVC"). Wyoming drug courts have continued to grow and expand and with that expansion the state-wide program has experienced scrutiny and change. This article provides a brief history of the evolution of Wyoming drug courts, including an explanation of the development of statutes and rules and regulations, management and accountability, funding mechanisms, and a vision for the future.

"Drug courts are a vital, essential element of our National Drug Control Strategy. While offering incentives to stay off drugs, they hold individuals accountable and simultaneously deal with the deadly disease of addiction. America is better off because of drug courts."

What is a Drug Court?

The NDCP defines drug courts as "the combined efforts of justice and treatment professionals to actively intervene and break the cycle of substance abuse, addiction, crime, delinquency, and child maltreatment. These special dockets are given the responsibility to handle cases involving addicted citizens under the adult, juvenile, family, and tribal justice systems. In this blending of justice, treatment, and social service systems, the drug court participant undergoes an intensive regimen of substance abuse treatment, case management, drug testing, supervision and monitoring, and immediate sanctions and incentives while reporting to regularly scheduled status hearings before a judge with expertise in the drug court model. In addition, drug courts increase the probability of participants' success by providing ancillary services such as mental health treatment, trauma and family therapy, and job skills training."

A Brief History

The first Wyoming drug courts began in 1989 and the number of state-funded drug courts grew rapidly after 2001. In 2001, the Wyoming Legislature passed legislation establishing drug courts and the Division promulgated Rules and Regulations for State Funding and Certification of Drug Courts, Chapter 14. The Drug Court Panel was also created by statute to oversee all drug court funding decisions. The Drug Court Panel consists of the following persons or their designees: the chairman of the board of judicial policy and administration, the chairman of the GSAVC, director of

Incarceration vs. Treatment

the department of health, the attorney general, director of the department of family services, director of the department of corrections and the state public defender.

Columbia University's historic analysis of drug courts concluded that "drug use and criminal behavior are substantially reduced while offenders are participating in drug court."

Management and Accountability

The Drug Court Panel, the Division and the local management committee work to provide oversight and ensure each local drug court is operated in compliance with statute and rule. The Division manages the state's drug court funds and enters into contracts with individual drug courts who receive state funds. The Division ensures each drug court complies with statute and rules and regulations. Each drug court must submit an annual application to receive state funds. The Division and Drug Court Panel carefully review each application prior to funding. The Drug Court Panel determines whether or not a drug court should receive funding and determines the amount of each court's grant award. In order to received state funding, each drug court must establish a local drug court management committee to manage funds received from the drug court account, meet reporting requirements and appoint a drug court coordinator or program manager who will be responsible for the administration and oversight of the court. Each court must submit monthly itemized invoices to receive reimbursement for actual monthly expenses pursuant to their state contract. Pursuant to Chapter 14, the Division requires all local drugs court receiving state funds to submit several annual reviews which include: 1) an itemized year-end financial statement; 2) an independent audit of each year-end financial statement by a certified public accountant or other qualified auditor; 3) a random program audit and treatment review; and 4) a self-evaluation. The Division recently initiated drug court site visits to conduct program audits and has completed eighteen (18) program audits as of the date of this article.

In addition to state and local oversight, Wyoming drug courts are subject to legislative oversight. In 2007, the legislature established a Drug Court Steering Committee ("Committee") to help create a more uniform administration of drug courts. This Committee reports to the Joint Judiciary Interim Committee and has made recommendations related to the efficacy of drug courts, the different types of administrative models, proposed standards, and a funding formula. The Committee expires in 2008.

