



## Ombudsman Program Activities...

The Ombudsman Program has expanded and improved during the past year, and this quarter is no exception.

### New Hire

Our latest news is that we have a new Ombudsman who has been hired to join the staff in the Cheyenne office. Emily Smith started work on March 15<sup>th</sup> and is excited to join the program. She has started working with clients and will be out to meet with agencies and organizations in the near future.

### State Outreach Trips

Trips to Gillette and Sheridan were scheduled this quarter as follow-ups from analyzing yearly data regarding number of calls from Wyoming counties. I spent three days in each community visiting with clients, consumers, and agencies. In Sheridan I was privileged to work with a therapist and client at the Mental Health Center to assist in helping the client solve a problem. I also had the opportunity to meet the director of the YMCA. The "Y" in Sheridan is a center of the community whose staff often sees people who are need of an Ombudsman service. In Gillette, I was able to meet with staff from Behavioral Health Services to discuss how the Ombudsman could be of service to them. Visits to private therapists gave me a chance to visit with people I had only met over the phone. Both trips were beneficial as is apparent by the recent increase in number of phone calls from those towns.

### Cold Weather Cause

The cold weather in Cheyenne this winter has been a catalyst for starting a warm clothing drive for the Stagecoach Drop-in Center,

which I visit Thursday afternoons each week. Through these visits, I recognized a real need for the clients to have appropriate clothing for the bitter cold

weather. I sent out emails and was soon rewarded with many donations of coats, hats, gloves and boots from citizens of Cheyenne. These items were distributed to the clients who were very appreciative and more fittingly dressed for the winter.

### Conference Requests

Conference season is starting. Many organizations have spring conferences and requests to the Ombudsman to provide a vendor table or be a speaker at the breakout sessions are increasing. We are happy to be invited and look forward to letting people know about our program. So far this year we have agreed to attend the Brain Injury Conference, Torrington Health Fair, Waiver Case Manager's Conference, NAMI Conference, and WYSAAG Conference.

### Data Collection

We have added a new category to our data collection titled "Time Spent on a Case." The total number of calls we get does not indicate how long we spend working with or for a client. By adding this field, we hope to better explain the effort required to assist clients through the Ombudsman Program.

—Martha Mullikin



## Ombudsman's Activities First Quarter 2010

- **Jan 10, 2010 & March 9, 2010:**

Coalition of Agencies Serving the Elderly (*average 8 members attending per meeting*)

- **Thursday Afternoons:** Stagecoach Drop-In Center (*average 25 people each day*)

- **Jan 19 & March 23, 2010:** Suicide Prevention Advisory Council (*average 14 members per meeting*)

- **Jan 28, 2010:** Child Mental Health Waiver Training (*with Terry Meyer-Sipe*)

- **Feb 3, 2010:** APS Team Meeting (*8 members*)

- **Feb 4, 2010:** Division of SA/MH (*with Janet Jares*)

- **Feb 24, 2010:** P&A (*2 people*)

- **March 4, 2010:** State APS Meeting (*12 members*)

- **March 18-19, 2010:** Mental Health Planning Council (*average 15 members*)

- **March 26, 2010:** Brain Injury Conference (*vendor table*)

### Out-state Trips

- **Jan 25-27, 2010, Gillette, WY:** (*Behavioral Health Services, VOA, The Way Station, Personal Frontiers, YES House, Big Horn Counseling, DFS, Public Health, County Attorney's Office*)

- **March 1-3, 2010, Sheridan, WY:** (*Volunteers of America, The Gathering Place, NWMHC, Memorial Hospital, Public Health, DFS, YMCA, Community College Counseling Center*)



## Message from the Newest Ombudsman

I feel fortunate to have been given the chance to be part of the Wyoming Substance Abuse and Mental Health Ombudsman team.

