Wyoming

UNIFORM APPLICATION
FY 2016/2017 - STATE BEHAVORIAL HEALTH ASSESSMENT AND PLAN

SUBSTANCE ABUSE PREVENTION AND TREATMENT
and
COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/12/2015 - Expires 06/30/2018
(generated on 08/30/2016 9.51.29 AM)

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

and

Center for Mental Health Services
Division of State and Community Systems Development

State Information

State Information

Plan Year

Start Year	2016
End Year	2017

State SAPT DUNS Number

Number	809915796
Expiration Date	

I. State Agency to be the SAPT Grantee for the Block Grant

Agency Name	Wyoming Department of Health
Organizational Unit	Behavioral Health Division
Mailing Address	6101 Yellowstone Rd. Ste 220
City	Cheyenne
Zip Code	82002

II. Contact Person for the SAPT Grantee of the Block Grant

First Name	Chris
Last Name	Newman
Agency Name	Wyoming Department of Health
Mailing Address	6101 Yellowstone Rd. Ste 220
City	Cheyenne
Zip Code	82002
Telephone	307-777-6494
Fax	
Email Address	chris.newman@wyo.gov

State CMHS DUNS Number

Number	809915796
Expiration Date	3/30/2017

I. State Agency to be the CMHS Grantee for the Block Grant

Agency Name	Wyoming Department of Health
Organizational Unit	Behavioral Health Division
Mailing Address	6101 Yellowstone Rd Ste 220
City	Cheyenne
Zip Code	82002

II. Contact Person for the CMHS Grantee of the Block Grant

First Name	Chris
Last Name	Newman
Agency Name	Wyoming Department of Health
Mailing Address	6101 Yellowstone Road, Suite 220

City	Cheyenne
Zip Code	82002
Telephone	(307) 777-8763
Fax	(307) 777-5849
Email Address	chris.newman@wyo.gov

III. State Expenditure Period (Most recent State expenditure period that is closed out)

From	
To	

IV. Date Submitted

Submission Date	8/30/2016 9:51:15 AM
Revision Date	

V. Contact Person Responsible for Application Submission

First Name	Aurie
Last Name	Garcia
Telephone	307-777-7903
Fax	307-777-5580
Email Address	aurie.garcia@wyo.gov

Footnotes:

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [SA]

Fiscal Year 2017

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Substance Abuse Prevention and Treatment Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1921	Formula Grants to States	42 USC § 300x-21
Section 1922	Certain Allocations	42 USC § 300x-22
Section 1923	Intravenous Substance Abuse	42 USC § 300x-23
Section 1924	Requirements Regarding Tuberculosis and Human Immunodeficiency Virus	42 USC § 300x-24
Section 1925	Group Homes for Recovering Substance Abusers	42 USC § 300x-25
Section 1926	State Law Regarding the Sale of Tobacco Products to Individuals Under Age 18	42 USC § 300x-26
Section 1927	Treatment Services for Pregnant Women	42 USC § 300x-27
Section 1928	Additional Agreements	42 USC § 300x-28
Section 1929	Submission to Secretary of Statewide Assessment of Needs	42 USC § 300x-29
Section 1930	Maintenance of Effort Regarding State Expenditures	42 USC § 300x-30
Section 1931	Restrictions on Expenditure of Grant	42 USC § 300x-31
Section 1932	Application for Grant; Approval of State Plan	42 USC § 300x-32
Section 1935	Core Data Set	42 USC § 300x-35
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
Section 1943	Additional Requirements	42 USC § 300x-53

Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57
Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g)

protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
16. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
17. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

LIST of CERTIFICATIONS

1. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part 93). By signing and submitting this application, the applicant is providing certification set out in Appendix A to 45 CFR Part 93.

2. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Department of Health and Human Services terms and conditions of award if a grant is awarded as a result of this application.

3. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

The authorized official signing for the applicant organization certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The applicant organization agrees that it will require that the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

The Department of Health and Human Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the DHHS mission to protect and advance the physical and mental health of the American people.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: _____

Signature of CEO or Designee[1]: _____

Title: _____ Date Signed: _____

mm/dd/yyyy

[1]If the agreement is signed by an authorized designee, a copy of the designation must be attached.

Footnotes:

MATTHEW H. MEAD
GOVERNOR

THE STATE OF WYOMING

STATE CAPITOL
CHEYENNE, WY 82002

Office of the Governor

October 13, 2011

Ref.: F-2011-627

Ms. Virginia Simmons
Grants Management Officer
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road 7-1109
Rockville, MD 20850

Dear Ms. Simmons:

Community Mental Health and Substance Abuse Prevention and Treatment Plan and Report

This delegation of authority has been requested by the Wyoming Department of Health, Behavior Health Division, Mental Health and Substance Abuse Services Section. The purpose of this delegation is in regard to Community Mental Health and Substance Abuse Prevention and Treatment Plan and Report, pursuant to Section 529 of the Public Health Services Act, which requires that each funding agreement is made through certification from the Chief Executive Officer of a state.