Evaluations from the State of Oregon and Dallas County, Texas, have shown that for every dollar invested in drug court, nearly ten

Funding Mechanisms

All drug courts are funded through the drug court account. The drug court account was created by statute. The current budget for drug courts is approximately nine million ($9,000,000) per biennium or four million five hundred thousand ($4,500,000) annually. The drug court budget is a combination of state general funds and tobacco settlement dollars. According to statute, each drug court that meets all qualifications is eligible for funding in an amount not to exceed two hundred thousand dollar ($200,000.00) for each fiscal year. For fiscal years 2007 and 2008, the legislature enacted a footnote that lifted the two hundred thousand dollar ($200,000.00) cap. However, for the 2008 funding cycle, grant requests exceeded the budget by almost one million dollars ($1,000,000.00). For the 2009 funding cycle, grant requests exceeded the budget by almost three hundred thousand dollars ($300,000.00). The Drug Court Panel was forced to make some difficult decisions. In light of the funding requests, budgetary limitations and recommendations from the Committee, the Division has been directed to develop a funding formula for drug courts. In 2007 and 2008, the Division commissioned a study on the funding of problem-solving courts. Dr. Cary Heck, Ph.D., University of Wyoming drafted a paper developing a funding strategy and formula for Wyoming's specialized courts. The Division, in collaboration with the Drug Court Panel, Dr. Heck and the Committee plans to promulgate emergency rules related to a funding formula prior to the fiscal year 2010 funding cycle.

A Vision for the Future

Wyoming drug courts need the state's continued support. As drug courts continue to evolve, it is the Division's hope that the Wyoming drug court statutes be expanded to include problem-solving courts.

For more information please contact
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Recovery is a 24/7 Process

What is a System of Care?

A system of care is a coordinated network of community-based services and supports that are organized to meet the challenges experienced persons with serious mental health needs and their families. The person works with their families and in partnership with public and private organizations to design mental health services and supports. The model is effective, builds on the strengths of individuals, and addresses each person's individual and cultural needs. A system of care helps children, youth, adults, and families function better at home, in school, at work, in the community and throughout life.

Is this another program?

System of care is not a program — it is a philosophy of how care should be delivered. Systems of Care is an approach to services that recognizes the importance of family, school, work, and community, and seeks to promote the full potential of every person by addressing their physical, emotional, intellectual, cultural and social needs. All parts of the person's life can be a part of the System of Care. It is a system for life and towards self-sufficiency.

> "The System of Care Model brought all of the people together for my son and family for the first time."

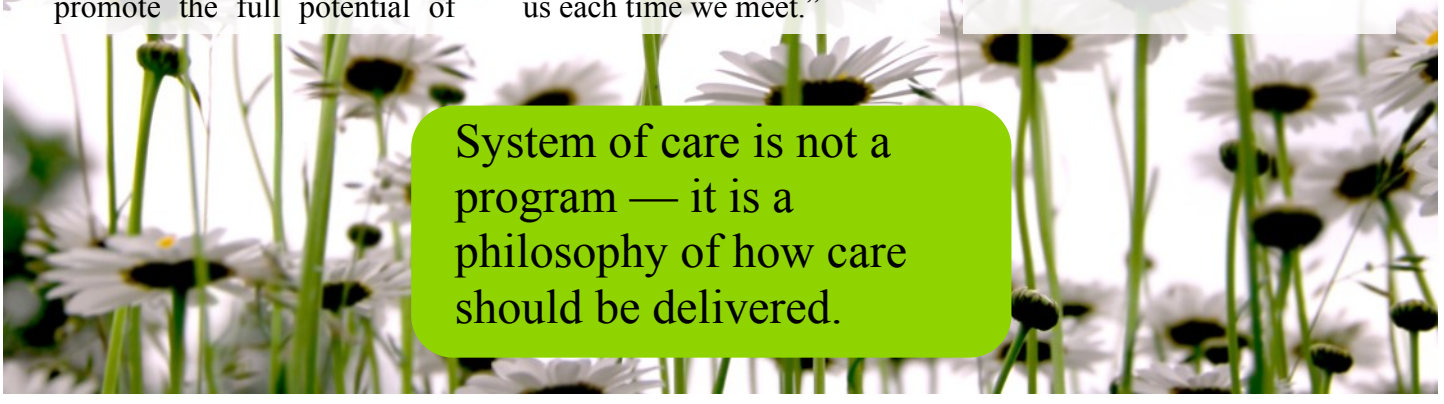
What does it look like in Wyoming?