I have lived in Wyoming almost all my life and I have been working in the mental health and substance abuse field for ten years. I have a Bachelor's Degree in social work from Boise State University. Having worked in three different states, I truly believe that Wyoming has a wealth of services and programs to offer people seeking services for mental health or substance abuse reasons. I am pleased to be a liaison and facilitator between the people of Wyoming and the services offered

through the Ombudsman Program. As a social worker, it is important to me to be an advocate for people who are struggling to access or navigate the services that they need.

I hope that my training in community mental health, my background working with people who have mental illness and substance abuse issues, and my experience working with law enforcement in crisis situations will be helpful to the Ombudsman program. I love talking to people, answering questions, and sharing ideas. Please feel welcome to call and talk with me at any time.

*~Emily Smith*

## Mental Illness Detentions Increase in Goshen County

Emergency (mental illness) detentions are on the rise in Goshen County.

When Bryan Morehouse joined the Goshen County Sheriff's Department in 1998, the number of detentions floated around three to four each year. That number has ballooned to approximately 23 thus far in fiscal year 2009.

"For whatever reason it might be, we're seeing an increase in mental illness in Goshen County," the sheriff's captain said.

The department is already about \$10,000 over budget just nine months into the fiscal year because of the drastic increase. More-

house said the department has spent \$35,321 on placement services so far this fiscal year.

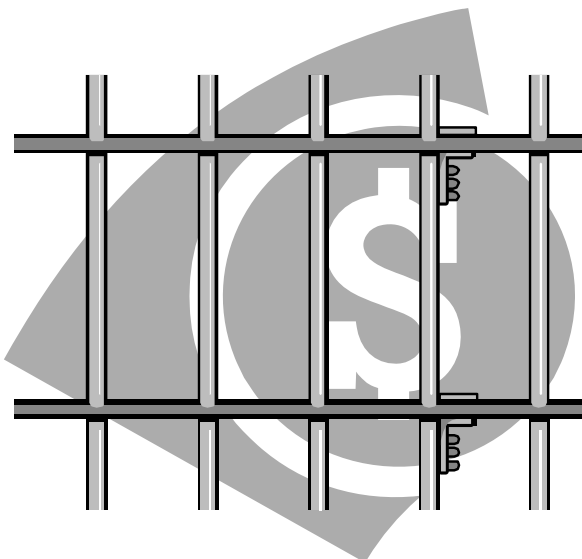
Regardless of the detaining agency in Goshen County, Morehouse said the sheriff's department is ultimately responsible for the care and well being of mentally ill individuals.

The county entered into a contract with Regional West Health Services in Scottsbluff (Nebraska) several years ago because Goshen County lacks a suitable facility to house and care for the mentally ill. State statute requires (that) law enforcement personnel provide care for the detained person in a treatment setting for the 72-hour period they're in custody.

"The whole goal of keeping them out of jail, is to decriminalize mental issues," Morehouse said.

Torrington Police Chief Billy Janes said he remembered a time in the 1970s when police officers simply jailed mentally disabled people but said society has evolved to better understand and identify proper care.

*~By Andrew Cummins  
Torrington Telegram*





## Studies Show that Physical Exercise May Have Potential Roll in Addiction Management & Substance Abuse Prevention

Strange as it may sound, the road to addiction recovery might start on a treadmill.

A series of studies evaluating the relationship between exercise and substance abuse has produced promising results, prompting the National Institute on Drug Abuse to offer \$4 million in grant money for additional research into whether regular vigorous activity can prevent addiction.

"Exercise has been shown to be beneficial in so many areas of physical and mental health," NIDA Director Dr. Nora Volkow said in a press release announcing a two-day conference on the role of physical activity in addiction prevention. "This cross-disciplinary meeting is designed to get scientists thinking creatively about [exercise's] potential role in substance abuse prevention."

The release said that more than 100 scientists were scheduled to gather at NIDA headquarters in Bethesda, Maryland, June 5 and 6 to plot a course for further exploration of this emerging approach to addiction prevention and rehabilitation.