I hereby delegate authority to Thomas O. Forslund, Director of the Wyoming Department of Health, to execute funding agreements and certification, provide assurances of compliance to the Secretary, and to perform similar acts relevant to the administration of the Community Mental Health and Substance Abuse Prevention and Treatment Plan and Report, until such time as this delegation of authority is rescinded in writing.

Best regards,

Matthew H. Mead
Governor

TOF/jg

PHONE: (307) 777-7434

FAX: (307) 632-3909

LIST of CERTIFICATIONS

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Name of Chief Executive Officer (CEO) or Designee: Thomas O. Forslund

Signature of CEO or Designee[1]: Thomas O Forslund

Title: Director

Date Signed: 8/18/16

mm/dd/yyyy

[1] If the agreement is signed by an authorized designee, a copy of the designation must be attached.

Wyoming OMB No. 0930-0168 Approved: 06/12/2015 Expires: 06/30/2018 Page 108 of 148

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]

Fiscal Year 2017

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Community Mental Health Services Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Title XIX, Part B, Subpart III of the Public Health Service Act		
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1. CERTIFICATION REGARDING LOBBYING

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I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: _____

Signature of CEO or Designee[1]: _____

Title: _____ Date Signed: _____

mm/dd/yyyy

[1]If the agreement is signed by an authorized designee, a copy of the designation must be attached.

Footnotes:

MATTHEW H. MEAD
GOVERNOR

THE STATE OF WYOMING

STATE CAPITOL
CHEYENNE, WY 82002

Office of the Governor

October 13, 2011

Ref.: F-2011-627

Ms. Virginia Simmons
Grants Management Officer
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road 7-1109
Rockville, MD 20850

Dear Ms. Simmons:

Community Mental Health and Substance Abuse Prevention and Treatment Plan and Report

This delegation of authority has been requested by the Wyoming Department of Health, Behavior Health Division, Mental Health and Substance Abuse Services Section. The purpose of this delegation is in regard to Community Mental Health and Substance Abuse Prevention and Treatment Plan and Report, pursuant to Section 529 of the Public Health Services Act, which requires that each funding agreement is made through certification from the Chief Executive Officer of a state.

I hereby delegate authority to Thomas O. Forslund, Director of the Wyoming Department of Health, to execute funding agreements and certification, provide assurances of compliance to the Secretary, and to perform similar acts relevant to the administration of the Community Mental Health and Substance Abuse Prevention and Treatment Plan and Report, until such time as this delegation of authority is rescinded in writing.

Best regards,

Matthew H. Mead
Governor

TOF/jg

PHONE: (307) 777-7434

FAX: (307) 632-3909

LIST of CERTIFICATIONS

1. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part 93). By signing and submitting this application, the applicant is providing certification set out in Appendix A to 45 CFR Part 93.

2. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Department of Health and Human Services terms and conditions of award if a grant is awarded as a result of this application.

3. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

The authorized official signing for the applicant organization certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The applicant organization agrees that it will require that the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

The Department of Health and Human Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the DHHS mission to protect and advance the physical and mental health of the American people.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Thomas O. Forslund

Signature of CEO or Designee[1]: Thomas O Forslund

Title: Director

Date Signed: 8/18/16

mm/dd/yyyy

[1]If the agreement is signed by an authorized designee, a copy of the designation must be attached.

Wyoming OMB No. 0930-0168 Approved: 06/12/2015 Expires: 06/30/2018 Page 12 of 42

State Information

Disclosure of Lobbying Activities

To View Standard Form LLL, Click the link below (This form is OPTIONAL)

Standard Form LLL (click here)

Name	Thomas O Forslund
Title	Director
Organization	Wyoming Department of Health

Signature: _____ Date: _____

Footnotes:

Planning Tables

Table 2 State Agency Planned Expenditures [MH]

Planning Period Start Date: 7/1/2016 Planning Period End Date: 6/30/2017

Activity (See instructions for using Row 1.)	A.Substance Abuse Block Grant	B.Mental Health Block Grant	C.Medicaid (Federal, State, and Local)	D.Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E.State Funds	F.Local Funds (excluding local Medicaid)	G.Other
1. Substance Abuse Prevention* and Treatment							
a. Pregnant Women and Women with Dependent Children*							
b. All Other							
2. Substance Abuse Primary Prevention							
3. Tuberculosis Services							
4. HIV Early Intervention Services							
5. State Hospital			$0	$0	$0	$0	$0
6. Other 24 Hour Care		$0	$0	$0	$0	$0	$0
7. Ambulatory/Community Non-24 Hour Care		$449,469	$0	$0	$26,384,731	$0	$0
8. Mental Health Primary Prevention**		$0	$0	$0	$0	$0	$0
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)		$52,879	$0	$0	$0	$0	$0
10. Administration (Excluding Program and Provider Level)		$26,439	$0	$0	$1,464,945	$0	$0
11. Total	$0	$528,787	$0	$0	$27,849,676	$0	$0

* Prevention other than primary prevention

** It is important to note that while a state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED.

Footnotes:

Methodology for calculating numbers in Table 2:

Unit 2501:

