

Wyoming

UNIFORM APPLICATION

FY 2022 Substance Abuse Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022
(generated on 12/13/2021 3.23.29 PM)

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

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

City Cheyenne

Zip Code 82002

II. Contact Person for the Block Grant

First Name Matthew

Last Name Petry

Agency Name Wyoming Department of Health

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

City Cheyenne

Zip Code 82002

Telephone 307-777-8763

Fax 307-777-5849

Email Address matt.petry1@wyo.gov

III. Expenditure Period

State Expenditure Period

From 7/1/2020

To 6/30/2021

Block Grant Expenditure Period

From 10/1/2018

To 9/30/2020

IV. Date Submitted

Submission Date 11/17/2021 12:15:27 PM

Revision Date 11/17/2021 12:16:01 PM

V. Contact Person Responsible for Report Submission

First Name Megan

Last Name Norfolk

Telephone 3077777903

Fax 3077775864

Email Address megan.norfolk1@wyo.gov

VI. Contact Person Responsible for Substance Abuse Data

First Name Zach

Last Name Tatro

Telephone 307-777-6197

Email Address zach.tatro@wyo.gov

Footnotes:

Prevention; Substance Abuse Prevention Program Manager:

Rachel

Nuss

307-777-6463

rachel.nuss3@wyo.gov

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

Objective:

To decrease adult binge drinking rates to 14% or lower

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

Edit Strategies to attain the objective here:

(if needed)

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):

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

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

Our 2020 adult binge numbers did not meet the goal of 15%, but we did, however, have a decrease from year one, with a 16.4% rate. 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 second 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

Objective:

To decrease youth 30-day use rates to less than 30% in high school and less than 8.5% in middle school.

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

Edit Strategies to attain the objective here: (if needed)

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):

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

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

The high school goal was achieved. The rate for past 30 day use went down to 27.78%. The middle school use increased by just under 1%. We will be contracting with each county in the state. Their enhanced efforts on protective factors, along with evidence-based environmental factors should help decrease middle school 30-day alcohol use.

How second 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):

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

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

Unfortunately, we have not received 2020 data and are unable to say if this has been achieved.

How second 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.

Objective:

Average length of stay in Mental Health Housing baseline data in FY16 was 525 days, goals in FY18 was 485, FY19's goals are 465 days, and the projected goals for FY20 is 456 days.

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.

Edit Strategies to attain the objective here:
(if needed)

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):

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

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

How second 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.

Objective:

Increase treatment completion rate for outpatient clients with a primary, secondary, or tertiary methamphetamine drug problem from baseline FY16 of 58% to FY18 63% to FY19's 68% and projected FY20's 73%. Currently, the total FY19 completion rate is at 62.81%, underlining we have not quite met our goal for this year.

Strategies to attain the goal:

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

**Edit Strategies to attain the objective here:
(if needed)**

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):

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

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

Completion rates for statewide methamphetamine treatment totaled 66.47%. 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 has continued to expand telehealth and other modifications to meet the needs of the clients and the changing environment to continue to increase the completion rate.

How second year target was achieved (optional):

Priority #: 5

Priority Area: Work closely with provider agencies to initiate individualized outcomes for individuals with opioid use disorder.

Priority Type: SAT

Population(s): PWWDC, PWID

Goal of the priority area:

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

Objective:

Increase treatment completion rate for clients with a primary, secondary, or tertiary opioid drug problem from FY16's goal of 55%, FY18's goal of 58%, to FY19's goal of 62% (currently at 59.29%), and the Division's target for FY20 at 73%.

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.

**Edit Strategies to attain the objective here:
(if needed)**

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):

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

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

Completion rates for statewide methamphetamine treatment totaled 72.23%. 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 has continued to expand telehealth and other modifications to meet the needs of the clients and the changing environment to continue to increase the completion rate.

How second 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.

Objective:

Increase the percent of individuals whom test positive for TB; including completion of LTBI treatment.

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.

Edit Strategies to attain the objective here:

(if needed)

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%.

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

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

How second year target was achieved (optional):

For 2021: 6 enrollees reported IDU. 5 anticipated; 6/5 = 120%

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Footnotes:

Priority 3 is completed in the Wyoming - 2022 Mental Health Block Grant Report.

Global Revision request sent on 2021/12/09 - Please find that the document "SABG COVID Testing and Mitigation Program Report WY21" has been uploaded into the attachments as requested. No funds have been expended, as the State has been awaiting approval to use the funds per the guidance letter titled "COVID19 Testing & Mitigation Guidance Ltr.pdf" sent on August 10, 2021, "States can start utilizing the resources as soon as the states' plans are approved by SAMHSA" found on page four (4) of five (5).

**COVID Testing and Mitigation Program Report
for the Substance Abuse Prevention and Treatment Block Grant (SABG)
for Federal Fiscal Year Ending September 30, 2021
Due Date: December 31, 2021**

On August 19, 2021 SAMHSA released guidance on one-time funding for awards authorized under the American Rescue Plan (ARP) Act of 2021 (P.L. 117-2) and Section 711 of the Social Security Act (42 U.S.C. 711(c)) for the targeted support necessary for mental health and substance use disorder treatment providers to overcome barriers towards achieving and maintaining high COVID-19 testing rates (commonly referred to as COVID Testing and Mitigation funds). The performance period for this funding is September 1, 2021 – September 30, 2025.

As indicated in your SABG Notice of Award of August 10, 2021 States, Territories, and the Red Lake Band of the Chippewa Indians are required to submit an annual report by December 31 of each year, until the funds expire. Grantees must upload a narrative report including activities and expenditures to Table 1 of the FY 22 Substance Abuse Block Grant Report. A revision request will be sent to grantees to upload the report.

For the Federal Fiscal Year ending September 30, 2021, please upload a Word or PDF document in Table 1 of the FY 22 SABG Report on the COVID Testing and Mitigation activities by answering the following question, due by 11:59 pm EST on December 31, 2021:

1. List the items and activities of expenditures completed between September 1 and September 30, 2021. (if no activities were completed, note here with Not Applicable)

SABG COVID Testing and Mitigation Program Report for 9/1/21 – 9/30/21: WYOMING	
Item/Activity	Amount of Expenditure
Not Applicable	Not Applicable

Note: If no activities were completed, please upload the report document indicating “Not Applicable”. Per the BGAS Revision Request, SABG grantees are requested to upload an Attachment in the “FY 2022 SABG Report Submitted”, “Section II: Annual Update, Table 1 Priority Area and Annual Performance Indicators – Progress Report”.

