Wyoming

UNIFORM APPLICATION
FY 2021 Substance Abuse Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022
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Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

I. State Agency for the Block Grant

Agency Name	Wyoming Department of Health
Organizational Unit	Behavioral Health Division
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City	Cheyenne
Zip Code	82002

II. Contact Person for the Block Grant

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III. Expenditure Period

State Expenditure Period

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

Block Grant Expenditure Period

From	10/1/2017
To	9/30/2019

IV. Date Submitted

Submission Date	11/16/2020 2:23:27 PM
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V. Contact Person Responsible for Report Submission

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Footnotes:

Prevention Data Contact:
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II: Annual Update

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:

Our 2019 adult binge numbers did not meet the goal of 17%, but we did, however, have a decrease in adults who report heavy drinking as well as a decrease in DUI arrests. Wyoming will continue to support communities in changing norms and ultimately binge drinking

behaviors. Our new prevention process of having a contract with every county and allowing them to use their data to focus on their specific needs will also help this process.

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:

The Prevention Needs Assessment is conducted every two years. We do not have the new data yet so it is unknown whether Wyoming

achieved the goals of reducing middle school and high school 30-day alcohol use.

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:

Although our rate decreased by 2%, we are still working with the funded entities to make additional compliance checks and community policies a priority for prevention efforts. In order to increase this rate, we are working with local retailers to ensure that they have access to a responsible beverage server training and further education on the consequences (both societal and legal) providing alcohol to minors.

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:

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:

Target was set at 73%. Wyoming was able to reach 71.31%, an increase by 7.5% for treatment completion rate for individuals with a methamphetamine drug issue. COVID-19 was the primary barrier for treatment completions due to reductions in the ability to travel, health and safety barriers for in-person treatments, and lack of resources and equipment to continue treatments via telehealth. Wyoming will continue to expand telehealth and other modifications to meet the needs of the clients and the changing environment to continue to increase the completion rate.

Note: New goals are possible next year. These MH and SA goals could be changing and be new goals next application.

How first year target was achieved *(optional)*:

Priority #: 5

Priority Area: Work closely with provider agencies to initaiate 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)*:

For 2019: 5 enrollees were reported with IDU. Of these 5, 4 initiated treatment and 1 never started. This was due to no contact after individual had left a county jail. 4/5 = 80%

For 2020: 5 enrollees reported IDU. 2 have started and completed therapy. 2 are newly enrolled. 1 the Communicable Disease Unit is awaiting report on the third (should be near treatment completion). 4/5 = 80% and upon completion of the last individual 5/5 = 100%.

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Footnotes:

MH Indicator updated in MHBG Report.

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

This table provides a report of SABG and State expenditures by the State Substance Abuse Authority during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds for authorized activities to prevent and treat substance use disorder. For detailed instructions, refer to those in the Block Grant Application System (BGAS)

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

Activity (See instructions for entering expenses in Row 1)	A. SA Block Grant	B. MH 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	$2,841,363.00		$0.00	$5,584,105.00	$19,181,768.00	$0.00	$0.00
a. Pregnant Women and Women with Dependent Children*	$535,933.00		$0.00	$0.00	$1,508,887.00	$0.00	$0.00
b. All Other	$2,305,430.00		$0.00	$5,584,105.00	$17,672,881.00	$0.00	$0.00
2. Substance Abuse Primary Prevention	$862,330.00		$0.00	$2,585,520.00	$3,212,235.00	$0.00	$0.00
3. Tuberculosis Services	$34,641.00		$0.00	$0.00	$0.00	$0.00	$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) **	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00
5. State Hospital							
6. Other 24 Hour Care							
7. Ambulatory/Community Non-24 Hour Care							
8. Mental Health Primary Prevention							
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)							
10. Administration (Excluding Program and Provider Level)	$208,806.00		$0.00	$0.00	$1,122,511.00	$0.00	$0.00
11. Total	**$3,947,140.00**	**$0.00**	**$0.00**	**$8,169,625.00**	**$23,516,514.00**	**$0.00**	**$0.00**

* Prevention other than primary prevention

** Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered ?designated states? during any of the thre prior federal fiscal years for which a state was applying for a grant. See EIs/HIV policy change in SABG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

- (●) Actual
- ( ) Estimated

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Footnotes:

4. Early Intervention Services Regarding the Human Immunodeficiency Virus (HIV): Wyoming is not a designated HIV state.

Internal Note: "FISCAL FY19 and FY20 Updates Annual Report"

Revision Request:
Changes due to two reasons. The reasons for some of the variances and discrepancies in the expenditures is due to a large number of employee turnover without guidance being left on how things were handled or how expenditures were pulled. Some of this can be attributed to the changes enforced on how our budgets were set up. At the start of BFY19, our Cost Accounting Budget process changed from using Programs and Phases, to using Programs and Program Period Codes (PPC). Given that, it becomes more challenging to "mirror" what was historically reported since the data we pull is now coded slightly differently.

Revision Request for 2021.04.02 - Megan requested an opening to include COVID Relief Funds into Table 2 in reference to the March 11, 2021 letter to all states from Mr. Tom Coderre, Acting Assistant Secretary for Mental Health and Substance Use - "Additionally, states are required to update Table 2 State Agency Planned Expenditures to reflect the new COVID-19 Supplemental funds by completing the column "SABG COVID Supplement". This column is currently unavailable, I withdrawal my request for Table 2 Revision Request based on the unavailable column. Please note, as received, there was a letter sent to Dr. McCance-Katz notifying that the MOE was anticipated to be a shortfall and mentioned the Extraordinary Economic Circumstances Waiver dated October 21, 2020 from the State - Megan Norfolk - this has been sent to SPO and Team Lead 2.

III: Expenditure Reports

Table 3A SABG – Syringe Services Program

Expenditure Start Date: 07/01/2019 Expenditure End Date: 06/30/2020

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

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Footnotes:

The Wyoming Department of Health supports best practices for reductions in opioid use disorders (OUD) and related consequences. At this time, Wyoming Statutes do not allow for Syringe Services Programs (SSP). Therefore, block grant dollars are not used for funding SSP but do support other harm reduction and primary prevention practices.

III: Expenditure Reports

Table 3B SABG – Syringe Services Program

Expenditure Start Date: 07/01/2019 Expenditure End Date: 06/30/2020

Syringe Service Program Name	# of Unique Individuals Served	*[Please enter total number of individuals served]*					
			HIV Testing	Treatment for Substance Use Conditions	Treatment for Physical Health	STD Testing	Hep C
N/A	0	ONSITE Testing	0	0	0	0	0
		Referral to testing	0	0	0	0	0

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Footnotes:

The Wyoming Department of Health supports best practices for reductions in opioid use disorders (OUD) and related consequences. At this time, Wyoming Statutes do not allow for Syringe Services Programs (SSP). Therefore, block grant dollars are not used for funding SSP but do support other harm reduction and primary prevention practices.

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

This table provides a description of SABG expenditures for authorized activities to prevent and treat SUDs. For detailed instructions, refer to those in BGAS. Only one column is to be filled in each year.

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

Expenditure Category	FY 2018 SA Block Grant Award
1. Substance Abuse Prevention* and Treatment	$3,285,593.94
2. Primary Prevention	$839,600.00
3. Tuberculosis Services	$24,113.58
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)**	$0.00
5. Administration (excluding program/provider level)	$195,776.73
Total	**$4,345,084.25**

*Prevention other than Primary Prevention

**Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered “designated states” during any of the three prior federal fiscal years for which a state was applying for a grant. See EIS/HIV policy change in SABG Annual Report instructions.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)**: Wyoming is not a designated HIV state.

Internal Note: 1st attempt with separation of TB funds.

Revision Request 2021.01.26 - Changes due to two reasons. The reasons for some of the variances and discrepancies in the expenditures is due to a large number of employee turnover without guidance being left on how things were handled or how expenditures were pulled. Some of this can be attributed to the changes enforced on how our budgets were set up. At the start of BFY19, our Cost Accounting Budget process changed from using Programs and Phases, to using Programs and Program Period Codes (PPC). Given that, it becomes more challenging to "mirror" what was historically reported since the data we pull is now coded slightly differently.

It is also believed the 20% to Prevention was not allocated correctly in the Division's master budget after receiving the NOA, that perhaps based off of previous estimated allocations before the NOA.