1/4 of 100 series (personnel) =$694,096
G2ADMH $84,651
G4AMDH $5,833
G9ADM7 $469,104
Total: $1,253,684

Unit 2502:
G6MHT7 $211,263

Unit 2506:
G6MHTR $18,743,391

Unit 2508:
G6MHR7 $7,641,340

Administration:
Unit 2501: $1,253,684
Unit 2502: $211,263
Total: $1,464,945

Treatment:
Unit 2506: $18,743,391
Unit 2508: $7,641,340
Total: $26,384,731

Planning Tables

Table 4 SABG Planned Expenditures

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

Expenditure Category	FY 2016 SA Block Grant Award	FY 2017 SA Block Grant Award
1 . Substance Abuse Prevention* and Treatment	$3,114,589	$3,114,589
2 . Substance Abuse Primary Prevention	$839,512	$839,512
3 . Tuberculosis Services	$33,580	$33,580
4 . HIV Early Intervention Services**		
5 . Administration (SSA Level Only)	$209,878	$209,878
6. Total	$4,197,559	$4,197,559

* Prevention other than primary prevention

** 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 96.128(b) of the Substance Abuse Prevention and Treatment Block Grant; Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the HIV Surveillance Report produced by CDC, National Center for HIV/AIDS, Hepatitis, STD and TB Prevention. The HIV Surveillance Report, Volume 24, will be used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective FY 2016 SABG allotments to establish one or more projects to provide early intervention services for HIV at the sites at which individuals are receiving SUD treatment services. In FY 2012, SAMHSA developed and disseminated a policy change applicable to the EIS/HIV which provided any state that was a "designated state" in any of the three years prior to the year for which a state is applying for SABG funds with the flexibility to obligate and expend SABG funds for EIS/HIV even though the state does not meet the AIDS case rate threshold for the fiscal year involved. Therefore, any state with an AIDS case rate below 10 or more such cases per 100,000 that meets the criteria described in the 2012 policy guidance would be allowed to obligate and expend FY 2016 SABG funds for EIS/HIV if they chose to do so.

Footnotes:

Substance Abuse Prevention: 20%
Substance Abuse Treatment: 60.2%+Women's Treatment: 14.00%
Administration: 5%
Tuberculosis: .80%

Planning Tables

Table 5a SABG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

Strategy	IOM Target	FY 2016	FY 2017
		SA Block Grant Award	SA Block Grant Award
Information Dissemination	Universal	$96,504	$96,600
	Selective	$32,168	$32,170
	Indicated		
	Unspecified		
	Total	$128,672	$128,770
Education	Universal	$94,909	$94,909
	Selective	$31,637	$31,637
	Indicated		
	Unspecified		
	Total	$126,546	$126,546
Alternatives	Universal	$5,315	$5,000
	Selective		
	Indicated		
	Unspecified		
	Total	$5,315	$5,000
Problem Identification and Referral	Universal	$6,511	$6,500
	Selective	$3,992	$4,000
	Indicated		
	Unspecified		
	Total	$10,503	$10,500

Community-Based Process	Universal	$247,310	$247,530
	Selective		
	Indicated		
	Unspecified		
	Total	$247,310	$247,530
Environmental	Universal	$238,971	$238,971
	Selective	$15,948	$15,948
	Indicated		
	Unspecified		
	Total	$254,919	$254,919
Section 1926 Tobacco	Universal		
	Selective		
	Indicated		
	Unspecified		
	Total	$0	$0
Other	Universal	$60,315	$60,315
	Selective	$5,932	$5,932
	Indicated		
	Unspecified		
	Total	$66,247	$66,247
Total Prevention Expenditures		$839,512	$839,512
Total SABG Award*		$4,197,559	$4,197,559
Planned Primary Prevention Percentage		20.00 %	20.00 %

*Total SABG Award is populated from Table 4 - SABG Planned Expenditures

Footnotes:

Section 1926 Tabacco will be paid using other funds.

Planning Tables

Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

Activity	FY 2016 SA Block Grant Award	FY 2017 SA Block Grant Award
Universal Direct	$132,727	$145,025
Universal Indirect	$604,784	$604,800
Selective	$98,055	$89,687
Indicated	$3,946	$0
Column Total	$839,512	$839,512
Total SABG Award*	$4,197,559	$4,197,559
Planned Primary Prevention Percentage	20.00 %	20.00 %

*Total SABG Award is populated from Table 4 - SABG Planned Expenditures

Footnotes:

Planning Tables

Table 5c SABG Planned Primary Prevention Targeted Priorities

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

Targeted Substances	
Alcohol	b
Tobacco	e
Marijuana	b
Prescription Drugs	b
Cocaine	e
Heroin	e
Inhalants	e
Methamphetamine	e
Synthetic Drugs (i.e. Bath salts, Spice, K2)	e
Targeted Populations	
Students in College	e
Military Families	e
LGBTQ	e
American Indians/Alaska Natives	e
African American	e
Hispanic	e
Homeless	e
Native Hawaiian/Other Pacific Islanders	e
Asian	e
Rural	b
Underserved Racial and Ethnic Minorities	e