### Success With Smokers

Drug rehabilitation programs have long included exercise regimens to strengthen the bodies of recovering addicts and to occupy their time and minds. But a Brown University study in the late 1990s showed that regular vigorous activity could actually affect an addicted individual's ability to remain abstinent.

The Brown study, which was led by Bess Marcus of the university's Center for Behavioral and Preventive Medicine, evaluated the effects of exercise on 281 healthy but sedentary females who were attempting to stop smoking. For 12 weeks, all of the women in the study attended a weekly smoking-cessation program – but 147 participants were also enrolled in thrice-weekly wellness classes, while the remaining 134 participated in supervised exercise sessions three times per week.

According to a ScienceDaily article from June 16, 1999, the women in the study who participated in the exercise program were twice as likely to become and remain smoke-free as were the women who attended the wellness classes, but didn't exercise:

\* At the end of 12 weeks, 19.4 percent of exercisers had kicked the habit for at least two months – almost double the 10.2 percent rate of the non-exercising control group.

\* Three months later, 16.4 percent of the exercisers and 8.2 percent of the non-exercisers were still not smoking.

\* One year after the study, 11.9 percent of the exercisers remained smoke-free, compared with 5.4 percent of the women in the non-exercising group.

Even within the more successful exercise group, Science Daily reported, the percentages were best among

those who had attended the greatest number of workouts. "Of these women, 47.2 percent had ceased smoking and stayed cigarette-free compared to 28.9 percent of the non-exercise group at the end of 12 weeks. A year after the program ended, 27.8 percent of women who had adhered to the exercise regimen had not smoked compared to 18.1 percent of non-exercisers."

In a release distributed by the Brown University News Bureau, Marcus said that regular activity offered a wealth of benefits for individuals who were attempting to kick a tobacco addiction. "There are numerous health benefits to participating in an exercise program," she said. "For starters, exercise helps you manage weight, stress, mood, anxiety, depression and blood lipids."



### Effect on Other Addictions

The Brown study was not the first research involving exercise and addiction. Scott Winnail, Ph.D., who authored a study published in the December 1995 edition of the Journal of School Health, wrote that his research led him to conclude that increases in physical activity levels were associated with decreases in teens' use of tobacco and marijuana. But, as indicated by the importance NIDA officials attached to the organization's recent seminar on the topic, the idea that the very act of exercising can increase an individual's ability to overcome an addiction is a relatively new concept that merits additional evaluation.

Associated Press medical reporter Lauran Neergaard, who wrote a June 9, 2008 article on the NIDA conference, noted this interest may have been inspired in part by the following findings:

\* Researchers have discovered that rats whose cages contained running wheels were less likely to ingest amphetamines than were more sedentary rodents.

\* Exercise in humans is known to trigger the release of dopamine, a brain chemical that has been associated with mood improvements and depression relief.

\* Studies have shown that elderly individuals who exercise have improved brain function and may, as a result, be less susceptible to the effects of dementia.

The recent studies and NIDA's increased attention are part of a continuum of research and reports advocating regular physical activity to preclude the onset of a wide range of physical and mental diseases and conditions. The findings of these studies are encouraging many addiction treatment programs to include physical exercise.

~By Hugh C. McBride, Drug-Rehab.com



This quarterly data report includes all individuals for whom a formal intake was done during the quarter. This includes cases that may not yet be closed. We are continuing to use entry dates to determine case numbers. If some of the data seem not to total the appropriate number, this could be caused by cases not being closed at this time or information that is not available.

