

Wyoming

UNIFORM APPLICATION

FY 2023 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 03/31/2022 - Expires 03/31/2025
(generated on 04/13/2023 11.40.40 AM)

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

A. State Information

State Information

State DUNS Number

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

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

Agency Name Wyoming Department of Health
Organizational Unit Behavioral Health Division
Mailing Address 122 W 25th Street Herschler Bldg 2W, Suite B
City Cheyenne
Zip Code 82002

II. Contact Person for the Grantee of the Block Grant

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Last Name Petry
Agency Name Wyoming Department of Health
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III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2021
To 6/30/2022

IV. Date Submitted

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

Submission Date 11/30/2022 1:04:32 AM
Revision Date 2/6/2023 2:15:20 PM

V. Contact Person Responsible for Report Submission

First Name Megan
Last Name Norfolk
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0930-0168 Approved: 03/31/2022 Expires: 03/31/2025

Footnotes:

B. Implementation Report

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

Priority #: 1
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 FY 18 were 485, goals in FY20 is 456 days, goals for FY22 is 445 days.

Strategies to attain the goal:

Maintain 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 days
First-year target/outcome measurement: 465 days
Second-year target/outcome measurement: 456 days
New Second-year target/outcome measurement(if needed): 577 days

Data Source:

Providers input length of stays in Wyoming Client Information System (WCIS). Through contract, all providers are required to provide data including treatment completion. On review of semi-annual review and annual review of treatment contracts, the Division notes shortfalls. Upon a call or meeting with the provider, the Division works to review other types of discharge statuses to determine if individuals are dropping out of treatment or transferring to other programs.

New Data Source(if needed):

Description of Data:

Providers report numbers of days individual occupies a bed in their facility to WCIS. Currently F19's target was 465 days, FY20's results were 420.75 days. FY22's goal is 445 days, in an anticipation of COVID-19 and mental health redesign impact.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

COVID-19 impacts in the mental health system possible; along with a redesign to the mental health system in Wyoming, increase may be possible with changes, updates, and improvement efforts.

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 cost of housing has increased throughout many towns and cities in Wyoming, and subsequently the number of available low income residences has decreased. While these residential programs are based on clinical need, there is also the quality of life issue (shelter) wherein clients have no available residences to step down into. Affordable housing is a significant issue in Wyoming. Once a person has lost their housing, it is difficult for them to locate a new setting. Generally, providers will not discharge a client from their program unless appropriate and resources are in place. The acuity level of clients in residential programs has also increased in the past several years. More clients are presenting with co-morbid and complex conditions. Wyoming simply doesn't have enough residential beds to step clients down into.

How first year target was achieved (optional):

Priority #: 2
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 use disorder.

Objective:

Increase treatment completion rate for outpatient clients with a primary, secondary, or tertiary methamphetamine use disorder from baseline FY16's 58% to FY 18's 62% to FY20's 63.81% and to FY22's goal of 65%.

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 use disorder.
Baseline Measurement: FY16: 58%
First-year target/outcome measurement: FY19: 68%
Second-year target/outcome measurement: FY22: 65%

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, all providers are required to provide data including treatment completion. On review of semi-annual review and annual review of treatment contracts, the Division notes shortfalls. Upon a call or meeting with the provider, the Division works to review other types of discharge statuses to determine if individuals are dropping out of treatment or transferring to other programs.

New Data Source(if needed):

Description of Data:

Individual's treatment completion status is noted in discharge information through WCIS.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

COVID-19 impacts possible.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 3

Priority Area: 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 client with an opioid use disorder.

Objective:

Increase treatment completion rate for clients with a primary, secondary, or tertiary opioid use disorder from FY16's goal of 55%, Fy18's goal of 58%, FY20's goal of 73% to FY22's goal of 65%.

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 an 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 use disorder.

Baseline Measurement: FY16: 55%

First-year target/outcome measurement: FY20: 67%

Second-year target/outcome measurement: FY22: 69%

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, all providers are required to provide data including treatment completion. On review of semi-annual review and annual review of treatment contracts, the Division notes shortfalls. Upon a call or meeting with the provider, the Division works to review other types of discharge statuses to determine if individuals are dropping out of treatment or transferring to other programs.

New Data Source(if needed):

Description of Data:

Review semi-annual review of treatment contracts, noting shortfalls. Upon a call or meeting with the provider, the Division works to review other types of discharge statuses to determine if individuals are dropping out of treatment or transferring to other programs.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

COVID-19 impacts possible.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 4

Priority Area: Number of SUD residential individuals received treatment, education, and / or information about tuberculosis within a contracted community substance abuse centers (SAC).