Footnotes:

Planning Tables

Table 6a SABG Resource Development Activities Planned Expenditures

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

Activity	FY 2016 SA Block Grant Award				FY 2017 SA Block Grant Award			
	Prevention	Treatment	Combined	Total	Prevention	Treatment	Combined	Total
1. Planning, Coordination and Needs Assessment		$0	$0	$0	$0	$0	$0	$0
2. Quality Assurance		$5,000	$0	$5,000	$0	$0	$0	$0
3. Training (Post-Employment)		$0	$0	$0	$0	$0	$0	$0
4. Education (Pre-Employment)		$0	$0	$0	$0	$0	$0	$0
5. Program Development		$0	$0	$0	$0	$0	$0	$0
6. Research and Evaluation	$80,000	$0	$0	$80,000	$0	$0	$0	$0
7. Information Systems		$0	$0	$0	$0	$0	$0	$0
8. Total	$80,000	$5,000	$0	$85,000	$0	$0	$0	$0

Footnotes:

Planning Tables

Table 6b MHBG Non-Direct Service Activities Planned Expenditures

Planning Period Start Date: 7/1/2016 Planning Period End Date: 6/30/2017

Service	Block Grant
MHA Technical Assistance Activities	
MHA Planning Council Activities	$15,000
MHA Administration	$11,439
MHA Data Collection/Reporting	
MHA Activities Other Than Those Above	
Total Non-Direct Services	$26439

Comments on Data:

Footnotes:
Planning Council Budget: $15,000
MH Administration is 5% of award minus Planning Council

Environmental Factors and Plan

22. State Behavioral Health Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application

Narrative Question:

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council for adults with SMI or children with SED. To meet the needs of states that are integrating mental health and substance abuse agencies, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance abuse, referred to here as a Behavioral Health Advisory/Planning Council (BHPC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance abuse prevention and treatment advisory council to ensure that the council reviews issues and services for persons with, or at risk for, substance abuse and substance use disorders. To assist with implementing a BHPC, SAMHSA has created Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration.[97]

Additionally, Title XIX, Subpart III, section 1941 of the PHS Act (42 U.S.C. 300x-51) applicable to the SABG and the MHBG, requires that, as a condition of the funding agreement for the grant, states will provide an opportunity for the public to comment on the state block grant plan. States should make the plan public in such a manner as to facilitate comment from any person (including federal, tribal, or other public agencies) both during the development of the plan (including any revisions) and after the submission of the plan to SAMHSA.

For SABG only - describe the steps the state took to make the public aware of the plan and allow for public comment.

For MHBG and integrated BHPC; States must include documentation that they shared their application and implementation report with the Planning Council; please also describe the steps the state took to make the public aware of the plan and allow for public comment.

SAMHSA requests that any recommendations for modifications to the application or comments to the implementation report that were received from the Planning Council be submitted to SAMHSA, regardless of whether the state has accepted the recommendations. The documentation, preferably a letter signed by the Chair of the Planning Council, should state that the Planning Council reviewed the application and implementation report and should be transmitted as attachments by the state.

Please consider the following items as a guide when preparing the description of the state's system:

1. How was the Council actively involved in the state plan? Attach supporting documentation (e.g., meeting minutes, letters of support, etc.).
2. What mechanism does the state use to plan and implement substance abuse services?
3. Has the Council successfully integrated substance abuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work?
4. Is the membership representative of the service area population (e.g., ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)?
5. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families and other important stakeholders, and how it has advocated for individuals with SMI or SED.

Additionally, please complete the Behavioral Health Advisory Council Members and Behavioral Health Advisory Council Composition by Member Type forms.[98]

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[97] http://beta.samhsa.gov/grants/block-grants/resources

[98] There are strict state Council membership guidelines. States must demonstrate: (1) the involvement of people in recovery and their family members; (2) the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council; and (3) no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services.

Please use the box below to indicate areas of technical assistance needed related to this section:

There are no areas of technical assistance needed in this section.

Footnotes:

Behavioral Health Advisory Council Minutes
November 13, 2015
Cheyenne, Wyoming

November 13, 2015 - Called to Order at 8:30 am

- ✓ Attendance: Rob Johnston; Aurie Garcia; Laura Griffith, Sam Boberly, Alice Russler, Brenda Stout, Nicky Harper, Jessi Westling, Jeff Lamm, Sue Wilson, Kelly Stewart, Sherry Mercer, Angela Mason, Kim Hair, Martin Kury, Ted Izzo – Did not have a quorum