<b>Clients Served by Services Provided</b> <i>from 1/1/2010 to 3/31/2010</i>	
<u>Services Provided</u>	<u>Count</u>
Coaching/Information	46
Informal Assistance/ Mediation	22
Investigation	8
Referral	18

<b>Clients Served by Ethnic Status</b> <i>from 1/1/2010 to 3/31/2010</i>	
<u>Ethnicity</u>	<u>Count</u>
American Indian/Alaska Native	1
Black/African American	3
Caucasian	57
Spanish/Hispanic/Latino	4
Unknown	6

<b>Clients Served by Education</b> <i>from 1/1/2010 to 3/31/2010</i>	
<u>Education</u>	<u>Count</u>
None or Some High School	14
High School	27
College Graduate	4
GED	1
Unknown	25

<b>Clients Served by Gender</b> <i>from 1/1/2010 to 3/31/2010</i>	
<u>Gender</u>	<u>Count</u>
Female	45
Male	30

<b>Clients Served by Age</b> <i>from 1/1/2010 to 3/31/2010</i>	
<u>Age Range</u>	<u>Count</u>
Under 18	3
18 to 24	8
25 to 44	21
45 to 64	13
65 to 84	7
85 and over	2
Not reported	20

<b>Clients Served by Time Spent on Case</b> <i>from 1/1/2010 to 3/31/2010</i>	
<u>Time Spent</u>	<u>Count</u>
0-1 hour	24
1-3 hours	31
3-5 hours	2
5-7 hours	2

<b>Clients Served by Issue</b> <i>from 1/1/2010 to 3/31/2010</i>	
<u>Issue</u>	<u>Count</u>
Abuse, Neglect, Exploitation	8
Access to Information	15
Access to Mental Health Services	13
Anxiety	5
Care/Treatment	22
Child & Family Services	3
Child Custody/Visitation	1
Commitment to Mental Health Facility	5
Criminal Justice System	7
Discharge Planning	10
Discrimination/ADA	1
Emergency Detention Cost	2
Employment	6
Eviction	3
Financial Exploitation	3
Financial Need	7
Guardianship/Conservator	11
Health Insurance	2
Home Health Care	1
Housing	11
Legal	10
Locating Appropriate Placement	11
Marital Relationship	2
Medicaid/Medicare	2
Patient Rights	9
Prescription Drugs	4
Provider Concerns	2
Representative Payee	3
Sexual Assault	1
Social Security	5
Suicidal	1
Unknown/Other	5

<b>Clients Served by Living Arrangements</b> <i>from 1/1/2010 to 3/31/2010</i>	
<u>Living Arrangements</u>	<u>Count</u>
Alone/Independent	18
Correctional Facility/Jail	4
Group Home	5
Homeless	1
Nursing Home/Assisted Living	4
Psychiatric Inpatient Hospital	13
Residential Treatment Hospital	2
Supervised Apartments	1
With Child Under Age 18	1
With Friends/Other Adults	2
With Other Family Members	8
With Parents	4
With Spouse/Domestic Partner	7
Unknown	3

<b>Clients Served by County</b> <i>from 1/1/2010 to 3/31/2010</i>	
<u>County</u>	<u>Count</u>
Albany	4
Big Horn	1
Campbell	4
Carbon	1
Converse	4
Fremont	2
Goshen	4
Laramie	16
Lincoln	1
Natrona	10
Park	2
Sheridan	5
Sublette	1
Sweetwater	3
Uinta	15
Washakie	2

<b>Client Outcomes</b> <i>from 1/1/2010 to 3/31/2010</i>	
<u>Outcome</u>	<u>Count</u>
Complaint Was Unsubstantiated	3
Corrective Action Taken	1
Referred to Another Agency	1
Still Open	14
No Further Action Can Be Taken	2
Satisfactorily Resolved	37
Withdrawn/No Response/Undeterm.	4

<b>Clients Served by Referral Source</b> <i>from 1/1/2010 to 3/31/2010</i>	
<u>Referral Source</u>	<u>Count</u>
Friend/Family	4
LTC Ombudsman	3
Mental Health Center	8
Mental Health Division	3
NAMI	11
Nursing Home	1
Posters/Flyers	5
Presentations	4
Public Health	1
Social Worker	2
Wyoming Guardianship Corporation	3
Wyoming State Hospital	1
Unknown	6