We are ready to implement the BGAS Revision Request for the first annual SABG COVID Testing and Mitigation Program Report, as described in the Assistant Secretary’s guidance letter of August 10, 2021 to SSA Directors and SMHCs.

As might be anticipated due to the schedule of our approval of your FY 21 SABG ARP COVID Testing and Mitigation Plan Proposals, we are expecting few grantees to have substantial expenditure of these funds in the one (1) month period of this inaugural annual report, that we will also be requesting in the future for the expenditure life of these funds on December 31, in the years of 2022, 2023, 2024, and 2025.

FOOTNOTE:
Global Revision request sent on 2021/12/09 - Please find that the document "SABG COVID Testing and Mitigation Program Report WY21" has been uploaded into the attachments as requested. No funds have been expended, as the State has been awaiting approval to use the funds per the guidance letter titled "COVID19 Testing & Mitigation Guidance Ltr.pdf" sent on August 10, 2021, "States can start utilizing the resources as soon as the states' plans are approved by SAMHSA" found on page four (4) of five (5).

III: Expenditure Reports

Table 2A - State Agency Expenditure Report

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

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	H. COVID-19 ¹
1. Substance Abuse Prevention ² and Treatment	\$4,259,617.57		\$0.00	\$1,471,319.40	\$19,513,927.38	\$0.00	\$0.00	\$0.00
a. Pregnant Women and Women with Dependent Children ²	\$449,128.04		\$0.00	\$0.00	\$1,903,516.55	\$0.00	\$0.00	\$0.00
b. All Other	\$3,810,489.53		\$0.00	\$1,471,319.40	\$17,610,410.83	\$0.00	\$0.00	\$0.00
2. Substance Abuse Primary Prevention	\$766,313.14		\$0.00	\$2,979,906.41	\$3,161,601.81	\$0.00	\$0.00	\$2,479.00
3. Tuberculosis Services	\$6,248.65		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) ³	\$0.00		\$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)	\$325,014.85		\$0.00	\$27,015.37	\$909,095.89	\$0.00	\$0.00	\$0.00
11. Total	\$5,357,194.21	\$0.00	\$0.00	\$4,478,241.18	\$23,584,625.08	\$0.00	\$0.00	\$2,479.00

¹The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard SABG expenditures are for the state expenditure period of July 1, 2021 – June 30, 2023, for most states.

²Prevention other than primary prevention

³Only 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.

Please indicate the expenditures are actual or estimated.

Actual Estimated

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Footnotes:

Wyoming included technical assistance dollars within the FED Admin section. Wyoming is not a designated HIV state.

III: Expenditure Reports

Table 2B - COVID-19 Relief Supplemental Funds Expenditure by Service – Requested

Expenditure Period Start Date: 3/15/2021 Expenditure Period End Date: 9/30/2021

Service	Expenditures
Healthcare Home/Physical Health	
Specialized Outpatient Medical Services	
Acute Primary Care	
COVID-19 Screening (e.g., temperature checks, symptom questionnaires)	
COVID-19 Testing	
COVID-19 Vaccination	
Comprehensive Care Management	
Care Coordination and Health Promotion	
Comprehensive Transitional Care	
Individual and Family Support	
Referral to Community Services Dissemination	
Prevention (Including Promotion)	\$2,479
Screening with Evidence-based Tools	
Risk Messaging	
Access Line/Crisis Phone Line/Warm Line	
Purchase of Technical Assistance	
COVID-19 Awareness and Education for Person with SUD	
Media Campaigns (Information Dissemination)	
Employee Assistance Programs (Problem Identification and Referral)	
Primary Substance Use Disorder Prevention (Education)	
Primary Substance Use Disorder Prevention (Alternatives)	
Primary Substance Use Disorder Prevention (Community-Based Processes)	

Intervention Services	
Fentanyl Strips	
Syringe Services Program	
Naloxone	
Overdose Kits/Dissemination of Overdose Kits	
Engagement Services	
Assessment	
Specialized Evaluations (Psychological and Neurological)	
Services Planning (including crisis planning)	
Consumer/Family Education	
Outreach (including hiring of outreach workers)	
Outpatient Services	
Evidence-based Therapies	
Group Therapy	
Family Therapy	
Multi-family Therapy	
Consultation to Caregivers	
Medication Services	
Medication Management	
Pharmacotherapy (including MAT)	
Laboratory Services	
Community Support (Rehabilitative)	
Parent/Caregiver Support	
Case Management	
Behavior Management	
Supported Employment	

Permanent Supported Housing	
Recovery Housing	
Recovery Supports	
Peer Support	
Recovery Support Coaching	
Recovery Support Center Services	
Supports For Self-Directed Care	
Supports (Habilitative)	
Personal Care	
Respite	
Supported Education	
Acute Intensive Services	
Mobile Crisis	
Peer-based Crisis Services	
Urgent Care	
23-hour Observation Bed	
Medically Monitored Intensive Inpatient for SUD	
24/7 Crisis Hotline	
Other	
Smartphone Apps	
Personal Protective Equipment	
Virtual/Telehealth/Telemedicine Services	
Purchase of increased connectivity (e.g., Wi-Fi)	
Cost-sharing Assistance (e.g., copayments, coinsurance and deductibles)	
Provider Stabilization Payments	
Transportation to COVID-19 Services (e.g., testing, vaccination)	
Other (please list)	

Total

\$2,479

Please enter the five services (e.g., COVID-19 testing, risk messaging, group therapy, peer support) from any of the above service categories (e.g., Healthcare Home/Physical Health, prevention (including promotion), outpatient services, recovery supports) that reflect the five largest expenditures of COVID-19 Relief Supplement Funds.

Of currently spent COVID-19 Supplemental Funds, prevention promotion is number one, as it is the only expenditures at this time.