- ✓ Council Business – What's happening in Your Community?
  - Introductions
  - Motion to approve minutes – Laura, Brenda & Nicky approve the minutes
  - Jeff (DFS) – Audits are going on. Process of mock reviews and also Title 4E reviews (May)
  - Nicky – Got new case management system. Forging ahead with VIOLA (?). Partner with WDE and possibly DOC. Employment 1st trying to get off the ground.
  - Sherry –.There is a person overseeing to make sure people coming through the ER for initial evaluations are well trained. They are making sure they get the correct aftercare at Sheridan Memorial Hospital. Sandy Dell is the contact.
  - Angela – Protection and Advocacy – Revised service animal publication. Service animal vs. companion animal.
  - Jessi – In September they had the largest number of clients served in the course of the program. They had 46 cases. Most calls were concerning legal issues. Title 25 meeting in November.
  - Brenda – ICP 10 system in place since October 10. It is going well so far. Navigent is reviewing data.
  - Martin – Probation and parole with CTC in Cheyenne. Trying to get a feel for disconnects.
  - Kim – Helping Martin and worked on the bylaws integrating substance abuse.
  - Laura – Recover Wyoming had a very vigorous September. Chris Herren (ex-basketball player) spoke and they had 300 people at the Civic Center and around 350 in Laramie.
  - Sue – Labor Committee in Buffalo. Tobacco Trust Fund spending more than we are getting. Felt strongly that prevention programs on top tier, especially in the corrections department. Coalition against domestic violence just appointed.
  - Ted – Advocating to get bill passed to renew contract for HUD. Rent has tripled. He went to town council and newspaper to get money so people can stay in their apartments. They only have until January. If contract not renewed, they won't get their money for their homes. Many people with mental health and substance abuse will be out on the street. Youth activity director for Knights of Columbus working on Wyoming Lotto Commission. Next meeting 12/9/15.

- ✓ Nicky Harper
  - Perceived that people with SMI & SPI can't work. They can be as productive as anyone else.
  - "You don't fit it" stigma
  - Helping coaches help people be more productive.
  - Would come through budgeting process instead of a bill
  - One with Medicaid portion and one without.

BREAK

Behavioral Health Advisory Council Minutes
November 13, 2015
Cheyenne, Wyoming

- ✓ Alice's Update
  - Alice's last meeting
  - Bring system of care. Significant improvement in wait time (1.3-2.6 days average). Ultimately same day access.
  - Measuring GAP scores use DLA 20. Measures functioning.
  - Tracking employment and housing – slight improvements.
  - Higher need clients benefit more.
  - Need to think of providers as businesses.
  - Have to make changes or our system will suffer.
  - We are at a critical phase and need legislative support.
  - Put funds where safety is an issue, not population.
  - Chris Newman makes decision about Alice's replacement on the Council and payment reform.
  - SAMSHA site visit went very well. Good exit interview.
  - Two pilot programs (Central and Southwest in Rock Springs and Natrona).
  - Wyolotto
    - ☑ Required to spend over $200,000/yr in unclaimed prize money for treatment for problem gambling (they have established 4).
    - ☑ Maybe showing up for depression, but won't admit problem with gambling.
    - ☑ Bigger problem around where casinos are.

- ✓ Aurie's Update
  - Mental health report due December 10, still in draft form.
  - Where block grant dollars are sent to.
  - First episode psychosis treatment – WICHE. Adolescents and adults in early stages.
  - Add Regina to agenda for next meeting.

- ✓ Sam Boberly – DOC
  - Is compliance with case management being met? After audits it was found they are in the 90th percentile.
  - Are case managers engaging offenders?
  - Standardized assessment tools are great.
  - Follow up with housing/development not really being done sufficiently. Getting to information is difficult once paroled because information is entered differently by different parole officers.
  - Can be tracked through systems we support. A lot of people are not being tracked if they aren't in our system.
  - People should have care while incarcerated. Trying to do the right thing and proving best treatment.

- ✓ Kim Hair – Bylaw Changes
  - Integrating substance abuse

- ✓ Discussed who could/could not be a voting member
- ✓ Aurie & Rob to work on proposed changes to bylaws then email out to members.
- ✓ Rob to work on new member list.

- ✓ Rob and Ted to be Chair & Vice Chair.
- ✓ Work on poster presentation – Check with Janet Jares about working on it.
- ✓ Ask about reimbursement for other Council Members if they travel to Cheyenne
- ✓ Move to one day meeting on Friday, March 18 from 10:00-3:00.

- ✓ Meeting adjourned 2:00

Behavioral Health Advisory Council Minutes
April 15, 2016
Hilton Garden Inn
Casper, Wyoming

April 15, 2016 - Called to Order at 8:30 am

- ✓ Attendance: Rob Johnston, Martin Kury, Kim Hair, Jessi Westling, Chris Rudd, Kellie Webb, Kim Summerall-Wright, Angela Mason, Sam Borbely, Dania Ballard, Paul Demple, Jane Fogelman, Sue Wilson, JoAnn Numoto, Aurie Garcia

- ✓ ABSENT: Trish Bannon, Elizabeth Parker, Philip Shupe, Ted Izzo, Sherry Mercer, Laura Griffith, Marilee NiEtain, Nicky Harper, Jeff Lann, Jeff Wasserberger, Fred Snelson

