

Commit to your health

### IN THIS ISSUE

- McDaniel appointed to National Board of Directors for CADCA
- •Wyoming's Quitline Ranks #I pg. I
- •Wyoming Sage Photovoice
- pg. 2

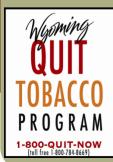
  •SBIRT Comes to

  Wyoming
- •WDH Joins Forces with Wyoming Veterans Services
- •Hats On! A New Collaboration for UW and Mental Health

pg. 3

- pg. 3
  •Children's Mental
  Health Waiver Expands into New Regions of the State
  pg. 4
- •Research and Data Unit Update
- pg. 5
- •Fiscal pg. 5
- •The Line Update pg. 6

Across all 50 states, Wyoming ranks #1 in the proportion of call attempts by state population!



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

# McDaniel Appointed to Board of National Prevention Organization

Rodger McDaniel, the deputy director of the Wyoming Department of Health with responsibility for the Mental Health and Substance Abuse Services Division, has been appointed to the National Board of Directors of the Community Anti-drug Coalitions of America (CADCA). Arthur Dean, CADCA Chair and CEO, announced McDaniel's appointment earlier this month.

CADCA's mission is to work on behalf of over 5,000 community coalitions across the country to support drug and alcohol prevention efforts. CADCA provides training and technical assistance, public policy advocacy, media strategies and marketing, conferences and special events to state and local coalitions.



May 8, 2007 - Rodger McDaniel testified at the hearing of the Senate Health, Education, Labor and Pensions (HELP)

"I am pleased to represent the Division and the dozens of Wyoming community coalitions working to reduce the threat of alcohol and other drugs on the children and families of this state," said McDaniel. "This appointment is recognition of the success of community leaders throughout Wyoming. The Department of Health believes long-term

success in prevention will come from supporting and empowering local community leaders to draw the line on the important issues affecting drug and alcoohol abuse in their neighborhoods."

In announcing McDaniel's appointment to CADCA's board Dean said, "More than any other entity, community coalitions are poised to connect multiple sectors ofcommunity including businesses, parents, media, law enforcement, schools, faith organizations, health providers, social service agencies, and government. By acting in concert through the coalition, all of the partners gain a more complete understanding of the community's problems."

## Wyoming's Quitline Ranks #1!

According to a recent National Cancer Institute (NCI) report, Wyoming had 8,313 call attempts to the Quitline in 2007. By comparison, year 2006 call attempts were 2,415. Based on a Wyoming population of 522,830 in 2007, this was 2 % of Wyoming's population that called the 1-800-Quit-Now number. The next closest state was Colorado at 1.2% of their population calling their state Quitline.

The Division contract with the American Cancer Society to

facilitate Quitline services. Their contract report from July 01,2006—May 31, 2007 shows 5,100 callers connected to the Wyoming Quitline.

According to the most recent Wyoming Statistical Analysis Center (WYSAC) report, the 3 month quit rate for Wyoming QuitLine participants is 54%, and the 6 month quit rate is 42%.

Wyoming is the ONLY state to offer all forms of nicotine replacement therapy through

their Quitline program. This includes nicotine patches, gum, lozenges, inhaler and nose spray as well as Zyban and Chantix.

While every state has a
QuitLine, the North American
Quitline Consortium reports that
22 out of 50 states do not offer
any form of nicotine replacement therapy with their Quitline.

Recently Montana and Michigan have approached Wyoming for help with their Quitline.

**GO WYOMING!** 

### PAGE 2





# Wyoming SAGE Photovoice Project

The Wyoming SAGE Photovoice Project is an advocacy, research and education component of the Wyoming SAGE System of Care. Through photographs and personal narratives children. youth, young adults, parents and guardians are given the opportunity to share their stories and experiences. Photovoice is a method that enables people to define for themselves and others including policy makers what is worth remembering and what needs to be changed. It is a multi-step process that combines photography, research, group interaction, storytelling, and

social activism. Photovoice assumes that the individuals behind the lens have the richest knowledge of their experiences and are the best persons to convey this very personalized account of their lives (Wang, 2001).

The Wyoming SAGE Photovoice Project is an ongoing statewide initiative that promotes advocacy, education and community-based research in children's mental health. Wyoming SAGE Photovoice Projects from youth, young adults, and parents/guardians have been displayed at legislative receptions, Children's Mental Health Awareness Week activities, local coffee houses and at a university art gallery. Photovoice participants have presented their work at IEPI meetings. school board meetings, local systems of care meetings, and national presentations. Photovoice images and stories have also been included in an annual calendar that was distributed among policy makers throughout the state. To date. over 80 individuals have participated in the Wyoming SAGE Photovoice Project. For additional information, p l e a s e v i s i t www.photovoicewvoming.com

### SBIRT Comes to

For more information, please visit:

http:// sbirt.samhsa.gov

www.ena.org

www.governorsinst itute.org

www.asaging.org

www.whitehousedr ugpolicy.gov

www.who.int

Screening, Brief Intervention, Referral to Treatment

(SBIRT) is a research based approach to addressing substance use and abuse. SBIRT screens those with nondependent substance use and provides effective strategies for intervention prior to the need for more extensive or specialized treatment

SBIRT involves implementation of a system within community and/or medical settings that screens for and identifies individuals with or at-risk for substance use-related problems. screening determines the severity of substance use and identifies the appropriate level of intervention. The system provides for brief intervention or brief treatment within the community setting. SBIRT also motivates and

refers those identified as needing more extensive services than provided in the community setting to a treatment setting for assessment, diagnosis, and appropriate treatment.