20% Prevention explanation from PHD: Due to current legislation, Wyoming is required to contract with county governments to implement prevention strategies in their communities. The block grant funding goes into each county contract. Unfortunately, we are unable to guarantee that they spend their adult binge funds, which is what Wyoming has used the block grant for. Recently, we put a revision request in to spend the future funding on other drug prevention as well. This revision should help us reach the 20% requirement in the future.

III: Expenditure Reports

Table 5a - SABG Primary Prevention Expenditures Checklist

The State or jurisdiction must complete either SABG Table 5a and/or 5b. There are six primary prevention strategies typically funded by principal agencies administering the SABG. Expenditures within each of the six strategies or Institute of Medicine Model (IOM) should be directly associated with the cost of completing the activity or task. For example, information dissemination may include the cost of developing pamphlets, the time of participating staff and/or the cost of public service announcements, etc. If a state or jurisdiction employs strategies not covered by these six categories, please report them under "Other," each in a separate row.

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

Strategy	IOM Target	SA Block Grant Award	Other Federal	State	Local	Other
Information Dissemination	Selective					
Information Dissemination	Indicated					
Information Dissemination	Universal					
Information Dissemination	Unspecified					
Information Dissemination	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Education	Selective					
Education	Indicated					
Education	Universal					
Education	Unspecified					
Education	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Alternatives	Selective					
Alternatives	Indicated					
Alternatives	Universal					
Alternatives	Unspecified					
Alternatives	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Problem Identification and Referral	Selective					
Problem Identification and Referral	Indicated					
Problem Identification and Referral	Universal					
Problem Identification and Referral	Unspecified					
Problem Identification and Referral	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

Community-Based Process	Selective					
Community-Based Process	Indicated					
Community-Based Process	Universal					
Community-Based Process	Unspecified					
Community-Based Process	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Environmental	Selective					
Environmental	Indicated					
Environmental	Universal					
Environmental	Unspecified					
Environmental	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Section 1926 Tobacco	Selective					
Section 1926 Tobacco	Indicated					
Section 1926 Tobacco	Universal					
Section 1926 Tobacco	Unspecified	$0.00				
Section 1926 Tobacco	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Other	Selective					
Other	Indicated					
Other	Universal					
Other	Unspecified					
Other	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
	Grand Total					

Section 1926 – Tobacco: Costs associated with the Synar Program Pursuant to the January 19, 1996 federal regulation "Tobacco Regulation for Substance Abuse Prevention and Treatment Block Grants, Final Rule" (45 CFR § 96.130), a state may not use the SABG to fund the enforcement of its statute, except that it may expend funds from its primary prevention set aside of its Block Grant allotment under 45 CFR §96.124(b)(1) for carrying out the administrative aspects of the requirements, such as the development of the sample design and the conducting of the inspections. States should include any non-SABG funds* that were allotted for Synar activities in the appropriate columns under 7 below.

*Please list all sources, if possible (e.g.., Centers for Disease Control and Prevention, Block Grant, foundations, etc.)

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Footnotes:

No SABG funds were spent on Section 1926.

III: Expenditure Reports

Table 5b - SABG Primary Prevention Expenditures by Institute of Medicine (IOM) Categories

The state or jurisdiction must complete SABG Table 5b if it chooses to report SUD primary prevention activities utilizing the IOM Model of Universal, Selective and Indicated. Indicate how much funding supported each of the IOM classifications of Universal, Selective, or Indicated. Include all funding sources (e.g., Centers for Disease Control and Prevention Block Grant, foundations).

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

Activity	SA Block Grant Award	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	$568,682.00				
Universal Indirect	$188,882.00				
Selective	$0.00				
Indicated	$0.00				
Column Total	**$757,564.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

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Footnotes:

III: Expenditure Reports

Table 5c - SABG Primary Prevention Priorities and Special Population Categories

The purpose of the first table is for the state or jurisdiction to identify the substance and/or categories of substances it identified through its needs assessment and then addressed with primary prevention set-aside dollars from the FY 2018 SABG NoA. The purpose of the second table is to identify each special population the state or jurisdiction selected as a priority for primary prevention set-aside expenditures.

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

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

Footnotes:

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

Activity	A. MHBG	B. SABG Treatment	C. SABG Prevention	D. SABG Combined*
1. Information Systems	$0.00	$0.00	$0.00	$0.00
2. Infrastructure Support	$0.00	$0.00	$0.00	$0.00
3. Partnerships, community outreach, and needs assessment	$0.00	$53,750.00	$0.00	$0.00
4. Planning Council Activities (MHBG required, SABG optional)	$0.00	$0.00	$0.00	$0.00
5. Quality Assurance and Improvement	$0.00	$0.00	$0.00	$0.00
6. Research and Evaluation	$0.00	$0.00	$82,036.00	$0.00
7. Training and Education	$0.00	$137,427.00	$0.00	$0.00
8. Total	**$0.00**	**$191,177.00**	**$82,036.00**	**$0.00**

*SABG combined, showing amounts for non-direct services/system development when you cannot separate out the amounts devoted specifically to treatment or prevention. For the combined column, do not include any amounts listed in the prevention and treatment columns.
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Footnotes:
3. Needs assessment using Technical Assistance Funds: WICHE - $43,749.99 + $28,750.01 = $72,500.00
4. Planning Council Activities (MHBG required, SABG optional): Not as many members asking to be reimbursed for traveling expenses from the Behavioral Health Advisory Council in FFY18.
6. Training and Education: TA Funds included.

Please note, the instructions do not match the table. The table and instructions are matched up below. The "#." is the table; the "(#)" represents the instruction row numbers.
1. Information System (6)
2. Infrastructure Support (not in instructions)
3. Partnerships, community outreach, and needs assessment (not in instructions)
4. Planning Council Activities (1)
5. Quality Assurance and Improvement (2)
6. Research and Evaluation (5)
7. Training and Education (3) & (7)
Not listed. Program Development (4) - Could be understood as both 2. Infrastructure Support and 3. Partnership, community outreach, and needs assessment. - Program Development dollar amount added into infrastructure support: Recover Wyoming Peer Foundations - $5,319.57

Amount of SABG Primary Prevention funds ($839,600) used for SABG Prevention Resource Development Activities for SABG Prevention, Column B =$82,036.
Table 6, column B's Research & Evaluation ($82,036) + Table 5b's Primary Prevention ($757,564)=Table 4, column B's total for primary prevention ($839,600).

Revision Request 2021.01.26: Changes due to two reasons. The reasons for some of the variances and discrepancies in the expenditures is due to a large number of employee turnover without guidance being left on how things were handled or how expenditures were pulled. Some of this can be attributed to the changes enforced on how our budgets were set up. At the start of BFY19, our Cost Accounting Budget process changed from using Programs and Phases, to using Programs and Program Period Codes (PPC). Given that, it becomes more challenging to "mirror" what was historically reported since the data we pull is now coded slightly differently.

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

This table provides a report of the sub-recipients of SABG funds including community- and faith-based organizations which provided SUD prevention activities and treatment services, as well as intermediaries/administrative service organizations. Table 7 excludes resource development expenditures.