- ✓ Council Business – What's happening in Your Community?
  - Introductions
  - Rob Johnston – Chairs committee, GLBT representative. Integration of services in Casper. Identify gaps and what needs are.
  - Sue Wilson – Representative. Continue working on Title 25. Introduced a bill that she will bring back to session to set up grant to fund community to bring together various groups to figure out where gaps are in services available for mental health and substance abuse. Small and creative projects.
  - Jessi Westling – Ombudsman. Submitting 3rd Quarter report. Discussed 5 top issues. Numbers are still up.
  - Kim Hair – Consumer. Recovery, drug abuse
  - Martin Kury – Consumer. Disconnect between probation/halfway house.
  - Chris Rudd – Veterans Outreach program. Great strides for veterans.
  - Paul Demple – Involved with Title 25, Governor's task force. Payment reform WAMHSAC co-chair on Data Group.
  - Amanda Jones – NAMI. Rob trying to get on council. Build affiliates to entire state of Wyoming.
  - JoAnn Numoto – Department of Education.
  - Dania Ballard – MHSA Administrator. Payment reform. Contract season underway.
  - Sam Borbely – Department of Corrections. Correction needs and assessments. Going to lose some services due to budget cuts.
  - Kellie Webb – Tribal representation.
  - Kim ? – Couldn't hear her
  - Jane Fogelman –
  - Aurie Garcia – State Planner, BHD.

- ✓ Reviewed Proposed By-Law Revision
  - Maintain better communication
  - There are openings – two community members. Rob will send letter asking if they want to continue on the Council. Then he will send a letter to Governor's office asking they be removed followed by recruitment. Family member adult open, family member related to a child open.
  - Rob to follow up with Governor's office to check on expiration dates for appointments.

Behavioral Health Advisory Council Minutes
April 15, 2016
Hilton Garden Inn
Casper, Wyoming

- ✓ Dania's Update
  - Title 25 activities – Legislative mandating gatekeeping. Currently have $4.4 million dollar budget and running $15 million plus. Direct outpatient commitment. Get people help before they have to be hospitalized. Crisis stabilization is very important. Don't just divert people, but have other places for them to go other than the hospital. Layoffs are having effects.

- ✓ Aurie's Update
  - Update on Mental Health Block Grant. Southwest and Yellowstone will be piloting two programs on first episode psychosis treatment. Providing support, education, etc.
  - Thomas Long (SAMHSA Project Officer) will be visiting Wyoming in June.
  - BHD rewarded a $1 million grant for opiate and drug addiction. Conference in September in Cheyenne focused on medication assisted treatment.
  - From a consumer point there is no peer-to-peer support/connection.
  - Discussed problems of youth – convoluted process
  - Gaps with service providers

- ✓ Dania went over the Payment Reform
  - Went over Priority Populations and how money is being fairly distributed throughout the states for centers.
  - Rough model that is still being worked on.
  - Went over different work groups that are working on the Payment Reform.
  - There are barriers that need to be crossed before we can work on them (i.e. funding, housing)
  - Dania asked if anyone was interested in being a part of one of the groups

- ✓ Integration mental health and behavioral services with primary care – Presentation
  - Handout distributed - IMPACT
  - Talked about depression – need for collaborative treatment
  - Went over team members and what they do – Everyone they come in contact with are part of the patient's care.
  - Goal to serve 550 patients, they are very successful in treating depression at the Community Health Center with IMPACT.
  - Not about quick fix, it is about teaching them skills
  - Patients have positive feedback about IMPACT

- ✓ Revision of bylaws reviewed
  - Suggested adding "substance abuse related addicted disorders"
  - Requested "substance use and addictive disorders"
  - Sam volunteered to work with Aurie & SAMHSA for exact wording.
  - Handout on strategic plan
  - Next agenda review the block grant application draft

- ✓ Public Comment
  - Caller (who would not identify herself) asked what is being done to recruit psychiatrists to the state of Wyoming and increasing number of psychiatric (in patient) beds. Caller suggested

looking at number of beds that are designated for those with acute psychiatric needs as opposed to mental health beds that are available

- ✓ Next meeting to be held August 11-12
- ✓ Meeting adjourned

Section C-22: State Behavioral Health Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application

How was the Council actively involved in the state plan? Attach supporting documentation (e.g., meeting minutes, letters of support, etc.).

The Wyoming Behavioral Health Advisory Council (BHAC) is a majority Consumer and Family member advisory body to state and local government, the Legislature, and residents of Wyoming on mental health and substance abuse services in Wyoming. The vision and mission of the BHAC guides its ability to review, and recommend evidence based approaches to be supported with the federal Substance Abuse and Mental Health Services Administration (SAMHSA) Mental Health and Substance Abuse Block Grant. The Council wants to assure that our state's system of care for behavioral health addresses necessary modifications for health care reform, and that our strategic plan allows us the flexibility to not only provide input into these changes, but also to modify the Council's processes as necessary to accommodate and support the behavioral health system.

The BHAC informs the Administration and the Legislature on priority issues and provides feedback on behavioral health policy and regulations. In addition the council monitors and evaluates the allocation and adequacy of behavioral health services in the state.