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

Footnotes:

At this time, there are very few expenditures have been spent from the COVID-19 Supplemental funds, as the Division was waiting for approval of the submitted plans (approval has since been received). The Division is in the process of writing the contracts for the activities; and awaiting final determination from the recent needs and gap assessment.

III: Expenditure Reports

Table 3A SABG – Syringe Services Program

Expenditure Start Date: 07/01/2020 Expenditure End Date: 06/30/2021

Syringe Services Program SSP Agency Name	Main Address of SSP	Dollar Amount of SABG Funds Expended for SSP	Dollar Amount of COVID-19 Relief Supplemental Funds Expended for SSP	SUD Treatment Provider (Yes or No)	# Of locations (Include mobile, if any)	Narcan Provider (Yes or No)	Fentanyl Strips (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: 07/01/2020 Expenditure End Date: 06/30/2021

SABG							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing <i>(Please enter total number of individuals served)</i>	Treatment for Substance Use Conditions <i>(Please enter total number of individuals served)</i>	Treatment for Physical Health <i>(Please enter total number of individuals served)</i>	STD Testing <i>(Please enter total number of individuals served)</i>	Hep C <i>(Please enter total number of individuals served)</i>
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0

COVID-19							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing <i>(Please enter total number of individuals served)</i>	Treatment for Substance Use Conditions <i>(Please enter total number of individuals served)</i>	Treatment for Physical Health <i>(Please enter total number of individuals served)</i>	STD Testing <i>(Please enter total number of individuals served)</i>	Hep C <i>(Please enter total number of individuals served)</i>
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0

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

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: 10/1/2018 Expenditure Period End Date: 9/30/2020

Expenditure Category	FY 2019 SA Block Grant Award
1. Substance Abuse Prevention ¹ and Treatment	\$3,134,997.49
2. Primary Prevention	\$820,740.23
3. Tuberculosis Services	\$11,248.01
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) ²	\$0.00
5. Administration (excluding program/provider level)	\$192,062.50
Total	\$4,159,048.23

¹Prevention other than Primary Prevention

²Only 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.

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Footnotes:
 Note to State: Used FFR and worked backwards.

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: Expenditure Period End Date:

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:

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: 10/1/2018 Expenditure Period End Date: 9/30/2020

Activity	SA Block Grant Award	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$540,544.67				
Universal Indirect	\$180,181.56				
Selective					
Indicated					
Column Total	\$720,726.23	\$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 2019 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: 10/1/2018 Expenditure Period End Date: 9/30/2020

SABG Award	
Targeted Substances	
Alcohol	<input checked="" type="checkbox"/>
Tobacco	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>
Prescription Drugs	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>
Heroin	<input type="checkbox"/>
Inhalants	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>
Bath salts, Spice, K2)	<input type="checkbox"/>
Targeted Populations	
Students in College	<input type="checkbox"/>
Military Families	<input type="checkbox"/>
LGBTQ	<input type="checkbox"/>
American Indians/Alaska Natives	<input type="checkbox"/>
African American	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>
Homeless	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Rural	<input checked="" type="checkbox"/>

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Footnotes:

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2018 Expenditure Period End Date: 9/30/2020

Activity	A. SABG Treatment	B. SABG Prevention	C. SABG Combined ¹
1. Information Systems	\$0.00	\$0.00	\$0.00
2. Infrastructure Support	\$0.00	\$0.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$0.00	\$0.00	\$0.00
4. Planning Council Activities (MHBG required, SABG optional)	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$0.00	\$0.00	\$0.00
6. Research and Evaluation	\$0.00	\$100,014.00	\$0.00
7. Training and Education	\$192,062.50	\$0.00	\$0.00
8. Total	\$192,062.50	\$100,014.00	\$0.00

¹SABG integrated expenditures are expenditures for non-direct services/system development that cannot be separated out of the amounts devoted specifically to treatment or prevention. For Column C, do not include any amounts already accounted for in Column A, SABG Treatment and/or Column B, SABG Prevention.

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Footnotes:

Training: Typical allowable costs include course fees, tuition and expense reimbursements to employees, trainer(s) and support staff salaries, and certification expenditures.

Amount of SABG Primary Prevention funds (\$820,740.23) used for SABG Prevention Resource Development Activities for SABG Prevention, Column B = \$100,014.00.

Table 6, column B's Research & Evaluation (\$100,014.00) + Table 5b's Primary Prevention (\$720,726.23)=Table 4, column B's total for primary prevention (\$820,740.23).

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: 10/1/2018 Expenditure Period End Date: 9/30/2020