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

										Source of Funds SAPT Block Grant					
	Entity Number	I-BHS ID (formerly I-SATS)	ⓘ	Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SA Block Grant Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program
	VC*86563	x	✗	Frontier	Albany County	525 Grand Ave, Suite 202	Laramie	WY	82070	$31,976.00	$0.00	$0.00	$31,976.00	$0.00	$0.00
	VC-79415	WY100019	✓	Frontier	Big Horn Basin Counseling Services	P.O. Box 351	Greybull	WY	82426	$24,000.00	$24,000.00	$0.00	$0.00	$0.00	$0.00
	VC*86582	x	✗	Frontier	Big Horn County	P.O. Box 31	Basin	WY	82410	$20,557.00	$0.00	$0.00	$20,557.00	$0.00	$0.00
	VC-78736	WY100068	✗	Frontier	Campbell County Hospital District	501 South Burma Avenue	Gillette	WY	82718	$64,000.00	$64,000.00	$0.00	$0.00	$0.00	$0.00
	VC*86598	x	✗	Frontier	Campbell County Treasurer	P.O. Box 3010	Gillette	WY	82717	$60,887.00	$0.00	$0.00	$60,887.00	$0.00	$0.00
	VC-77849	WY900053	✗	Frontier	Carbon County Counseling Ctr	P.O. Box 1056	Rawlins	WY	82301	$18,404.00	$18,404.00	$0.00	$0.00	$0.00	$0.00
	VC*86616	x	✗	Frontier	Carbon County Treasurer	P.O. Box 6	Rawlins	WY	82301	$28,311.00	$0.00	$0.00	$28,311.00	$0.00	$0.00
	VC*81260	x	✗	Frontier	Casper-Natrona County Health Department	200 North Center Street	Casper	WY	82601	$72,881.00	$0.00	$0.00	$72,881.00	$0.00	$0.00
	VC-77164	WY900517	✗	Frontier	Central Wyoming Counseling Ctr	1430 Wilkins Circle	Casper	WY	82601	$900,022.74	$900,022.74	$104,179.00	$0.00	$0.00	$0.00
	VC-78772	WY301286	✗	Frontier	Cheyenne Community Drug Abuse Trmt Counsel Inc.	P.O. Box 1604	Cheyenne	WY	82003	$172,695.00	$172,695.00	$172,695.00	$0.00	$0.00	$0.00
	VC-78800	WY900541	✗	Frontier	Cloud Peak Counseling Center	401 South 23rd Street	Worland	WY	82401	$64,000.00	$64,000.00	$0.00	$0.00	$0.00	$0.00
	VC*86628	x	✗	Frontier	Converse County Treasurer	107 North 5th Street, Suite 114	Douglas	WY	82633	$36,600.00	$0.00	$0.00	$36,600.00	$0.00	$0.00
	VC*86644	x	✗	Frontier	Crook County	P.O. Box 37	Sundance	WY	82729	$19,413.00	$0.00	$0.00	$19,413.00	$0.00	$0.00
	VC-81141	WY301245	✗	Frontier	Curran-Seeley Foundation	P.O. Box 11390	Jackson	WY	83002	$64,000.00	$64,000.00	$0.00	$0.00	$0.00	$0.00
	VC-77337	WY900442	✗	Frontier	Fremont Counseling Service Inc	748 Main Street	Lander	WY	82520	$64,000.00	$64,000.00	$0.00	$0.00	$0.00	$0.00
	VC*86655	x	✗	Frontier	Fremont County Treasurer	450 North 2nd Street, Room 220	Lander	WY	82520	$35,668.00	$0.00	$0.00	$35,668.00	$0.00	$0.00
	VC*86681	x	✗	Frontier	Goshen County Treasurer	P.O. Box 160	Torrington	WY	82240	$32,251.00	$0.00	$0.00	$32,251.00	$0.00	$0.00
	VC-72877	WY100618	✓	Frontier	High Country Behavioral Health	P.O. Box 376	Afton	WY	83110	$64,000.00	$64,000.00	$0.00	$0.00	$0.00	$0.00
	VC-79163	WY750193	✗	Frontier	Hot Springs Co Counseling	121 South 4th Street	Thermopolis	WY	82443	$16,068.00	$16,068.00	$0.00	$0.00	$0.00	$0.00

	VC*86700	x		Frontier	Hot Springs County Treasurer	415 Arapahoe	Thermopolis	WY	82443	$12,213.00	$0.00	$0.00	$12,213.00	$0.00	$0.00
	VC*86715	x		Frontier	Johnson County Treasurer	76 North Main Street	Buffalo	WY	82834	$21,777.00	$0.00	$0.00	$21,777.00	$0.00	$0.00
	VC*86730	x		Frontier	Laramie County	P.O. Box 608	Cheyenne	WY	82003	$68,102.00	$0.00	$0.00	$68,102.00	$0.00	$0.00
	VC*86749	x		Frontier	Lincoln County	925 Sage Ave, Suite 101	Kemmerer	WY	83101	$39,022.00	$0.00	$0.00	$39,022.00	$0.00	$0.00
	VC*86787	x		Frontier	Niobrara County	P.O. Box 420	Lusk	WY	82225	$16,850.00	$0.00	$0.00	$16,850.00	$0.00	$0.00
	VC-77296	WY900145		Frontier	Northern Wyoming Mental Health Center	909 Long Drive, Suite C	Sheridan	WY	82801	$64,000.00	$64,000.00	$0.00	$0.00	$0.00	$0.00
	VC*86825	x		Frontier	Park County	1002 Sheridan	Cody	WY	82414	$38,873.00	$0.00	$0.00	$38,873.00	$0.00	$0.00
	VC-77303	WY100134		Frontier	Peak Wellness Center, Inc.	PO BOX 1005	Cheyenne	WY	82003	$162,582.00	$162,582.00	$0.00	$0.00	$0.00	$0.00
	VC-142277	X		Frontier	Recover Wyoming	122 W. Lincolnway	Cheyenne	WY	82001	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	VC*86860	x		Frontier	Sheridan County Treasurer	224 South Main Street, Suite B-2	Sheridan	WY	82801	$37,893.00	$0.00	$0.00	$37,893.00	$0.00	$0.00
	VC-78955	WY900525		Frontier	Solutions for Life	1841 Madora Avenue	Douglas	WY	82366	$64,000.00	$64,000.00	$0.00	$0.00	$0.00	$0.00
	VC-77521	WY100125		Frontier	Southwest Counseling Service	1124 College Drive	Rock Springs	WY	82901	$10,261.00	$10,261.00	$0.00	$0.00	$0.00	$0.00
	VC*79326	x		Frontier	Sublette County Treasurer	P.O. Box 250	Pinedale	WY	82941	$21,350.00	$0.00	$0.00	$21,350.00	$0.00	$0.00
	VC*86876	x		Frontier	Sweetwater County	80 West Flaming Gorge Way, Suite 150	Green River	WY	82935	$48,692.00	$0.00	$0.00	$48,692.00	$0.00	$0.00
	VC*86897	x		Frontier	Teton County	P.O. Box 1727	Jackson	WY	83001	$32,264.00	$0.00	$0.00	$32,264.00	$0.00	$0.00
	VC*86911	x		Frontier	Uinta County Treasurer / BOW	P.O. Box 810	Evanston	WY	82930	$25,019.00	$0.00	$0.00	$25,019.00	$0.00	$0.00
	VC-80802	WY102024		Frontier	Volunteers of America of (Northern Rockies)	1876 South Sheridan Avenue	Sheridan	WY	82801	$1,199,592.00	$1,199,592.00	$215,452.00	$0.00	$0.00	$0.00
	VC*86935	x		Frontier	Washakie County Treasurer	1001 Big Horn Ave	Worland	WY	82401	$27,943.00	$0.00	$0.00	$27,943.00	$0.00	$0.00
	VC-77609	WY100509		Frontier	West Park Hospital District	Cedar Mountain Center 707 Sheridan Avenue	Cody	WY	82414	$142,792.00	$142,792.00	$0.00	$0.00	$0.00	$0.00
	VC*90956	WY102056		99	Western Interstate Commission for Higher Education	3035 Center Green Drive, Suite 200	Boulder	WY	80301 -2204	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	VC*86953	x		Frontier	Weston County Treasurer	1 West Main	Newcastle	WY	82701	$29,022.00	$0.00	$0.00	$29,022.00	$0.00	$0.00
Total										$3,851,980.74	$3,094,416.74	$492,326.00	$757,564.00	$0.00	$0.00

*** Indicates the imported record has an error.**

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Footnotes:

Wyoming Service Regions
1. Basin Region: Big Horn, Hot Springs, Park, and Washakie counties
1a: Yellowstone Behavioral Health
Cedar Mountain Center dba West Park dba Cody Regional
Cloud Peak Counseling
High Country - Hot Springs facility
2. Central Region: Converse, Fremont, Natrona, and Niobrara counties
2a. Central Wyoming Counseling Center
Solutions for Life
Sho-Rap
Volunteers of America - Northern Rockies
Fremont Counseling Services

3. Northeast Region: Campbell, Crook, Johnson, Sheridan, and Weston counties
3a: Northern Wyoming Mental Health Center
Campbell County Memorial Hospital
YES House
Volunteers of America - Northern Rockies
4. Southeast Region: Albany, Carbon, Goshen, Laramie, and Platte counties
4a. Peak Wellness Center
Pathfinder
Carbon County Counseling
5. West Region: Lincoln, Sublette, Sweetwater, Teton, and Uinta counties
5a. Curran-Seeley Foundation
Jackson Hole Community Counseling
High Country Behavioral Health
Southwest Counseling Services

2019 - High Country absorbed Hot Springs (does not reflect a lack of services).
2020 - High Country to absorb Carbon Country (does not reflect a lack of services).