Further, the BHAC participates in the development of the block grant plan through a review and comment process. The Block Grant State Planner presents a draft copy of the Plan to the Council and invites comments and feedback from the Council. They play an integral role in the pre-submission activities relating to the Block Grant Plan. Comments are recorded and addressed within the plan whenever possible prior to submission. The council meets on a quarterly basis to monitor, review, and evaluate the allocation and adequacy of behavioral health services within the State and to provide direction to the Behavioral Health Division (BHD) in its functioning and allocation of resources. The State of Wyoming treatment system is currently reforming the payment model for treatment services. The council members have been invited to participate in the payment reform process through various work group meetings to develop the new payment model for services.

What mechanism does the state use to plan and implement substance abuse services?

The state provides data to the Council to help prioritize the delivery of substance abuse services. The treatment providers representatives on the Council provide input based upon the experiences/services of their member organizations for substance abuse and mental health. Many of those agencies provide services to both populations with an emphasis on co-occurring disorders.

Has the Council successfully integrated substance abuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work?

At this time the BHAC has successfully integrated substance abuse prevention, treatment, co-occurring disorder issues, concerns, and activities into its work. Through diverse membership representation and an understanding of substance abuse, mental health diagnosis integration has taken place. Ongoing efforts to recognize behavioral health as integral to whole health is at the forefront of the council's vision.

Is the membership representative of the service area population (e.g., ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)?

The council is made up of state residents and include in its membership representatives of the principal state agencies. These include mental health providers, education training facilities, and public and private entities concerned with the need, planning, operation, funding, and use of mental health-related services and activities. At least one half of the members currently consist of individuals who are not state employees or providers of mental health services. Members are recommended to the Governor by the council. At this time there are three vacancies under the individuals and family member's category type. Recruitment attempts are currently being discussed at the council meetings and these representatives are essential to the service area population. Efforts to review ethnic and cultural population data in the state are a priority for the council to ensure the membership is truly representative of Wyoming's service area population.

Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families and other important stakeholders, and how it has advocated for individuals with SMI or SED.

The Council is responsible for the following three areas:

- To review the block grant and make recommendations;
- To monitor, review, and evaluate the allocation and adequacy of behavioral health services; and
- To advocate for people with behavioral health needs

The Council currently meets four (4) times a year. These meetings focus on addressing concerns identified by the membership. For the past two years the Council has received targeted technical assistance from the SAMHSA to develop mission and vision statements and to develop a three-year strategic plan. The strategic plan was finalized in 2015. Our membership reflects the populations identified as critical for our work: Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ), persons recovering from substance abuse, persons experiencing mental health issues, and family members affected by behavioral health concerns. Members and others are encouraged to share "what is happening in their community or with the group they represent" at the beginning of each meeting. These discussions then drive the agenda for future meetings. Other agencies are also asked to provide information on data that they collect to help the Council understand behavioral health issues in a broader perspective.

Although the Council typically meets on a quarterly basis there was a gap between the November and April meetings due to the legislative session being in progress.

There are no areas of technical assistance requested in these areas.

Governor's Behavioral Health Advisory Council

Robert Johnston, Chair **Governor Matthew H. Mead**

Behavioral Health Division
Received
AUG 22 2016
WY Dept of Health

August 19, 2016

Ref: GB-2016-001

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention, Division of State Programs
Center for Substance Abuse Treatment, Division of State and Community Assistance
Center for Mental Health Services, Division of State and Community Systems Development
1 Choke Cherry Road
Rockville, MD 20857

To Whom It May Concern:

The Wyoming Governor's Behavioral Health Advisory Council reviewed the Uniform Application FY 2016/2017 State Behavioral Health Assessment and Plan for the Substance Abuse Prevention and Treatment and Community Mental Health Services Block Grant via email and supports this application.

The Behavioral Health Advisory Council members represent advocates, consumers, family members, providers, legislators, and other designees representing various state and regional offices.

This letter of support/concurrence serves to fulfill the state of Wyoming's requirement for support from state partners.

We look forward to continuing our work to provide a voice for consumers in the planning and implementation of mental health and substance abuse treatment and prevention services in Wyoming.

If you have any questions, you may contact me at 307-259-5026 or via e-mail at roberthaysjohnston@gmail.com.