Wyoming communities have embraced System of Care through the SAGE Initiative. Others have developed MDT's or Family Partnerships. Regardless of the collaboration title, this model places the person as the central decision maker. Decisions are made as a team and implemented as a team. Sandy Root-Elledge summarized the benefits of this model, "The System of Care Model brought all of the people together for my son and family for the first time. They are the same people we have always worked with, but now they are working together with us each time we meet."

Does it work?

SAMHSA's May 2008 National Children's Mental Health Awareness Day publication summarizes the studies around System of Care. The results are significant. Youth engaged through a system of care spend more time in school, have improved grades, reduce delinquent behaviors, and demonstrate improved emotional health. "The significant part of System of Care is that people actually get better," says Carolyn Paseneaux, coordinator of the SAGE Initiative. "They see improvements at school, at work, with friends, and throughout the community."

"These are actually time-tested principles," says WDH Deputy Director Rodger McDaniel. "Life happens 24-7. It is unrealistic to believe that major challenges can be met through any isolated program or approach. People and their families want and need to self-direct for a sustainable and positive future."



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SBIRT

Screening **B**rief **I**ntervention and **R**eferral to **T**reatment

SBIRT is a screening for tobacco, alcohol and other drug use. This public health approach delivers early intervention to people who are at risk of developing substance use disorders. The SBIRT standardized screening was rated one of the highest ranking preventative services by the American Journal of Preventative Medicine (2008). Individuals at risk for developing alcohol or drug dependency may be identified through a brief screening process in a primary care setting before they before they develop serious health issues which are also high costs to the healthcare system.

Brief and early intervention is clinically effective and cost efficient when compared to traditional treatment for someone with a fully developed dependence relationship with their substance.

In Australia, one research study revealed that 78% of people involved in SBIRT screenings said they cut down or stopped use after only one 10 – 15 minute intervention.

In a 6 month follow up Government Performance Results Assessment study of a 6 month follow up to brief intervention it was found that individual average wages increased 42%, housing stability increased by 5%, and use of the ER in the last 30 days decreased by 76%.

There will be an SBIRT booth at the upcoming WPHA Conference, September 17 - 19 – Come and learn about SBIRT, take a screening, and see how it can help you and your programs!

SBIRT is an important intervention that will help us to impact the great public health burden of substance use.
*from the World Health Organization

1. Excessive alcohol use is the third leading cause of preventable death in the U.S.
2. Little attention is paid to those who use alcohol and other drugs but are not yet dependent.
3. Many at risk users know they have a problem and are embarrassed to ask for help.
4. Many physicians are untrained to deal with the potential resistance from their patients about their substance use.
5. Risky alcohol and other substance use is the number one preventable health care issue worldwide.
6. Substance use costs over $375 billion dollars a year in lost productivity, health and legal costs.
7. More than ½ of ER patients are intoxicated at the time of the injury.
8. Tobacco use is responsible for one in ten of all deaths worldwide and is a risk factor for six of the eight leading causes of death.
9. Alcohol use is responsible for 3.2% of deaths and 4.0% of the global burden of all disease.
10. Illicit drug use is responsible for 0.4% of deaths and 0.8% of the global burden of all disease.

WHERE DO YOU DRAW THE LINE?

Wyoming Draws The Line

My father smoked cigarettes for many years. Even though my father quit smoking, he still got vocal chord cancer 15 years later. Now, I am concerned because my brother smokes and chews and my teenage son has experimented with both because of the bad examples set for him by his "friends" and relatives. I feel like tobacco should be outlawed and tobacco farmers should be subsidized to grow other things. Cigarette smoke also led to the suffocation and death of my grandfather. The line needs to be drawn at no smoking period!

My dad was an alcoholic from the time he was nine. He lost his whole family. He quit drinking when he was 45 years old and dedicated his life to Christ. My dad is my hero!!

My children's father smokes in the house. I think it is rude that one out of four people in our house smoke and he thinks its okay to smoke around us.

www.wedrawtheline.com