Revision Request 01/26/2021 - Updated expenditures for SAPT and names for Prev. At the start of BFY19, our Cost Accounting Budget process changed from using Programs and Phases, to using Programs and Program Period Codes (PPC). Given that, it becomes more challenging to "mirror" what was historically reported since the data we pull is now coded slightly differently.

III: Expenditure Reports

Table 8a - Maintenance of Effort for State Expenditures for SUD Prevention and Treatment

This Maintenance of Effort table provides a description of non-federal expenditures to include funds appropriated by the state legislature; revenue funds (e.g., alcohol, tobacco, and gambling taxes; asset seizures); state Medicaid match expenditures; and third-party reimbursement (e.g., insurance payments) for authorized activities to prevent and treat SUDs flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

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

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period **(A)**	**Expenditures** **(B)**	**B1(2018) + B2(2019)** **2** **(C)**
SFY 2018 (1)	$29,109,452.00	
SFY 2019 (2)	$25,698,956.00	$27,404,204.00
SFY 2020 (3)	$23,516,514.00	

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

SFY 2018 Yes **X** No ____

SFY 2019 Yes **X** No ____

SFY 2020 Yes **X** No ____

Did the state or jurisdiction have any **non-recurring expenditures** as described in 42 U.S.C. § 300x-30(b) for a specific purpose which were not included in the MOE calculation?

Yes ____ No **X**

If yes, specify the amount and the State fiscal year: _____

If yes, SFY: _____

Did the state or jurisdiction include these funds in previous year MOE calculations?

Yes ____ No ____

When did the State or Jurisdiction submit an official request to SAMHSA to exclude these funds from the MOE calculations? _____

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

Please provide a description of the amounts and methods used to calculate the total Single State Agency (SSA) expenditures for substance abuse prevention and treatment 42 U.S.C. §300x-30
Wyoming labels the programs with MOE (1st year of biennium) and MOX (2nd yr) in the program name of State General Funds. State has assigned accounting codes in order to calculate expenditures of block grant and state funds. The accounting codes are for prevention and treatment services for consumers with an SUD.

Revision Request Update on Methodology: The methods used to determine what is considered in the MOE is based off of the Master Budget sheets developed by the Units within the Divisions. In regards to the Behavioral Health

Division (BHD), the Master Budget has codes on the program budget lines. For example:

G1ADMSAMOE = General State Funds (G) - 100 series (salary) - Admin (ADM) - Substance Abuse (SA) - Maintenance of Effort (MOE)

G6OUTSAMOE = General State Funds - 600 series (Contract) - Substance Abuse - Maintenance of Effort

G6SAQOLMOE - General State Funds - 600 Series - Substance Abuse - Quality of Life - Maintenance of Effort

G6SARESMOE - General State Funds - 600 Series - Substance Abuse - Residential - Maintenance of Effort

In Public Health Division:
OT6SA12 - Tobacco Settlement Funds - 600 series - Substance Abuse - 12 month time period

We use the codes to pay under the specific services, pull fiscal dollars for specific requests, and of course reporting purposes. When there is two grants within the time frame of SFY or FFY, MOE and MOX are used. MOE represents the first year, and MOX the second year.

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Footnotes:

The Wyoming Department of Health, Behavioral Health Division received a notice on July 17, 2020, on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA), regarding the Extraordinary Economic Circumstances Waiver and Public Health Emergency Waiver. Wyoming will follow the instructions and would like to indicate that Wyoming believes the state will possibly qualify for an economic waiver.

Revision Request for 12/10/2020: Request by SPO was an error, the change is requested for the FY20 MOE dollar numbers to reflect the updated numbers on the MOE letter to SAMHSA from the Material Compliance Letter. Number changed to $25,698,956.00 for FY20. State reference can be found in (Google Drive) Reference_State Expenditures Graph_MOE Material Compliance Letters. Please disregard this FY21 revision request per SPO.

Revision Request 2021.01.26: Changes due to two reasons. The reasons for some of the variances and discrepancies in the expenditures is due to a large number of employee turnover without guidance being left on how things were handled or how expenditures were pulled. Some of this can be attributed to the changes enforced on how our budgets were set up. At the start of BFY19, our Cost Accounting Budget process changed from using Programs and Phases, to using Programs and Program Period Codes (PPC). Given that, it becomes more challenging to "mirror" what was historically reported since the data we pull is now coded slightly differently. Material Compliance letter is incorrect and should reflect the new amount reported of $23,365,998.22 - please advise how to revise the Material Compliance dollar amount for this FY only.

III: Expenditure Reports

Table 8b - Expenditures for Services to Pregnant Women and Women with Dependent Children

This Maintenance of Effort table provides a description of expenditures including SABG and state funds (e.g., state legislature appropriations; revenue funds; state Medicaid match funds; and third-party reimbursements) for specialized treatment and related services that meet the SABG requirements for pregnant women and women with dependent children flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/19 Expenditure Period End Date: 06/30/20

Base

Period	Total Women's Base (A)
SFY 1994	$ 160,580.00

Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2018		$ 1,704,054.00	
SFY 2019		$ 1,634,506.71	
SFY 2020		$ 1,508,887.29	(●) Actual ( ) Estimated
Enter the amount the State plans to expend in SFY 2021 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women's Base (A) for Period of (SFY 1994)): $ 1934992.50			

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1). The Division has assigned specific accounting codes to expenditures on treatment and related services to pregnant women and women with dependent children. At the end of the expenditure period, the State will query the expenditures for the specific accounting codes to get the amounts of block grant and state general funds expended for treatment and related services to women.

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Footnotes:

State plans to expend in SFY2021 for services for pregnant women and women with dependent children from Statement of Work of treatment contracts -
Southwest Contract (2yrs) = $1,298,498/2 = 649,249
Central Contract (2yrs) = $948,497/2 = 474,248.50
VoA Northern Rockies (2yrs) = $1,622,990/2 = 811,495
649,249 + 474,248.5 + 811,495 = $1,934,992.50

IV: Population and Services Reports

Table 9 - Prevention Strategy Report

This table requires additional information (pursuant to Section 1929 of Title XIX, Part B, Subpart II of the PHS Act(42 U.S.C.§ 300x29) about the primary prevention activities conducted by the entities listed on SABG Table 7.

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

Column A (Risks)	Column B (Strategies)	Column C (Providers)
No Risk Assigned	**1. Information Dissemination**	
	6. Speaking engagements	4
	2. Education	
	1. Parenting and family management	2
	2. Ongoing classroom and/or small group sessions	3
	3. Peer leader/helper programs	3
	5. Mentors	3
	3. Alternatives	
	2. Youth/adult leadership activities	2
	4. Community service activities	2
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	1
	2. Student Assistance Programs	3
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	22
	2. Systematic planning	22
	3. Multi-agency coordination and collaboration/coalition	22
	4. Community team-building	22
	5. Accessing services and funding	22
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	6
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	6

	3. Modifying alcohol and tobacco advertising practices	6

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Footnotes:

IV: Population and Services Reports

Table 10 - Treatment Utilization Matrix

This table is intended to capture the count of persons with initial admissions and subsequent admission(s) to an episode of care.

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

Level of Care	Number of Admissions ≥ Number of Persons Served		Costs per Person (C, D & E)		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
DETOXIFICATION (24-HOUR CARE)					
1. Hospital Inpatient			$0.00	$0.00	$0.00
2. Free-Standing Residential	306	262	$0.00	$0.00	$0.00
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient			$0.00	$0.00	$0.00
4. Short-term (up to 30 days)			$0.00	$0.00	$0.00
5. Long-term (over 30 days)	920	814	$0.00	$0.00	$0.00
AMBULATORY (OUTPATIENT)					
6. Outpatient	4,031	3,739	$0.00	$0.00	$0.00
7. Intensive Outpatient			$0.00	$0.00	$0.00
8. Detoxification			$0.00	$0.00	$0.00
OUD MEDICATION ASSISTED TREATMENT					
9. OUD Medication-Assisted Detoxification			$0.00	$0.00	$0.00
10. OUD Medication-Assisted Treatment Outpatient	26	25	$0.00	$0.00	$0.00

In FY 2020 SAMHSA modified the “Level of Care" (LOC)” and "Type of Treatment Service/Setting" to “Medication-Assisted Treatment” and “Medication-Assisted Treatment,” respectively.

In prior SABG Reports, the LOC was entitled "Opioid Replacement Therapy" and the Type of Treatment Service/Setting included "Opioid Replacement Therapy," Row 9 and "ORT Outpatient," Row 10.

