

# Wyoming

## UNIFORM APPLICATION

FY 2020/2021 Block Grant Application

SUBSTANCE ABUSE PREVENTION AND TREATMENT

and

COMMUNITY MENTAL HEALTH SERVICES

BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022  
(generated on 04/21/2021 2:33:23 PM)

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 2021

End Year 2022

#### State SAPT DUNS Number

Number 809915796

Expiration Date 2/25/2021

#### 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 122 West 25th Street Herschler Building 2W, Suite B

City Cheyenne

Zip Code 82002

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

First Name Matthew

Last Name Petry

Agency Name Wyoming Department of Health

Mailing Address 122 West 25th Street Herschler Building 2W, Suite B

City Cheyenne

Zip Code 82002

Telephone 307-777-8763

Fax 307-777-5849

Email Address matt.petry1@wyo.gov

#### State CMHS DUNS Number

Number 809915796

Expiration Date 2/25/2021

#### 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 122 West 25th Street Herschler Building 2W, Suite B

City Cheyenne

Zip Code 82002

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

First Name Matthew

Last Name Petry

Agency Name Wyoming Department of Health

Mailing Address 122 West 25th Street Herschler Building 2W, Suite B

City Cheyenne

Zip Code 82002

Telephone (307) 777-8763

Fax (307) 777-5849

Email Address matt.petry1@wyo.gov

### III. Third Party Administrator of Mental Health Services

Do you have a third party administrator? ☐ Yes ☒ No

First Name

Last Name

Agency Name

Mailing Address

City

Zip Code

Telephone

Fax

Email Address

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

From

To

### V. Date Submitted

Submission Date 8/28/2020 11:38:32 AM

Revision Date 3/19/2021 2:25:12 PM

### VI. Contact Person Responsible for Application Submission

First Name Megan

Last Name Norfolk

Telephone 307-777-7903

Fax 307-777-5849

Email Address megan.norfolk1@wyo.gov

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## State Information

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

#### Fiscal Year 2021

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                              | <a href="#">42 USC § 300x-53</a> |
| Section 1946 | Prohibition Regarding Receipt of Funds               | <a href="#">42 USC § 300x-56</a> |
| Section 1947 | Nondiscrimination                                    | <a href="#">42 USC § 300x-57</a> |
| Section 1953 | Continuation of Certain Programs                     | <a href="#">42 USC § 300x-63</a> |
| Section 1955 | Services Provided by Nongovernmental Organizations   | <a href="#">42 USC § 300x-65</a> |
| Section 1956 | Services for Individuals with Co-Occurring Disorders | <a href="#">42 USC § 300x-66</a> |

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

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 Coastal 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 Clean 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.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

## **LIST of CERTIFICATIONS**

### **1. Certification Regarding Debarment and Suspension**

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
  - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
  - b. Collecting a certification statement similar to paragraph (a)
  - c. Inserting a clause or condition in the covered transaction with the lower tier contract

### **2. Certification Regarding Drug-Free Workplace Requirements**

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
  1. The dangers of drug abuse in the workplace;
  2. The grantee's policy of maintaining a drug-free workplace;
  3. Any available drug counseling, rehabilitation, and employee assistance programs; and
  4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  1. Abide by the terms of the statement; and
  2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
  1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

### **3. Certifications Regarding Lobbying**

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. 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.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### **4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)**

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 Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

#### **5. 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, daycare, 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.

By signing the certification, the undersigned 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 subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health 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 PHS mission to protect and advance the physical and mental health of the American people.

#### **HHS Assurances of Compliance (HHS 690)**

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

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 other Certifications summarized above.

State: \_\_\_\_\_

Name of Chief Executive Officer (CEO) or Designee: Michael A. Ceballos

Signature of CEO or Designee<sup>1</sup>: \_\_\_\_\_

Title: Director, Wyoming Department of Health

Date Signed: \_\_\_\_\_

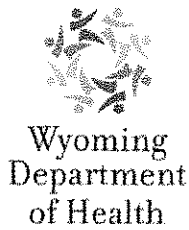
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\_\_\_\_\_  
<sup>1</sup>If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

No change in Governor or Signatory Authority personnel.



401 Hathaway Building • Cheyenne, WY 82002  
Phone (307) 777-7656 • 1-866-571-0944  
Fax (307) 777-7439 • www.health.wyo.gov



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Michael A. Ceballos  
Director

Mark Gordon  
Governor

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## MEMORANDUM

**Date:** July 2, 2019

**To:** Governor Mark Gordon

**From:** Michael A. Ceballos, Director  
Wyoming Department of Health

**Subject:** Delegation of Authority - Community Mental Health Services and Substance Abuse Prevention and Treatment Block Grant

**Ref.:** C-2019-348

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The Wyoming Department of Health, Behavioral Health Division administers the combined Community Mental Health Services and Substance Abuse Prevention and Treatment Block Grant from the Substance Abuse Mental Health Services Administration (SAMHSA). The Community Mental Health Services Block Grant (MHBG) is authorized by section 1911 of Title XIX, Part B, Subpart I and III of the Public Health Service Act. The MHBG Program's objective is to support the grantees in carrying out plans for providing comprehensive community mental health services. The Substance Abuse Prevention and Treatment Block Grant (SABG) was authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health and Human Service Act. The SABG program's objective is to help plan, implement, and evaluate activities preventing and treating substance abuse.

Pursuant to Section 529 of the Public Health Services Act requires each funding agreement and the applicable assurances is certified by the Chief Executive Officer of the state. I am requesting you delegate this authority to myself as the Director of the Wyoming Department of Health. By delegating this authority to the Department, it allows for the Department to administer the grant more efficiently.

MAC/MN/jg

c: Heather Babbitt, M.P.A., Operations Administrator, Behavioral Health Division  
Chris Newman, M.H.A., Senior Administrator, Behavioral Health Division  
Megan Norfolk, State Planner, Mental Health and Substance Abuse Services



July 3, 2019

Elinore F. McCance-Katz, M.D., Ph.D.  
Assistant Secretary from Mental Health and Substance Use  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane  
Rockville, MD 20857

Dear Dr. McCance-Katz:

Mental Health and Substance Abuse Prevention and Treatment Block Grant

This delegation of authority has been requested by the Wyoming Department of Health, Behavioral Health Division, Mental Health and Substance Abuse Services Section. The purpose of this delegation is for the Community Mental Health Services and Substance Abuse Prevention and Treatment Block Grant application, which pursuant to Section 529 of the Public Health Services Act, requiring each funding agreement is made through certification from the Chief Executive Officer of a state.

I hereby delegate authority to Michael A. Ceballos, Director of the Wyoming Department of Health, to execute funding agreements and certification, provide assurances of compliance to the Assistant Secretary of the Substance Abuse and Mental Health Services Administration, and to perform similar acts relevant to the administration of the Community Mental Health Services and Substance Abuse Prevention and Treatment Block Grant. This delegation of authority shall remain in place until such time it is rescinded in writing.

Sincerely,

Mark Gordon  
Governor

c: Michael A. Ceballos, Director, Wyoming Department of Health

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 other Certifications summarized above.

State: Wyoming

Michael A. Ceballos

Name of Chief Executive Officer (CEO) or Designee:

Signature of CEO or Designee:



Director, Wyoming Department of Health

Title:

Date Signed:

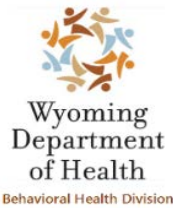
08/14/2020

mm/dd/yyyy

<sup>1</sup>If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:



# Funding Plan Proposal

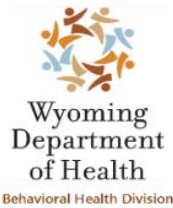
## Substance Abuse (Treatment) Grant

Behavioral Health Division  
Mental Health and Substance Abuse Section  
Phone: (307) 777-6494  
Toll-Free 1-800-535-4006  
Fax: (307) 777-5849

The following document is the Funding Plan Proposal from the Wyoming Department of Health (Agency), Behavioral Health Division (Division) in regards to the guidance letter disseminated from Tom Coderre, Acting Assistant Secretary for Mental Health and Substance Use to Single Authority Directors and State Mental Health Commissioners, on Thursday, March 11, 2021.

### Summary of Funding Plan Proposal

| Expenditure Period: Approval of Wyoming Plan by SAMSHA - March 14, 2023 |                       |   |
|---|-----------------------|---|
| Total Amount of Federal Obligation to COVID Award -                     | \$3,934,405.00        |   |
|   |                       |   |
| 20% Substance Abuse Prevention  | \$786,881.00          | The Wyoming Department of Health, Public Health Division, Prevention and Health Promotion Unit has attached plans on page(s) 11 – 13.   |
| 0.8% Tuberculosis   | \$31,475.24           | To identify performance barriers, needs, and gaps with contracted Substance Abuse Centers, along with providing performance management and quality improvement related to tuberculosis.   |
| 5% Administrative   | \$196,720.25          | To support functions necessary for implementation of the funding and activities including but not limited to data collection, contract administration, Subrecipient monitoring, grant management, and Behavioral Health Advisory Council initiatives. |
| Women and Children Services   | \$321,161.00          | To support and assist treatment services for women and children.  |
| Court Supervised Treatment  | \$500,000.00          | To support substance abuse disorder treatment for individuals within the Court Supervised Treatment system.   |
| House Enrolled Act 0062 (2020)  | \$75,000.00           | To support infrastructure building including training and system/environmental changes.   |
| PATH Grant - Housing Support for Homeless                               | \$100,000.00          | To support Housing First initiatives through the regional PATH grant providers.   |
| Safe2Tell Program   | \$25,000.00           | Assist with support of the Safe2Tell Program that provides reporting and response for youth including suicide and substance abuse.  |
| Services & Quality Improvement Activities                               | \$1,841,229.01        | Building services and supports for adolescents, outpatient SUD services, recovery services, with potential data collection updates that are not currently offered through the Wyoming Client Information System (WCIS).                               |
| Recovery Services   | \$56,938.50           | Assist in supporting additional recovery services.  |
|   |                       |   |
| <b>TOTAL GRANT</b>  | <b>\$3,934,405.00</b> |   |



# Funding Plan Proposal

## Substance Abuse (Treatment) Grant

Behavioral Health Division  
Mental Health and Substance Abuse Section  
Phone: (307) 777-6494  
Toll-Free 1-800-535-4006  
Fax: (307) 777-5849

### **Treatment's Funding Plan Proposal Narrative**

*Identifying the needs and gaps of your state's SUD prevention, treatment, and recovery services system in the context of COVID-19.*

Wyoming's Governor Mark Gordon announced the Declaration of a State of Emergency and a Public Health Emergency on March 13th, 2020 in regards to the novel coronavirus disease later named and referenced henceforth as "COVID-19". Wyoming is a rural and frontier state that heavily relies on oil, coal, and natural gas. Production within these industries was and continues to be significantly impacted, therefore decreasing state generated revenue. Wyoming's hospitality and leisure businesses, tourism, and agriculture are also significantly impacted due to COVID-19. State Agencies, including the Wyoming Department of Health, have begun the process of reducing state funded budgets thereby reducing available funds for substance abuse treatment and recovery services.

The Wyoming Department of Health (Agency), Behavioral Health Division (Division) recently completed a needs assessment conducted by the Western Interstate Commission for Higher Education (WICHE), through a feedback process with consumers, gaps identified included:

1. Lack of mental health services and providers (especially in regards to lack of psychiatrists, child and senior services, and substance use disorder (SUD) services);
2. Limited inpatient beds for both mental health and SUD; and
3. High costs of care

Barriers include:

1. Limited funding and resources;
2. Lack of available providers; and
3. High costs of care

Underserved populations determined were:

1. Intellectual / developmental disability;
2. Children & adolescents;
3. Individuals with traumatic brain injuries;
4. Senior services; and
5. Individuals with serious mental illness, trauma, post-traumatic stress disorder, and dual diagnoses

Information was also obtained from provider focus groups consisting of ten (10) providers, two (2) from each region. Gaps identified included:

1. Funding issues, desire to provide more services but unable to do so due to lack of funding and staffing;
2. Recruitment and retention of staff;
3. Medicaid billing issues;

4. Being able to meet the needs of persons without private insurance;
5. Transportation to appropriate level of care;
6. Lack of residential beds for SUD clients;
7. Waitlist for inpatient treatment facilities;
8. Lack of [affordable] housing; and
9. Lack of prioritization and standardization of service delivery of crisis services

According to the Centers for Disease Control and Prevention (CDC), as of June 2020, 13% of Americans reported starting or increasing substance use as a way of coping with stress or emotions related to COVID-19.<sup>1</sup> Overdoses have also spiked since the onset of the pandemic. Reporting from Overdose Detection Mapping Application Program (ODMAP)<sup>2</sup> system shows an 18% increase nationwide in overdoses compared with those same summer months in 2019. All but one (1) of Wyoming's twenty-three (23) counties participates in data submissions to ODMAP. Although Wyoming does not have comparable 2020 opioid overdose data, the University of Wyoming, Wyoming Survey & Analysis Center (WYSAC) conducted an internet survey on behaviors and attitudes toward COVID-19. WYSAC found that both the sale and consumption of alcohol increased from February to April, 2020.

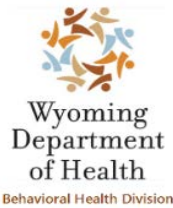
The WYSAC research fact sheet of *Impacts of COVID-19 on Wyoming Women*<sup>3</sup> reports, that one (1) in five (5) women (20%) didn't know where to find help for mental health concerns or getting food if they needed it. The WYSAC fact sheet also identified that 20% of women with mental health concerns didn't know where to get help for mental health and that since COVID-19, Wyoming women reported an increase in: Feeling tired or having little energy (42%); Trouble falling or staying asleep or sleeping too much (37%); Feeling down, depressed, or hopeless (38%); and Trouble concentrating on things (23%)'.

The Division compiled information on the impact of COVID-19 on contracted Wyoming Behavioral Health and Substance Abuse Service Community Mental Health (CMHC) providers. Data collected is not a reflection of needs or gaps, but does identify the struggles and challenges of each CMHC and Substance Abuse Centers (SAC) across Wyoming during the early and current stages of COVID-19. In summary, challenges included transitioning to telehealth services, access to individuals in need of services, and group services. Telehealth services have improved and two (2) facilities continue seeing individuals through this service only, the remaining CMHC and SACs are using CDC protocols to serve their individuals in-person.

<sup>1</sup> Czeisler MÉ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>

<sup>2</sup> Overdose detection mapping application program -. (n.d.). Retrieved March 30, 2021, from <http://www.odmap.org/>

<sup>3</sup> University of Wyoming, Wyoming Survey & Analysis Center, *The Impacts of COVID-19 on Wyoming Women*, <https://wysac.uwyo.edu/wysac/reports/View/6705>



## Funding Plan Proposal Substance Abuse (Treatment) Grant

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*Describe how your state's spending plan proposal addresses the needs and gaps, including gaps in equity.*

The spending plan proposal addresses the required set-aside amounts, assistance in covering treatment support, infrastructure building, Housing First support, suicide and substance abuse programs, recovery support services, and service and quality improvement activities including building services and supports for adolescents, outpatient SUD, and other Substance Abuse Prevention and Treatment Block Grant (SABG) priority populations, with potential data collection updates that are not currently offered through the Wyoming Client Information System (WCIS).

Through the technical assistance funds awarded to the State, the Division has selected an organization through a formal Request for Proposal process to provide a more in-depth review of system assessment, evaluation and data analysis, and technical assistance to support and assist in coordinating state-level efforts to enhance delivery and reimbursement of mental health and substance abuse treatment services.

