

Wyoming

UNIFORM APPLICATION

FY 2021 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022
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Center for Mental Health Services
Division of State and Community Systems Development

A. State Information

State Information

State DUNS Number

Number 809915796
Expiration Date 4/20/2020 12:00:00 AM

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

Agency Name Wyoming Department of Health
Organizational Unit Behavioral Health Division
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City Cheyenne
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II. Contact Person for the Grantee of the Block Grant

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

From 7/1/2019
To 6/30/2020

IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

Submission Date 11/16/2020 2:24:07 PM
Revision Date 11/16/2020 2:24:15 PM

V. Contact Person Responsible for Report Submission

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Footnotes:

B. Implementation Report

MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
Priority Area: Primary Prevention: Adult Alcohol Use
Priority Type: SAP
Population(s): PP, Other (Rural)

Goal of the priority area:

Reduce harmful consequences associated with alcohol misuse among adults

Strategies to attain the goal:

- A. Continue to support community prevention planning and implementation activities, which utilize the Strategic Prevention Framework (SPF) model, under which each community is required to implement evidence-based/best-practice strategies to address tobacco use; underage drinking and adult binge drinking; and prescription, over-the-counter and illicit drug misuse/abuse (when there is a demonstrated need)
- B. Continue State Epidemiological Outcome Workgroup meetings aimed at informing prevention efforts
- C. Continue and enhance, where necessary, statewide efforts to reduce harmful consequences associated with alcohol misuse

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Adult Binge Drinking Rates
Baseline Measurement: 18.6% (BRFSS 2018)
First-year target/outcome measurement: 17%
Second-year target/outcome measurement: 15%

New Second-year target/outcome measurement(if needed):

Data Source:

Behavioral Risk Factor Surveillance System

New Data Source(if needed):

Description of Data:

(The "Behavioral Risk Factor Surveillance System" BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984." (CDC, 2013b).

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

BRFSS: Reporting lag may occur due to the timeliness of when the data is published. For example, in reporting for State Fiscal Year 2012, the most current data available to use was 2010, even though the survey is conducted on an annual basis.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Priority #: 2
Priority Area: Primary Prevention: Alcohol Use Among Youth
Priority Type: SAP
Population(s): PP, Other (Rural)

Goal of the priority area:

To reduce harmful consequences of alcohol misuse in youth

Strategies to attain the goal:

- A. Continue to support community prevention planning and implementation activities, which utilize the Strategic Prevention Framework (SPF) model, under which each community is required to implement evidence-based/best-practice strategies to address tobacco use; underage drinking and adult binge drinking; and prescription, over-the-counter and illicit drug misuse/abuse (when there is a demonstrated need)
- B. Continue State Epidemiological Outcome Workgroup meetings aimed at informing prevention efforts
- C. Continue and enhance, where necessary, statewide efforts to reduce harmful consequences associated with alcohol misuse

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Youth 30-Day Alcohol Use Rates
Baseline Measurement: Middle School: 9.4%; High School: 33.7% (PNA 2018)
First-year target/outcome measurement: Middle School: 8%; High School: 30%
Second-year target/outcome measurement: Middle School: 7.5%; High School: 28.5%
New Second-year target/outcome measurement(if needed):

Data Source:

Prevention Needs Assessment (PNA)

New Data Source(if needed):

Description of Data:

The PNA is a Wyoming Department of Health (WDH) funded student survey of 6th, 8th, 10th, and 12th grade students in participating school districts. The PNA measures students' self-reported substance use and participation in problem behaviors, attitudes, beliefs, and perceptions (risk and protective factors) that influence students' substance use and participation in problem behaviors.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

The PNA is administered in even-numbered years, which causes a reporting lag. The Youth Risk Behavior Surveillance System (YRBSS) was previously used to collect data in odd years to supplement data. Wyoming no longer participates in the YRBSS, so we are expecting this will help increase the number of communities participating in the PNA.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Indicator #: 2

Indicator: Alcohol Compliance Rate - Statewide

Baseline Measurement: 88.9% (2018)

First-year target/outcome measurement: 90%

Second-year target/outcome measurement: 91%

New Second-year target/outcome measurement(if needed):

Data Source:

Alcohol and Tobacco Sales Compliance Checks Report

New Data Source(if needed):

Description of Data:

The Wyoming Department of Health contracts with the Wyoming Association of Sheriffs and Chiefs of Police (WASCOP) to conduct alcohol retailer education and compliance checks statewide. Data from the inspections is gathered and reported to the Wyoming Liquor Division and developed into an annual report published by WASCOP and the University of Wyoming Statistical Analysis Center.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Priority #: 3

Priority Area: Improve access to behavioral health treatment services for individuals in the most need

Priority Type: MHS

Population(s): SMI, SED, ESMI

Goal of the priority area:

Decrease average length of stay in Mental Health Housing.