The changes inadvertently created a barrier for data analysis as one-to-one mapping of the data submitted in the FY 2020 Table 10 to the data submitted in prior Reports is not possible. In the current and future SABG Reports, the LOC is "OUD Medication Assisted Treatment" and the Types of Treatment Service/Setting will include "OUD Medication-Assisted Treatment Detoxification," Row 9 and "OUD Medication Assisted Treatment Outpatient," Row 10. OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment. OUD Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment . The change was made to better align with language that reflects not all medications used to treat opioid use disorder (OUD) are opioid-based and more importantly convey that medications do not merely substitute one drug for another.

Footnotes:

Internal: KMAT, Table 10 - Validation 10/6/20

IV: Population and Services Reports

Table 11 - Unduplicated Count of Persons Served for Alcohol and Other Drug Use

This table provides an aggregate profile of the unduplicated number of admissions to and persons served in SABG-funded services.

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

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKAN NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	232	134	46	9	2	3	0	1	0	9	0	8	3	14	3	126	43	45	10
2. 18 - 24	715	395	193	12	8	2	0	4	1	16	14	19	7	37	7	376	196	87	30
3. 25 - 44	2443	1277	727	29	11	8	3	5	3	73	72	50	31	112	42	1274	747	218	109
4. 45 - 64	894	542	222	17	2	0	0	3	0	30	8	20	4	30	16	549	219	59	23
5. 65 and Over	75	53	16	0	0	0	0	0	0	2	0	1	1	1	1	49	16	4	2
6. Total	**4359**	**2401**	**1204**	**67**	**23**	**13**	**3**	**13**	**4**	**130**	**94**	**98**	**46**	**194**	**69**	**2374**	**1221**	**413**	**174**
7. Pregnant Women	43		33		2		0		0		5		2		1		32		9
Number of persons served who were admitted in a period prior to the 12 month reporting period		1554																	
Number of persons served outside of the levels of care described on Table 10																			

Are the values reported in this table generated from a client based system with unique client identifiers? (•) Yes ( ) No

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Footnotes:

Additional information gathered:
Not reported on the table is a category titled "Hispanic - Unknown"
(AGE Range) Male (M) Female (F)
(17 and under) 7M 1F
(18-24) 22M 4F
(25-44) 62M 33F
(45-64) 34M 10F
(65 and over) 4M 0F
(TOTAL) 135M 43F

IV: Population and Services Reports

Table 12 - SABG Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) in Designated States

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

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State	Statewide: _____	Rural: _____
2. Total number of individuals tested through SAPT HIV EIS funded programs		
3. Total number of HIV tests conducted with SAPT HIV EIS funds		
4. Total number of tests that were positive for HIV		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

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Footnotes:

Wyoming is not a designated HIV state.

IV: Population and Services Reports

Table 13 - Charitable Choice

Under Charitable Choice Provisions; Final Rule (42 CFR Part 54), states, local governments, and religious organizations, such as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide to all potential and actual program beneficiaries (services recipients) notice of their right to alternative services; (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term "alternative services" means services determined by the state to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider ("alternative provider") to which the program beneficiary (services recipient) has no religious objection. The purpose of this table is to document how the state is complying with these provisions.

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

Notice to Program Beneficiaries - Check all that apply:

- [ ] Used model notice provided in final regulation.
- [x] Used notice developed by State (please attach a copy to the Report).
- [ ] State has disseminated notice to religious organizations that are providers.
- [ ] State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services - Check all that apply:

- [ ] State has developed specific referral system for this requirement.
- [ ] State has incorporated this requirement into existing referral system(s).
- [x] SAMHSA's Behavioral Health Treatment Locator is used to help identify providers.
- [ ] Other networks and information systems are used to help identify providers.
- [ ] State maintains record of referrals made by religious organizations that are providers.

0 Enter the total number of referrals to other substance abuse providers ("alternative providers") necessitated by religious objection, as defined above, made during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. Provide the total only. No information on specific referrals is required. If no alternative referrals were made, enter zero.

Provide a brief description (one paragraph) of any training for local governments and/or faith-based and/or community organizations that are providers on these requirements.

No training was provided.

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Footnotes:

State does not have in place an agreement to ensure the system can comply with the services provided by nongovernment organizations. We do not provide, in terms of charitable choice, Notice to Program Beneficiaries, an organized referral system to identify alternative providers, a system to maintain a list of referrals made by religious organizations. Please note, though the Division does not participate in religious organizations, the Division does use the SAMHSA's Behavioral Health Treatment Locator to help identify providers and the Division also uses Information Management for Providers (IMPROV), which allows the Division to give listed providers to callers. The individuals who generally use these services are our front desk staff while on the phone with the general public.

Revision Request 01/26/2021: Updated to check the SAMHSA BH Treatment Locator per SPO request. Submitted: 01/27/2021

Revision Request 01/28/2021: State has contract language. The State is also working on a dissemination notice to the religious organization notifying them of this Final Rule, along with highlighting the portion in the next Contracts.

Wyoming has one organization that states they are a faith-based organization on their web page. "Our faith-based organization is guided by professional staff and committed volunteers who create strong families and thriving communities through progressive holistic programs by lending a hand up, not a hand out.Volunteers of America is a national, nonprofit organization dedicated to helping those in need rebuild their lives and reach their full potential (est. 1896). [Volunteers of America Northern Rockies was established in Sheridan, Wyoming in 1985]. Our holistic and integrated programs allow us to move individuals, families, and even generations, from instability to living full and productive lives. Our outcomes continually demonstrate the potential in everyone. "

Used notice developed by State (please attach a copy to the Report) - Contract language provided below (not in any particular order):

Administration of Federal Funds. Contractor agrees its use of the funds awarded herein is subject to the Uniform Administrative Requirements of 2 C.F.R. Part 200, et seq.; any additional requirements set forth by the federal funding agency; all applicable regulations published in the Code of Federal Regulations; and other program guidance as provided to it by Agency.

Client Engagement Services: In-person staff contact maintained with an individual specifically until they can gain access to treatment. Services include gaining the client's informed consent to assess for a substance use related problem and enrolled as a client of the Contractor. Client Engagement Services must include research based contingency management practices.Utilization of these services may also be used when census counts are at 100% utilization at the ASAM indicated level of care and all lower levels of care. In such cases, attempts to emoll clients at an alternative facility must be made and substantiated. These services cannot be used in lieu of emolling such persons as clients of the Contractor and do not include Driving Under the Influence/Minor in Possession education.

Nondiscrimination. The Contractor shall comply with the Civil Rights Act of 1964, the Wyoming Fair Employment Practices Act (Wyo. Stat. § 27-9-105, et seq.), the Americans with Disabilities Act (ADA), 42 U.S.C. § 12101, et seq., and the Age Discrimination Act of 1975 and any properly promulgated rules and regulations thereto and shall not discriminate against any individual on the grounds of age, sex, color, race, religion, national origin, or disability in connection with the performance under this Contract. Federal law requires the Contractor to include all relevant special provisions of this Contract in every subcontract awarded over ten thousand dollars ($10,000.00) so that such provisions are binding on each subcontractor.

Residential treatment may be provided in freestanding, nonhospital-based facilities or in clearly identified units of larger entities, such as a wing of a hospital.

Detoxification Services: Detoxification Services provide support to person during withdrawal from alcohol or other drugs, or both. Services may be provided in a unit of a medical facility, in a freestanding residential or community-based setting, or in the home of the person served.

The Contractor shall provide services with the input of adult consumers, family members of consumers, and consumer groups in the planning and implementation of the way services are provided throughout the organization.