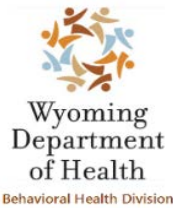
The Division has a current contract with the National Council of Behavioral Health to compile further information through an analysis of gaps and needs assessment. It is anticipated to receive recommendations on services and quality improvement updates; including recommendations from the Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit; and recommendations on health equity gap improvements. Please refer to the funding plan proposal on page five (5).

*If your state plans to utilize the funds for crisis services, describe how the state will advance the development of crisis services based on the National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit.*

The National Council for Behavioral Health assessment and subsequent crisis services activities will be conducted in agreement with the National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit. Further, this Toolkit shall act as the guide for other developments including any adjustments to requirements within Subrecipient agreements, changes to service definitions, and allowances for service reimbursements. The Division will update the SAMSHA Program Official as the plan progresses and provide additional information on proposed activities. Please refer to the funding plan proposal on page five (5).

*If your state plans to utilize the funds for OUD, AUD, and/or TUD MAT services, describe how the state will implement these evidence-based services. Please reference the SAMHSA Evidence-based Practice Resource Center when considering selection of appropriate services.*

The State of Wyoming is not proposing funds for the opioid use disorders (OUD), alcohol use disorders (AUD), and/or tobacco use disorder (TUD) medication assisted treatment (MAT) services.



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*Explain how your state plans to collaborate with other departments or agencies to address the identified needs.*

As a continuation from above, the gaps and needs assessment by the National Council of Behavioral Health, the Division proposes to provide one million eight hundred ninety-eight thousand one hundred sixty-seven dollars and fifty-one cents (\$1,898,167.51) to assist in building services and supports for (and not limited to) adolescents, outpatient SUD services, recovery support, SABG priority populations, along with services and quality improvement activities based on findings from the general assessment with consideration of the outcomes of Wyoming's current legislative session.

The Division proposes fifty-six thousand nine hundred thirty-eight dollars and fifty cents (\$56,938.50) to be used for recovery support services. The Division partners with four (4) providers through contracts to provide recovery support services. Collaborations include the Wyoming Guardian Corporation's (WGC) Ombudsman program, WGC's Guardianship program, Recover Wyoming, and Sho-Rap Lodge (a program of the Wind River Inter-Tribal Council).

WGC's Ombudsman program provides ombudsman services to improve the quality of life for persons with mental health or substance use treatment needs throughout Wyoming.

WGC's Guardianship program delivers guardianship services as specified by the Court and Wyoming Statute Title 3, Guardian and Ward, for persons specified by the Agency.

Recover Wyoming provides training and coordination services to advance Wyoming's Peer Specialist profession and recovery efforts and is responsible for support coordination and information dissemination to address the opioid crisis in the state of Wyoming.

Sho-Rap Lodge provides community recovery housing, recovery services, and quality of life support on the Wind River Indian Reservation that is accessible, affordable, and accountable to clients and the Agency.

The Division is in collaboration efforts with the Wyoming Department of Corrections (DOC) to address 2020 House Enrolled Act 62 (HEA62). HEA62 requires the Agency and DOC to collaborate to reduce criminal offender recidivism by improving mental health and substance use programming and funding; creating new programs; creating a unit within the DOC; making an appropriation; requiring reports; and providing for an effective date. The Division proposes seventy-five thousand dollars (\$75,000.00) to be used to assist in infrastructure building such as: (1) purchase of personal protective equipment for staff and persons receiving SUD services; (2) purchase of increased connectivity, Wi-Fi, and other related technologies and equipment to improve service delivery; (3) hiring of outreach workers for regular check-ins for people with SUD; and (4) provision of workforce support.

The Division proposes five hundred thousand dollars (\$500,000.00) to assist in maintaining treatment support for the Court Supervised Treatment Program (CST) through the Division. To clarify, the Court Supervised Treatment program is not related to the criminal and juvenile justice-involved request through the original Mental Health Block Grant (MHBG) and does not currently receive Block Grant funding. Wyoming CST Program is a post-adjudication program. The CST Program is funded through Tobacco Settlement and State General Funds. The Program has received budget cuts, reducing the number of individuals receiving treatment.

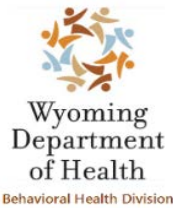
CST Program treatment and support services include:

1. Integrated treatment services with justice system case processing;
2. Collaboration with other CST Programs;
3. Identify and promptly place eligible participants into CST Programs;
4. Provide directly, or through subcontracts or referral relationships, a continuum of care for each participant that is individualized and based on the needs of the participant, to include at a minimum:
  - a. Substance use disorder treatment;
  - b. Support services;
  - c. Continuing care; and
  - d. Integrated treatment for mental health and substance use disorders for participants with co-occurring diagnoses;
5. Allow access to the program by persons receiving MAT and shall facilitate MAT services where available and appropriate for a participant;
6. Monitor abstinence and the appropriate use of medications through frequent, random, and observed alcohol and other drug testing;
7. Coordinate a strategy which governs Program responses to participant's compliance;
8. Ensure on-going judicial interaction with each participant; and
9. Monitor and evaluate Program goals and gauge effectiveness.

Collaboration within the CST Program includes a panel consisting of the Attorney General, Directors of the Agency, Wyoming Department of Family Services (DFS), DOC, and the State Public Defender, or their designees, to evaluate applications into the CST Program, and promote public safety and protect participants' due process rights.

The Division proposes twenty-five thousand dollars (\$25,000.00) to assist with support of the '[Safe2Tell](#)' program through the Wyoming Attorney General's Office, Division of Victim Services, to assist with support of the program for suicide and substance abuse. Safe2Tell is a program that allows confidential reporting that concerns or threatens an individual or an individual's friend(s), family, or community. Collaboration efforts are in progress.

Administrative funds have a five percent (5%) set aside requirement cap. The Division proposes one hundred ninety-six thousand seven hundred twenty dollars and twenty five cents (\$196,720.25) for administrative set-aside. The Division plans to support functions necessary for



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implementation of the funding and activities including but not limited to data collection, contract administration, Subrecipient monitoring, grant management, and Behavioral Health Advisory Council initiatives.

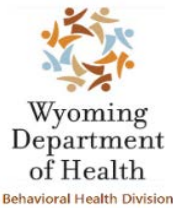
Women and Children required set-aside amount is no less than three hundred twenty one thousand one hundred sixty-one dollars (\$321,161.00) to support and assist treatment services for women and children. As a known gap, Wyoming anticipates a recommendation from the National Council of Behavioral Health on how to address this gap and need. The Division will update the SAMSHA Program Official as the plan progresses and provide additional information on proposed activities. Please refer to the funding plan proposal on page five (5).

The Wyoming Department of Health, Public Health Division, Communicable Disease Unit has turned down the Tuberculosis allocation of thirty-one thousand four hundred seventy-five thousand dollars and twenty-four cents (\$31,475.24). The Behavioral Health Division (Division) proposes to use the thirty-one thousand four hundred seventy-five thousand dollars and twenty-four cents (\$31,475.24) to identify performance barriers, needs, and gaps with contracted Substance Abuse Centers, along with providing performance management and quality improvement related to tuberculosis.

The Division can provide information to the DFS for individuals who may not meet the standards of the Emergency Rental Assistance Program (ERAP), but do meet the standards of the Block Grant requirements and Projects for Assistance in Transitioning from Homelessness (PATH) grant requirements. The Division does propose funds to assist in covering Housing First support, please see further information below on the proposed target housing costs. COVID Relief Funds may be subjected to change based on the needs and gaps assessment completed by the National Council of Behavioral Health. Allow this paragraph to show collaboration efforts in effect.

The Division collaborates with multiple Agency Councils, Boards, and Committees to provide support, information, and efforts to be responsive to the behavioral health needs of Wyoming citizens; and doing so by developing and overseeing a quality continuum of care that is customer-focused, collaborative, evidence-based, and outcomes-driven. The Agency is the Wyoming Department of Health which includes multiple Divisions, such as, Administration and Support, Aging, Behavioral Health, Healthcare Financing (Medicaid), and Public Health. COVID Relief Funds may be subjected to change based on the needs and gaps assessment completed by the National Council of Behavioral Health. Allow this paragraph to show collaboration efforts in effect.

The Division has a vested interest in promoting an active and educated workforce. Collaboration efforts are between the intern, the complementing college or university, and Mental Health and Substance Abuse Services Section (MHSASS) staff to determine work projects. COVID Relief Funds may be subjected to change based on the needs and gaps assessment completed by the National Council of Behavioral Health. Allow this paragraph to show collaboration efforts in



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effect. The Division will work with the universities and colleges in plans and activities, and will provide the State Project Officer with updated plans.

The Division continues collaboration with the Behavioral Health Advisory Council (BHAC) which incorporates state and non-state employee individuals. The BHAC will continue to assist the Division in addressing gaps and needs. COVID Relief Funds may be subjected to change based on the needs and gaps assessment completed by the National Council of Behavioral Health. Allow this paragraph to show collaboration efforts in effect.

The Division collaborates with the Wyoming Department of Education (WDE) through the Project AWARE (Advancing Wellness and Resiliency in Education) Grant. The Division serves as a contact, liaison, and resource for the WDE. COVID Relief Funds may be subjected to change based on the needs and gaps assessment completed by the National Council of Behavioral Health. Allow this paragraph to show collaboration efforts in effect.

*If your state plans to utilize any of the waiver provisions listed above, please explain how your state will implement them with these funds and how the waiver will facilitate the state's response to COVID-19 pandemic and its deleterious impacts. (These waivers are only applicable to these COVID Relief supplemental funds and not to the standard SABG funds). Grantees will be required to provide documentation and track use of such waivers.*

The Division has a current contract with the National Council of Behavioral Health to compile further information through an analysis of gaps and needs assessment. It is anticipated to receive recommendations on services and quality improvement updates; including recommendations from the Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit; and recommendations on health equity gap improvements. Please refer to the funding plan proposal for further break down. The Division will provide updates to the State Project Officer.

*If your state plans to make provider stabilization payments, the proposal must include at a minimum of the following: (a) the period that the payments will be made available; (b) the total proposed amount of COVID-19 Relief funds for this purpose; (c) the methodology for determining support and stabilization payments; (d) provide eligibility criteria (e.g., need based); (e) provider request approach/procedure.*

The State of Wyoming does not plan to make provider stabilization payments at this time.

*If states plan to use COVID-19 Relief funds for targeted housing costs, the proposal must include at a minimum the following: (a) the proposed amount of award amount for this purpose; (b) methodology for determining rental and security deposit payment; (c) eligibility criteria for payment for rent or security deposit; (d) proposed approach/procedures for individuals to request rental assistance.*

The Division proposes one hundred thousand dollars (\$100,000.00) to assist current state Projects for Assistance in Transitioning from Homelessness (PATH) Grant. Specifically to support Housing First initiatives. Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness or permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation.

Due to the PATH contract periods being set for September 1, 2021 – August 31, 2022 and September 1, 2022 – August 31, 2023, the \$100,000.00 will be divided unevenly to fit into the time frame of March 15, 2021 – March 14, 2023. The first round of contracts will contain sixty-six thousand six hundred sixty-six dollars and sixty-six cents (\$66,666.66) funding from September 1, 2021 or effective date, whichever is later, through August 31, 2022. The second round of contracts will contain thirty-three thousand three hundred and thirty-three dollars and thirty-four cents (\$33,333.34) funding from September 1, 2022 or effective date, whichever is later, through February 28, 2023.

Using the definitions from the PATH Grant contracts, the methodology for determining rental and security deposit payment are as follows:

**One-time rental payments to prevent eviction:** One-time rental payments made for PATH participants who are at imminent risk of eviction without assistance and who qualify for this service on the basis of income or need. Any individual or family may only receive this assistance one (1) time and may not receive this assistance if rent has been paid previously by the Subrecipient through any source of funds. Request provider discretion.

**Security deposits:** Provision of funds for PATH participants who are in the process of acquiring rental housing, but do not have the assets to pay the first and last month's rent or other security deposits required to move into housing.

Eligibility will be defined as individuals who receive assistance and services under the contract must be adults who are:

- a. Homeless or at imminent risk of homelessness;
- b. Experiencing serious mental illness, substance use disorder, or co-occurring diagnosis; and
- c. Can show a financial loss due to COVID (either directly or indirectly) such as:
  - i. Lost or reduced income;
  - ii. Unemployment;
  - iii. Additional costs due to COVID;
  - iv. Other financial hardship; and
- d. Can show housing instability, such as:
  - i. An eviction notice;
  - ii. Notice of past due rent or utilities; and
  - iii. Other risks of housing instability or homelessness.

PATH Grant providers prioritize the most vulnerable individuals who are literally homeless, including veterans. The Division will request inclusion of the SABG priority population within future contracts. Eligible individuals enrolled may also be referred to as a PATH participant(s).

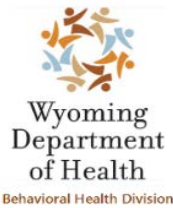
PATH Providers through their standardized outreach and screening efforts will be able to determine through face-to-face interactions if an individual meets eligibility criteria. Outreach is considered face-to-face interactions with individuals and is conducted in places where individuals experiencing homelessness sleep or frequent. Outreach requires regular and multiple contacts to build a trusting relationship and engage people eligible for PATH services. Screening will also be conducted, this is also known as a PATH initial assessment. Screening is the intentional interaction and in-person process in which the PATH Case Manager and prospective PATH participant determine eligibility for PATH, and if the PATH program can address the individual's needs. Other provider requirements will include:

- a. Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI), Outreach, Access, and Recovery (SOAR) services, which is an evidence-based practice model for applying for social security benefits;
- b. Assist PATH participants in obtaining mental health treatment services, substance use disorder treatment services, or both;
- c. Utilize mainstream services, community resources, and other resources to the fullest benefit of the participant; and
- d. Provide housing support.

PATH related collaboration includes the Wyoming Homelessness Collaborative, local housing authorities, Emergency Solution Grant recipients, homeless shelters and transitional housing agencies, local police departments, county sheriff offices, community mental health and substance use treatment centers, health agencies assisting low-income individuals, agencies working with veterans, and others. Subrecipient may assist these and other agencies in educating about helpful practices to reduce discrimination, reduce situations that may result in homelessness, and increase the ability of these agencies to quickly house individuals with SMI or co-occurring disorders. PATH providers are also expected to participate in the planning and implementation of local Point in Time count of individuals who are homeless.

The Division will add the requirements and resources to the web page, upon approval: <https://health.wyo.gov/behavioralhealth/mhsa/initiatives/housingfirst/path-wyo/>

Upon inquiry calls to the Division, individuals in need of services will be assisted by determining which PATH provider to contact, with a warm hand-off to the determined PATH provider. If individuals do not qualify due to eligibility requirement (b), the individual will be referred to the DFS ERAP, provided contact information and transferred to the DFS program contact.



# Funding Plan Proposal

## Substance Abuse (Treatment) Grant

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### **Prevention's Funding Plan Proposal Narrative**

*Identify the needs and gaps of Wyoming's mental health services in the context of COVID-19.*

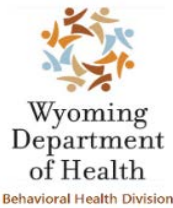
For primary prevention, we currently have a data reporting system that collects federal funding requirement metrics. Although this system meets our federal reporting requirements, the data system does not provide meaningful reports to inform prevention efforts. The reporting system also does not provide meaningful reports that can be shared with key stakeholders, which makes it difficult to advocate for prevention. As a result, subrecipients are being asked to track metrics in different locations in order to fill these gaps and finding the process to be overwhelming and cumbersome. COVID-19 has increased the stress on our prevention workforce, which has made the challenge of the data reporting system more apparent. Especially as stakeholders are wanting to see more information as to what is being done in the community and discovering that the current system does not provide them with an easy way to report.