In Wyoming, the SBIRT approach is being initiated as part of some Public Health Nursing health screening protocols. The Cheyenne Community Clinic (The Free Clinic) and in the Public Defender's Office in Laramie County are beginning sites. We are interested in expanding the screening protocol into emergency rooms of hospitals and into physician's offices where it can be part of a full health evaluation. We have chosen to use the ASSIST screening tool, the World Health Organization Alcohol, Smoking and Substance Involvement Screening Test, which has been proven feasible, reliable, valid, flexible, comprehensive and cross culturally relevant and able to be linked to the brief interventions of SBIRT.

Nationwide, SAMHSA grantees have implemented SBIRT in trauma centers/ emergency rooms, community clinics, federally qualified health centers, and school clinics. As of August 2007, SBIRT grantees funded by SAMHSA have screened over 536,000 individuals. Preliminary data suggest the approach is successful in modifying the consumption/use patterns of those who consume five or more alcoholic beverages in one sitting and those who use illegal substances.

### The Research and Data Unit Update

The early summer months bring with them a renewed vigor and intensity of work in the Research and Data Unit. While some projects are ending with the approach of the new fiscal year, others require far greater work at this point in the funding cycle. Though our work spans many projects in the Mental Health and Substance Abuse Services Division, we too feel the ebb and flow of the funding "seasons" in state government.

There are a few projects that see heightened momentum at this time of the year. We are working to finalize the FY09 requirements for the Wyoming Client Information System (WCIS), the fully-functional client management system utilized by treatment providers across the Wyoming. The first trend reports using FY08 data are hot off the presses, and the coming year will see an increase in the outpouring of information from this system.

The Consumer Survey project is in full swing and the survey forms should arrive at local provider sites before the month's end so they can be distributed to consumers and families who would like to report back on their experience with the community treatment providers in Wyoming.

The Quality Management Program, a relatively new program in the Division, is growing quickly. This program is responsible for contract monitoring and site visits across the State. The program also works in close conjunction with CASAT (the entity in charge of substance-abuse provider certification). The Rule revision process is in full swing. Stakeholder feedback is coming in, and the Rule Revision Committee is scheduled to have the first draft of the revisions completed by July 8, 2008. The first draft will then be disseminated to providers and stakeholders and then discussed via public meetings that will begin in late July and be held throughout the state.

In other news, we are working alongside the Interagency Team to develop a solid program evaluation plan for the Wyoming Drug Court Program. Our 'special projects' list also includes such things as the "No Wrong Doors" pilot project, which includes the Screening, Brief Intervention, and Referral to Treatment (SBIRT) paradigm for early intervention. Wyoming is a leader in the use of this nationally-based paradigm at the Public Health Nursing local offices and will soon implement the same

paradigm in the Laramie County Public Defender's Office in Cheyenne (with collaboration from Peak Wellness Center).

One of the most important functions this Unit serves is as a 'first responder' to any stakeholder who may have questions that can be answered with state, local, or national data. As usual, we have been busy responding to all of the questions that come in on a weekly basis. We are also preparing the next issue of our twice-yearly data publication, "Strength in Numbers," for release in late summer.

This Unit is also responsible for the content maintenance of the Division website, which includes the "coming soon to a computer near you" Training Academy webpage (a space that provides information about local and national trainings for treatment, prevention, and intervention service providers). Significant changes and improvements have been made over the past few months. We encourage you to check it out! Find us at: http:// health.wyo.gov/mhsa/ index.html.



### Fiscal Finishes Funds

The Fiscal Unit of MHSA is in the midst of writing contracts for the next biennium – several hundred of them. Much planning from participants throughout the Division went into cleaning up and clarifying language from the current set of contracts. Many contracts are being issued as 2-year contracts to reduce the workload later in the biennium. As the biennium

comes to a close, budgets and contracts are being reconciled. We're also in the process of contract audits to insure fiscal compliance.



# dress Here

Commit to your nealth.





Wyoming.

Check out the

website to see

to a town near

you.

when it is coming

### THE LINE UPDATE

Wyoming because we have to. We live here by choice. It is who we are, self reliant and independent. We work hard, play hard, and live by the The line is motto of "live and let live." But making it's way this motto has a limit. through

"People here, you can get away with a lot until you cross the line, and once you cross the line....Things get around. You don't mess with people's friends or family...You scratch other people's back, they take care of yours. I am from Wyoming. That's how Wyoming is and that's how it should be."

A collective voice echoes throughout the State of personal choice and autonomy. A feeling of self reliance and determination keeps the free spirit alive in Wyoming. With minimal government involvement and a rejection of outside influences, Wyoming has become the place where the freedom of the old west meets modern society: where one can live for the moment, plan for the future, love with all our hearts, and strive for a better tomorrow.

We are our own motivators of change. We are what makes Wyoming great. As a Wyomingite, the choice is yours. You can draw your own lines.

"I am responsible for what I do. You are responsible for what you do. I am free to do what I choose. You are free to do what you choose. Until either of our choices hurts me or my friends, family, and especially my child." Wyoming Resident

Visit www.wedrawtheline.com for more information on the line and to read stories of where others in Wyoming draw the line.

Young Adult, Pinedale

Contact information Mental Health and Substance Abuse Services Division 6101 N. Yellowstone Rd, Suite 220 Chevenne, WY 82002 (800) 535-4006 (307) 777-6494 Fax: (307) 777-5849 Email: http://www.health.wyo.gov/mhsa/index.html