1. Case Management - Individual: Activities guided by a client's treatment plan which bring services, agencies, resources, and people together within a planned framework of action toward the achievement of established treatment goals, including wrap-around services. Medical necessity shall be reviewed for Medicaid clients. The client's primary therapist (employed or contracted by the Contractor) will perform an assessment and determine the case management services required. a. Case management activities include, but are not limited to:
I. Advocacy
2. Crisis Intervention
3. Linkage
4. Monitoring and follow-up
5. Referral

V: Performance Indicators and Accomplishments

Table 14 - Treatment Performance Measure Employment/Education Status (From Admission to Discharge)

Short-term Residential(SR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	40	67
Total number of clients with non-missing values on employment/student status [denominator]	174	174
Percent of clients employed or student (full-time and part-time)	23.0 %	38.5 %
Notes (for this level of care):		
Number of CY 2019 admissions submitted:		164
Number of CY 2019 discharges submitted:		194
Number of CY 2019 discharges linked to an admission:		185
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		174
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		174

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

Long-term Residential(LR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	206	269
Total number of clients with non-missing values on employment/student status [denominator]	1,171	1,171
Percent of clients employed or student (full-time and part-time)	17.6 %	23.0 %
Notes (for this level of care):		
Number of CY 2019 admissions submitted:		1,337
Number of CY 2019 discharges submitted:		1,281
Number of CY 2019 discharges linked to an admission:		1,208
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,171

Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	1,171

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

Outpatient (OP)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	1,085	1,217
Total number of clients with non-missing values on employment/student status [denominator]	1,813	1,813
Percent of clients employed or student (full-time and part-time)	59.8 %	67.1 %
Notes (for this level of care):		
Number of CY 2019 admissions submitted:		2,046
Number of CY 2019 discharges submitted:		2,102
Number of CY 2019 discharges linked to an admission:		1,919
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,813
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		1,813

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

Intensive Outpatient (IO)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	572	659
Total number of clients with non-missing values on employment/student status [denominator]	1,277	1,277
Percent of clients employed or student (full-time and part-time)	44.8 %	51.6 %
Notes (for this level of care):		
Number of CY 2019 admissions submitted:		1,571
Number of CY 2019 discharges submitted:		1,515
Number of CY 2019 discharges linked to an admission:		1,390
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,277

Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	1,277

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

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Footnotes:

V: Performance Indicators and Accomplishments

Table 15 - Treatment Performance Measure Stability of Housing (From Admission to Discharge)

Short-term Residential(SR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	139	152
Total number of clients with non-missing values on living arrangements [denominator]	168	168
Percent of clients in stable living situation	82.7 %	90.5 %
Notes (for this level of care):		
Number of CY 2019 admissions submitted:		164
Number of CY 2019 discharges submitted:		194
Number of CY 2019 discharges linked to an admission:		185
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		174
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		168

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

Long-term Residential(LR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	1,060	1,044
Total number of clients with non-missing values on living arrangements [denominator]	1,154	1,154
Percent of clients in stable living situation	91.9 %	90.5 %
Notes (for this level of care):		
Number of CY 2019 admissions submitted:		1,337
Number of CY 2019 discharges submitted:		1,281
Number of CY 2019 discharges linked to an admission:		1,208
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,171
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):		1,154

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

Outpatient (OP)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	1,756	1,745
Total number of clients with non-missing values on living arrangements [denominator]	1,799	1,799
Percent of clients in stable living situation	97.6 %	97.0 %

Notes (for this level of care):	
Number of CY 2019 admissions submitted:	2,046
Number of CY 2019 discharges submitted:	2,102
Number of CY 2019 discharges linked to an admission:	1,919
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,813
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	1,799

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

Intensive Outpatient (IO)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	1,207	1,204
Total number of clients with non-missing values on living arrangements [denominator]	1,254	1,254
Percent of clients in stable living situation	96.3 %	96.0 %

Notes (for this level of care):	
Number of CY 2019 admissions submitted:	1,571
Number of CY 2019 discharges submitted:	1,515
Number of CY 2019 discharges linked to an admission:	1,390
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,277
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	1,254

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

Footnotes:

V: Performance Indicators and Accomplishments

Table 16 - Treatment Performance Measure Criminal Justice Involvement (From Admission to Discharge)

Short-term Residential(SR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	149	155
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	173	173
Percent of clients without arrests	86.1 %	89.6 %

Notes (for this level of care):	
Number of CY 2019 admissions submitted:	164
Number of CY 2019 discharges submitted:	194
Number of CY 2019 discharges linked to an admission:	185
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	184
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	173

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

Long-term Residential(LR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,003	1,059
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,163	1,163
Percent of clients without arrests	86.2 %	91.1 %

Notes (for this level of care):	
Number of CY 2019 admissions submitted:	1,337
Number of CY 2019 discharges submitted:	1,281
Number of CY 2019 discharges linked to an admission:	1,208
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,206

Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	1,163

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

Outpatient (OP)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,482	1,537
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,684	1,684
Percent of clients without arrests	88.0 %	91.3 %

Notes (for this level of care):	
Number of CY 2019 admissions submitted:	2,046
Number of CY 2019 discharges submitted:	2,102
Number of CY 2019 discharges linked to an admission:	1,919
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,893
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	1,684

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

Intensive Outpatient (IO)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,049	1,078
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,218	1,218
Percent of clients without arrests	86.1 %	88.5 %

Notes (for this level of care):	
Number of CY 2019 admissions submitted:	1,571
Number of CY 2019 discharges submitted:	1,515
Number of CY 2019 discharges linked to an admission:	1,390
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,372

Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	1,218

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

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Footnotes:

V: Performance Indicators and Accomplishments

Table 17 - Treatment Performance Measure Change in Abstinence - Alcohol Use (From Admission to Discharge)

Short-term Residential(SR)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	127	133
All clients with non-missing values on at least one substance/frequency of use [denominator]	184	184
Percent of clients abstinent from alcohol	69.0 %	72.3 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		27
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	57	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		47.4 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		106
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	127	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		83.5 %

Notes (for this level of care):	
Number of CY 2019 admissions submitted:	164
Number of CY 2019 discharges submitted:	194
Number of CY 2019 discharges linked to an admission:	185
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	184
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	184

Long-term Residential(LR)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	817	981
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,206	1,206
Percent of clients abstinent from alcohol	67.7 %	81.3 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		234
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	389	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		60.2 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		747
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	817	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		91.4 %

Notes (for this level of care):	
Number of CY 2019 admissions submitted:	1,337
Number of CY 2019 discharges submitted:	1,281
Number of CY 2019 discharges linked to an admission:	1,208
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,206
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	1,206

Outpatient (OP)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1,358	1,376
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,893	1,893
Percent of clients abstinent from alcohol	71.7 %	72.7 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		180
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	535	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		33.6 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,196
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,358	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		88.1 %

Notes (for this level of care):	
Number of CY 2019 admissions submitted:	2,046
Number of CY 2019 discharges submitted:	2,102
Number of CY 2019 discharges linked to an admission:	1,919
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,893
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	1,893

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

Intensive Outpatient (IO)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	945	987
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,372	1,372
Percent of clients abstinent from alcohol	68.9 %	71.9 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		150
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	427	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		35.1 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		837
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	945	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		88.6 %

Notes (for this level of care):	
Number of CY 2019 admissions submitted:	1,571
Number of CY 2019 discharges submitted:	1,515
Number of CY 2019 discharges linked to an admission:	1,390
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,372
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	1,372

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

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V: Performance Indicators and Accomplishments

Table 18 - Treatment Performance Measure Change in Abstinence - Other Drug Use (From Admission to Discharge)

Short-term Residential(SR)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	113	112
All clients with non-missing values on at least one substance/frequency of use [denominator]	184	184
Percent of clients abstinent from drugs	61.4 %	60.9 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		25
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	71	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		35.2 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		87
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	113	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		77.0 %

Notes (for this level of care):	
Number of CY 2019 admissions submitted:	164
Number of CY 2019 discharges submitted:	194
Number of CY 2019 discharges linked to an admission:	185
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	184
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	184

Long-term Residential(LR)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	705	824
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,206	1,206
Percent of clients abstinent from drugs	58.5 %	68.3 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		243
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	501	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		48.5 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		581
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	705	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		82.4 %

Notes (for this level of care):	
Number of CY 2019 admissions submitted:	1,337
Number of CY 2019 discharges submitted:	1,281
Number of CY 2019 discharges linked to an admission:	1,208
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,206
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	1,206

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

Outpatient (OP)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	1,422	1,330
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,893	1,893
Percent of clients abstinent from drugs	75.1 %	70.3 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		160
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	471	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		34.0 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		1,170
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,422	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		82.3 %

Notes (for this level of care):	
Number of CY 2019 admissions submitted:	2,046
Number of CY 2019 discharges submitted:	2,102
Number of CY 2019 discharges linked to an admission:	1,919
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,893
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	1,893

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

Intensive Outpatient (IO)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	915	848
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,372	1,372
Percent of clients abstinent from drugs	66.7 %	61.8 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		123
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	457	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		26.9 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		725
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	915	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		79.2 %

Notes (for this level of care):	
Number of CY 2019 admissions submitted:	1,571
Number of CY 2019 discharges submitted:	1,515
Number of CY 2019 discharges linked to an admission:	1,390
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,372
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	1,372