										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	\$35,908.70	\$0.00	\$0.00	\$35,908.70	\$0.00	\$0.00	
VC-79415	WY100019		Frontier	Big Horn Basin Counseling Services	P.O. Box 351	Greybull	WY	82426	\$29,681.39	\$29,681.39	\$0.00	\$0.00	\$0.00	\$0.00	
VC*86582	x		Frontier	Big Horn County	P.O. Box 31	Basin	WY	82410	\$26,104.67	\$0.00	\$0.00	\$26,104.67	\$0.00	\$0.00	
VC-78736	WY100068		Frontier	Campbell County Hospital District	P.O. Box 3011	Gillette	WY	82717	\$63,565.55	\$63,565.55	\$0.00	\$0.00	\$0.00	\$0.00	
VC*86598	x		Frontier	Campbell County Treasurer	P.O. Box 3010	Gillette	WY	82717	\$36,766.72	\$0.00	\$0.00	\$36,766.72	\$0.00	\$0.00	
VC-77849	WY900053		Frontier	Carbon County Counseling Ctr	P.O. Box 1056	Rawlins	WY	82301	\$26,788.04	\$26,788.04	\$0.00	\$0.00	\$0.00	\$0.00	
VC*86616	x		Frontier	Carbon County Treasurer	P.O. Box 6	Rawlins	WY	82301	\$24,520.66	\$0.00	\$0.00	\$24,520.66	\$0.00	\$0.00	
VC*81260	x		Frontier	Casper-Natrona County Health Department	200 North Center Street	Casper	WY	82601	\$81,634.42	\$0.00	\$0.00	\$81,634.42	\$0.00	\$0.00	
VC-77164	WY900517		Frontier	Central Wyoming Counseling Ctr	1430 Wilkins Circle	Casper	WY	82601	\$488,097.80	\$488,097.80	\$56,245.49	\$0.00	\$0.00	\$0.00	
VC-78772	WY301286		Frontier	Cheyenne Community Drug Abuse Trmt Counsel Inc.	P.O. Box 1604	Cheyenne	WY	82003-1604	\$205,632.95	\$205,632.95	\$129,520.55	\$0.00	\$0.00	\$0.00	
VC-78800	WY900541		Frontier	Cloud Peak Counseling Center	401 South 23rd Street	Worland	WY	82401-3308	\$60,533.90	\$60,533.90	\$0.00	\$0.00	\$0.00	\$0.00	
VC*86628	x		Frontier	Converse County Treasurer	107 North 5th Street, Suite 114	Douglas	WY	82633	\$16,744.08	\$0.00	\$0.00	\$16,744.08	\$0.00	\$0.00	
VC*86644	x		Frontier	Crook County	P.O. Box 37	Sundance	WY	82729	\$21,237.89	\$0.00	\$0.00	\$21,237.89	\$0.00	\$0.00	
VC-81141	WY301245		Frontier	Curran-Seeley Foundation	P.O. Box 11390	Jackson	WY	83002	\$79,822.93	\$79,822.93	\$0.00	\$0.00	\$0.00	\$0.00	
VC-77337	WY900442		Frontier	Fremont Counseling Service Inc	748 Main Street	Lander	WY	82520	\$72,945.00	\$72,945.00	\$0.00	\$0.00	\$0.00	\$0.00	
VC*86655	x		Frontier	Fremont County Treasurer	450 North 2nd Street, Room 220	Lander	WY	82520	\$45,713.30	\$0.00	\$0.00	\$45,713.30	\$0.00	\$0.00	
VC*86681	x		Frontier	Goshen County Treasurer	P.O. Box 160	Torrington	WY	82240	\$16,891.69	\$0.00	\$0.00	\$16,891.69	\$0.00	\$0.00	
VC-72877	WY100618		Frontier	High Country Behavioral Health	P.O. Box 376	Afton	WY	83110	\$62,449.34	\$62,449.34	\$0.00	\$0.00	\$0.00	\$0.00	
VC-79163	WY750193		Frontier	Hot Springs Co Counseling	121 South 4th Street	Thermopolis	WY	82443	\$1,004.42	\$1,004.42	\$0.00	\$0.00	\$0.00	\$0.00	

VC*86700	x		✘	Frontier	Hot Springs County Treasurer	415 Arapahoe	Thermopolis	WY	82443	\$24,576.72	\$0.00	\$0.00	\$24,576.72	\$0.00	\$0.00
VC*86715	x		✘	Frontier	Johnson County Treasurer	76 North Main Street	Buffalo	WY	82834	\$23,039.55	\$0.00	\$0.00	\$23,039.55	\$0.00	\$0.00
VC*86730	x		✘	Frontier	Laramie County	P.O. Box 608	Cheyenne	WY	82003	\$89,871.39	\$0.00	\$0.00	\$89,871.39	\$0.00	\$0.00
VC*86749	x		✘	Frontier	Lincoln County	925 Sage Ave, Suite 101	Kemmerer	WY	83101	\$21,142.72	\$0.00	\$0.00	\$21,142.72	\$0.00	\$0.00
VC*86787	x		✘	Frontier	Niobrara County	P.O. Box 420	Lusk	WY	82225	\$14,254.85	\$0.00	\$0.00	\$14,254.85	\$0.00	\$0.00
VC-77296	WY900145		✔	Frontier	Northern Wyoming Mental Health Center	521 West Lott Street	Buffalo	WY	82834	\$98,677.24	\$98,677.24	\$0.00	\$0.00	\$0.00	\$0.00
VC*86825	x		✘	Frontier	Park County	1002 Sheridan	Cody	WY	82414	\$39,466.55	\$0.00	\$0.00	\$39,466.55	\$0.00	\$0.00
VC-77303	WY100134		✘	Frontier	Peak Wellness Center, Inc.	2526 Seymour Avenue	Cheyenne	WY	82001	\$316,922.41	\$316,922.41	\$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	\$40,082.65	\$0.00	\$0.00	\$40,082.65	\$0.00	\$0.00
VC-78955	WY900525		✔	Frontier	Solutions for Life	1841 Madora Avenue	Douglas	WY	82633	\$51,133.17	\$51,133.17	\$0.00	\$0.00	\$0.00	\$0.00
VC-77521	WY100125		✔	Frontier	Southwest Counseling Service	2300 Foothill Boulevard	Rock Springs	WY	82901	\$593,638.02	\$593,638.02	\$101,771.00	\$0.00	\$0.00	\$0.00
VC*79326	x		✘	Frontier	Sublette County Treasurer	P.O. Box 250	Pinedale	WY	82941	\$21,219.21	\$0.00	\$0.00	\$21,219.21	\$0.00	\$0.00
VC*86876	x		✘	Frontier	Sweetwater County	80 West Flaming Gorge Way, Suite 150	Green River	WY	82935	\$50,768.23	\$0.00	\$0.00	\$50,768.23	\$0.00	\$0.00
VC*86897	x		✘	Frontier	Teton County	P.O. Box 1727	Jackson	WY	83001	\$32,074.95	\$0.00	\$0.00	\$32,074.95	\$0.00	\$0.00
VC*86911	x		✘	Frontier	Uinta County Treasurer / BOW	P.O. Box 810	Evanston	WY	82930	\$33,470.39	\$0.00	\$0.00	\$33,470.39	\$0.00	\$0.00
VC-80802	WY102024		✘	Frontier	Volunteers of America of (Northern Rockies)	1876 South Sheridan Avenue	Sheridan	WY	82801	\$814,371.14	\$814,371.14	\$161,591.00	\$0.00	\$0.00	\$0.00
VC*86935	x		✘	Frontier	Washakie County Treasurer	1001 Big Horn Ave	Worland	WY	82401	\$13,651.94	\$0.00	\$0.00	\$13,651.94	\$0.00	\$0.00
VC-77609	WY100509		✘	Frontier	West Park Hospital District	Cedar Mountain Center 707 Sheridan Avenue	Cody	WY	82414	\$153,994.19	\$153,994.19	\$0.00	\$0.00	\$0.00	\$0.00
VC*86953	x		✘	Frontier	Weston County Treasurer	1 West Main	Newcastle	WY	82701	\$11,584.95	\$0.00	\$0.00	\$11,584.95	\$0.00	\$0.00
Total										\$3,839,983.72	\$3,119,257.49	\$449,128.04	\$720,726.23	\$0.00	\$0.00

* Indicates the imported record has an error.

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Footnotes:

Hot Springs was absorbed by High Country.

Peak Wellness has been absorbed by Volunteers of America.

Tuberculosis program not included above; totals here (\$1,607.05 + 3,190.50 + 6,433.62 + 16.79 = \$11,247.96)

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: 07/01/2020 Expenditure Period End Date: 06/30/2021

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2019) + B2(2020)</u> 2 (C)
SFY 2019 (1)	\$25,698,956.00	
SFY 2020 (2)	\$23,516,514.00	\$24,607,735.00
SFY 2021 (3)	\$24,206,803.90	

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

SFY 2019 Yes X No _____
 SFY 2020 Yes X No _____
 SFY 2021 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 use disorder 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. Wyoming 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.

The methods used to determine what is considered in the MOE is based on 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

BHD uses the codes to pay under the specific services, pull
fiscal dollars for specific requests, and reporting purposes.
When there are 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.

BHD also includes our Court Supervised Treatment (CST)
program in the MOE. Note, the CST program is a Drug
Court. The individual must be convicted and sentenced in
order to be in the program. The CST program is funded from
Wyoming's Tobacco Settlement Funds.

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Footnotes:

The State would like to request a maintenance of effort waiver. It should be noted the MOE was not met last year and was predicted to not be met due to the COVID impact and budget cuts due to the COVID impact. Wyoming anticipates that the MOE will not be met next year either.

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: 07/01/2020 Expenditure Period End Date: 06/30/2021

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 2019		\$ 1,634,506.71	
SFY 2020		\$ 1,508,887.29	
SFY 2021		\$ 1,903,516.55	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

Enter the amount the State plans to expend in SFY 2022 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)): \$ 1802055.91

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). Women and children numbers are determined by taking the number of individuals of priority populations to the statewide unique client data provided by the Wyoming Client Information System and through the Behavioral Health Division's Knowledge, Management, Analysis, and Technology (KMAT) Unit. The number is then taken to the actual expenditures to determine the amount of State General Funds (SGF) and Federal

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Footnotes:

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: 10/1/2018 Expenditure Period End Date: 9/30/2020

Column A (Risks)	Column B (Strategies)	Column C (Providers)
No Risk Assigned	1. Information Dissemination	
	3. Media campaigns	19
	5. Radio and TV public service announcements	7
	6. Speaking engagements	4
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	22
	2. Education	
	1. Parenting and family management	1
	3. Peer leader/helper programs	8
	3. Alternatives	
	6. Recreation activities	12
	4. Problem Identification and Referral	
	2. Student Assistance Programs	22
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	22
	3. Multi-agency coordination and collaboration/coalition	22
	4. Community team-building	22
	5. Accessing services and funding	22
	6. Environmental	
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	7

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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: 7/1/2020 Expenditure Period End Date: 6/30/2021

Level of Care	SABG Number of Admissions \geq Number of Persons Served		COVID-19 Number of Admissions \geq Number of Persons Served		SABG Costs per Person (C, D & E)			COVID-19 Costs per Person (C, D & E)		
	Number of Admissions (A)	Number of Persons Served (B)	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
DETOXIFICATION (24-HOUR CARE)										
1. Hospital Inpatient										
2. Free-Standing Residential	272	250								
REHABILITATION/RESIDENTIAL										
3. Hospital Inpatient										
4. Short-term (up to 30 days)										
5. Long-term (over 30 days)	923	799	36	36						
AMBULATORY (OUTPATIENT)										
6. Outpatient	3,641	3,372								
7. Intensive Outpatient										
8. Detoxification										
OUD MEDICATION ASSISTED TREATMENT										
9. OUD Medication-Assisted Detoxification ¹										
10. OUD Medication-Assisted Treatment Outpatient ²	32	31								

Please explain why Column A (SABG and COVID-19 Number of Admissions) are less than Column B (SABG and COVID-19 Number of Persons Served)

¹ OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment.

² OUD Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

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Footnotes:

The COVID-19 requests in the report above have been requested to be included in the Wyoming Client Information System. Due to the

pricing of updating the system, the only information that may remain available is the long-term (over 30 days) rehabilitation / residential, as the Division requests providers to provide updates on their residential programs and COVID.

IV: Population and Services Reports

Tables 11A, 11B and 11C - 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 and COVID-19 Relief Supplement funded services.

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

TABLE 11A – SABG Unduplicated Count of Person Served for Alcohol and Other Drug Use

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	180	116	32	5	0	0	0	0	0	8	1	7	0	9	2	122	33	25	3
2. 18 - 24	574	298	161	8	3	3	0	2	1	19	14	15	7	34	9	300	164	93	34
3. 25 - 44	2,313	1,210	684	47	16	2	3	4	3	79	43	53	27	109	33	1,283	712	274	115
4. 45 - 64	797	472	227	9	1	0	1	0	0	18	17	12	3	27	10	492	238	70	33
5. 65 and Over	89	60	23	1	0	0	0	0	0	0	0	1	0	3	1	60	24	7	2
6. Total	3,953	2,156	1,127	70	20	5	4	6	4	124	75	88	37	182	55	2,257	1,171	469	187
7. Pregnant Women	40		35		2		0		0		2		1		0		31		9
Number of persons served who were admitted in a period prior to the 12 month reporting period		1,297																	
Number of persons served outside of the levels of care described on Table 10		0																	

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

TABLE 11B – COVID-19 Unduplicated Count of Persons Served for Alcohol and Other Drug Use

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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 18 - 24	4	0	3	0	0	0	0	0	0	0	1	0	0	0	0	0	2	0	0
3. 25 - 44	26	12	12	0	0	0	0	0	0	2	0	0	0	0	0	13	12	3	2
4. 45 - 64	8	3	2	0	0	0	0	0	0	2	1	0	0	0	0	5	3	0	0
5. 65 and Over	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Total	38	15	17	0	0	0	0	0	0	4	2	0	0	0	0	18	17	3	2
7. Pregnant Women	0		0		0		0		0		0		0		0		0		0

TABLE 11C – SABG Unduplicated Count of Person Served for Alcohol and Other Drug Use by Sex, Gender Identity, and Sexual Orientation (Requested)

Age	Cisgender Male	Cisgender Female	Transgender Man / Transman / Female -To-Man	Transgender Woman / Transwoman / Male-To-Female	Genderqueer/ Gender Non-Conforming/ Neither Exclusively Male nor Female	Additional Gender Category (or Other)	Straight or Heterosexual	Gay or Lesbian	Bisexual	Queer, Pansexual, and/or Questioning	Something Else? Please Specify Under Footnotes
1. 17 and Under											
2. 18 - 24											
3. 25 - 44											
4. 45 - 64											
5. 65 and Over											
6. Total	0	0	0	0	0	0	0	0	0	0	0

Footnotes:

At this time, Table 11C cannot be answered, as this is a new request for the reports. The request has been sent to include this information in the Wyoming Client Information System (WCIS). A discussion has been conducted to include this data request in the WCIS as a change during the next SFY data system change (07/01/2022). Meaning the gender questions may not be updated between 07/01/2021 - 06/30/2022; and may not be collected for the next reporting period.

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: 7/1/2020 Expenditure Period End Date: 6/30/2021

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 state. Information is not gathered for report.

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: 7/1/2020 Expenditure Period End Date: 6/30/2021

Notice to Program Beneficiaries - Check all that apply:

- Used model notice provided in final regulation.
- 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).
- 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.

None provided.

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Footnotes:

State has contract language. The State released a dissemination notice to the religious organization notifying them of this Final Rule, along with highlighting the portion in the next Contracts.

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]	22	34
Total number of clients with non-missing values on employment/student status [denominator]	148	148
Percent of clients employed or student (full-time and part-time)	14.9 %	23.0 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		172
Number of CY 2020 discharges submitted:		194
Number of CY 2020 discharges linked to an admission:		158
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		148
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		148

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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]	121	159
Total number of clients with non-missing values on employment/student status [denominator]	776	776
Percent of clients employed or student (full-time and part-time)	15.6 %	20.5 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		1,062
Number of CY 2020 discharges submitted:		863
Number of CY 2020 discharges linked to an admission:		788
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		776

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	776
---	-----

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
 [Records received through 5/2/2021]

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]	862	995
Total number of clients with non-missing values on employment/student status [denominator]	1,550	1,550
Percent of clients employed or student (full-time and part-time)	55.6 %	64.2 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		1,396
Number of CY 2020 discharges submitted:		1,727
Number of CY 2020 discharges linked to an admission:		1,605
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,551
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		1,550

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
 [Records received through 5/2/2021]

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]	490	609
Total number of clients with non-missing values on employment/student status [denominator]	1,175	1,175
Percent of clients employed or student (full-time and part-time)	41.7 %	51.8 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		1,076
Number of CY 2020 discharges submitted:		1,308
Number of CY 2020 discharges linked to an admission:		1,248
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,175

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):

1,175

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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Footnotes:

Reviewed by KMAT; no disputes. 10/22/2021

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]	115	123
Total number of clients with non-missing values on living arrangements [denominator]	142	142
Percent of clients in stable living situation	81.0 %	86.6 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		172
Number of CY 2020 discharges submitted:		194
Number of CY 2020 discharges linked to an admission:		158
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		148
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		142

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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]	677	706
Total number of clients with non-missing values on living arrangements [denominator]	762	762
Percent of clients in stable living situation	88.8 %	92.7 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		1,062
Number of CY 2020 discharges submitted:		863
Number of CY 2020 discharges linked to an admission:		788
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		776
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		762

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]	1,476	1,485
Total number of clients with non-missing values on living arrangements [denominator]	1,533	1,533
Percent of clients in stable living situation	96.3 %	96.9 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		1,396
Number of CY 2020 discharges submitted:		1,727
Number of CY 2020 discharges linked to an admission:		1,605
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,551
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		1,533

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]	1,096	1,104
Total number of clients with non-missing values on living arrangements [denominator]	1,158	1,158
Percent of clients in stable living situation	94.6 %	95.3 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		1,076
Number of CY 2020 discharges submitted:		1,308
Number of CY 2020 discharges linked to an admission:		1,248
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,175
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		1,158

Footnotes:

Reviewed by KMAT; no disputes. 10/22/2021

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]	134	133
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	145	145
Percent of clients without arrests	92.4 %	91.7 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		172
Number of CY 2020 discharges submitted:		194
Number of CY 2020 discharges linked to an admission:		158
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		156
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		145

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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]	677	674
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	760	760
Percent of clients without arrests	89.1 %	88.7 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		1,062
Number of CY 2020 discharges submitted:		863
Number of CY 2020 discharges linked to an admission:		788
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		787

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	760
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Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
 [Records received through 5/2/2021]

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]	1,268	1,344
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,413	1,413
Percent of clients without arrests	89.7 %	95.1 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		1,396
Number of CY 2020 discharges submitted:		1,727
Number of CY 2020 discharges linked to an admission:		1,605
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,591
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		1,413

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
 [Records received through 5/2/2021]

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]	976	1,027
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,106	1,106
Percent of clients without arrests	88.2 %	92.9 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		1,076
Number of CY 2020 discharges submitted:		1,308
Number of CY 2020 discharges linked to an admission:		1,248
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,237

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):

1,106

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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Footnotes:

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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]	112	126
All clients with non-missing values on at least one substance/frequency of use [denominator]	156	156
Percent of clients abstinent from alcohol	71.8 %	80.8 %

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]		29
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	44	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		65.9 %

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]		97
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	112	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		86.6 %

Notes (for this level of care):

Number of CY 2020 admissions submitted:	172
Number of CY 2020 discharges submitted:	194
Number of CY 2020 discharges linked to an admission:	158
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	156
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	156

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]	547	617
All clients with non-missing values on at least one substance/frequency of use [denominator]	787	787
Percent of clients abstinent from alcohol	69.5 %	78.4 %

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]		118
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	240	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		49.2 %

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]		499
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	547	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		91.2 %

Notes (for this level of care):

Number of CY 2020 admissions submitted:	1,062
Number of CY 2020 discharges submitted:	863
Number of CY 2020 discharges linked to an admission:	788
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	787
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	787

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]	1,132	1,225
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,591	1,591
Percent of clients abstinent from alcohol	71.2 %	77.0 %

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]		215
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	459	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		46.8 %

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]		1,010
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,132	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		89.2 %

Notes (for this level of care):

Number of CY 2020 admissions submitted:	1,396
Number of CY 2020 discharges submitted:	1,727
Number of CY 2020 discharges linked to an admission:	1,605
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,591
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	1,591

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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]	875	927
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,237	1,237
Percent of clients abstinent from alcohol	70.7 %	74.9 %

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]		162
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	362	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		44.8 %

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]		765
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	875	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		87.4 %

Notes (for this level of care):

Number of CY 2020 admissions submitted:	1,076
Number of CY 2020 discharges submitted:	1,308
Number of CY 2020 discharges linked to an admission:	1,248
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,237
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	1,237

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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Footnotes:

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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]	99	108
All clients with non-missing values on at least one substance/frequency of use [denominator]	156	156
Percent of clients abstinent from drugs	63.5 %	69.2 %

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]		29
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	57	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		50.9 %

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]		79
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	99	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		79.8 %

Notes (for this level of care):

Number of CY 2020 admissions submitted:	172
Number of CY 2020 discharges submitted:	194
Number of CY 2020 discharges linked to an admission:	158
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	156
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	156

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]	491	501
All clients with non-missing values on at least one substance/frequency of use [denominator]	787	787
Percent of clients abstinent from drugs	62.4 %	63.7 %

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]		114
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	296	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		38.5 %

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]		387
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	491	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		78.8 %

Notes (for this level of care):

Number of CY 2020 admissions submitted:	1,062
Number of CY 2020 discharges submitted:	863
Number of CY 2020 discharges linked to an admission:	788
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	787
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	787

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]	1,240	1,150
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,591	1,591
Percent of clients abstinent from drugs	77.9 %	72.3 %

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]		146
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	351	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		41.6 %

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]		1,004
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,240	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		81.0 %

Notes (for this level of care):

Number of CY 2020 admissions submitted:	1,396
Number of CY 2020 discharges submitted:	1,727
Number of CY 2020 discharges linked to an admission:	1,605
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,591
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	1,591

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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]	861	803
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,237	1,237
Percent of clients abstinent from drugs	69.6 %	64.9 %

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]		142
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	376	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		37.8 %

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]		661
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	861	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		76.8 %

Notes (for this level of care):

Number of CY 2020 admissions submitted:	1,076
Number of CY 2020 discharges submitted:	1,308
Number of CY 2020 discharges linked to an admission:	1,248
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,237
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	1,237

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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V: Performance Indicators and Accomplishments

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]	73	112
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	156	156
Percent of clients participating in self-help groups	46.8 %	71.8 %
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]	25.0 %	
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		172
Number of CY 2020 discharges submitted:		194
Number of CY 2020 discharges linked to an admission:		158
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		156
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		156

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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]	263	441
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	787	787
Percent of clients participating in self-help groups	33.4 %	56.0 %
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]	22.6 %	
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		1,062
Number of CY 2020 discharges submitted:		863

Number of CY 2020 discharges linked to an admission:	788
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	787
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	787

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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]	335	483
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	1,591	1,591
Percent of clients participating in self-help groups	21.1 %	30.4 %
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]	9.3 %	

Notes (for this level of care):

Number of CY 2020 admissions submitted:	1,396
Number of CY 2020 discharges submitted:	1,727
Number of CY 2020 discharges linked to an admission:	1,605
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,591
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	1,591

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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]	293	494
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	1,237	1,237
Percent of clients participating in self-help groups	23.7 %	39.9 %
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]	16.2 %	

Notes (for this level of care):

Number of CY 2020 admissions submitted:	1,076
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Number of CY 2020 discharges submitted:	1,308
Number of CY 2020 discharges linked to an admission:	1,248
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,237
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	1,237

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

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V: Performance Indicators and Accomplishments

Table 20 - Retention - Length of Stay (in Days) of Clients Completing Treatment

Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	81	22	58	88
2. Free-Standing Residential	158	59	93	197
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	72	40	78	105
4. Short-term (up to 30 days)	81	18	54	113
5. Long-term (over 30 days)	100	25	66	98
AMBULATORY (OUTPATIENT)				
6. Outpatient	178	66	119	218
7. Intensive Outpatient	172	59	103	240
8. Detoxification	0	0	0	0
OUD MEDICATION ASSISTED TREATMENT				
9. OUD Medication-Assisted Detoxification ¹	0	0	0	0
10. OUD Medication-Assisted Treatment Outpatient ²	413	237	278	667

Level of Care	2020 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	10	10
2. Free-Standing Residential	18	14
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	4	4
4. Short-term (up to 30 days)	194	158

5. Long-term (over 30 days)	863	788
AMBULATORY (OUTPATIENT)		
6. Outpatient	1727	1596
7. Intensive Outpatient	1308	1241
8. Detoxification	0	0
OUD MEDICATION ASSISTED TREATMENT		
9. OUD Medication-Assisted Detoxification ¹	0	0
10. OUD Medication-Assisted Treatment Outpatient ²	0	16

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 5/2/2021]

¹ OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment.

² OUD Medication-Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

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V: Performance Indicators and Accomplishments

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. Approved Substitute Data
1. 30-day Alcohol Use	<p>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.]</p> <p>Outcome Reported: Percent who reported having used alcohol during the past 30 days.</p>		
	Age 12 - 20 - CY 2018 - 2019		
	Age 21+ - CY 2018 - 2019		
2. 30-day Cigarette Use	<p>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.]</p> <p>Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.</p>		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		
3. 30-day Use of Other Tobacco Products	<p>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.]</p> <p>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).</p>		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		
4. 30-day Use of Marijuana	<p>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.]</p> <p>Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.</p>		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		
5. 30-day Use of Illegal Drugs Other Than Marijuana	<p>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]</p> <p>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).</p>		
	Age 12 - 17 - CY 2018 - 2019		

[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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V: Performance Indicators and Accomplishments

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. Approved Substitute Data
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 2018 - 2019		
	Age 21+ - CY 2018 - 2019		
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 2018 - 2019		
	Age 18+ - CY 2018 - 2019		
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 2018 - 2019		
	Age 18+ - CY 2018 - 2019		

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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. Approved Substitute Data
1. Age at First Use of Alcohol	<p>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.]</p> <p>Outcome Reported: Average age at first use of alcohol.</p>		
	Age 12 - 20 - CY 2018 - 2019		
	Age 21+ - CY 2018 - 2019		
2. Age at First Use of Cigarettes	<p>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.]</p> <p>Outcome Reported: Average age at first use of cigarettes.</p>		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		
3. Age at First Use of Tobacco Products Other Than Cigarettes	<p>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.]</p> <p>Outcome Reported: Average age at first use of tobacco products other than cigarettes.</p>		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		
4. Age at First Use of Marijuana or Hashish	<p>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.]</p> <p>Outcome Reported: Average age at first use of marijuana or hashish.</p>		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		
5. Age at First Use Heroin	<p>Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.]</p> <p>Outcome Reported: Average age at first use of heroin.</p>		
	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	<p>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.]</p> <p>Outcome Reported: Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.</p>		

	Age 12 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		

[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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V: Performance Indicators and Accomplishments

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. Approved Substitute Data
1. Disapproval of Cigarettes	<p>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]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2018 - 2019		
2. Perception of Peer Disapproval of Cigarettes	<p>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]"</p> <p>Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.</p>		
	Age 12 - 17 - CY 2018 - 2019		
3. Disapproval of Using Marijuana Experimentally	<p>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]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2018 - 2019		
4. Disapproval of Using Marijuana Regularly	<p>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]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2018 - 2019		
5. Disapproval of Alcohol	<p>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]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 20 - CY 2018 - 2019		

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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. Approved Substitute Data
Perception of Workplace Policy	<p>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]"</p> <p>Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.</p>		
	Age 15 - 17 - CY 2018 - 2019		
	Age 18+ - CY 2018 - 2019		

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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. Approved Substitute Data
Average Daily School Attendance Rate	<p>Source: National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at http://nces.ed.gov/ccd/stfis.asp.</p> <p>Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</p>		
	School Year 2018		

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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. Approved Substitute Data
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 2019	31.0	

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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. Approved Substitute Data
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 2019	2.2	

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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. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	<p>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]"</p> <p>Outcome Reported: Percent reporting having talked with a parent.</p>		
	Age 12 - 17 - CY 2018 - 2019		
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<p>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]"</p> <p>Outcome Reported: Percent of parents reporting that they have talked to their child.</p>		
	Age 18+ - CY 2018 - 2019		

[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. Approved Substitute Data
Exposure to Prevention Messages	<p>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]?"</p> <p>Outcome Reported: Percent reporting having been exposed to prevention message.</p>		
	Age 12 - 17 - CY 2018 - 2019		

[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 31, 32, 33, 34 and 35

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	1/1/2019	12/31/2019
2. Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies, Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2019	12/31/2019
3. Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - Number of Persons Served by Type of Intervention	1/1/2019	12/31/2019
4. Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type of Intervention	1/1/2019	12/31/2019
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	10/1/2018	9/30/2020

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 participants 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	3,279
0-4	0
5-11	227
12-14	157
15-17	234
18-20	35
21-24	133
25-44	924
45-64	656
65 and over	57
Age Not Known	856
B. Gender	3,279
Male	1,055
Female	1,705
Gender Unknown	519
C. Race	3,279
White	2,196
Black or African American	14
Native Hawaiian/Other Pacific Islander	1
Asian	1
American Indian/Alaska Native	14
More Than One Race (not OMB required)	91

Race Not Known or Other (not OMB required)	962
D. Ethnicity	3,279
Hispanic or Latino	290
Not Hispanic or Latino	2,055
Ethnicity Unknown	934

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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	1870679
0-4	78702
5-11	105060
12-14	75607
15-17	81768
18-20	81492
21-24	119609
25-44	522495
45-64	551282
65 and over	228463
Age Not Known	26201
B. Gender	1870679
Male	910497
Female	934017
Gender Unknown	26165
C. Race	1870679
White	1651341
Black or African American	13047
Native Hawaiian/Other Pacific Islander	1069
Asian	8858
American Indian/Alaska Native	48590
More Than One Race (not OMB required)	31429

Race Not Known or Other (not OMB required)	116345
D. Ethnicity	1870679
Hispanic or Latino	122265
Not Hispanic or Latino	1662249
Ethnicity Unknown	86165

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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	3,279	N/A
2. Universal Indirect	N/A	\$1,870,679.00
3. Selective	0	N/A
4. Indicated	0	N/A
5. Total	3,279	\$1,870,679.00
Number of Persons Served¹	3,279	1,870,679

¹Number of Persons Served is populated from Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity and Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies: Number of Persons Served By Age, Gender, Race, and Ethnicity

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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	69	101	170	0	0	170
2. Total number of Programs and Strategies Funded	69	101	170	0	0	170
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 # 69	\$288,290.49
Universal Indirect	Total # 101	\$432,435.74
Selective	Total # 0	\$0.00
Indicated	Total # 0	\$0.00
	Total EBPs: 170	Total Dollars Spent: \$720,726.23
Primary Prevention Total¹	\$820,740.23	

¹Primary Prevention Total is populated from Table 4 - State Agency SABG Expenditure Compliance Report, Row 2 Primary Prevention.

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Prevention Attachments

Submission Uploads

FFY 2022 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2022 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2022 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2022 Prevention Attachment Category D:		
File	Version	Date Added

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