Strategies to attain the goal:

Develop inventory of mental health housing beds for each facility and center to identify how each type is utilized, and determine consistency with state definitions. Determine the appropriate length of stay for mental health housing programs including criteria for length of stay. Execute provider contract requirements for each mental health housing program to reduce length of stay.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Decrease average length of stay in Mental Health Housing

Baseline Measurement: 525

First-year target/outcome measurement: 465

Second-year target/outcome measurement: 456 days

New Second-year target/outcome measurement(if needed):

Data Source:

Providers input length of stays in Wyoming Client Information System (WCIS)

New Data Source(if needed):

Description of Data:

Providers report numbers of days individual occupies a bed in their facility to WCIS. Currently FY19's target was 465 days, we have surpassed our target and the data shows 420.75 days of individuals occupying a bed in the mental health housing facility.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

The length of stay significantly increased to 524.84 days. COVID-19 could have effected these outcomes due to shutdowns and quarantine. Note: New goals coming next year. The MH goal will be closed out and new ones created.

How first year target was achieved (optional):

Priority #: 4

Priority Area: Work closely with providers to initiate individualized outcomes for individuals with methamphetamine use disorder.

Priority Type: SAT

Population(s): PWWDC, PWID

Goal of the priority area:

Increase treatment completion rate for outpatient clients with a primary, secondary, or tertiary methamphetamine drug problem.

Strategies to attain the goal:

Develop distinct provider contract targets focusing on the individuals with methamphetamine use disorder.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase treatment completion rate for individuals with a primary, secondary, or tertiary methamphetamine drug problem.

Baseline Measurement: FY16: 58%

First-year target/outcome measurement: FY19: 68%

Second-year target/outcome measurement: FY20: 73%

New Second-year target/outcome measurement(if needed):

Data Source:

Treatment completion rate data is collected from all Division funded MH and SA providers and reported in the WCIS. Through contract all providers are required to provide data including treatment completion to the Division.

New Data Source(if needed):

Description of Data:

Individual's treatment completion status is noted in their discharge information through the WCIS. Currently, the Division has not reached the goal of FY19's 68%, but is short at 63.81%.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Currently reviewing semi-annual review of treatment contracts, noting shortfalls of each provider. Upon a call to the provider, the Division, will review other types of discharge statuses to determine if clients are dropping out of treatment or transferring to other programs.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Priority #: 5
Priority Area: Work closely with provider agencies to initiate individualized outcomes for individuals with opioid use disorder.
Priority Type: SAT
Population(s): PWWDC, PWID

Goal of the priority area:

Increase treatment completion rate for outpatient clients with an opioid drug problem.

Strategies to attain the goal:

Expand MAT services by implementing programs throughout the state, utilizing a combination of SOR grant funds or state funds. Develop distinct provider contract targets focusing on individuals with OUD. Provide technical assistance and training on evidence-based practices for opioids. Facilitate provider discussions to highlight shared success stories and lessons learned from providers.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Increase treatment completion rate for outpatient clients with primary, secondary, or tertiary opioid drug problem.
Baseline Measurement: FY16: 55%
First-year target/outcome measurement: FY19: 62%
Second-year target/outcome measurement: FY20: 67%
New Second-year target/outcome measurement(if needed):

Data Source:

Treatment completion rate data is collected from all Division funded MH and SA providers and reported in WCIS. Through contract, providers are required to provide data including treatment completion to the Division.

New Data Source(if needed):

Description of Data:

Individuals treatment completion status is noted in their discharge information through WCIS. Target for FY19 is currently short at 58.33%.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Currently reviewing semi-annual review of treatment contracts, noting shortfalls of each provider. Upon a call to the provider, the Division, will review other types of discharge statuses to determine if clients are dropping out of treatment or transferring to other programs.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Priority #: 6

Priority Area: Percent of individuals with a positive TB testing, whom completed Latent TB Infection (LTBI) treatment.