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
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Table 19 - Treatment Performance Measure Change in Social Support Of Recovery (From Admission to Discharge)

Short-term Residential(SR)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	81	115
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	184	184
Percent of clients participating in self-help groups	44.0 %	62.5 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	18.5 %	

Notes (for this level of care):	
Number of CY 2019 admissions submitted:	164
Number of CY 2019 discharges submitted:	194
Number of CY 2019 discharges linked to an admission:	185
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	184
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	184

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

Long-term Residential(LR)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	407	780
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	1,206	1,206
Percent of clients participating in self-help groups	33.7 %	64.7 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	30.9 %	

Notes (for this level of care):	
Number of CY 2019 admissions submitted:	1,337
Number of CY 2019 discharges submitted:	1,281

Number of CY 2019 discharges linked to an admission:	1,208
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,206
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	1,206

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

Outpatient (OP)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	354	521
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	1,893	1,893
Percent of clients participating in self-help groups	18.7 %	27.5 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	8.8 %	

Notes (for this level of care):	
Number of CY 2019 admissions submitted:	2,046
Number of CY 2019 discharges submitted:	2,102
Number of CY 2019 discharges linked to an admission:	1,919
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,893
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	1,893

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

Intensive Outpatient (IO)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	292	458
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	1,372	1,372
Percent of clients participating in self-help groups	21.3 %	33.4 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	12.1 %	

Notes (for this level of care):	
Number of CY 2019 admissions submitted:	1,571

Number of CY 2019 discharges submitted:	1,515
Number of CY 2019 discharges linked to an admission:	1,390
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,372
Number of CY 2019 linked discharges eligible for this calculation (non-missing values):	1,372

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
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Table 20 - Retention - Length of Stay (in Days) of Clients Completing Treatment

Level of Care	Average (Mean)	25th Percentile	50th Percentile (Median)	75th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	37	18	31	45
2. Free-Standing Residential	41	15	26	46
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	125	6	57	314
4. Short-term (up to 30 days)	97	29	72	126
5. Long-term (over 30 days)	99	30	69	105
AMBULATORY (OUTPATIENT)				
6. Outpatient	145	52	103	186
7. Intensive Outpatient	144	42	87	203
8. Detoxification	0	0	0	0
OUD MEDICATION ASSISTED TREATMENT				
9. OUD Medication-Assisted Detoxification	0	0	0	0
10. OUD Medication-Assisted Treatment Outpatient	389	154	347	488

Level of Care	2019 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	29	29
2. Free-Standing Residential	119	98
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	8	7
4. Short-term (up to 30 days)	194	185

5. Long-term (over 30 days)	1281	1208
AMBULATORY (OUTPATIENT)		
6. Outpatient	2102	1902
7. Intensive Outpatient	1515	1377
8. Detoxification	0	0
OUD MEDICATION ASSISTED TREATMENT		
9. OUD Medication-Assisted Detoxification	0	0
10. OUD Medication-Assisted Treatment Outpatient	0	30

Source: SAMHSA/CBHSQ TEDS CY 2019 admissions file and CY 2019 linked discharge file
[Records received through 2/1/2021]

SAMHSA's Treatment Episode Data Set (TEDS) data are used to pre-populate the tables that comprise SAMHSA's National Outcome Measures (NOMs) and include Table 20 – Retention – Length of Stay (in Days) of Clients Completing Treatment. In FY 2020, SAMHSA modified the "Level of Care" (LOC) and "Type of Treatment Service/Setting" for Opioid Replacement Therapy/Medication-Assisted Treatment in Table 20.

In prior SABG Reports, the LOC was entitled "Opioid Replacement Therapy" and the Type of Treatment Service/Setting included "Opioid Replacement Therapy," Row 9 and "ORT Outpatient," Row 10. The LOC was changed to "Medication-Assisted Treatment" and the Treatment Service/Setting was changed to "Medication-Assisted Treatment."

The changes inadvertently created a barrier for data analysis as one-to-one mapping of the data submitted in the FY 2020 Table 20 to the TEDS data submitted to CBHSQ via Eagle Technologies is not possible. In the current and future SABG Reports, the LOC is "OUD Medication Assisted Treatment" and the Types of Treatment Service/Setting will include "OUD Medication-Assisted Treatment Detoxification," Row 9 and "OUD Medication Assisted Treatment Outpatient," Row 10. OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment. OUD Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment . The change was made to better align with language that reflects not all medications used to treat opioid use disorder (OUD) are opioid-based and more importantly convey that medications do not merely substitute one drug for another.

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TABLE 21 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY - ABSTINENCE FROM DRUG USE/ALCOHOL USE MEASURE: 30-DAY USE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. 30-day Alcohol Use	**Source Survey Item:** NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from **[DATEFILL]** through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 20 - CY 2017 - 2018	21.8	
	Age 21+ - CY 2017 - 2018	53.9	
2. 30-day Cigarette Use	**Source Survey Item:** NSDUH Questionnaire: "During the past 30 days, that is, since **[DATEFILL]**, on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2017 - 2018	5.4	
	Age 18+ - CY 2017 - 2018	21.4	
3. 30-day Use of Other Tobacco Products	**Survey Item: NSDUH Questionnaire:** "During the past 30 days, that is, since **[DATEFILL]**, on how many days did you use [other tobacco products][1]?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2017 - 2018	4.1	
	Age 18+ - CY 2017 - 2018	12.4	
4. 30-day Use of Marijuana	**Source Survey Item: NSDUH Questionnaire:** "Think specifically about the past 30 days, from **[DATEFILL]** up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2017 - 2018	7.5	
	Age 18+ - CY 2017 - 2018	7.3	
5. 30-day Use of Illegal Drugs Other Than Marijuana	**Source Survey Item: NSDUH Questionnaire:** "Think specifically about the past 30 days, from **[DATEFILL]** up to and including today. During the past 30 days, on how many days did you use [any other illegal drug]?[2] **Outcome Reported:** Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).		
	Age 12 - 17 - CY 2017 - 2018	2.4	

	Age 18+ - CY 2017 - 2018	1.9	

[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.
[2]NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.
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Table 22 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: PERCEPTION OF RISK/HARM OF USE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Perception of Risk From Alcohol	**Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2017 - 2018	72.8	
	Age 21+ - CY 2017 - 2018	80.9	
2. Perception of Risk From Cigarettes	**Source Survey Item: NSDUH Questionnaire:** "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day? [Response options: No risk, slight risk, moderate risk, great risk] **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2017 - 2018	88.9	
	Age 18+ - CY 2017 - 2018	93.0	
3. Perception of Risk From Marijuana	**Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2017 - 2018	66.6	
	Age 18+ - CY 2017 - 2018	56.6	

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Table 23 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: AGE OF FIRST USE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Age at First Use of Alcohol	**Source Survey Item: NSDUH Questionnaire:** "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of alcohol.		
	Age 12 - 20 - CY 2017 - 2018		
	Age 21+ - CY 2017 - 2018		
2. Age at First Use of Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2017 - 2018	13.3	
	Age 18+ - CY 2017 - 2018	15.6	
3. Age at First Use of Tobacco Products Other Than Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product][1]?[Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2017 - 2018	14.2	
	Age 18+ - CY 2017 - 2018	18.8	
4. Age at First Use of Marijuana or Hashish	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2017 - 2018	14.0	
	Age 18+ - CY 2017 - 2018	17.9	
5. Age at First Use Heroin	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of heroin.		
	Age 12 - 17 - CY 2017 - 2018	12.2	
	Age 18+ - CY 2017 - 2018	20.9	
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever][2] in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.] **Outcome Reported:** Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.		

	Age 12 - 17 - CY 2017 - 2018	14.8	
	Age 18+ - CY 2017 - 2018	31.4	

[1]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.
[2]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.