We have been contracting with an external partner to produce SEOW profiles which highlight various substance abuse prevention metrics by county. The SEOW profiles are used to inform prevention efforts and priorities throughout the state. We have lost funding for the contract and the data is also outdated which prevents it from being an effective tool for subrecipients to use to plan current work efforts. We have gained internal capacity with the addition of an epidemiologist to the Wyoming prevention team.

The Wyoming Substance Abuse Prevention Program has recently updated the State Substance Abuse Prevention Plan. Throughout the process, the team realized that the plan takes a very basic look at data surrounding substance abuse which has led to a limited set of standard goals with no specific actions. The impact of COVID-19 has shown us that we are missing key partnerships that would have been valuable had they been established prior to the pandemic. The state is in need of an assessment that takes demographics and disparate populations into consideration and looks beyond the typical data sources to ensure that our strategic plan represents top priorities for the state to better direct our efforts. We need an outside perspective to show us the gaps that exist outside data on substance abuse. We need a collaborative process that extends beyond our agency and reaches other stakeholders to truly understand what the priorities should be. We do not have the internal capacity to conduct an assessment and strategic planning at this level.

The importance of mental and behavioral health and how that intersects with prevention efforts has become more apparent due to the impact of COVID-19. The lack of understanding surrounding the intersect of mental health and prevention efforts has been identified as a gap in our state.

Wyoming currently contracts directly with county governments for prevention services. While this is an effective model that provides a comprehensive prevention strategy to local communities, the impact of COVID-19 identified gaps in prevention services at an



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organizational level. As most communities have one contract employee working on prevention, the capacity to do additional work with local organizations may not be possible.

COVID-19 changed the way our workforce functioned and disrupted efforts with coalitions and partnerships. We expect COVID-19 to have lasting impact on the way coalitions and partnerships work and thus the way that the prevention workforce engages with them. In addition, COVID-19 has shifted priorities in many communities. This creates a need for technical assistance, education, training, and resource development.

The increase in unemployment and underemployed individuals in Wyoming made clear that we do not have a strong enough relationship in delivering prevention services to the workforce. Additionally, the Wyoming Liquor Division lost funding due to COVID-19 related budget cuts. The liquor division was the main provider of booklets and resources to host responsible alcohol service training in the state. This service is something they no longer provide.

*Describe how your state's spending plan proposal addresses the needs and gaps, including gaps in equity.*

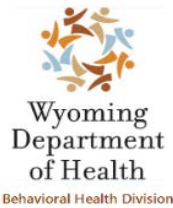
Wyoming plans to put a request for proposal out for a new data reporting system. Working towards having an efficient data collection system will help ensure our subrecipients can easily track their prevention efforts including their community's projects and the data that goes along with their work plans. An updated data reporting system will help assess the success of strategies and drive future decisions to increase the success of Wyoming's prevention efforts.

Wyoming plans to put a request for proposal out for the development of an online SEOW profile platform that can be managed in-house by our epidemiologist. This will also provide us with an opportunity to assess key metrics and update as necessary. As state agencies can more easily share information across other state agencies as opposed to outside contractors, an in-house system will cut down on the delay in data. This also creates sustainability as we will no longer be relying on an outside contractor to provide the profiles.

Wyoming plans to put a request for proposal out for the development of a Substance Abuse Prevention State Assessment and Strategic Plan.

Wyoming plans to work with the SEOW to further investigate the intersect between mental and behavioral health and substance abuse prevention efforts to better understand the gap and inform prevention efforts.

Wyoming plans to provide project specific grants to local organizations for prevention services where they have identified a gap. Organizations will receive funding based on approval of a project application that identifies a gap that exists and their plan to fill that gap. Preferences will be given to organizations who exhibit a sustainable plan. Preferences may also be given to



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organizations interested in expanding the use of S2BI or BSTAD.

Assess technical assistance needs and work on finding a contractor to meet identified needs for additional education, training, or resource development. This will allow our prevention team to fill the gaps for unmet technical assistance needs or additional training.

Wyoming will build relationships with the Wyoming Workforce Services with the goal of getting prevention resources to businesses across the state. This may include policy updates, resource distribution, and education or training opportunities. Wyoming will work with the Wyoming Liquor Division to help rebuild their role as an advocate and resource for counties wanting to engage in responsible alcohol server training sessions.

*Explain how your state plans to collaborate with other departments or agencies to address the identified needs.*

Through the assessment and strategic planning process, Wyoming will collaborate with other state agencies and key stakeholders. Wyoming will work with the SEOW subcommittee focused on strategic planning to guide all efforts relating to the assessment and strategic planning process.

The Wyoming Substance Abuse Prevention Program will be working with Wyoming Workforce Services and the Wyoming Liquor Division to increase prevention services throughout the state.

**THE REMAINDER OF THIS PAGE WAS INTENTIONALLY LEFT BLANK.**

| Table 2 - State Agency Planned Expenditures [SA]             |                |                |                |                 |
|--|----------------|----------------|----------------|-----------------|
|  | FY20           | FY21           | COVID          | Total           |
| <b>Original Amounts</b>                                      | \$4,197,785.00 | \$4,197,957.00 | \$3,934,405.00 | \$12,330,147.00 |
| <b>2.a. SA Primary Prevention</b>                            | \$839,557.00   | \$839,591.40   | \$786,881.00   | \$2,466,029.40  |
| <b>4. TB Services</b>  | \$33,582.28    | \$33,583.66    | \$31,475.24    | \$98,641.18     |
| <b>9. Administrative</b>                                     | \$209,889.25   | \$209,897.85   | \$196,720.25   | \$616,507.35    |
| <b>1.a. Pregnant Women and Women with Dependent Children</b> | \$560,165.00   | \$560,165.00   | \$321,161.00   | \$1,441,491.00  |
| <b>1.b Other</b>   | \$2,554,591.47 | \$2,554,719.09 | \$2,598,167.51 | \$7,707,478.07  |
| <b>Totals</b>  | \$4,197,785.00 | \$4,197,957.00 | \$3,934,405.00 | \$12,330,147.00 |

## State Information

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

#### Fiscal Year 2021

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  
Title 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 |   |                  |
| 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

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 Coastal 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.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

## **LIST of CERTIFICATIONS**

### **1. Certification Regarding Debarment and Suspension**

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
  - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
  - b. Collecting a certification statement similar to paragraph (a)
  - c. Inserting a clause or condition in the covered transaction with the lower tier contract

### **2. Certification Regarding Drug-Free Workplace Requirements**

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
  1. The dangers of drug abuse in the workplace;
  2. The grantee's policy of maintaining a drug-free workplace;
  3. Any available drug counseling, rehabilitation, and employee assistance programs; and
  4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  1. Abide by the terms of the statement; and
  2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
  1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

### **3. Certifications Regarding Lobbying**

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. 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.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### **4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)**

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 Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

#### **5. 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, daycare, 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.

By signing the certification, the undersigned 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 subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health 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 PHS mission to protect and advance the physical and mental health of the American people.

#### **HHS Assurances of Compliance (HHS 690)**

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

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: Michael A. Ceballos

Signature of CEO or Designee<sup>1</sup>: \_\_\_\_\_

Title: Director, Wyoming Department of Health

Date Signed: \_\_\_\_\_

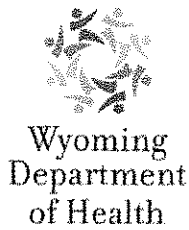
mm/dd/yyyy

<sup>1</sup>If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

No change in Governor or Signatory Authority personnel.



401 Hathaway Building • Cheyenne, WY 82002  
Phone (307) 777-7656 • 1-866-571-0944  
Fax (307) 777-7439 • www.health.wyo.gov



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Michael A. Ceballos  
Director

Mark Gordon  
Governor

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## MEMORANDUM

**Date:** July 2, 2019

**To:** Governor Mark Gordon

**From:** Michael A. Ceballos, Director  
Wyoming Department of Health

**Subject:** Delegation of Authority - Community Mental Health Services and Substance Abuse Prevention and Treatment Block Grant

**Ref.:** C-2019-348

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The Wyoming Department of Health, Behavioral Health Division administers the combined Community Mental Health Services and Substance Abuse Prevention and Treatment Block Grant from the Substance Abuse Mental Health Services Administration (SAMHSA). The Community Mental Health Services Block Grant (MHBG) is authorized by section 1911 of Title XIX, Part B, Subpart I and III of the Public Health Service Act. The MHBG Program's objective is to support the grantees in carrying out plans for providing comprehensive community mental health services. The Substance Abuse Prevention and Treatment Block Grant (SABG) was authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health and Human Service Act. The SABG program's objective is to help plan, implement, and evaluate activities preventing and treating substance abuse.

Pursuant to Section 529 of the Public Health Services Act requires each funding agreement and the applicable assurances is certified by the Chief Executive Officer of the state. I am requesting you delegate this authority to myself as the Director of the Wyoming Department of Health. By delegating this authority to the Department, it allows for the Department to administer the grant more efficiently.

MAC/MN/jg

c: Heather Babbitt, M.P.A., Operations Administrator, Behavioral Health Division  
Chris Newman, M.H.A., Senior Administrator, Behavioral Health Division  
Megan Norfolk, State Planner, Mental Health and Substance Abuse Services



July 3, 2019

Elinore F. McCance-Katz, M.D., Ph.D.  
Assistant Secretary from Mental Health and Substance Use  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane  
Rockville, MD 20857

Dear Dr. McCance-Katz:

Mental Health and Substance Abuse Prevention and Treatment Block Grant

This delegation of authority has been requested by the Wyoming Department of Health, Behavioral Health Division, Mental Health and Substance Abuse Services Section. The purpose of this delegation is for the Community Mental Health Services and Substance Abuse Prevention and Treatment Block Grant application, which pursuant to Section 529 of the Public Health Services Act, requiring each funding agreement is made through certification from the Chief Executive Officer of a state.

I hereby delegate authority to Michael A. Ceballos, Director of the Wyoming Department of Health, to execute funding agreements and certification, provide assurances of compliance to the Assistant Secretary of the Substance Abuse and Mental Health Services Administration, and to perform similar acts relevant to the administration of the Community Mental Health Services and Substance Abuse Prevention and Treatment Block Grant. This delegation of authority shall remain in place until such time it is rescinded in writing.

Sincerely,

Mark Gordon  
Governor

c: Michael A. Ceballos, Director, Wyoming Department of Health

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: Michael A. Ceballos

Signature of CEO or Designee:



Title: Director, Wyoming Department of Health

Date Signed:

08/14/2020

mm/dd/yyyy

<sup>1</sup>If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**



# Funding Plan Proposal

## Mental Health Block Grant

Behavioral Health Division  
Mental Health and Substance Abuse Section  
Phone: (307) 777-5897  
Toll-Free 1-800-535-4006  
Fax: (307) 777-5849

The following document is the Funding Plan Proposal from the Wyoming Department of Health (Agency), Behavioral Health Division (Division) in regards to the guidance letter disseminated from Tom Coderre, Acting Assistant Secretary for Mental Health and Substance Use to Single Authority Directors and State Mental Health Commissioners, on Thursday, March 11, 2021.

### **Funding Plan Proposal Narrative**

#### *Identify the needs and gaps of Wyoming's mental health services in the context of COVID-19.*

Wyoming's Governor Mark Gordon announced the Declaration of a State of Emergency and a Public Health Emergency on March 13, 2020, in regards to the novel coronavirus disease later named and referenced henceforth as "COVID-19". Wyoming is a rural and frontier state that heavily relies on revenues generated from the oil, coal, and natural gas industries. Production within these industries was and continues to be significantly impacted, therefore decreasing state-generated revenue. Wyoming's hospitality and leisure businesses, tourism, and agriculture are also significantly impacted due to COVID-19. State Agencies, including the Wyoming Department of Health, have begun the process of reducing state-funded budgets, thereby reducing available funds for mental health treatment and recovery services.

Decades of statistics confirm that Wyoming's per-capita suicide rate is among the highest in the nation. In 2019, Wyoming's age-adjusted suicide rate was 29.6 per 100,000 individuals, over twice the national rate of 13.93 per 100,000 individuals.<sup>1</sup> Although suicide data is not yet available for 2020 at the time of this report, it is assumed that rates will remain steady or increase due to the negative impacts of COVID-19. A University of Wyoming, Wyoming Survey & Analysis Center study reported that a third of the respondents said they feel anxious about the spread of COVID-19.<sup>2</sup>

According to a Centers for Disease Control and Prevention (CDC) study, during 2020, 41% of respondents to a national survey reported at least one adverse mental health condition associated with COVID-19.<sup>3</sup> The survey also found that younger adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation.

<sup>1</sup> CDC. Web-based Injury Statistics Query and Reporting System (WISQARS). Atlanta, GA: US Department of Health and Human Services, CDC; 2021. <https://www.cdc.gov/injury/wisqars/index.html>

<sup>2</sup> Harnisch, B. (n.d.). UW survey Finds COVID-19 Anxiety continues to climb as Cases Spike Statewide. Retrieved March 24, 2021, from <https://wysac.uwyo.edu/wysac/projects/uw-survey-finds-covid-19-anxiety-continues-to-climb-as-cases-spike-statewide/>

<sup>3</sup> Czeisler ME, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1external icon>

In numbers of lives lost, the average disparity of suicide largely falls on middle-age men, who account for nearly 40% of all Wyoming suicide deaths. However, as studies such as the one from CDC show the full impact of COVID-19, the focus of and disparate populations for mental health services may be shifting.

To better understand shifting needs, the Division is currently contracting with the National Council for Behavioral Health to evaluate the mental health crisis treatment system in Wyoming. Through this evaluation, the Division will have a heightened understanding of the current mental health treatment and recovery system, identify areas of readiness for improvement, and identify gaps in the system. This evaluation should be completed by Fall 2021 with technical assistance, planning, and implementation of quality improvement activities beginning shortly thereafter.

Although more information is needed to make fully informed decisions for implementation, the mental health treatment and recovery system in Wyoming is currently designed to be responsive to the local and state-level environments and several needs/gaps have been identified. Geographically the 9th largest land mass state in the country, Wyoming is the least populous, with an estimated 578,759 population. The state has a population density of 5.8 persons per square mile and is 92% rural as defined by the U.S. Census Bureau, thus qualifying the majority of the state for frontier status. Public and federal funds support fourteen (14) community mental health providers across the state. Four (4) providers also serve in strategic geographic areas as crisis centers providing acute psychiatric care and crisis stabilization. Access to care, especially crisis care, is often impeded by client proximity to services. The Rural Information Hub for 2021 lists the entire geographic area of twenty-two (22) out of Wyoming's twenty-three (23) counties as Mental Health Professional Shortage Area (HPSA).<sup>4</sup> The need for comprehensive telehealth and transportation are critical components of mental health services in a frontier state. The frontier environment also creates a lack of providers, especially psychiatrists and those specializing in working with children. Many providers report difficulties in maintaining their healthcare workforce and cannot easily compete with the wages and amenities offered to healthcare professionals by providers in more urban areas. Even communities that do have adequate staffing are often one practitioner away from a shortage.