Priority Type: SAT

Population(s): TB

Goal of the priority area:

Improve access to tuberculosis treatments throughout the State of Wyoming.

Objective:

Increase individuals' abilities to obtain information and education, along with treatment options, resources, or referrals through SAC in Wyoming.

Strategies to attain the goal:

To gather baseline data for FY22, request SACs to provide current tuberculosis policies and materials given. Request residential facilities for unique information for individuals in treatment who are tuberculosis positive, and method of information, education, and/or treatment within or referred.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase individuals abilities to obtain information and education, along with treatment options, resources, or referrals through Substance Abuse Centers (SAC(s)) in Wyoming.

Baseline Measurement: In progress

First-year target/outcome measurement: Goal is to have 100% of SACs with current, updated, or improved policy on tuberculosis (process, referral, treatment, etc), along with information and educational materials available and provided.

Second-year target/outcome measurement: TBD

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

Data Source:

To gather baseline data for FY22, request SACs to provide current tuberculosis policies and materials given. Request residential facilities

for unique information for individuals in treatment who are tuberculosis positive, and method of information, education, and/or treatment within or referred.

New Data Source(if needed):

Description of Data:

Increase individuals abilities to obtain information and education, along with treatment options, resources, or referrals through substance abuse centers in Wyoming. On review of providers policies and materials, Division will offer technical assistance as needed and requested. Goal is to have 100% of SACs with current, updated, or improved policy on tuberculosis (process, referral, treatment, etc), along with information and educational materials available and provided.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved (if not achieved,explain why)

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

How first year target was achieved (optional):

Priority #:

5

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 15% 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).

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:

17.7% (BRFSS 2019)

First-year target/outcome measurement:

16%

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 2018, the most current data available to use was 2016, even though the survey is conducted on an annual basis.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 6
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).

**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. The March 2020 school closures for COVID-19 mitigation efforts interrupted data collection, resulting in lower response rates and less participation than typical survey years. The 2020 survey results are unweighted, which is why you won't see that data here.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #:	2
Indicator:	Alcohol Compliance Rate - Statewide
Baseline Measurement:	87.4% (2019)
First-year target/outcome measurement:	89%
Second-year target/outcome measurement:	90%

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

Data Source:

Alcohol Sales Compliance Checks Report.

New Data Source(if needed):

Description of Data:

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

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 7

Priority Area: Primary Prevention: Other Drugs

Priority Type: SAP

Population(s): PP, Other (Rural)

Goal of the priority area:

Objective:

Reduce harmful consequences associated with Marijuana, meth, and prescription drugs.

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).

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Youth 30-day youth marijuana use
Baseline Measurement: 10.2% (2018 PNA)
First-year target/outcome measurement: 9.5%
Second-year target/outcome measurement: 9%

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

Data Source:

https://www.pnasurvey.org/

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. The March 2020 school closures for COVID-19 mitigation efforts interrupted data collection, resulting in lower response rates and less participation than typical survey years. The 2020 survey results are unweighted, which is why we have stuck with using 2018 data.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 2
Indicator: Youth 30-day prescription drugs (non-prescribed)
Baseline Measurement: 4.22% (2018-PNA)
First-year target/outcome measurement: 4%
Second-year target/outcome measurement: 3.5%
New Second-year target/outcome measurement(if needed):

Data Source:

PNA-<https://www.pnasurvey.org/>

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. The March 2020 school closures for COVID-19 mitigation efforts interrupted data collection, resulting in lower response rates and less participation than typical survey years. The 2020 survey results are unweighted, which is why we have stuck with using 2018 data.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 3
Indicator: Youth 30-day prescription drugs (non-prescribed)
Baseline Measurement: 3.93% (2017/18-NISDUH)
First-year target/outcome measurement: 3.5%
Second-year target/outcome measurement: 3%
New Second-year target/outcome measurement(if needed):

Data Source:

NISDUH

3.93% of Wyoming adults 18+ reported pain reliever misuse in the past year (2017/18 NSDUH) *state level only

New Data Source(if needed):

Description of Data:

The National Survey on Drug Use and Health (NSDUH) provides up-to-date information on tobacco, alcohol, and drug use, mental health and other health-related issues in the United States.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

There is a lag in receiving data.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 4
Indicator: Individuals 12+ Using Meth in the last year
Baseline Measurement: 0.6% (2017/18-NISDUH)
First-year target/outcome measurement: 0.5%
Second-year target/outcome measurement: 0.5%

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

Data Source:

NISDUH-2015-2018 (Retrieved from WYSAC's published document title "Telling the Story of Stimulant Use in WY")

New Data Source(if needed):

Description of Data:

The National Survey on Drug Use and Health (NSDUH) provides up-to-date information on tobacco, alcohol, and drug use, mental health and other health-related issues in the United States.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

There is a lag in receiving data.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 8
Priority Area: Primary Prevention: Tobacco Use
Priority Type: SAP
Population(s): PP, Other (Rural)

Goal of the priority area:

Reduce harmful consequences associated with tobacco use.

Objective:

To decrease youth and adult tobacco use rates.

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).

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Cigarettes: Past 30 Days Use (MS & HS)
Baseline Measurement: MS: 2.44% (PNA, 2018) & HS: 10.79% (PNA, 2018)
First-year target/outcome measurement: MS: 2.2% & HS: 10.5%
Second-year target/outcome measurement: MS: 2% & HS: 10.25%

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

Data Source:

<https://www.pnasurvey.org/>

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. The March 2020 school closures for COVID-19 mitigation efforts interrupted data collection, resulting in lower response rates and less participation than typical survey years. The 2020 survey results are unweighted, which is why we are using 2018 data.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 2

Indicator: Adult Smoking Prevalence (Cigarettes)

Baseline Measurement: 13% (ATS, 2019)

First-year target/outcome measurement: 12%

Second-year target/outcome measurement: 11%

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

Data Source:

WY Adult Tobacco Survey (2019)

New Data Source(if needed):

Description of Data:

The Wyoming Survey & Analysis Center (WYSAC) at the University of Wyoming called adults across the state (via cell phone and landline) to ask about their use of and attitudes about tobacco products and policies.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 3

Indicator: Adult Smoking Prevalence (E-Cigarettes)

Baseline Measurement: 6% (ATS, 2019)

First-year target/outcome measurement: 5.5%

Second-year target/outcome measurement: 5%

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

Data Source:

WY Adult Tobacco Survey 2019.

New Data Source(if needed):

Description of Data:

The Wyoming Survey & Analysis Center (WYSAC) at the University of Wyoming called adults across the state (via cell phone and landline) to ask about their use of and attitudes about tobacco products and policies.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

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Footnotes:

Priorities 2 thru 8 are SABG related and answered in the SABG Report.

Revision Request: Please document in attachments titled: "WY_MHBG_COVID Mitigation Report Template for Dec. 30 2022.pdf"

**COVID Testing and Mitigation Program Report
for the Community Services Mental Health Block Grant (MHBG)
for Federal Fiscal Year Ending September 30, 2022
Due Date: December 30, 2022**

For the Federal Fiscal Year ending September 30, 2022, please upload a Word or PDF document in Table 1 of the FY23 MHBG Report on the COVID Testing and Mitigation activities and expenditures by answering the following question, due by December 30, 2022.

List the items and activities of expenditures completed from October 1, 2021 thru September 30, 2022 (if no activities were completed, note here with Not Applicable)

COVID Testing and Mitigation Program Report for STATE	
Item/Activity	Amount of Expenditure
Volunteers of America Northern Rockies / Per proposal, expenditures for SA Monthly Quarantine Unit Rent, Internet & Telecommunications, and Personal Protective Equipment (PPE)	\$62,500.00
Southwest Counseling Service / Per proposal, expenditures for single full-time employee to maintain healthy environments.	\$6,485.59
Total	\$68,985.59

C. State Agency Expenditure Reports

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

Reporting Period Start Date: 7/1/2021 Reporting Period End Date: 6/30/2022

Statewide Expenditures for Children's Mental Health Services			
Actual SFY 1994	Actual SFY 2021	Estimated/Actual SFY 2022	Expense Type
\$173,144	\$2,572,290	\$2,505,510	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

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

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

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Footnotes:

The way this expenditure is determined is by taking actual dollar amounts from fiscal and breaking out the funds through the data system BHMS. BHMS takes the actual dollar amounts for outpatient and residential funds and the determined percentage of SED clients served to determine final amount. Outpatient: \$2,505,150 + Residential: \$360.00 = \$2,505,510.00

C. State Agency Expenditure Reports

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

Period (A)	Expenditures (B)	B1 (2020) + B2 (2021) 2 (C)
SFY 2020 (1)	\$23,809,458	
SFY 2021 (2)	\$23,885,035	\$23,847,246
SFY 2022 (3)	\$23,445,835	

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

SFY 2020	Yes	<u>X</u>	No	_____
SFY 2021	Yes	<u>X</u>	No	_____
SFY 2022	Yes	<u>X</u>	No	_____

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

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Footnotes:

Wyoming did not meet MOE. Wyoming would like to request a waiver of material compliance due to the shortfall of \$401,411.07.