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Table 24 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: PERCEPTION OF DISAPPROVAL/ATTITUDES

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Disapproval of Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2017 - 2018	95.6	
2. Perception of Peer Disapproval of Cigarettes	**Source Survey Item: NSDUH Questionnaire:** "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2017 - 2018	90.7	
3. Disapproval of Using Marijuana Experimentally	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2017 - 2018	80.0	
4. Disapproval of Using Marijuana Regularly	**Source Survey Item: NSDUH Questionnaire:** "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2017 - 2018	80.0	
5. Disapproval of Alcohol	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 20 - CY 2017 - 2018	89.6	

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Table 25 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: EMPLOYMENT/EDUCATION; MEASURE: PERCEPTION OF WORKPLACE POLICY

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Perception of Workplace Policy	**Source Survey Item:** NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] **Outcome Reported:** Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 15 - 17 - CY 2017 - 2018		
	Age 18+ - CY 2017 - 2018	46.3	

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Table 26 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - EMPLOYMENT/EDUCATION; MEASURE: AVERAGE DAILY SCHOOL ATTENDANCE RATE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Average Daily School Attendance Rate	**Source:** National Center for Education Statistics, Common Core of Data: *The National Public Education Finance Survey* available for download at **http://nces.ed.gov/ccd/stfis.asp**. **Measure calculation:** Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2017	92.0	

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Table 27 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE MEASURE: ALCOHOL-RELATED TRAFFIC FATALITIES

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol-Related Traffic Fatalities	**Source:** National Highway Traffic Safety Administration Fatality Analysis Reporting System **Measure calculation:** The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2018	36.0	

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Table 28 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE MEASURE: ALCOHOL- AND DRUG-RELATED ARRESTS

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol- and Drug-Related Arrests	**Source:** Federal Bureau of Investigation Uniform Crime Reports **Measure calculation:** The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2018	31.2	

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Table 29 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: SOCIAL CONNECTEDNESS; MEASURE: FAMILY COMMUNICATIONS AROUND DRUG AND ALCOHOL USE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Family Communications Around Drug and Alcohol Use (Youth)	**Source Survey Item:** NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No] **Outcome Reported:** Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2017 - 2018	58.5	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	**Source Survey Item:** NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?[1][Response options: 0 times, 1 to 2 times, a few times, many times] **Outcome Reported:** Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2017 - 2018	86.8	

[1]NSDUH does not ask this question of all sampled parents. It is a validation question posed to parents of 12- to 17-year-old survey respondents. Therefore, the responses are not representative of the population of parents in a State. The sample sizes are often too small for valid reporting.

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Table 30 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - RETENTION MEASURE: PERCENTAGE OF YOUTH SEEING, READING, WATCHING, OR LISTENING TO A PREVENTION MESSAGE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Exposure to Prevention Messages	**Source Survey Item:** NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use][1]? **Outcome Reported:** Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2017 - 2018	85.9	

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context

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Table 31-35 - Reporting Period - Start and End Dates for Information Reported on Tables 31, 32, 33, 34, and 35

Reporting Period Start and End Dates for Information Reported on Tables 33, 34, 35, 36 and 37

Please indicate the reporting period for each of the following NOMS.

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2018	12/31/2018
2. Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies? Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2018	12/31/2018
3. Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - Number of Persons Served by Type of Intervention	1/1/2018	12/31/2018
4. Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type of Intervention	1/1/2018	12/31/2018
5. Table 35 - Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on SUBSTANCE ABUSE PREVENTION Evidence-Based Programs/Strategies	10/1/2017	9/30/2019

General Questions Regarding Prevention NOMS Reporting

Question 1: Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

The current system (called the Prevention Evaluation Reporting for Communities system or PERC) is used for all prevention funding in Wyoming and involves local prevention coordinators inputting their strategic plans and evaluation strategies and reporting data for all efforts. Participation data (whether indirect interventions or environmental interventions) is reported by IOM category, CSAP category, and all important demographics. Wyoming's system is similar to other systems like the Minimum Data Set (MDS) but more sophisticated in its ability to track environmental strategies and media campaigns.

Question 2: Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those partipants to the More Than One Race subcategory.

The PERC system collects data on direct and indirect interventions. For direct interventions (like a school-based program where attendance can be taken) Wyoming uses accepted categories for race matching Block Grant application categories. These include White, Black or African American, Native Hawaiian/Other Pacific Islander, Asian, American Indian/Alaska Native, More Than One Race, and Race Not Known or Other. For indirect interventions (like a policy change that impacts an entire community and attendance cannot be taken) PERC applies the most recent local United States Census data to all those impacted by the strategy. Census categories, again, reflect the categories listed above. PERC was created with specific race categories to complete the required tables in this application.

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Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity

Category	Total
A. Age	**1,839**
0-4	0
5-11	58
12-14	49
15-17	44
18-20	13
21-24	54
25-44	643
45-64	497
65 and over	73
Age Not Known	408
B. Gender	**1,839**
Male	676
Female	1,069
Gender Unknown	94
C. Race	**1,839**
White	1,371
Black or African American	11
Native Hawaiian/Other Pacific Islander	4
Asian	5
American Indian/Alaska Native	17
More Than One Race (not OMB required)	70

Race Not Known or Other (not OMB required)	361
D. Ethnicity	**1,839**
Hispanic or Latino	98
Not Hispanic or Latino	1,116
Ethnicity Unknown	625

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Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies?Number of Persons Served by Age, Gender, Race, and Ethnicity

Category	Total
A. Age	**706052**
0-4	37461
5-11	50007
12-14	28876
15-17	31076
18-20	31602
21-24	47201
25-44	192066
45-64	200097
65 and over	87562
Age Not Known	104
B. Gender	**706052**
Male	345571
Female	360377
Gender Unknown	104
C. Race	**706052**
White	653731
Black or African American	2488
Native Hawaiian/Other Pacific Islander	3068
Asian	372
American Indian/Alaska Native	24955
More Than One Race (not OMB required)	10206

Race Not Known or Other (not OMB required)	11232
D. Ethnicity	**706052**
Hispanic or Latino	43188
Not Hispanic or Latino	662760
Ethnicity Unknown	104

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Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - Number of Persons Served by Type of Intervention

Number of Persons Served by Individual- or Population-Based Program or Strategy

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	1839	N/A
2. Universal Indirect	N/A	706052
3. Selective	0	N/A
4. Indicated	0	N/A
5. Total	**1839**	**706052**

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Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type of Intervention

Definition of Evidence-Based Programs and Strategies: The guidance document for the Strategic Prevention Framework State Incentive Grant, Identifying and Selecting Evidence-based Interventions, provides the following definition for evidence-based programs:

- Inclusion in a Federal List or Registry of evidence-based interventions
- Being reported (with positive effects) in a peer-reviewed journal
- Documentation of effectiveness based on the following guidelines:
  - Guideline 1:
    The intervention is based on a theory of change that is documented in a clear logic or conceptual model; and
  - Guideline 2:
    The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature; and
  - Guideline 3:
    The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to Identifying and Selecting Evidence-Based Interventions scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and
  - Guideline 4:
    The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.

1. Describe the process the State will use to implement the guidelines included in the above definition.

The process used to determine if programs are evidence-based begins by checking national evidence-based registries,. We also use state resources, like our environmental strategies tool, located at https://www.wyomingpreventiondepot.org/strategies/. If the program is not listed in any of these resources, we look for positive effects and publication in a peer-reviewed journal to determine if it is categorized as evidence-based. Documentation of effectiveness is used as a last resort and when used, the data collected to support categorization as evidence-based is the precursor for publication.

2. Describe how the State collected data on the number of programs and strategies. What is the source of the data?

The current system, Prevention Evaluation Reporting for Communities or PERC, is used for all prevention funding in Wyoming and involves local prevention coordinators inputting their strategic plans and evaluation strategies and reporting data for all efforts. Participation data (Whether in direct interventions or environmental interventions) is reported by IOM category, CSAP category, and all important demographics. Wyoming's system is similar to other systems like the Minimum Data Set (MDS) but more sophisticated in its ability to track environmental strategies and media campaigns.

Table 34 - SUBSTANCE ABUSE PREVENTION **Number of Evidence-Based Programs and Strategies by Type of Intervention**

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	56	84	140	0	0	140
2. Total number of Programs and Strategies Funded	56	84	140	0	0	140
3. Percent of Evidence-Based Programs and Strategies	100.00 %	100.00 %	100.00 %			100.00 %

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Table 35 - Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on SUBSTANCE ABUSE PREVENTION Evidence-Based Programs/Strategies

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 56	$ 303,026
Universal Indirect	Total # 84	$ 454,538
Selective	Total # 0	$ 0
Indicated	Total # 0	$ 0
	Total EBPs: 140	Total Dollars Spent: $757,564.00

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Prevention Attachments

Submission Uploads

FFY 2021 Prevention Attachment Category A:

File	Version	Date Added

FFY 2021 Prevention Attachment Category B:

File	Version	Date Added

FFY 2021 Prevention Attachment Category C:

File	Version	Date Added

FFY 2021 Prevention Attachment Category D:

File	Version	Date Added

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