Through system analysis, the Division has determined that Comprehensive Crisis Services is a considerable gap and plans to focus efforts in addition to the required 5% Crisis Services set-aside to address the need. The questions asked in the Tom Coderre March 11 letter on the number of crisis call centers, crisis mobile centers, and emergency detention centers could not be fully answered as responses are unknown. The National Council for Behavioral Health assessment and subsequent crisis services activities will be conducted in agreement with the National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit. Further, this Toolkit will act as the guide

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<sup>4</sup> Rural health information hub. (2021, January). Retrieved March 30, 2021, from <https://www.ruralhealthinfo.org/charts/?state=WY>



# Funding Plan Proposal

## Mental Health Block Grant

Behavioral Health Division  
Mental Health and Substance Abuse Section  
Phone: (307) 777-5897  
Toll-Free 1-800-535-4006  
Fax: (307) 777-5849

to inform other developments including any adjustments to requirements within Subrecipient agreements, changes to service definitions, and allowances for service reimbursements.

The Division compiled information on the impact of COVID-19 on contracted Wyoming Behavioral Health and Substance Abuse Service Community Mental Health (CMHC) providers. Data collected is not a reflection of needs or gaps, but does identify the struggles and challenges of each CMHC and Substance Abuse Centers (SAC) across Wyoming during the early and current stages of COVID-19. In summary, challenges included transitioning to telehealth services, access to individuals in need of services, and group services. Telehealth services have improved and two (2) facilities still are seeing individuals through this service only, the remaining CMHC and SACs are using CDC protocols to serve their individuals in-person.

*Describe how Wyoming's spending plan proposal addresses the needs and gaps.*

The Division's spending plans align with the requirements and goals of the Block Grants for Community Mental Health Services.

| Expenditure Period: Approval of Wyoming Plan by SAMSHA - March 14, 2023 |                       |   |
|---|-----------------------|---|
| <b>Total Amount of Federal Obligation to COVID Award -</b>              |                       | <b>\$1,048,637.00</b>   |
| 10% Early Serious Mental Illness and First Episode Psychosis            | \$104,864.00          | To enhance early intervention services in Wyoming through the provision of additional resources for treatment to Subrecipient providers.  |
| 5% Crisis Services  | \$52,432.00           | To develop, implement, and enhance crisis services throughout Wyoming as determined by the crisis service evaluation study and congruent with national guidelines.  |
| Additional Crisis Services  | \$738,909.00          |   |
| 988 Support   | \$100,000.00          | To support information dissemination and infrastructure building needs in order to establish the 988 functions.   |
| 5% Administrative   | \$52,432.00           | To support functions necessary for implementation of the funding and activities including but not limited to data collection, contract administration, Subrecipient monitoring, grant management, and Behavioral Health Advisory Council initiatives. |
| <b>TOTAL GRANT</b>  | <b>\$1,048,637.00</b> |   |

### ESMI/FEP

Not less than 10% of the total allocation will be used to support services for Early Serious Mental Illness (ESMI). Currently, two (2) Subrecipient providers receive Mental Health Block Grant support to implement comprehensive and coordinated care for ESMI and first episode psychosis (FEP). Funding will be utilized to provide services to additional clients and support training and education as well as extended to additional providers to increase access to services. As indicated in the Wyoming – Federal Fiscal Year (FFY) 2020-2021 Block Grant Application, training specific to psychosis has been requested by the ESMI/FEP providers and team members. Although clinicians on the teams are licensed family and child therapists and have significant training and experience in engaging families and providing systemic family treatment, they would benefit from training and education specific to the pathology of psychosis, as well as, any unique impact of psychosis on family systems.

### CRISIS SERVICES

The Division has an executed contract with the National Council for Behavioral Health to assess the crisis service systems in Wyoming. Funding for this assessment has been allocated from the Mental Health Block Grant Technical Assistance supplement. This assessment will not only provide an environmental scan of the crisis services provided by publicly funded mental health providers but will also be the beginning of a plan for the State to leverage existing systems or build infrastructure to deliver comprehensive crisis care. The Division will use information collected during this assessment process, technical assistance from the National Council for Behavioral Health, and the National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit to create a plan for quality and capacity enhancements to maximize access to timely services. Stakeholders to be included in the assessment are local emergency medical services, law enforcement, other local crisis stakeholders as determined by each community, and CMHC providers.

The assessment is scheduled to be completed in Fall 2021 with planning and implementation to follow. The Division proposes to allocate 75.46% (\$791,341.00) of this grant to implement future planned activities for improving the crisis care system in Wyoming. The Division will update SAMSHA Program Official as the plan progresses and provide additional information on proposed activities.

### 988 SUPPORT

The Wyoming Department of Health, Public Health Division, Injury Prevention Program is leading the charge to implement the recommendations for the use of 988 as the three (3) – digit code for the National Suicide Prevention Lifeline. This transition is in the beginning stages of planning with the goal to implement the change in 2022. The Division will continue collaborating on this initiative. The Division proposes supporting a media campaign for the purpose of providing public information on the 988 number based on an identified dissemination gap and enhance local knowledge of the services available through the National Suicide Prevention Lifeline.

### ADMINISTRATION

Not more than 5% of the total allocation will be used for administrative support, including potential updates to the Wyoming Client Information System Database in order to collect information to inform possible changes to the crisis services, or to provide additional staffing support for implementation of projects as determined by the assessment.

*Describe how Wyoming will advance the development of crisis services based on the National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit.*

The National Council for Behavioral Health assessment and subsequent crisis services activities will be conducted in agreement with the National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit. Further, this Toolkit will act as the guide for other developments including any adjustments to requirements within Subrecipient agreements, changes to service definitions, and allowances for service reimbursements.

*Explain how Wyoming plans to collaborate with other departments or agencies to address identified needs.*

The Division collaborates with the Behavioral Health Advisory Council (BHAC) whose membership includes both state agency and non-state stakeholders. The BHAC assists the Division in identifying gaps and needs and has committed to working with the Division to address COVID-19 related mental health issues. The BHAC will be working on an updated strategic plan for years 2022 - 2025.

The Division will also collaborate with the Wyoming Department of Health, Public Health Division, Injury Prevention Program which oversees state and local-level suicide prevention efforts. The Division is actively participating in the Injury Prevention Program's 988 Planning and Implementation Coalition. This Coalition is serving as the advising and action council for implementation of the changes in the National Suicide Prevention Lifeline.

Further collaborations will evolve as the crisis assessment and planning continue. Some of the collaborations will more than likely include working with state and local first responders. The Wyoming Department of Health has a long standing relationship with the Wyoming Association of Sheriffs and Chiefs of Police in providing services such as comprehensive Crisis Intervention Training across the state, naloxone distribution and training for first responders, and providing training to local law enforcement on suicide ideation response in frontier communities. The Division works closely with the Wyoming Department of Health, Public Health Division, Office of Emergency Medical Services (EMS). As previously stated, the need for transportation services is critical to care in a frontier state. Law enforcement and EMS agencies often provide these services.



## Funding Plan Proposal

### Mental Health Block Grant

Behavioral Health Division  
Mental Health and Substance Abuse Section  
Phone: (307) 777-5897  
Toll-Free 1-800-535-4006  
Fax: (307) 777-5849

The Division will continue to collaborate with local mental health treatment providers and other local stakeholders to ensure community needs and preferences are incorporated into the planned activities.

*If your state plans to utilize any of the waiver provisions or the recommendations listed in this guidance, please explain how your state will implement them with these funds.*

The Division has a current contract with the National Council of Behavioral Health to compile further information through an analysis of gaps and needs assessment. It is anticipated to receive recommendations on services and quality improvement updates; including recommendations from the Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit; and recommendations on health equity gap improvements. Please refer to the funding plan proposal for further break down. The Division will provide updates to the State Project Officer.

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## State Information

### Disclosure of Lobbying Activities

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

[Standard Form LLL \(click here\)](#)

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Name

Michael A. Ceballos

Title

Director

Organization

Wyoming Department of Health

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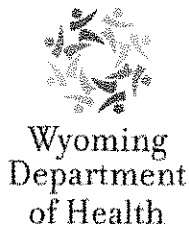
Signature:

Date:

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

Please note this page does not have an upload section; the signature for this page can be found in the attachments section, properly titled "Disclosure of Lobbying Activities 2020.08.14"



401 Hathaway Building • Cheyenne, WY 82002  
Phone (307) 777-7656 • 1-866-571-0944  
Fax (307) 777-7439 • www.health.wyo.gov



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Michael A. Ceballos  
Director

Mark Gordon  
Governor

---

## MEMORANDUM

**Date:** July 2, 2019

**To:** Governor Mark Gordon

**From:** Michael A. Ceballos, Director  
Wyoming Department of Health

**Subject:** Delegation of Authority - Community Mental Health Services and Substance Abuse Prevention and Treatment Block Grant

**Ref.:** C-2019-348

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The Wyoming Department of Health, Behavioral Health Division administers the combined Community Mental Health Services and Substance Abuse Prevention and Treatment Block Grant from the Substance Abuse Mental Health Services Administration (SAMHSA). The Community Mental Health Services Block Grant (MHBG) is authorized by section 1911 of Title XIX, Part B, Subpart I and III of the Public Health Service Act. The MHBG Program's objective is to support the grantees in carrying out plans for providing comprehensive community mental health services. The Substance Abuse Prevention and Treatment Block Grant (SABG) was authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health and Human Service Act. The SABG program's objective is to help plan, implement, and evaluate activities preventing and treating substance abuse.

Pursuant to Section 529 of the Public Health Services Act requires each funding agreement and the applicable assurances is certified by the Chief Executive Officer of the state. I am requesting you delegate this authority to myself as the Director of the Wyoming Department of Health. By delegating this authority to the Department, it allows for the Department to administer the grant more efficiently.

MAC/MN/jg

c: Heather Babbitt, M.P.A., Operations Administrator, Behavioral Health Division  
Chris Newman, M.H.A., Senior Administrator, Behavioral Health Division  
Megan Norfolk, State Planner, Mental Health and Substance Abuse Services



July 3, 2019

Elinore F. McCance-Katz, M.D., Ph.D.  
Assistant Secretary from Mental Health and Substance Use  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane  
Rockville, MD 20857

Dear Dr. McCance-Katz:

Mental Health and Substance Abuse Prevention and Treatment Block Grant

This delegation of authority has been requested by the Wyoming Department of Health, Behavioral Health Division, Mental Health and Substance Abuse Services Section. The purpose of this delegation is for the Community Mental Health Services and Substance Abuse Prevention and Treatment Block Grant application, which pursuant to Section 529 of the Public Health Services Act, requiring each funding agreement is made through certification from the Chief Executive Officer of a state.

I hereby delegate authority to Michael A. Ceballos, Director of the Wyoming Department of Health, to execute funding agreements and certification, provide assurances of compliance to the Assistant Secretary of the Substance Abuse and Mental Health Services Administration, and to perform similar acts relevant to the administration of the Community Mental Health Services and Substance Abuse Prevention and Treatment Block Grant. This delegation of authority shall remain in place until such time it is rescinded in writing.

Sincerely,

Mark Gordon  
Governor

c: Michael A. Ceballos, Director, Wyoming Department of Health

## 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 Michael A. Ceballos

Title Director

Organization Wyoming Department of Health

Signature:



Date:

08/14/2020

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

#### Footnotes:

## Planning Tables

**Table 2 State Agency Planned Expenditures [MH]**

States must project how the SMHA will use available funds to provide authorized services for the planning period for state fiscal years 2020/2021.

Planning Period Start Date: 7/1/2020 Planning Period End Date: 6/30/2021

| Activity<br>(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. Primary Prevention   |                                |                              |   |   |                     |   |            |
| a. Substance Abuse Primary Prevention   |                                |                              |   |   |                     |   |            |
| b. Mental Health Primary Prevention*  |                                | \$0                          | \$0                                     | \$0   | \$0                 | \$0                                       | \$0        |
| 3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG)** |                                | \$91,246                     | \$0                                     | \$0   | \$0                 | \$0                                       | \$0        |
| 4. Tuberculosis Services  |                                |                              |   |   |                     |   |            |
| 5. Early Intervention Services for HIV  |                                |                              |   |   |                     |   |            |
| 6. State Hospital   |                                |                              | \$0                                     | \$0   | \$0                 | \$0                                       | \$0        |
| 7. Other 24 Hour Care   |                                | \$0                          | \$0                                     | \$0   | \$700,741           | \$0                                       | \$0        |
| 8. Ambulatory/Community Non-24 Hour Care  |                                | \$734,973                    | \$0                                     | \$300,000   | \$26,611,926        | \$0                                       | \$0        |
| 9. Administration (Excluding Program and Provider Level)***   |                                | \$40,618                     | \$0                                     | \$21,104  | \$82,078            | \$0                                       | \$0        |
| 10. Crisis Services   |                                | \$45,623                     | \$0                                     | \$0   | \$0                 | \$0                                       | \$0        |
| <b>11. Total</b>  | <b>\$0</b>                     | <b>\$912,460</b>             | <b>\$0</b>                              | <b>\$321,104</b>  | <b>\$27,394,745</b> | <b>\$0</b>                                | <b>\$0</b> |

\* While the state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED

\*\* Column 3B should include Early Serious Mental Illness programs funded through MHBG set aside

\*\*\* Per statute, Administrative expenditures cannot exceed 5% of the fiscal year award.

**Footnotes:**

B. Mental Health Block Grant

3. FEP (10% of \$812,236) = \$81,236.00

9. Admin (5% OF \$812,359) = \$40,617.95 rounded to \$40,618.00

8. Amount Remaining: \$812,359 - 81,236 - 40,618 = \$690,505.00

D. Other Federal Funds:

8. Non-24 Hour Care: \$300,000.00 from the PATH Grant

9. Admin Other: \$21,103.56 rounded to \$21,104.00 (PATH Admin)

E. State Funds\*:

\*Due to COVID-19 and the Governor's budget cut requests, expenditures below and the table may change in the near future (upon which the State will request a revision request from the SPO):

7. Other 24 Hour Care: \$700,741.00 (Based off of the FY21 Contracts)

8. Non-24 Hour Care: \$26,511,926.00 + \$100,000.00 Match Requirement of PATH Grant = \$26,611,926.00 (Based off of FY21 Contracts and predicted budget cut)

9. Administrative: \$82,078 (Admin MOE Funds, based off of FY20)

\*\*Wyoming will be receiving budget cuts which will affect the state's MOE\*\*

Revision Request - Crisis Services - due to budget cuts it is possible the Division will request another revision request. Thank you

# Planning Tables

**Table 4 SABG Planned Expenditures**

Planning Period Start Date: 10/1/2020      Planning Period End Date: 9/30/2022

| Expenditure Category                           | FFY 2020 SA Block Grant Award | FFY 2021 SA Block Grant Award |
|--|-------------------------------|-------------------------------|
| 1 . Substance Abuse Prevention and Treatment * | \$3,115,339                   | \$3,114,757                   |
| 2 . Primary Substance Abuse Prevention         | \$839,557                     | \$839,557                     |
| 3 . Early Intervention Services for HIV **     | \$0                           | \$0                           |
| 4 . Tuberculosis Services                      | \$33,000                      | \$33,582                      |
| 5 . Administration (SSA Level Only)            | \$209,889                     | \$209,889                     |
| <b>6. Total</b>                                | <b>\$4,197,785</b>            | <b>\$4,197,785</b>            |

\* Prevention other than Primary Prevention

\*\* For the purpose of determining the states and jurisdictions that are considered "designated states" as described in section 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 45 CFR § 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 the Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. The most recent HIV Surveillance Report will be published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective SABG allotments to establish one or more projects to provide early intervention services for regarding the human immunodeficiency virus (EIS/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 a state's AIDS case

rate does not meet the AIDS case rate threshold for the fiscal year involved for which a state is applying for SABG funds. 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 will be allowed to obligate and expend SABG funds for EIS/HIV if they chose to do so.

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**Footnotes:**

Using FY20 Allocation: \$4,197,785.

20% = \$839,557.00 (also shown on allocation table)

5% = \$209,889.25

TB services are at 0.8% of allocation = \$33,589.28

1. Substance Abuse Prevention and Treatment Column is determined by subtracting the 20% figure, the 5% figure, and the 0.8% figure from the total allocation.

**\*\*Wyoming will be receiving budget cuts which will affect the state's MOE\*\***

## Planning Tables

**Table 5a SABG Primary Prevention Planned Expenditures**

Planning Period Start Date: 10/1/2020      Planning Period End Date: 9/30/2022

|  | A            | B                                | C                                |
|--|--------------|----------------------------------|----------------------------------|
| Strategy                               | IOM Target   | FFY 2020<br>SA Block Grant Award | FFY 2021<br>SA Block Grant Award |
| 1. Information Dissemination           | Universal    |                                  |                                  |
|  | Selective    |                                  |                                  |
|  | Indicated    |                                  |                                  |
|  | Unspecified  |                                  |                                  |
|  | <b>Total</b> | <b>\$0</b>                       | <b>\$0</b>                       |
| 2. Education                           | Universal    |                                  |                                  |
|  | Selective    |                                  |                                  |
|  | Indicated    |                                  |                                  |
|  | Unspecified  |                                  |                                  |
|  | <b>Total</b> | <b>\$0</b>                       | <b>\$0</b>                       |
| 3. Alternatives                        | Universal    |                                  |                                  |
|  | Selective    |                                  |                                  |
|  | Indicated    |                                  |                                  |
|  | Unspecified  |                                  |                                  |
|  | <b>Total</b> | <b>\$0</b>                       | <b>\$0</b>                       |
| 4. Problem Identification and Referral | Universal    |                                  |                                  |
|  | Selective    |                                  |                                  |
|  | Indicated    |                                  |                                  |
|  | Unspecified  |                                  |                                  |
|  | <b>Total</b> | <b>\$0</b>                       | <b>\$0</b>                       |
|  | Universal    |                                  |                                  |

|  |              |                    |                    |
|--|--------------|--------------------|--------------------|
| 5. Community-Based Process                   | Selective    |                    |                    |
|  | Indicated    |                    |                    |
|  | Unspecified  |                    |                    |
|  | <b>Total</b> | <b>\$0</b>         | <b>\$0</b>         |
| 6. Environmental                             | Universal    |                    |                    |
|  | Selective    |                    |                    |
|  | Indicated    |                    |                    |
|  | Unspecified  |                    |                    |
|  | <b>Total</b> | <b>\$0</b>         | <b>\$0</b>         |
| 7. Section 1926 Tobacco                      | Universal    |                    |                    |
|  | Selective    |                    |                    |
|  | Indicated    |                    |                    |
|  | Unspecified  | \$0                | \$0                |
|  | <b>Total</b> | <b>\$0</b>         | <b>\$0</b>         |
| 8. Other                                     | Universal    |                    |                    |
|  | Selective    |                    |                    |
|  | Indicated    |                    |                    |
|  | Unspecified  |                    |                    |
|  | <b>Total</b> | <b>\$0</b>         | <b>\$0</b>         |
| <b>Total Prevention Expenditures</b>         |              |                    | <b>\$0</b>         |
| <b>Total SABG Award*</b>                     |              | <b>\$4,197,785</b> | <b>\$4,197,785</b> |
| <b>Planned Primary Prevention Percentage</b> |              | <b>0.00 %</b>      | <b>0.00 %</b>      |

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

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## Planning Tables

**Table 5b SABG Primary Prevention Planned Expenditures by IOM Category**

Planning Period Start Date: 10/1/2020      Planning Period End Date: 9/30/2022

| Activity                                     | FFY 2020 SA Block Grant Award | FFY 2021 SA Block Grant Award |
|--|-------------------------------|-------------------------------|
| Universal Direct                             | \$113,934                     | \$113,934                     |
| Universal Indirect                           | \$561,072                     | \$561,072                     |
| Selective                                    | \$83,551                      | \$83,551                      |
| Indicated                                    | \$1,000                       | \$1,000                       |
| <b>Column Total</b>                          | <b>\$759,557</b>              | <b>\$759,557</b>              |
| <b>Total SABG Award*</b>                     | <b>\$4,197,785</b>            | <b>\$4,197,785</b>            |
| <b>Planned Primary Prevention Percentage</b> | <b>18.09 %</b>                | <b>18.09 %</b>                |

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

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

### Footnotes:

## Planning Tables

**Table 5c SABG Planned Primary Prevention Targeted Priorities**

States should identify the categories of substances the state BG plans to target with primary prevention set-aside dollars from the FFY 2020 and FFY 2021 SABG awards.

Planning Period Start Date: 10/1/2020      Planning Period End Date: 9/30/2021

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

**Footnotes:**

# Planning Tables

**Table 6 Non-Direct-Services/System Development [SA]**

Planning Period Start Date: 10/1/2020      Planning Period End Date: 9/30/2022

| Activity  | FFY 2020          |                    |                   | FFY 2021          |                    |                   |
|---|-------------------|--------------------|-------------------|-------------------|--------------------|-------------------|
|   | A. SABG Treatment | B. SABG Prevention | C. SABG Combined* | A. SABG Treatment | B. SABG Prevention | C. SABG Combined* |
| 1. Information Systems  |                   |                    |                   |                   |                    |                   |
| 2. Infrastructure Support                                     |                   |                    |                   |                   |                    |                   |
| 3. Partnerships, community outreach, and needs assessment     |                   |                    |                   |                   |                    |                   |
| 4. Planning Council Activities (MHBG required, SABG optional) |                   |                    |                   |                   |                    |                   |
| 5. Quality Assurance and Improvement                          | \$5,000           |                    | \$5,000           | \$5,000           | \$0                | \$0               |
| 6. Research and Evaluation                                    |                   | \$80,000           | \$80,000          |                   | \$80,000           |                   |
| 7. Training and Education                                     |                   |                    |                   |                   |                    |                   |
| <b>8. Total</b>   | <b>\$5,000</b>    | <b>\$80,000</b>    | <b>\$85,000</b>   | <b>\$5,000</b>    | <b>\$80,000</b>    | <b>\$0</b>        |

\*Combined refers to non-direct service/system development expenditures that support both treatment and prevention systems.

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**Footnotes:**

5. Quality Assurance and Improvement is for Peer Reviews. (only \$5,000 for treatment).

TA Funds not included.

6. Only for prevention (\$80,000.00)

8. As \* in the table: "Combined refers to non-direct service/system development expenditures that support both treatment and prevention systems." - Wyoming Department of Health does not have plans to combine non-direct service/system development at this time between the Behavioral Health Division and the Public Health Division.

Amount of SABG Primary Prevention funds (\$839,557) used for SABG Prevention Resource Development Activities for SABG Prevention, Column B = \$80,000.

Table 6, column B's Research & Evaluation (\$80,000) + Table 5b's Primary Prevention (\$759,557)=Table 4, column B's total for primary prevention (\$839,557).

Revision Request 9/30/2020 by Thia Walker:

Please add the following footnote to Table 6: ? Amount of SABG Primary Prevention funds (from Table 4, Row 2) to be used for Non-Direct-Services/System Development Activities for SABG Prevention, Column B, and/or SABG Combined, Column C = \$ \_\_80,000\_\_.

## Planning Tables

**Table 6 Non-Direct-Services/System Development [MH]**

MHBG Planning Period Start Date: 07/01/2020

MHBG Planning Period End Date: 06/30/2021

| Activity  | FFY 2020 Block Grant | FFY 2021 Block Grant |
|---|----------------------|----------------------|
| 1. Information Systems  |                      | \$0                  |
| 2. Infrastructure Support                                     |                      | \$0                  |
| 3. Partnerships, community outreach, and needs assessment     |                      | \$0                  |
| 4. Planning Council Activities (MHBG required, SABG optional) | \$10,000             | \$5,000              |
| 5. Quality Assurance and Improvement                          | \$5,000              | \$5,000              |
| 6. Research and Evaluation                                    |                      | \$0                  |
| 7. Training and Education                                     |                      | \$5,000              |
| <b>8. Total</b>   | <b>\$15,000</b>      | <b>\$15,000</b>      |

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**Footnotes:**

Due to COVID-19, Council meetings have been cancelled or conducted over Zoom Conference. Travel has been reduced and the Council may not travel between August 2020 and February 2021. Spring and Summer of 2021 meetings are yet to be determined (via Zoom or location).

TA Funds are not included.

## Environmental Factors and Plan

### 15. Crisis Services - Required

#### Narrative Question

In the on-going development of efforts to build an robust system of evidence-based care for persons diagnosed with SMI, SED and SUD and their families via a coordinated continuum of treatments, services and supports, growing attention is being paid across the country to how states and local communities identify and effectively respond to, prevent, manage and help individuals, families, and communities recover from M/SUD crises. SAMHSA has recently released a publication, Crisis Services Effectiveness, Cost Effectiveness and Funding Strategies that states may find helpful.<sup>61</sup> SAMHSA has taken a leadership role in deepening the understanding of what it means to be in crisis and how to respond to a crisis experienced by people with M/SUD conditions and their families. According to SAMHSA's publication, [Practice Guidelines: Core Elements for Responding to Mental Health Crises](http://store.samhsa.gov/product/Core-Elements-for-Responding-to-Mental-Health-Crises/SMA09-4427)<sup>62</sup>,

"Adults, children, and older adults with an SMI or emotional disorder often lead lives characterized by recurrent, significant crises. These crises are not the inevitable consequences of mental disability, but rather represent the combined impact of a host of additional factors, including lack of access to essential services and supports, poverty, unstable housing, coexisting substance use, other health problems, discrimination, and victimization."

A crisis response system will have the capacity to prevent, recognize, respond, de-escalate, and follow-up from crises across a continuum, from crisis planning, to early stages of support and respite, to crisis stabilization and intervention, to post-crisis follow-up and support for the individual and their family. SAMHSA expects that states will build on the emerging and growing body of evidence for effective community-based crisis-prevention and response systems. Given the multi-system involvement of many individuals with M/SUD issues, the crisis system approach provides the infrastructure to improve care coordination and outcomes, manage costs, and better invest resources. The following are an array of services and supports used to address crisis response.

<sup>61</sup><http://store.samhsa.gov/product/Crisis-Services-Effective-Cost-Effectiveness-and-Funding-Strategies/SMA14-4848>

<sup>62</sup>Practice Guidelines: Core Elements for Responding to Mental Health Crises. HHS Pub. No. SMA-09-4427. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2009. <http://store.samhsa.gov/product/Core-Elements-for-Responding-to-Mental-Health-Crises/SMA09-4427>

#### Please check those that are used in your state:

##### 1. Crisis Prevention and Early Intervention

- a) ☒ Wellness Recovery Action Plan (WRAP) Crisis Planning
- b) ☒ Psychiatric Advance Directives
- c) ☒ Family Engagement
- d) ☒ Safety Planning
- e) ☐ Peer-Operated Warm Lines
- f) ☐ Peer-Run Crisis Respite Programs
- g) ☒ Suicide Prevention

##### 2. Crisis Intervention/Stabilization

- a) ☐ Assessment/Triage (Living Room Model)
- b) ☐ Open Dialogue
- c) ☐ Crisis Residential/Respite
- d) ☒ Crisis Intervention Team/Law Enforcement
- e) ☐ Mobile Crisis Outreach
- f) ☒ Collaboration with Hospital Emergency Departments and Urgent Care Systems

##### 3. Post Crisis Intervention/Support

- a) ☐ Peer Support/Peer Bridgers
- b) ☒ Follow-up Outreach and Support
- c) ☐ Family-to-Family Engagement
- d) ☒ Connection to care coordination and follow-up clinical care for individuals in crisis
- e) ☐ Follow-up crisis engagement with families and involved community members

- f) ☐ Recovery community coaches/peer recovery coaches
- g) ☐ Recovery community organization

4. Does the state have any activities related to this section that you would like to highlight?

The Wyoming Department of Health, Behavioral Health Division (Division) is in the contract execution process with National Council for Behavioral Health to assess the crisis service systems in Wyoming. Funding for this assessment has been allocated from the Mental Health Block Grant Technical Assistance supplement. The Division shall use information collected during this assessment process for performance management and quality improvement activities including the provision of additional training and potential changes in resource allocations. Stakeholders to be included in the assessment are local emergency medical services, law enforcement, other local crisis stakeholders as determined by each community, and Community Mental Health Providers.

Please indicate areas of technical assistance needed related to this section.

No further areas of technical assistance have been identified at this time.

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**Footnotes:**

Please see attachment titled: "Crisis Services Revision Request".

## Environmental Factors and Plan

### 21. State Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application- Required for MHBG

#### Narrative Question

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council to carry out the statutory functions as described in 42 U.S. C. 300x-3 for adults with SMI and children with SED. To meet the needs of states that are integrating services supported by MHBG and SABG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, SUD treatment, and recovery representation, referred to here as an Advisory/Planning Council (PC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance misuse prevention, SUD treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a PC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration](https://www.samhsa.gov/sites/default/files/manual-planning-council-best-practices-2014.pdf).<sup>69</sup>

Planning Councils are required by statute to review state plans and implementation reports; and submit any recommended modifications to the state. Planning councils monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the state. They also serve as an advocate for individuals with M/SUD problems. 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.

<sup>69</sup><https://www.samhsa.gov/sites/default/files/manual-planning-council-best-practices-2014.pdf>

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

1. How was the Council involved in the development and review of the state plan and report? Please attach supporting documentation (meeting minutes, letters of support, etc.) using the upload option at the bottom of this page.

- a) What mechanism does the state use to plan and implement substance misuse prevention, SUD treatment and recovery services?

A robust planning process is utilized each year which includes alignment with the Division's strategic plan and funding decisions. This process involves Division staff, provider staff, and other key stakeholders. Once group decisions are made regarding the specific service needs and funds available, the Division contracts with provider agencies to carry out the services. The state provides data to the Council to help prioritize the delivery of substance abuse services. The Wyoming Association of Mental Health and Substance Abuse Centers (WAMHSAC) 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.

- b) Has the Council successfully integrated substance misuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work? ☒ Yes ☐ No

2. Is the membership representative of the service area population (e.g. ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)? ☒ Yes ☐ No

3. 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 meets approximately four (4) times a year; two times annually is the minimum with the flexibility to have a meeting every two months in a twelve consecutive month period.

Council meetings focus on addressing concerns identified by the membership. Our membership reflects on populations identified as critical for our work: 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 collected to help the Council understand behavioral health issues in a broader perspective. Two council member agencies provide advocacy support and are funded using the block grant funds; the Substance Abuse and Mental Health Ombudsman Program (SAMHOP) run by the Wyoming

Guardianship Corporation (WGC), and Recover Wyoming. One other particular member agency not funded by the block grants but provides advocacy support is run through National Alliance on Mental Illness (NAMI).

Currently tackling issues:

Human Trafficking & Domestic Violence – MH/SA Issues

Peer Support Services

Budget Cuts due to COVID-19

*Please indicate areas of technical assistance needed related to this section.*

No technical assistance requested at this time.

*Additionally, please complete the Advisory Council Members and Advisory Council Composition by Member Type forms.<sup>70</sup>*

<sup>70</sup>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.

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**Footnotes:**

Appointments In-progress or Awaiting Approval:

Milward Simpson (Recover Wyoming) msimpson@recoverwyoming.org

Rhianna Brand (Consumer / Adult - MH)

Doug Bebout (Consumer / Co-Occuring)

Vacant:

Transitional Youth

Senate Representative

\*Please note, the Council's most recently approved meeting minutes have been attached; while the most recent agenda has been provided (minutes have not been approved by council yet). The Council meeting that was to be held in March was cancelled due to COVID-19. June meeting was held via Zoom and a meeting September 18th, 2020 is schedule to be conducted. The Council did meet on August 11th, 2020 to review the application.



***Behavioral Health Advisory Council  
Meeting Minutes  
November 15<sup>th</sup>, 2019***

6101 Yellowstone Road, Cheyenne, WY 82009  
CenturyLink Building, Lower Level Training Room

[Hangouts Meet Link](#)

Phone: 1-423-735-3117 PIN: 130 379#

**Friday, November 15<sup>th</sup>, 2019**

**Council Members Present:** Andy Lemke, Brenda Stout, Cassandra Crumpton, Donna Sedey, Jessi Westling, Kathryn “Kat” Campbell, Laura Griffith, Paul Demple, Robert Johnston, Brenda Stout, Jo Ann Numoto, Sam Borbely, and Sharon Pucillo

**BHD Present:** Erica Mathews, Dani Sullivan, and Megan Norfolk  
(Additional for only Human Trafficking: Alicia Johnson, Jessie Schaefer, Janelle Smolinski)

**On the Phone:** Amanda Bialas, Sue Wilson, Sunny Goggles,

**Excused:** Sherry Mercer, Trudy Funk, and Michaela Tschirhart

**Special Guests:**

- Pamela Perea, Boards and Commissions, Governor’s Office
- Cara Chambers, Director of the Division of Victim Services, Attorney General’s Office
- Elizabeth Champlain, RN, SANE-A, SANE-P, of Cheyenne Regional Medical Center’s Forensic Nursing Program

**No additions to the agenda**

**Voting:**

**Approval of Chair, Vice Chair, Membership Chair**

Open for voting, finalization next meeting. Please find PDF or website for voting, open for all.

Paul Demple for Chair

Sam Borbely / open for voting for Vice Chair

Katheryn “Kat” Campbell for Membership Chair

Vice Chair had four nominees – Sam Borbely, Laura Griffith, Carolyn Yeaman, and Kyle Gamroth. Laura respectfully declined, while Carolyn and Kyle are no longer in the council.

**Approval of Agenda and Meeting Minutes** (Sept, March, June) – Donna moved, Brenda seconded, Unanimous agreement of approval.

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**MHSAS Update – MHSA Staff**

Erica Mathews is our new Grant and Program Manager. Ben Kifer our new MHSA Administrator. No update of the Senior Administrator, Heather Babbitt remains the Interim. Stefan Johansson is overseeing the facilities, while the rumor is they'll be back under BHD upon a Senior Admin hire.

Block Grant was submitted, revision requests due to our turnover and updating contact information. Block Grant Report 20 working on.

**Governor's Office – Boards and Commissions Process for Membership**

Pamela Perea with the Governor's Office – Council Membership. New process and open to suggestions on the process. Board hasn't had a large role in the application and getting people on board. Governor's Office would like to be more involved. This includes meeting minutes and any information BHAC feels necessary to let the Governor know about; as you are more the boots on the ground.

Session has made things messed. There are open seats. There should be one to two months – point of contact or membership chair to let Pamela for recommendations to fill in seats. The Governor does like listening into why a particular person is recommended. Pamela meets with the Governor, at least 2 times a month for Boards and Commissions, she is able to present any information we have to the Governor over appointing individuals to a seat. Hopefully he'll make a decision, he may have Pamela looking more deeply or research on a person. Thus, a pending status.

When positions have expired, the person in the role will need to continue doing that role until replaced.

Once the appointment has been made by the Governor, she'll reach out to the contact person [BHD's contact and/or Chair]. Pamela will let one of us know the reappointed and/or new appointments. Which we are then able to let the person know they will be receiving a letter from the Governor's Office with information needed to be sent back to the Governor's Office.

The Board ID's are in the process of updating, making them look more official. Pamela will also send those to the new appointments. Any person who needs the Board IDs or letters from the Governor's Office, please let Megan or Paul aware so we can notify Pamela.

If a member is not showing up, not responding to all forms of communications given, BHAC has done all that can be done, and they have missed three consecutive meetings; the Board Chair needs to let Pamela know to provide the information to the Governor for his decision. If he decides to move forward with removing an individual from the Council, the Board Chair and



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the Governor's Office will put together documentation and then the Governor's Office will send the member a letter thanking them for their time and service and they will no longer be serving.

A new appointment needs to still be appointed. Huge lists, generally during the sessions. Interims are generally provided for boards.

Expired individuals and reappointments – Governor's Office is working on getting done. Governor has to have a really good reason as to not reappoint a person. The Governor's Office has a website [\[HERE\]](#) and is currently being updated. Senate confirmed appointments are priority. Then summer will hopefully be caught up.

Special thanks to Ms. Perea for taking time out of her schedule to speak with us over the Boards and Commissions process and what the Council can expect.

The BHAC Google website. Going through where documents are, news updates, meeting dates with locations (directions included), previous meeting minutes and the years' worth of meeting minutes.

### **Legislative Interim Committees**

#### **Joint Labor, HSS Meeting Update – Paul Demple (Leading)**

Paul - Approximately 21 different bills looking, and it was too much for the committee to take on. Substance abuse licensure and reciprocity was a topic the committee was looking at. There was discussion about creating a different licensing board for substance abuse, more requirements, looking at what are other states doing? Co-Chair said there was too much on the LHSS agenda so they pared it down, eliminating many things. The licensure issue could come up again during the legislative session but would require a 2/3 approval from the body to be heard. and difficult, Stemmed from folks contracted with Corrections in Torrington and Boot Camp, etc.; they felt the rules and regulations were problematic for hiring staff.

Sam – Difficulty finding licensed and certified positions. Couple of positions have been vacant since the start of the biennium. Casper capacity upped but five counselor positions remain open. Many experienced and knowledgeable people had applied but due to these restrictions, they were ineligible to provide services in Wyoming.

Paul – We need to be careful requiring mental health and substance abuse staff to become too specialized as it will create significant problems in the more rural areas. Very small, rural areas are often staffed by as few as one professional staff. Requiring specializations will result in more problems hiring, increase cost of service delivery, and decreased service availability.



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### **Peer Support Specialist**

Paul has had positions open for about a year. Trying to hire people is difficult right now, between getting people to come to Wyoming, especially younger individuals and to small towns. Northern Wyoming Mental Health Center is utilizing a company called PsychPro to try to find staff nationally. If a person is hired, they received 20% of the hired individual's salary. National trends show, there is a shortage. Mental Health and Substance Abuse shortage on professionals and is getting worse. When Feds put out more programs, there isn't enough people to cover or won't be in the future, especially in rural areas.

Donna – Community College, encouraging/recruiting individuals to go into the MH programs.

Paul – Not only is the MH field, there is a shortage in many fields.

Brenda – Medicaid is writing a white paper on Peer Specialist to expand them into the federal law in rural health centers, hospitals, and emergency departments.

### **Task Force**

Donna – Department of Health for focus groups.

Brenda – Bill forward with little forward. Director would have to go and see what he can do before the legislative session and report to Legislators.

Paul – BHAC will want to be involved. We (WAMSAC) are currently working with Dept. of Health on new contracts, the discussion going forward from Heather Babbitt, Stefan Johansson, and Director Mike A. Ceballos, changes for hardships of centers. Centers are losing money. Basic outpatient is an example, Medicaid opened up to private providers, centers took the more cuts, the system on how contracts were paid changed, all accumulating to a financial stress on centers. System is stress and will continued to be stressed.

How do we continue to provide mental health and substance abuse services to individuals with shortages?

Telehealth – High school student was in significant crisis in small town, Northern could have sent someone there (2hrs later) but instead connected the Clinical Director with the student through telehealth, and it really worked well. Some counties are embracing the idea of telehealth and are responding faster. Medicaid does pay for telehealth services, though the idea of a funding source would need to be determined for individuals not under Medicaid.



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Rob – As the Council, are we requesting Paul to write letters on our behalf to the Governor's Office or Committees about talking points (such as above)?

Donna – Director Ceballos we're willing to be a part in coordination with the task force.

Paul – Letter to Mike Ceballos, Stefan, Ben, and Heather. BHAC wants to be a part of the discussion. Board array of people who touch these subjects. Voices of the boots on the ground individuals. (Updated note: Ben has asked to hold off on this for the time being until we know more)

**Reviews of the Bylaws, Meetings & Locations**

Previously a subcommittee reviewed the bylaws. The Council went through the revised lines in a group discussion on updates and edits. Please see the attached document. Include substance use disorder within the language throughout the document.

Brenda – Contact Lisa Brockman for adolescent representative. Recommend we all ask around to fill these open positions on the Council.

**Human Trafficking Presentation – Director Chambers and Ms. Champlain**

Presentation conducted by guest speakers, Director Cara Chambers of the Attorney General's Division of Victim Services and Elizabeth Champlain, RN, SANE-A, SANE-P, of Cheyenne Regional Medical Center's Forensic Nursing Program. Please find the slides attached, there are links and the video presented on the BHAC website. Feel free to post the Human Trafficking video to your social media outlets, along with any resources. If you run into a situation like this, reach out to the resources, local PD, Highway Patrol, CRMC, etc.

Special thank you to both Director Chambers and Ms. Champlain for taking time to speak with us over an important topic such as Human Trafficking.

**WICHE Needs Assessment – Dani Sullivan**

WICHE Documents are available on the website and attached for your reading. Gaps, barriers, suggestions for improvements, strengths, weaknesses, etc.

This discussion was an overview of the final reports. Reminder the Division did have one to look at the data system and one of the services. These reports will be used in our toolbox. Until we have the Leadership positions filled, we are unaware of where the view of the Division will be heading.



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Transitional Services were not in the top three priorities but were on the list of concerns. Draft was not released to anyone because the Division determined the assessment was WICHE's assessment and report and how they determined the information. It is not the end-all-be-all, it's in the toolbox. Providers were interviewed individually via Zoom with WICHE, purpose to get feedback on pieces of the system, among other feedback. The Division, specifically the data unit (KMAT) was also interviewed with purpose to get feedback on what works and what doesn't work.

**Meeting Dates and Locations**

March 20<sup>th</sup>, 2020 – Casper, WY – Location to be determined – Please watch website

June 19<sup>th</sup>, 2020 – Evanston, WY – Location to be determined – WSH Tour Request

August 14<sup>th</sup>, 2020 – Lander, WY – Location to be determined – WLRC Tour Request

November 13<sup>th</sup> – Cheyenne, WY – Location to be determined – New downtown location

Agenda Requested Item – March 20<sup>th</sup>, 2020 – Broad Use of Peer Specialist Support – Paul Demple with Brenda Stout speaking on the white paper (previously mentioned).

Recommended Lander location – Central Wyoming College at 120 Enterprise Blvd, Lander, WY 82520; 307-332-3394

Future agenda request item – Donna Sedey speaking on NAMI Smarts State Training.

Brenda Stout motioned approval of meeting dates and locations, Second by Kat Campbell, unanimous approval.

**Public Comment**

Donna Sedey is attended a training to become a NAMI Smarts State Trainer, teaching people to advocate for themselves. She is available for weekends, costs would be for materials, and it's about a day and a half on how to state their stories and requests to Legislators (brief and precise). Correspondence training as well, an effective way for advocating.

**Adjourned**

(NOTE: Removing the DRAFT watermark will move up "Adjourned" and remove the additional page)

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## ***Behavioral Health Advisory Council Agenda June 19, 2020***

Due to COVID-19 via Zoom Conference:

Zoom Computer Link (click [HERE](#))

Zoom Conference Line:

1-669-900-6833

Meeting ID: 999 3268 8514      Password: 037178

### **Friday, June 19, 2020**

- 8:00 a.m.      Call to Order
- ✓ Introductions
  - ✓ Modification of Agenda
  - ✓ Approval of November 15, 2020 Minutes
  - ✓ Final Vice Chair Vote
- 8:15 a.m.      Thoughts from the Chair
- 8:30 a.m.      MHSAS Update – MHSA Staff
- ✓ MHSAS Updates
    - Ben Kifer, Mental Health and Substance Abuse Section Administrator
      - HB31
      - Crisis Line
      - Staffing Updates
    - Block Grant updates (Megan)
- 9:15 a.m.      Legislative Updates – Paul to lead
- ✓ Andrea Summerville, WAMSAC
    - Interim Committees & Topics
- 10:00 a.m.      Short Morning Break
- 10:15 a.m.      Open Discussion: COVID-19 Discussion
- ✓ Concerns, Questions, Kudos
- 11:15 a.m.      Next BHAC Meeting
- ✓ Zoom Conference & Time
  - ✓ Requested Agenda Items
- 11:30 p.m.      Public Comment
- 12:00 p.m.      Adjourn

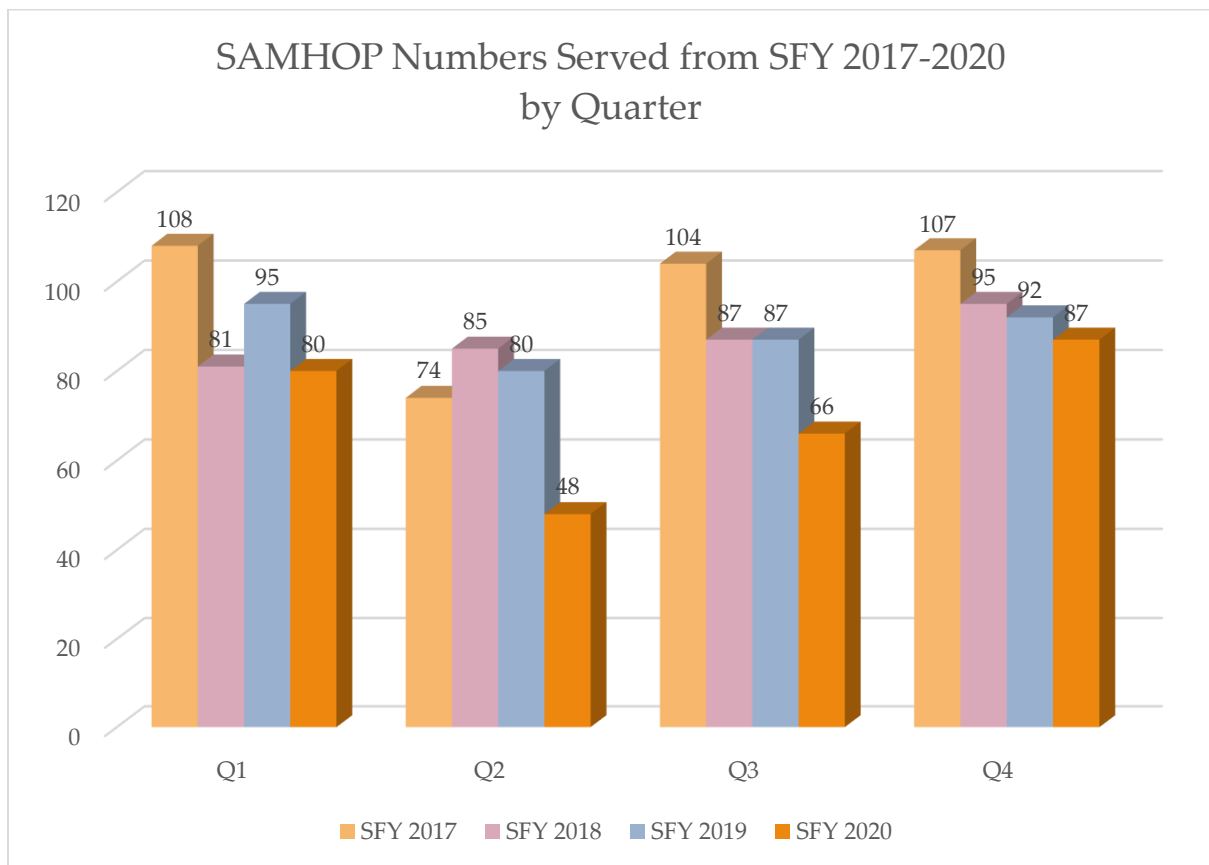
# QUARTERLY REPORT

## Substance Abuse and Mental Health Ombudsman Program

July 15, 2020 | Jessi Westling

### Ombudsman Services

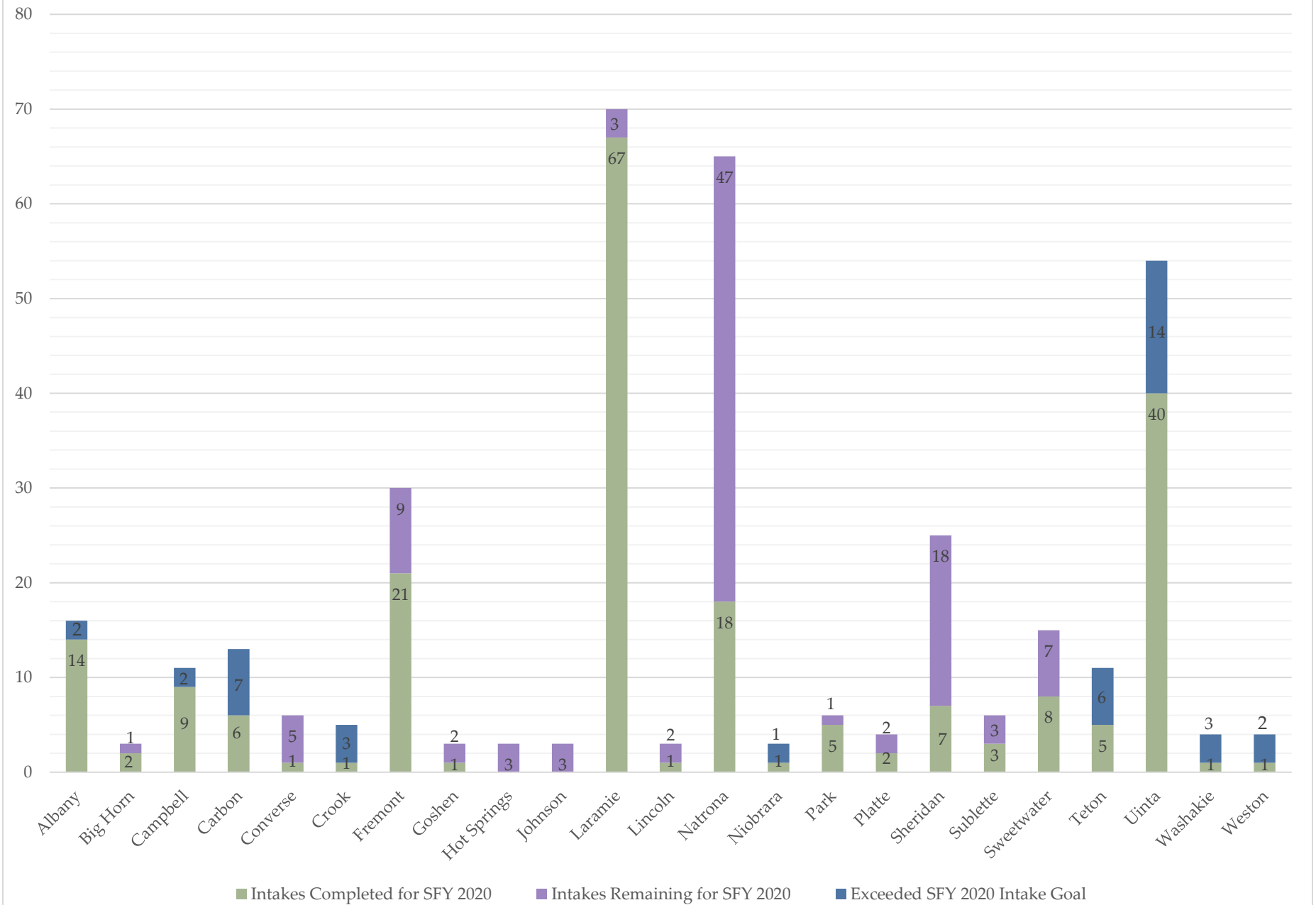
The Substance Abuse and Mental Health Ombudsman program (SAMHOP) shall provide Ombudsman services to increase utilization of the ombudsman services to result in calls proportionately divided among all counties by population and for persons with high needs. The goal is to exceed eighty (80) individuals served per quarter. (Reference SOW Section A #5 and C #1)



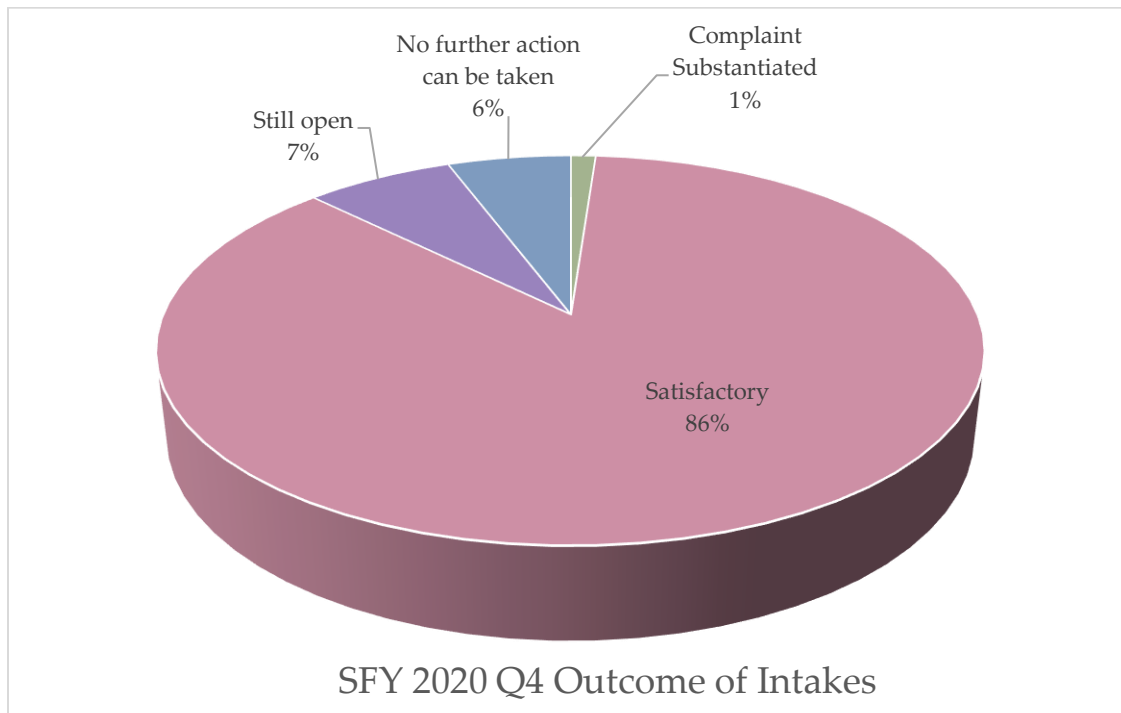
During the 4th quarter of SFY 2020, a total of 87 cases were opened. The goal each quarter is to open more than 80 cases, so SAMHOP met the quarterly goal. This quarter the county with the most intakes was Uinta County with 25 intakes followed by Laramie County with 17 intakes.

On the following page, the figure “Numbers Served and Projected by County for SFY 2020” documents how many intakes were opened by county in SFY 2020, how many more intakes remain until SAMHOP’s goal for each county is reached, and then by how many intakes SAMHOP exceeded their goal for each county. Albany, Campbell, Carbon, Crook, Niobrara, Teton, Uinta, Washakie, and Weston Counties exceeded their projected number of intakes for the FY.

## Numbers Served and Projected by County for SFY 2020



**Investigate and resolve complaints received through the ombudsman office concerning mental health and/or substance use treatment and recovery issues. (Reference SOW Section A #1)**



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## Referral Services

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**Operate a referral service for consumers and families of consumers to identify and connect consumers with appropriate service providers and community resources. (Reference SOW Section B #1)**

Referrals to other agencies in addition to other ombudsman services were provided this quarter. Examples of referral agencies include Healthcare Licensing and Survey, substance abuse and mental health providers, Wyoming Protection & Advocacy System, Inc., Legal Aid, and the Long Term Care Ombudsman Program.

**Assist and support local advocacy groups, state agencies, and other organizations to encourage them to provide responsive and appropriate services (Reference SOW Section B #2)**

This quarter the Ombudsmen:

- Presented information on SAMHOP to staff at Northern Wyoming Mental Health Center via Zoom, Buffalo (April 22, 2020) and Sheridan (April 24, 2020)

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## Collaboration

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**Meet quarterly with Agency staff to discuss program provisions and consumer concerns. (Reference SOW Section C #2)**

The Lead Ombudsman will schedule a meeting to review and discuss the last two quarters of the SFY 2020.

**Include the direct, ongoing involvement of specific consumers in the Contractor's policies, processes, and the overall Program. (Reference SOW Section D #1)**

A member of the SAMHOP staff is an individual with lived experience in addition to other staff being family members of individuals with lived experience. They will continue to provide input and be involved in SAMHOP's policies, processes, and overall program integrity.

**Serve as an adjunct member of and attend all meetings of the Behavioral Health Advisory Council. (Reference SOW Section D #2)**

The Lead Ombudsman attended the Behavioral Health Advisory Council (BHAC) quarterly meeting on June 19, 2020 via Zoom due to the COVID Pandemic.

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## Program Integrity

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**Engage Contractor's staff in education, monitoring, coordination, and support activities to further the mission and integrity of the Program. Maintain affiliation and training through a national board, process, or entity dedicated to best practices for ombudsman or similar services. (Reference SOW Section E #1)**

The Lead Ombudsman provides supervision to the part-time Ombudsman; oversees data management and integrity; provides education and training to State and local agencies; and formulates invoices and quarterly reports. SAMHOP Ombudsmen open cases and provide investigation, mediation, referral, coaching, and education services in addition to providing education on mental health, substance abuse, SAMHOP, and other topics of interest at conferences, provider visits, and other community and statewide contact opportunities. Furthermore, the Executive Director provides oversight of the program including fiscal management, staff supervision, program management and development (i.e., review of quarterly reports, community education, and case consultation).

SAMHOP is a member of the United States Ombudsman Association, and the Lead Ombudsman attended their annual conference in Honolulu, HI on Sept. 17-20, 2019.

**Establish and maintain a documentation system to track actions taken to resolve individual complaints and to study the nature and scope of the presented issues. (Reference SOW Section E #2)**

During SAMHOP's staff meeting with BHD staff on Jan. 27, 2020, it was determined that SAMHOP would continue to collect data on numbers served per month/quarter, the county in which the client resides, and the outcomes of each case (i.e., satisfactory, substantiated complaint, unsubstantiated complaint, no further action, corrective action, referred to another agency, and still open). This data would be presented in the remaining two quarterly reports for SFY20.

**Utilize reports and other data resources to evaluate the effectiveness of the Ombudsman Program and adjust activities to better meet objectives and responsibilities. (Reference SOW Section E #3)**

Previous data shows a correlation between outreach visits and increases in the number of cases opened. However, due to the limited travel budget, which was used to attend the USOA conference, no site visits were conducted this quarter.

**Maintain adequate staff to meet the deliverables and scope of work. (Reference SOW Section E #4)**

The program currently employs an Executive Director (Emily Smith), a Lead Ombudsman (Jessi Westling), and one Ombudsman (Valerie Thomas). As each Ombudsman has expertise in different areas due to their professional background and experience, cases are referred to the Ombudsman with the most applicable skills and knowledge base in relation to the content of the case, so services can be provided in the timeliest and most helpful manner.



## Behavioral Health Advisory Council

[health.wyo.gov/behavioralhealth/mhsa/bhac/](http://health.wyo.gov/behavioralhealth/mhsa/bhac/)



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Paul Demple  
Chair

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Mark Gordon  
Governor

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August 11th, 2020

Ref: BHAC-2020-001

Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane, Station 13N16-E  
Rockville, MD 29000  
(240) 276-1365

To Whom It May Concern:

The Wyoming Governor's Behavioral Health Advisory Council (BHAC) reviewed the Uniform Application FY 2020/2021 Block Grant Mini-Application for Substance Abuse Prevention and Treatment and Community Mental Health Services Block Grant application via email and Zoom Meeting. The BHAC supports this application.

The BHAC 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.

Please feel free to contact me at 307-672-8958 or via email at [pauldemple@nwymhc.org](mailto:pauldemple@nwymhc.org).

Sincerely,

Paul E. Demple M.A., LPC  
Chair

Behavioral Health Advisory Council

PD/mn/

c: Megan Norfolk, State Planner, Behavioral Health Division, Wyoming Department of Health

## Environmental Factors and Plan

### Advisory Council Members

For the Mental Health Block Grant, there are specific agency representation requirements for the State representatives. States MUST identify the individuals who are representing these state agencies.

State Education Agency  
 State Vocational Rehabilitation Agency  
 State Criminal Justice Agency  
 State Housing Agency  
 State Social Services Agency  
 State Health (MH) Agency.

Start Year: 2021 End Year: 2022

| Name               | Type of Membership*  | Agency or Organization Represented    | Address,Phone, and Fax   | Email(if available)             |
|--------------------|--|---------------------------------------|--|---------------------------------|
| AMANDA BIALAS      | State Employees  | DIVISION OF VOC REHAB                 | 551 Running W Dr.<br>Ste 100 Gillette WY,<br>82718<br>PH: 307-682-2672 | amanda.bialas1@wyo.gov          |
| SAM BORBELY        | State Employees  | DEPT OF CORRECTIONS                   | 1934 Wyott Drive<br>Cheyenne WY,<br>82002<br>PH: 307-777-6301          | sam.borbely@wyo.gov             |
| LORI BURNS         | Others (Advocates who are not State employees or providers)                              | HOUSING AUTHORITY                     | 145 N. Durbin St.<br>Casper WY, 82601<br>PH: 307-262-6426              | lburns@chaoffice.org            |
| KATHRYN CAMPBELL   | Parents of children with SED/SUD   | MAGELLAN WYOMING                      | PH: 307-223-1186   | kcampbell2@magellanhealth.com   |
| TAMMY COOLEY       | Youth/adolescent representative (or member from an organization serving young people)    |                                       | 10531 Choke Cherry Rd<br>Cheyenne WY,<br>82009<br>PH: 307-286-6367     | mycooley@gmail.com              |
| CASSANDRA CRUMPTON | Others (Advocates who are not State employees or providers)                              |                                       | PO Box 2176<br>Pinedale WY, 82941<br>PH: 307-367-5103                  | cassie.crumpton@sublettewyo.com |
| PAUL DEMPLE        | Providers  | NORTHERN WYOMING MENTAL HEALTH CENTER | PH: 307-674-4405   | pauldemple@nwymhc.org           |
| HALEY DRAKE        | Family Members of Individuals in Recovery (to include family members of adults with SMI) |                                       |  | HDRAKE@FT.NEWYORKLIFE.COM       |
| SCOTT ERICKSON     | Others (Advocates who are not State employees or providers)                              |                                       | 405 Beech Ave<br>Kemmerer WY,<br>83101<br>PH: 307-708-2967             | scotthecounselor@gmail.com      |
| TRUDY FUNK         | Providers  | CURRAN-SEELEY FOUNDATION              | 610 W Broadway<br>Ste L-01<br>Jackson WY, 83002<br>PH: 307-733-3908    | trudy@curranseeley.com          |
| SUNNY GOGGLES      | Representatives from Federally Recognized Tribes   | WHITE BUFFALO RECOVERY                | PH: 307-851-3386   | whitebuffalorecovery@gmail.com  |

|                     |  |                                       |  |                                   |
|---------------------|--|---------------------------------------|--|-----------------------------------|
| WAYNE GRAVES        | Others (Advocates who are not State employees or providers)  |                                       | 1277 N 15TH ST<br>LARAMIE WY, 82072<br>PH: 307-742-6222  | gravesw@laramiecounty.com         |
| LAURA GRIFFITH      | Providers  | Recover Wyoming                       | PH: 307-421-7261   | Laura.griffith@recoverwyoming.org |
| ROBERT JOHNSTON     | Others (Advocates who are not State employees or providers)  |                                       | 503 BEECH STREET<br>CASPER WY, 82601<br>PH: 307-577-6482   | roberthaysjohnston@gmail.com      |
| BEN KIFER           | State Employees  | Wyoming Department of Health          | 122 West 25th<br>Street Hershcler<br>Building 2W, Suite<br>B Cheyenne WY,<br>82002<br>PH: 307-777-5817<br>FX: 307-777-5849 | ben.kifer@wyo.gov                 |
| CHERI KREITZMANN    | Youth/adolescent representative (or member from an organization serving young people)                            |                                       | 1507 BECK AVE<br>CASPER WY, 82414<br>PH: 307-250-1338  | kreizmannco@gmail.com             |
| ANDREW LEMKE        | Others (Advocates who are not State employees or providers)  | WYOMING PROTECTION AND ADVOCACY       | PH: 307-632-3496   | lawpanda@wypanda.com              |
| SHERRY MERCER       | Family Members of Individuals in Recovery (to include family members of adults with SMI)                         |                                       | 736 FLORENCE<br>SHERIDAN WY,<br>82801<br>PH: 307-672-0885  | shermercer@charter.net            |
| CHRISTY MISPLAY     | Family Members of Individuals in Recovery (to include family members of adults with SMI)                         |                                       | 1601 A CANYON<br>ROAD KEMMERER<br>WY, 83101<br>PH: 307-677-4888  | cmisplay2015@yahoo.com            |
| JO ANN NUMOTO       | State Employees  | WYOMING DEPT OF EDUCATION             | 122 West 25th<br>Street, Hershcler<br>Building Suite 200E<br>Cheyenne WY,<br>82002<br>PH: 307-777-7222<br>FX: 307-777-6234 | jo-ann.numoto@wyo.gov             |
| SHARON PUCILLO      | State Employees  | Wyoming Department of Family Services | 1510 E PERSHING<br>BLVD CHEYENNE<br>WY, 82002<br>PH: 307-777-5190  | sharon.pucillo@wyo.gov            |
| DONNA SEDEY         | Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services) |                                       | 1117 CEDER AVE<br>KEMMERER WY,<br>83101<br>PH: 307-877-3389  | dmsedey@hotmail.com               |
| BRENDA STOUT        | State Employees  | DEPT OF HEALTH - HEALTHCARE FINANCING | 122 West 25th<br>Street Hershcler<br>Building 4th Floor<br>West Cheyenne WY,<br>82002<br>PH: 307-777-2896                  | brenda.stout1@wyo.gov             |
| MICHAELA TSCHIRHART | Persons in recovery from or providing treatment for or advocating for SUD services                               | FREMONT COUNSELING                    | PH: 307-349-9517   | mtschirhart@fremontcounseling.com |
| KELLIE WEBB         | Representatives from Federally Recognized Tribes   | EASTERN SHOSHONE RECOVERY             | PH: 307-335-1169   | esr.director@gmail.com            |
| JESSI WESTLING      | Others (Advocates who are not State employees or providers)  | WYOMING GUARDIANSHIP CORP (OMBUDSMAN) | PH: 307-632-5519   | jessi@wyoguardianship.org         |

|                         |   |                   |                  |                                |
|-------------------------|---|-------------------|------------------|--------------------------------|
| CHASSITY<br>WIEDERSPAHN | Youth/adolescent representative<br>(or member from an organization<br>serving young people) | MAGELLAN WYOMING  | PH: 307-721-4860 | wiederspahn@magellanhealth.com |
| SUE WILSON              | State Employees   | LEGISLATURE/HOUSE |                  |                                |

\*Council members should be listed only once by type of membership and Agency/organization represented.

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|   |
|---|
| <p><b>Footnotes:</b></p> <p>Appointments In-progress or Awaiting Approval:</p> <p>Milward Simpson (Recover Wyoming) msimpson@recoverwyoming.org</p> <p>Rhianna Brand (Consumer / Adult - MH)</p> <p>Doug Bebout (Consumer / Co-Occuring)</p><br><p>Vacant:</p> <p>Transitional Youth</p> <p>Senate Representative</p> |
|---|

## Environmental Factors and Plan

### Advisory Council Composition by Member Type

Start Year: 2021 End Year: 2022

| Type of Membership  | Number    | Percentage of Total Membership |
|---|-----------|--------------------------------|
| <b>Total Membership</b>   | <b>27</b> |                                |
| Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services) | 1         |                                |
| Family Members of Individuals in Recovery* (to include family members of adults with SMI)                         | 3         |                                |
| Parents of children with SED/SUD*   | 1         |                                |
| Vacancies (Individuals and Family Members)  | 1         |                                |
| Others (Advocates who are not State employees or providers)   | 7         |                                |
| Persons in recovery from or providing treatment for or advocating for SUD services                                | 1         |                                |
| Representatives from Federally Recognized Tribes  | 2         |                                |
| <b>Total Individuals in Recovery, Family Members &amp; Others</b>   | <b>16</b> | <b>59.26%</b>                  |
| State Employees   | 7         |                                |
| Providers   | 3         |                                |
| Vacancies   | 1         |                                |
| <b>Total State Employees &amp; Providers</b>  | <b>11</b> | <b>40.74%</b>                  |
| Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ Populations                                     | 0         |                                |
| Providers from Diverse Racial, Ethnic, and LGBTQ Populations  | 0         |                                |
| <b>Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ Populations</b>                         | <b>0</b>  |                                |
| Youth/adolescent representative (or member from an organization serving young people)                             | 3         |                                |

\* States are encouraged to select these representatives from state Family/Consumer organizations or include individuals with substance misuse prevention, SUD treatment, and recovery expertise in their Councils.

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#### Footnotes:

One individual who is labeled in "Others (Advocates who are not State employees or providers)" is an advocate for the LGBTQ population.

Appointments In-progress or Awaiting Approval:

Milward Simpson (Recover Wyoming) msimpson@recoverwyoming.org

Rhianna Brand (Consumer / Adult - MH)

Doug Bebout (Consumer / Co-Occuring)

Vacant:

Transitional Youth

Senate Representative (State Employee)

## Environmental Factors and Plan

### 22. Public Comment on the State Plan - Required

Narrative Question

**Title XIX, Subpart III, section 1941 of the PHS Act (42 U.S.C. § 300x-51)** requires, 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. The state should provide the permanent URL allowing SAMHSA and the public to view the state's Block Grant plan during plan development and after submission to SAMHSA.

#### Please respond to the following items:

1. Did the state take any of the following steps to make the public aware of the plan and allow for public comment?
- a) Public meetings or hearings? ☐ Yes ☒ No
- b) Posting of the plan on the web for public comment? ☒ Yes ☐ No
- If yes, provide URL:  
<https://health.wyo.gov/behavioralhealth/mhsa/grants/>
- c) Other (e.g. public service announcements, print media) ☒ Yes ☐ No

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#### Footnotes:

Public Announcement submitted to newspaper (awaiting clip):

Wyoming's Fiscal Year 2021

Community Mental Health Services and Substance Abuse Prevention & Treatment Block Grant Mini-Application is available for public review and comment

The public may view a draft copy of the grant application at  
<https://health.wyo.gov/grants/>

Comments may be submitted via mail, email, phone, or fax.

Please send comments to:

Wyoming Department of Health, Behavioral Health Division  
Attn: Megan Norfolk, State Mental Health and Substance Abuse Planner  
122 West 25th Street, Herschler Building 2W, Suite B  
Cheyenne, WY 82002  
[megan.norfolk1@wyo.gov](mailto:megan.norfolk1@wyo.gov)  
307-777-7903 Phone  
307-777-5849 Fax

## Environmental Factors and Plan

### 23. Syringe Services (SSP)

#### Narrative Question:

The Substance Abuse Prevention and Treatment Block Grant (SABG) restriction<sup>1,2</sup> on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the [Consolidated Appropriations Act](#), 2018 (P.L. 115-141) signed by President Trump on March 23, 2018<sup>3</sup>.

*Section 520. Notwithstanding any other provisions of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.*

A state experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, (as determined by CDC), may propose to use SABG to fund elements of an SSP other than to purchase sterile needles or syringes. States interested in directing SABG funds to SSPs must provide the information requested below and receive approval from the State Project Officer. Please note that the term used in the SABG statute and regulation, *intravenous drug user* (IVDU) is being replaced for the purposes of this discussion by the term now used by the federal government, *persons who inject drugs* (PWID).

States may consider making SABG funds available to either one or more entities to establish elements of a SSP or to establish a relationship with an existing SSP. States should keep in mind the related PWID SABG authorizing legislation and implementing regulation requirements when developing its Plan, specifically, requirements to provide outreach to PWID, SUD treatment and recovery services for PWID, and to routinely collaborate with other healthcare providers, which may include HIV/STD clinics, public health providers, emergency departments, and mental health centers<sup>4</sup>. SAMHSA funds cannot be supplanted, in other words, used to fund an existing SSP so that state or other non-federal funds can then be used for another program.

In the first half of calendar year 2016, the federal government released three guidance documents regarding SSPs<sup>5</sup>: These documents can be found on the Hiv.gov website: <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>.

1. **Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016** from The US Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy <https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf> ,
2. **Centers for Disease Control and Prevention (CDC) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016** The Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of Hepatitis Prevention <http://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-exchange-services.pdf>,
3. **The Substance Abuse and Mental Health Services Administration (SAMHSA)-specific Guidance for States Requesting Use of Substance Abuse Prevention and Treatment Block Grant Funds to Implement SSPs** <http://www.samhsa.gov/sites/default/files/grants/ssp-guidance-state-block-grants.pdf> ,

Please refer to the guidance documents above and follow the steps below when requesting to direct FY 2021 funds to SSPs.

- **Step 1** - Request a Determination of Need from the CDC
- **Step 2** - Include request in the FFY 2021 Mini-Application to expend FFY 2020 - 2021 funds and support an existing SSP or establish a new SSP
  - Include proposed protocols, timeline for implementation, and overall budget
  - Submit planned expenditures and agency information on Table A listed below
- **Step 3** - Obtain State Project Officer Approval

Future years are subject to authorizing language in appropriations bills.

<sup>1</sup> Section 1923 (b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-23(b)) and 45 CFR § 96.126(e) requires entities that receive SABG funds to provide substance use disorder (SUD) treatment services to PWID to also conduct outreach activities to encourage such persons to undergo SUD treatment. Any state or jurisdiction that plans to re-obligate FY 2020-2021 SABG funds previously made available such entities for the purposes of providing substance use disorder treatment services to PWID and outreach to such persons may submit a request via its plan to SAMHSA for the purpose of incorporating elements of a SSP in one or more such entities insofar as the plan request is applicable to the FY 2020-2021 SABG funds **only** and is consistent with guidance issued by SAMHSA.

<sup>2</sup> Section 1931(a)(1)(F) of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.S.C. § 300x-31(a)(1)(F)) and 45 CFR § 96.135(a) (6) explicitly prohibits the use of SABG funds to provide PWID with hypodermic needles or syringes so that such persons may inject illegal drugs unless the Surgeon General of the United States determines that a demonstration needle exchange program would be effective in reducing injection drug use and the risk of HIV transmission to others. On February 23, 2011, the Secretary of the U.S. Department of Health and Human Services published a notice in the Federal Register (76 FR 10038) indicating that the Surgeon General of the United States had made a determination that syringe services programs, when part of a comprehensive HIV prevention strategy, play a critical role in preventing HIV among PWID, facilitate entry into SUD treatment and primary care, and do not increase the illicit use of drugs.

<sup>3</sup> Division H Departments of Labor, Health and Human Services and Education and Related Agencies, Title V General Provisions, Section 520 of the Consolidated Appropriations Act, 2018 (P.L. 115-141)

<sup>4</sup> Section 1924(a) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(a)) and 45 CFR § 96.127 requires entities that receives SABG funds to routinely make available, directly or through other public or nonprofit private entities, tuberculosis services as described in section 1924(b)(2) of the PHS Act to each person receiving SUD treatment and recovery services.

Section 1924(b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(b)) and 45 CFR 96.128 requires "designated states" as defined in Section 1924(b)(2) of the PHS Act to set- aside SABG funds to carry out 1 or more projects to make available early intervention services for HIV as defined in section 1924(b)(7)(B) at the sites at which persons are receiving SUD treatment and recovery services.

Section 1928(a) of Title XXI, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-28(c)) and 45 CFR 96.132(c) requires states to ensure that substance abuse prevention and SUD treatment and recovery services providers coordinate such services with the provision of other services including, but not limited to, health services.

<sup>5</sup> ***Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016*** describes an SSP as a comprehensive prevention program for PWID that includes the provision of sterile needles, syringes and other drug preparation equipment and disposal services, and some or all the following services:

- Comprehensive HIV risk reduction counseling related to sexual and injection and/or prescription drug misuse;
- HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) screening;
- Provision of naloxone (Narcan?) to reverse opiate overdoses;
- Referral and linkage to HIV, viral hepatitis, STD, and TB prevention care and treatment services;
- Referral and linkage to hepatitis A virus and hepatitis B virus vaccinations; and
- Referral to SUD treatment and recovery services, primary medical care and mental health services.

Centers for Disease Control and Prevention (CDC) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016 includes a [description of the elements of an SSP](#) that can be supported with federal funds.

- Personnel (e.g., program staff, as well as staff for planning, monitoring, evaluation, and quality assurance);
- Supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers;
- Testing kits for HCV and HIV;
- Syringe disposal services (e.g., contract or other arrangement for disposal of bio- hazardous material);
- Navigation services to ensure linkage to HIV and viral hepatitis prevention, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis, post-exposure prophylaxis, prevention of mother to child transmission and partner services; HAV and HBV vaccination, substance use disorder treatment, recovery support services and medical and mental health services;

- Provision of naloxone to reverse opioid overdoses
- Educational materials, including information about safer injection practices, overdose prevention and reversing an opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including medication-assisted treatment and recovery support services;
- Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other STDs;
- Communication and outreach activities; and
- Planning and non-research evaluation activities.

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**Footnotes:**

The Wyoming Department of Health does support the Syringe Services Program (SSP) in Wyoming. Due to challenges in Wyoming statutes, SSPs are currently not legal in Wyoming. There will be no funding towards the SSP using the block grant dollars based on this challenge.

## Environmental Factors and Plan

### Syringe Services (SSP) Program Information-Table A

| Syringe Services Program SSP<br>Agency Name | Main Address of SSP | Dollar Amount of<br>SABG Funds Expended<br>for SSP | SUD<br>Treatment<br>Provider (Yes<br>or No) | # Of Locations<br>(include mobile<br>if any) | Narcan<br>Provider (Yes<br>or No) |
|---|---------------------|--|---|--|-----------------------------------|
| No Data Available                           |                     |  |   |  |                                   |

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**Footnotes:**

The Wyoming Department of Health does support the Syringe Services Program (SSP) in Wyoming. Due to challenges in Wyoming statutes, SSPs are currently not legal in Wyoming. There will be no funding towards the SSP using the block grant dollars based on this challenge.