Priority Type: SAT

Population(s): TB

Goal of the priority area:

Improve access to TB treatments.

Strategies to attain the goal:

Work closely with provider agencies to initiate individuals with TB.
Develop individual and/or standardized provider contract target; focusing on testing, admitting (residential only), and treating individuals with TB.
Provide technical assistance and training, upon request.
Improve reporting metric by bringing together two different systems; WCIS and TB Registry.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Percent of individuals in the TB Program enrolled for LTBI/active TB disease treatment
Baseline Measurement: 2015: 77%
First-year target/outcome measurement: 2019: 80%
Second-year target/outcome measurement: 2020: 80%

New Second-year target/outcome measurement(if needed):

Data Source:

This source comes from the TB Patient Registry from the Public Health Divisions, Communicable Disease Program. Each Patient has a folder on a State HIPAA drive that includes their TB testing, treatment, and follow up records. In the TB Patient Registry in the "reason for test" numerous risk factors are included, including intravenous drug use. Data is collected from this.

New Data Source(if needed):

Description of Data:

CY 2017 - Actual: 90% - 3 patients identifying as IDU; 1 completed LTBI treatment, 1 initiated but lost to follow up (pregnant), 1 did not initiate treatment (no data)
CY 2018 - Actual: 80% - 5 patients identifying as IDU; 4 initiated treatment; 3 completed treatment; 1 discontinued due to pregnancy;
CY 2019 - Goal: 80% - 5 patients thus far identifying as IDU; no treatment records received yet.
CY 2020 - Goal: 80%

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Treatment regimens can take nine (9) or longer months to complete. Data reported will lag until the individual completes treatment. Due to this, the CY is used as a calendar year, making it difficult to break down FFY and SFY. Also, a high percentage of individuals enrolled are in corrections. Often they do not have a set discharge date and will be transferred or released without much warning, the correction facilities staff generally do not follow up with Public Health or include a discharge plan. Therefore individuals are lost to follow-up through treatment. There is a special project set on addressing TB in corrections.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

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Footnotes:

Priority #3 is the only Mental Health indicator. New goals will be coming next year, as most of these goals will be closed out.

C. State Agency Expenditure Reports

MHBG Table 3 - Set-aside for Children's Mental Health Services

Reporting Period Start Date: 7/1/2019 Reporting Period End Date: 6/30/2020

Statewide Expenditures for Children's Mental Health Services			
Actual SFY 1994	Actual SFY 2019	Estimated/Actual SFY 2020	Expense Type
\$173,144	\$4,431,883	\$3,169,513	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: _____

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

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Footnotes:

Reduction in referrals due to COVID is a predictable reason as to why these funds have decreased.
 2,615,993.27 (WCIS)+553,520.02 (Obligated SGF)= \$3,169,513.29

C. State Agency Expenditure Reports

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

Reporting Period Start Date: 07/01/2019 Reporting Period End Date: 06/30/2020

Period	Expenditures	<u>B1(2018) + B2(2019)</u> 2
(A)	(B)	(C)
SFY 2018 (1)	\$21,302,371	
SFY 2019 (2)	\$23,884,797	\$22,593,584
SFY 2020 (3)	\$23,809,458	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2018	Yes	<u> X </u>	No	_____
SFY 2019	Yes	<u> X </u>	No	_____
SFY 2020	Yes	<u> X </u>	No	_____

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: _____

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Footnotes:

Before finalizing the MOE numbers, the Wyoming Department of Health, Behavioral Health Division sent out a letter in reference to the notice received on July 17, 2020, on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA). The letter was in regards to the Extraordinary Economic Circumstances Waiver and Public Health Emergency Waiver.

An update, the MOE has been met. Request withdrawn for FY20.

Internal note: G1ADMMHMOE, G2MHADMMOE, G2MHADMMOX, G6CRISMOE, G6CRISMOX, G6LNGMHMOE, G6MHBASMOE, G6MHBASMOX, G6MHCLMOE, G6MHCLMOX, G6MHQOLMOE, G6MHQOLMOX, G6OTMHMOE, G6OTMHMOX, and OTDASIS.