Sincerely,

Rob Johnston
Chair

State of Wyoming • Office of the Governor • Cheyenne WY 82002

Environmental Factors and Plan

Behavioral Health Advisory Council Members

Start Year: 2016 End Year: 2017

Name	Type of Membership	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Dania Ballard	State Employees	Wyoming Department of Health	6101 Yellowstone RdCheyenne WY, 82002 PH: 307-777-3365 FX: 307-777-5849	dania.ballard@wyo.gov
Trisha Bannon	Family Members of Individuals in Recovery (to include family members of adults with SMI)		4800 E. 13th StCheyenne WY, 82001	
Sam Borbely	State Employees	Criminal Justice	1609 Monroe AveCheyenne WY, 82001 PH: 307-777-6301	sam.borbely@wyo.gov
Paul Demple	Providers	Mental Health	909 Long Drive, Suite CSheridan WY, 82801 PH: 307-655-5013	pauldemple@nwymhc.org
Jane Folgeman	Family Members of Individuals in Recovery (to include family members of adults with SMI)		PO Box 4355 Jackson WY, 83001 PH: 307-413-5263	
Sunny Goggles	Federally Recognized Tribe Representatives		1715 Ashley aveRiverton WY, 82501 PH: 307-851-3386	
Laura Griffith	Providers	Recover Wyoming	512 Killarney DriveCheyenne WY, 82001 PH: 307-421-7261	
Kim Hair	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		4940 East 13th StreetCheyenne WY, 82007 PH: 307-514-4612	teamyellow1@hotmail.com
Nicky Harper	State Employees	Vocational Rehab	PO Box 185Glenrock WY, 82637 PH: 307-259-9718	nicky.harper@wyo.gov
Theodore Izzo	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		1067 Melody Creek LnJackson WY, 83001 PH: 307-734-2820	tizzo1275@gmail.com
Robert Johnston	Others (Not State employees or providers)	Wyoming Prevention Management Organization	503 Beech StreetCasper WY, 82601 PH: 307-577-6482	roberthaysjohnston@gmail.com
Martin Kury	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		4940 E. 13th StCheyenne WY, 82001 PH: 307-214-5001	

Jeff Lamm	State Employees	Department of Family Services, Social Services	1510 East Pershing BlvdCheyenne WY, 82001 PH: 307-777-8631	jeffrey.lamm@wyo.gov
Angela Mason	Providers	Protection and Advocacy	7344 Stockman St.Cheyenne WY, 82001 PH: 307-632-3496	
Sheri Mercer	Family Members of Individuals in Recovery (to include family members of adults with SMI)		736 FlorenceSheridan WY, 82801 PH: 307-672-0885	sherry@fiberpipe.net
Jo Ann Numoto	State Employees	Wyoming Department of Education	2300 Capitol AvenueCheyenne WY, 82008-2060 PH: 307-777-7675	jo-annnumoto@wyo.gov
Elizabeth Parker	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		PO BOX 2512 Rock Springs WY, 82902 PH: 307-352-6689	
Marilee Rake	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		54 Belfry Hwy #18Cody WY, 82414 PH: 307-587-5161	
Charlene Sangrey	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		1204 East 7th Street Cheyenne WY, 82001 PH: 307-635-5353	csangrey777@yahoo.com
Phillip Shupe	Others (Not State employees or providers)		1900 Lynwood PlaceCasper WY, 82601 PH: 801-597-5432	
Fred Snelson	Providers	WAMHSAC	1402 Meadow Lane AveCody WY, 82414 PH: 307-578-2531	
Brenda Stout	State Employees	Medicaid	6101 Yellowstone Rd Suite 210PH: 307-777-7326	brenda.stout1@wyo.gov
Jeff Wasserburger	Others (Not State employees or providers)		4300 Longhorn AvenueGilette WY, 82716 PH: 307-682-0936	
Kellie Webb	Federally Recognized Tribe Representatives	Eastern Shoshone Tribe	PO Box 638Fort Washakie WY, 82514 PH: 307-438-0955	
Jessi Westling	Providers	WAMHSAC	PO Box 2778Cheyenne WY, 82001 PH: 307-632-5519	
Susan Wilson	Others (Not State employees or providers)	Wyoming Legislature	1207 Crestview DrCheyenne WY, 82001 PH: 307-638-6473	

Footnotes:

Environmental Factors and Plan

Behavioral Health Council Composition by Member Type

Start Year: 2016 End Year: 2017

Type of Membership	Number	Percentage
Total Membership	33	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	6	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	3	
Parents of children with SED*	0	
Vacancies (Individuals and Family Members)	3	
Others (Not State employees or providers)	4	
Total Individuals in Recovery, Family Members & Others	16	48.48%
State Employees	6	
Providers	5	
Federally Recognized Tribe Representatives	2	
Vacancies	4	
Total State Employees & Providers	17	51.52%
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ Populations	3	
Providers from Diverse Racial, Ethnic, and LGBTQ Populations	1	
Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ Populations	4	
Persons in recovery from or providing treatment for or advocating for substance abuse services	4	

* States are encouraged to select these representatives from state Family/Consumer organizations.

Indicate how the Planning Council was involved in the review of the application. Did the Planning Council make any recommendations to modify the application?

The Behavioral Health Advisory Council informs the Administration and the Legislature on priority issues and provides feedback on behavioral health policy and regulations. In addition the council monitors and evaluates the allocation and adequacy of behavioral health services in the state. Further, the BHAC participates in the development of the block grant plan through a review and comment process. The Block Grant State Planner presents a draft copy of the Plan to the Council and invites comments and feedback from the Council. They play an integral role in the pre-submission activities relating to the Block Grant Plan. Comments are recorded and addressed within the plan whenever possible prior to submission. The council meets on a quarterly basis to monitor, review, and evaluate the allocation and adequacy of behavioral health services within the State and to provide direction to the BHD in its functioning and allocation of resources. The State of Wyoming treatment system is currently reforming the payment model for treatment services. The council members have been invited to participate in the payment reform process through various work group meetings to develop the new payment model for services.

Footnotes: