

Wyoming

UNIFORM APPLICATION

FY 2023 Substance Abuse Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT  
BLOCK GRANT

OMB - Approved 03/02/2022 - Expires 03/31/2025  
(generated on 04/13/2023 11.40.20 AM)

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

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Organizational Unit Behavioral Health Division

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### III. Expenditure Period

#### State Expenditure Period

From 7/1/2021

To 6/30/2022

#### Block Grant Expenditure Period

From 10/1/2019

To 9/30/2021

### IV. Date Submitted

Submission Date 11/30/2022 3:11:15 AM

Revision Date 3/30/2023 12:42:37 PM

### V. Contact Person Responsible for Report Submission

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UEI ID: JP1QRJYYJG73 (Expiration Date: 12/8/2022)

## II: Annual Update

**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):**

**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:

Please review the MHBG Report.

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):**

Completion average: 74.33%

**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):**

Completion average: 72.87%

**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):**

Requested providers to update policies and procedures and asked to provide appropriate information to clients.

**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):**

Wyoming supported communities in changing norms and ultimately binge drinking behaviors through county level relationships. We allow them to use their data to focus on their specific needs and help with date interpretation, program evaluations and technical assistance.

**Priority #:**

6

**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):**

Wyoming continues to support local communities in information disseminations, prevention summits, partnerships with schools and programs with youth populations to address 30 day youth marijuana use.

**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:**

Wyoming continues to work with counties to improve harm perception around youth 30-day prescription drug use.

**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):**

Wyoming continues to work with counties to improve harm perception around youth 30-day prescription drug use.

**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):**

Wyoming continues to monitor NISDUH Table 11 for this data and continues to work with local community leadership and information dissemination and increasing harm perception among individuals 12+ Using meth in the last year.

**Priority #:** 7

**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**

<b>Indicator #:</b>	1
<b>Indicator:</b>	Youth 30-Day Alcohol Use Rates
<b>Baseline Measurement:</b>	Middle School: 9.4%; High School: 33.7% (PNA 2018)
<b>First-year target/outcome measurement:</b>	Middle School: 8%; High School: 30%
<b>Second-year target/outcome measurement:</b>	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):**

Through contracting at the county level, we enhanced efforts on protective factors, along with evidence-based environmental factors to decrease both target areas.

**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:

Wyoming is 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. Communities are working to review policies around alcohol server training requirements and considering policy changes as well.

### 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):**

Wyoming continues to advocate for increased awareness and evidence-based programs to address Cigarettes: Past 30 Days Use (MS & HS) at the county level by partnering with county leaders to involve youth and adults in tobacco prevention efforts.

**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:**

Although the current smoking prevalence technically increased, 2021 isn't statistically higher than 2019 based on 95% confidence intervals. Additionally, we actually saw decreases in our adult cigarette prevalence rates from the BRFSS in that same time period (18.4% in 2019; 16.4% in 2021). So it is more likely a fragment of survey methodology and small sample size rather than a true increase.

**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:**

We are looking to determine the feasibility of the original targets and need to assess as more data becomes available. Prevention efforts will continue to work in this area, particularly addressing harm perceptions and information dissemination. This has been a topic of conversation among county leaders and is being looked at in depth with logic models across multiple geographies in the state.

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

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

### Footnotes:

Priority 1 is with the MHBG and update will be provided in the MHBG report only.

Priority 2 - 4 are with the Substance Abuse Treatment side

Priority 5 - 8 are with the Substance Abuse Prevention side

Revision Request: Please see attachment labeled "WY\_SABG FY 22 COVID Testing and Mitigation Annual Report Form".



**FY 21 SABG COVID Testing and Mitigation Supplemental Funding:  
FY 22 Annual Report**

**Expenditure Period: October 1, 2021 - September 30, 2022  
Grantee Submission Due Date: Tuesday, January 3, 2023**

**Name of SABG Grantee:** Wyoming Department of Health  
*Name of State, DC, Territory, Associated State, or Tribe*

**Submitted By:** Megan Norfolk, State Planner  
*Name and Title of Individual Submitting SABG Report*

**Date Submitted:** December 30, 2022

**FY 21 SABG Allocation Amount:** \$125,000.00

#	Date of Expenditure	Item/Activity Description	Amount of Expenditure
1	06/15/2022	Southwest Counseling Service / Per proposal, expenditures for Partial salary & time for Nurse Practitioner and Medical Assistant.	\$5,073.08
2	08/01/2022	Southwest Counseling Service/ Per proposal, expenditures for Partial salary & time for Nurse Practitioner.	\$4,905.36
3	09/27/2022	Volunteers of America Northern Rockies / Per proposal, expenditures for SA Monthly Quarantine Unit Rent, Internet & Telecommunications, and Personal Protective Equipment (PPE).	\$47,500.00
<b>Total</b>			<b>\$57,478.44</b>

**Instructions to SABG Grantees:** After completing the table above, grantees are requested to upload this report document through a regular Revision Request created by the CSAT SPO, as an Attachment to [Table 1 Priority Area and Annual Performance Indicators – Progress Report](#), of the 2023 SABG Report Submitted, as a Word or PDF document. Please submit no later than 11:59 pm EST, on Tuesday, January 3, 2023. For the expenditure period of October 1, 2021 through September 30, 2022, please include a complete listing of the expenditure of SABG COVID Testing and Mitigation Supplemental Funding, by expenditure dates, items and activities of expenditure, and amounts of expenditures. If no funds were expended during this period, please complete and upload this report document indicating “Not Applicable”. Please feel free to address any questions or concerns to your CSAT SPO. Thank you.

**Background and Description of Funding:** 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, DC, Territories, Associated States, and the Red Lake Band of Chippewa Indians are required to submit an Annual Report by December 31 of each year, until the funds expire. Grantees must upload a report including activities and expenditures to Table 1 of the FY 23 Substance Abuse Block Grant Report. A Revision Request will be sent to grantees by the CSAT SPO to upload the report.

**12/9/2022: SABG Grantee WebBGAS Revision Request** will be created by the CSAT SPO for the grantee upload of the FY 22 SABG COVID Testing and Mitigation Supplemental Funding Annual Report, for the FY 22 expenditure period of October 1, 2021 through September 30, 2022. Using the FY 22 Annual Report form provided to grantees by the CSAT SPO, grantees are requested to upload an Attachment to **Table 1 Priority Area and Annual Performance Indicators – Progress Report**, 2023 SABG Report Submitted, as a Word or PDF document by 11:59 pm EST, on Tuesday, January 3, 2023. Please provide a complete list of the expenditure dates, items and activities of expenditure, and amounts of expenditures, between October 1, 2021 and September 30, 2022. If no activities were completed, please complete and upload the report document indicating “Not Applicable”.

Excerpts from the August 10, 2021 guidance letter to Single State Authority Directors and State Mental Health Authority Commissioners from Miriam E. Delphin-Rittmon, Ph.D., Assistant Secretary for Mental Health and Substance Use, regarding the use of this funding in as follows:

“People with mental illness and substance use disorder are more likely to have co-morbid physical health issues like diabetes, cardiovascular disease, and obesity. Such chronic illnesses are associated with higher instances of contracting coronavirus disease (COVID-19) as well as higher risk of death or a poor outcome from an episode of COVID-19. To address this concern, the U.S. Department of Health and Human Services (HHS), through the Substance Abuse and Mental Health Services Administration (SAMHSA), will invest \$100 million dollars to expand dedicated testing and mitigation resources for people with mental health and substance use disorders.

As COVID-19 cases rise among unvaccinated people and where the more transmissible Delta virus variant is surging, this funding will expand activities to detect, diagnose, trace, and monitor infections and mitigate the spread of COVID-19 in homeless shelters, treatment and recovery facilities, domestic violence shelters and federal, state and local correctional facilities—some of the most impacted and highest risk communities across the country. These funds will provide resources and flexibility for states to prevent, prepare for, and respond to the COVID-19 public health emergency and ensure the continuity of services to support individuals connected to the behavioral health system.

This one-time funding for awards was 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)). SAMHSA will

supplement the ARP funding for state grantees. The performance period for this funding is September 1, 2021 – September 30, 2025.

Targeted support is necessary for mental health and substance use treatment providers to overcome barriers towards achieving and maintaining high COVID-19 testing rates. From the provider perspective, these barriers include limited financial and personnel resources to support ongoing testing efforts. Providers have limited staff and physical resources and COVID-19 testing activities must be balanced against COVID-19 vaccinations and other health care services. From the consumer perspective, these barriers include hesitancy in accepting vaccines and challenges with health care access. Recipients may allocate reasonable funds for the administrative management of these grants. SAMHSA envisions the maximum support possible for COVID-19 testing and mitigation; toward that goal, recipients are encouraged to expend a minimum of 85 percent of funding for allowable COVID-19 testing and mitigation activities.

The list below includes examples of allowable activities. While this list is not exhaustive, any activity not included on this list must be directly related to COVID-19 testing and mitigation. All recipients are strongly encouraged to work with state or local health departments to coordinate activities. The state must demonstrate that the related expense is directly and reasonably related to the provision of COVID-19 testing or COVID-19 mitigation activities. The related expense must be consistent with relevant clinical and public health guidance. For additional examples, you can visit the CDC Community Mitigation Framework website. Funding may not be used for any activity related to vaccine purchase or distribution.

SAMHSA, through this supplemental funding, allocates \$50 million each for Mental Health Block Grant (MHBG) and Substance Abuse Prevention and Treatment Block grants (SABG) to the states. States have until September 30, 2025, to expend these funds. SAMHSA asks that states consider the following in developing a COVID-19 Mitigation Funding Plan:

- Coordinate and partner with state and local health departments/agencies on how to better align the state/provider mental health and substance use COVID-19 mitigation efforts and activities; develop guidance for partnering with state/local health departments; disseminating sample training curriculums.
- Testing education, establishment of alternate testing sites, test result processing, arranging for the processing of test results, and engaging in other activities within the CDC Community Mitigation Framework to address COVID-19 in rural communities.
- Rapid onsite COVID-19 testing and for facilitating access to testing services. Training and technical assistance on implementing rapid onsite COVID-19 testing and facilitating access to behavioral health services, including the development of onsite testing confidentiality policies; and implementing model program practices.
- Behavioral health services for those in short-term housing for people who are at high risk for COVID-19.
- Testing for staff and consumers in shelters, group homes, residential treatment facilities, day programs, and room and board programs. Purchase of resources for testing-related operating and administrative costs otherwise borne by these housing programs. Hire workers to coordinate resources, develop strategies and support existing community partners to prevent infectious disease transmission in these settings. States may use this funding to procure COVID-19 tests and other mitigation supplies such as handwashing stations, hand sanitizer and masks for people experiencing homelessness and for those living in congregate settings.

- Funds may be used to relieve the burden of financial costs for the administration of tests and the purchasing of supplies necessary for administration such as personal protective equipment (PPE); supporting mobile health units, particularly in medically underserved areas; and expanding local or tribal programs workforce to implement COVID-response services for those connected to the behavioral health system.
- Utilize networks and partners to promote awareness of the availability of funds, assist providers/programs with accessing funding, and assist with operationalizing the intent of said funding to ensure resources to mitigate the COVID-19 health impacts and reach the most underserved, under-resourced, and marginalized communities in need.
- Expanding local or tribal programs workforce to implement COVID-response services for those connected to the behavioral health system.
- Provide subawards to eligible entities for programs within the state that are designed to reduce the impact of substance abuse and mental illness; funding could be used for operating and administrative expenses of the facilities to provide onsite testing and mobile health services; and may be used to provide prevention services to prevent the spread of COVID-19.
- Develop and implement strategies to address consumer hesitancy around testing. Ensure access for specific community populations to address long-standing systemic health and social inequities that have put some consumers at increased risk of getting COVID-19 or having severe illness.
- Installing temporary structures, leasing of properties, and retrofitting facilities as necessary to support COVID-19 testing and COVID-19 mitigation.
- Education, rehabilitation, prevention, treatment, and support services for symptoms occurring after recovery from acute COVID-19 infection, including, but not limited to, support for activities of daily living.
- Other activities to support COVID-19 testing including planning for implementation of a COVID-19 testing program, hiring staff, procuring supplies to provide testing, training providers and staff on COVID-19 testing procedures, and reporting data to HHS on COVID-19 testing activities.
- Promote behaviors that prevent the spread of COVID-19 and other infectious diseases (healthy hygiene practices, stay at home when sick, practice physical distancing to lower the risk of disease spread, cloth face coverings, getting vaccinated).
- Maintain healthy environments (clean and disinfect, ensure ventilation systems operate properly, install physical barriers and guides to support social distancing if appropriate).
- Behavioral health services to staff working as contact tracers and other members of the COVID-related workforce. Maintain health operations for staff, including building measures to cope with employee stress and burnout.
- Investigate COVID-19 cases; the process of working with a consumer who has been diagnosed with COVID-19 and includes, but is not limited to:
  - Discuss test result or diagnosis with consumers;
  - Assess patient symptom history and health status;
  - Provide instructions and support for self-isolation and symptom monitoring; and

- Identify people (contacts) who may have been exposed to COVID-19.
- Conduct contact tracing: the process of notifying people (contacts) of their potential exposure to SARS-CoV-2, the virus that causes COVID-19 and includes, but is not limited to:
  - Provide information about the virus;
  - Discuss their symptom history and other relevant health information; and
  - Provide instructions for self-quarantine and monitoring for symptoms.

The following are ineligible costs for the purposes of this funding:

- Costs already paid for by other federal or state programs, other federal or state COVID-19 funds, or prior COVID-19 supplemental funding.
- Any activity related to purchasing, disseminating, or administering COVID-19 vaccines.
- Construction projects.
- Support of lobbying/advocacy efforts.
- Facility or land purchases.
- COVID-19 mitigation activities conducted prior to 9/1/2021.
- Financial assistance to an entity other than a public or nonprofit private entity.

### III: Expenditure Reports

Table 2a - State Agency Expenditure Report

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

Activity (See instructions for entering expenses in Row 1)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	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 <sup>1</sup>	I. ARP <sup>2</sup>
1. Substance Abuse Prevention (Other than Primary Prevention) and Treatment <sup>3</sup>	\$2,331,817.35		\$0.00	\$0.00	\$19,773,466.84	\$0.00	\$0.00	\$26,194.23	\$0.00
a. Pregnant Women and Women with Dependent Children	\$1,135,508.06		\$0.00	\$0.00	\$8,888,985.52	\$0.00	\$0.00	\$0.00	\$0.00
b. All Other	\$1,196,309.29		\$0.00	\$0.00	\$10,884,481.32	\$0.00	\$0.00	\$26,194.23	\$0.00
2. Substance Use Disorder Primary Prevention	\$1,101,951.79		\$0.00	\$0.00	\$1,201,479.97	\$0.00	\$0.00	\$116,194.02	\$0.00
3. Tuberculosis Services	\$10,466.97		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) <sup>4</sup>	\$0.00		\$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)	\$238,743.70		\$0.00	\$0.00	\$193,934.25	\$0.00	\$0.00	\$5,940.85	\$2,203.59
<b>11. Total</b>	<b>\$3,682,979.81</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$21,168,881.06</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$148,329.10</b>	<b>\$2,203.59</b>

<sup>1</sup> The 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 planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

<sup>2</sup> The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SABG. Per the instructions, the planning period for the standard MHBG/SABG expenditures is July 1, 2021 - June 30, 2023.

<sup>3</sup> Prevention other than primary prevention

<sup>4</sup> Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered designated states during any of the three prior federal fiscal years for which a state was applying for a grant. See EIS/HIV policy change in SABG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

☒ Actual ☐ Estimated

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#### Footnotes:

This table is not related to the other expenditure tables in the SABG Report. (The interrelated are Tables 4, 5a, 5b, 6, and 7.)  
Administrative includes SABG TA Funds.

### III: Expenditure Reports

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

Expenditure Period Start Date 10/1/2021      Expenditure Period End Date 9/30/2022

Service	COVID-19 Expenditures
<b>Healthcare Home/Physical Health</b>	<b>\$0</b>
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	
<b>Prevention (Including Promotion)</b>	<b>\$7,400</b>
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)	\$7,400
Primary Substance Use Disorder Prevention (Education)	
Primary Substance Use Disorder Prevention (Alternatives)	
Employee Assistance Programs (Problem Identification and Referral)	
Primary Substance Use Disorder Prevention (Community-Based Processes)	

Primary Substance Use Disorder Prevention (Environmental)	
<b>Intervention Services</b>	<b>\$0</b>
Fentanyl Strips	
Syringe Services Program	
Naloxone	
Overdose Kits/Dissemination of Overdose Kits	
<b>Engagement Services</b>	<b>\$0</b>
Assessment	
Specialized Evaluations (Psychological and Neurological)	
Services Planning (including crisis planning)	
Consumer/Family Education	
Outreach (including hiring of outreach workers)	
<b>Outpatient Services</b>	<b>\$5,000</b>
Evidence-based Therapies	
Group Therapy	\$5,000
Family Therapy	
Multi-family Therapy	
Consultation to Caregivers	
<b>Medication Services</b>	<b>\$0</b>
Medication Management	
Pharmacotherapy (including MAT)	
Laboratory Services	
<b>Community Support (Rehabilitative)</b>	<b>\$13,794</b>
Parent/Caregiver Support	
Case Management	
Behavior Management	



Supported Employment	
Permanent Supported Housing	
Recovery Housing	\$13,794
<b>Recovery Supports</b>	<b>\$0</b>
Peer Support	
Recovery Support Coaching	
Recovery Support Center Services	
Supports For Self-Directed Care	
<b>Supports (Habilitative)</b>	<b>\$0</b>
Personal Care	
Respite	
Supported Education	
<b>Acute Intensive Services</b>	<b>\$0</b>
Mobile Crisis	
Peer-based Crisis Services	
Urgent Care	
23-hour Observation Bed	
Medically Monitored Intensive Inpatient for SUD	
24/7 Crisis Hotline	
<b>Other</b>	<b>\$5,941</b>
Smartphone Apps	
Personal Protective Equipment	
Virtual/Telehealth/Telemedicine Services	\$5,941
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)	
<b>Total</b>	<b>\$32,135</b>

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.

From the currently submitted expenditures above in no particular order:  
Virtual / Telehealth / Telemedicine Services  
Recovery Housing  
Group Therapy (Outpatient)  
Media Campaign

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**Footnotes:**

CST Program funds are located under Outpatient - Group Therapies (\$5,000.00).  
Prevention dollars will not be documenting dollars in this table, as not required.

### III: Expenditure Reports

**Table 3a SABG - Syringe Services Program**

Expenditure Start Date: 07/01/2021 Expenditure End Date: 06/30/2022

Syringe Services Program SSP Agency Name	Main Address of SSP	Dollar Amount of SABG Funds Expended for SSP	Dollar Amount of COVID-19 <sup>1</sup> Funds Expended for SSP	Dollar Amount of ARP <sup>2</sup> Funds Expended for SSP	SUD Treatment Provider (Yes or No)	# Of locations (Include any mobile locations)	Narcan Provider (Yes or No)	Fentanyl Strips (Yes or No)
No Data Available								

<sup>1</sup> The 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

<sup>2</sup> The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SABG. Per the instructions, the planning period for standard MHBG/SABG expenditures is July 1, 2021 – June 30, 2023.

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**Footnotes:**

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

### III: Expenditure Reports

Table 3b SABG - Syringe Services Program

Expenditure Start Date: Expenditure End Date:

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

**Footnotes:**

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

### 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: 10/1/2019      Expenditure Period End Date: 9/30/2021

Expenditure Category	FY 2020 SA Block Grant Award
1. Substance Abuse Prevention <sup>1</sup> and Treatment	\$3,114,756.47
2. Primary Prevention	\$839,557.00
3. HIV Early Intervention Services <sup>2</sup>	\$6,957.85
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)	\$0.00
5. Administration (excluding program/provider level)	\$193,934.25
<b>Total</b>	<b>\$4,155,205.57</b>

<sup>1</sup>Prevention other than Primary Prevention

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

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**Footnotes:**

Revision Request 03/29/2023: Updated Row 5 to only admin, not to include TA.

Technical Assistance funds from document number 20B1WYSAPT - total of TA funds spent: \$351,346.26.

Administrative dollars of original grant: \$193,934.25

### III: Expenditure Reports

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

The state or jurisdiction must complete SABG Table 5a. 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 plans to use strategies not covered by these six categories or the state is unable to calculate expenditures by strategy, please report them under "Other" in Table 5a.

Expenditure Period Start Date:  Expenditure Period End Date:

Strategy	IOM Target	SA Block Grant Award	Other Federal	State	Local	Other
Information Dissemination	Selective	\$24,786.25				
Information Dissemination	Indicated	\$1,511.69				
Information Dissemination	Universal	\$167,911.40				
Information Dissemination	Unspecified					
<b>Information Dissemination</b>	<b>Total</b>	<b>\$194,209.34</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Education	Selective	\$24,786.25				
Education	Indicated	\$1,511.69				
Education	Universal	\$167,911.40				
Education	Unspecified					
<b>Education</b>	<b>Total</b>	<b>\$194,209.34</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Alternatives	Selective	\$24,786.25				
Alternatives	Indicated	\$1,511.69				
Alternatives	Universal	\$167,911.40				
Alternatives	Unspecified					
<b>Alternatives</b>	<b>Total</b>	<b>\$194,209.34</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Problem Identification and Referral	Selective	\$24,786.25				
Problem Identification and Referral	Indicated	\$1,511.69				
Problem Identification and Referral	Universal	\$167,911.40				
Problem Identification and Referral	Unspecified					
<b>Problem Identification and Referral</b>	<b>Total</b>	<b>\$194,209.34</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Community-Based Process	Selective	\$24,786.25				
Community-Based Process	Indicated	\$1,511.69				
Community-Based Process	Universal	\$167,911.40				
Community-Based Process	Unspecified					
<b>Community-Based Process</b>	<b>Total</b>	<b>\$194,209.34</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Environmental	Selective	\$24,786.25				
Environmental	Indicated	\$1,511.69				
Environmental	Universal	\$167,911.40				
Environmental	Unspecified					
<b>Environmental</b>	<b>Total</b>	<b>\$194,209.34</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Section 1926 (Synar)-Tobacco	Selective					
Section 1926 (Synar)-Tobacco	Indicated					
Section 1926 (Synar)-Tobacco	Universal			\$80,000.00		
Section 1926 (Synar)-Tobacco	Unspecified					
<b>Section 1926 (Synar)-Tobacco</b>	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$80,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Other	Selective					
Other	Indicated					
Other	Universal					
Other	Unspecified					
<b>Other</b>	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Grand Total</b>	<b>\$1,165,256.04</b>		<b>\$80,000.00</b>		

Section 1926 (Synar)-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 Targeted Priorities (Required)**

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 2020 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: 10/1/2019      Expenditure Period End Date: 9/30/2021

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

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**Footnotes:**

### III: Expenditure Reports

**Table 6 - Non Direct Services/System Development**

Expenditure Period Start Date: 10/1/2019      Expenditure Period End Date: 9/30/2021

Activity	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated <sup>1</sup>
1. Information Systems	\$0.00	\$0.00	\$0.00
2. Infrastructure Support	\$193,934.25	\$0.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$351,346.26	\$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	\$80,000.00	\$0.00
7. Training and Education	\$0.00	\$0.00	\$0.00
<b>8. Total</b>	<b>\$545,280.51</b>	<b>\$80,000.00</b>	<b>\$0.00</b>

<sup>1</sup>SABG 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:**

Included in the SABG Treatment is SABG TA Funds.

Revision Request 3/29/2023: TA remains in A. SABG Treatment, 3. Partnerships, community outreach, and needs assessment. \$351,346.26.


Tables 4, 5a, 5b, 6 and 7 are interrelated. Table 4 accounts for expenditure of the FFY 2020 SABG award. The total should reflect the amount of the FFY 2020 SABG expended through September 30, 2021. Tables 5a and 5b break down the primary prevention expenditures reported in Table 4. Tables 6 and 7 look at a breakdown of the expenditures reflected in Table 4.

### 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 system development/non-direct service expenditures.

Expenditure Period Start Date: 10/1/2019 Expenditure Period End Date: 9/30/2021

										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 AVENUE	LARAMIE	WY	82070	\$36,873.54	\$0.00	\$0.00	\$36,873.54	\$0.00	\$0.00
	WY900533	WY900533		Frontier	Big Horn Basin Counseling Services	1114 Lane 12	Lovell	WY	82431 -9555	\$13,328.29	\$13,328.29	\$0.00	\$0.00	\$0.00	\$0.00
	VC*86582	X		Frontier	BIG HORN COUNTY	PO BOX 31	BASIN	WY	82410	\$25,606.10	\$0.00	\$0.00	\$25,606.10	\$0.00	\$0.00
	VC*86598	X		Frontier	CAMOBELL COUNTY	PO BOX 3010	GILLETTE	WY	82717	\$47,123.48	\$0.00	\$0.00	\$47,123.48	\$0.00	\$0.00
	WY100068	WY100068		Frontier	Campbell County Health	P.O. Box 3011	Gillette	WY	82717	\$18,155.33	\$18,155.33	\$0.00	\$0.00	\$0.00	\$0.00
	VC*86616	X		Frontier	CARBON COUNTY	PO BOX 6	RAWLINS	WY	82301	\$58,988.01	\$0.00	\$0.00	\$58,988.01	\$0.00	\$0.00
	WY900515	WY900517		Rural	Central Wyoming Counseling Center	1430 Wilkins Circle	Casper	WY	82601	\$972,265.92	\$972,265.92	\$0.00	\$0.00	\$0.00	\$0.00
	WY301286	WY301286		Rural	Cheyenne Community Drug Abuse	P.O. Box 1604	Cheyenne	WY	82003 -1604	\$26,549.29	\$26,549.29	\$0.00	\$0.00	\$0.00	\$0.00
	WY050040	WY900541		Frontier	Cloud Peak Counseling Center	401 South 23rd Street	Worland	WY	82401 -3308	\$14,877.29	\$14,877.29	\$0.00	\$0.00	\$0.00	\$0.00
	VC*86628	X		Frontier	CONVERSE COUNTY	107 NORTH 5TH	DOUGLAS	WY	82633	\$25,724.63	\$0.00	\$0.00	\$25,724.63	\$0.00	\$0.00
	VC*86644	X		Frontier	CROOK COUNTY	PO BOX 37	SUNDANCE	WY	82729	\$22,581.53	\$0.00	\$0.00	\$22,581.53	\$0.00	\$0.00
	WY301245	WY301245		Frontier	Curran Seeley Foundation	P.O. Box 11390	Jackson	WY	83002	\$38,093.15	\$38,093.15	\$0.00	\$0.00	\$0.00	\$0.00
	WY100516	WY100516		Frontier	Eastern Shoshone Recovery Program	P.O. Box 638	Fort Washakie	WY	82514	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	WY900442	WY900442		Frontier	Fremont Counseling Service	748 Main Street	Lander	WY	82520	\$29,608.82	\$29,608.82	\$0.00	\$0.00	\$0.00	\$0.00
	VC*86655	X		Frontier	FREMONT COUNTY	450 N 2ND	LANDER	WY	82520	\$59,174.76	\$0.00	\$0.00	\$59,174.76	\$0.00	\$0.00
	VC*86681	X		Frontier	GOSHEN COUNTY	PO BOX 160	TORRINGTON	WY	82240	\$16,306.34	\$0.00	\$0.00	\$16,306.34	\$0.00	\$0.00
	WY900053	WY900053		Frontier	High Country Behavioral Health	P.O. Box 1056	Rawlins	WY	82301	\$1,328.37	\$1,328.37	\$0.00	\$0.00	\$0.00	\$0.00
	WY100618	WY100618		Frontier	High Country Behavioral Health	P.O. Box 376	Afton	WY	83110	\$55,754.43	\$55,754.43	\$0.00	\$0.00	\$0.00	\$0.00
	VC*86700	X		Frontier	HOT SPRINGS COUNTY	415 ARAPAHOE	THERMOPOLIS	WY	82443	\$18,588.99	\$0.00	\$0.00	\$18,588.99	\$0.00	\$0.00
	VC*86715	X		Frontier	JOHNSON COUNTY	76 NORTH MAIN	BUFFALO	WY	82834	\$26,224.19	\$0.00	\$0.00	\$26,224.19	\$0.00	\$0.00
	VC*86730	X		Frontier	LARAMIE COUNTY	PO BOX 608	CHEYENNE	WY	82003	\$98,939.85	\$0.00	\$0.00	\$98,939.85	\$0.00	\$0.00
	VC*86749	X		Frontier	LINCOLN COUNTY	925 SAGE AVENUE	KEMMERER	WY	83101	\$36,719.79	\$0.00	\$0.00	\$36,719.79	\$0.00	\$0.00
	VC*81260	X		Frontier	NATRONA COUNTY	200 NORTH CENTER	CASPER	WY	82601	\$29,644.41	\$0.00	\$0.00	\$29,644.41	\$0.00	\$0.00

	VC*86787	X	✗	Frontier	NIOBRARA COUNTY	PO BOX 420	LUSK	WY	82225	\$10,241.71	\$0.00	\$0.00	\$10,241.71	\$0.00	\$0.00
	WY800115	WY900145	✓	Frontier	Northern Wyoming Mental Health Center	521 West Lott Street	Buffalo	WY	82834	\$60,152.05	\$60,152.05	\$0.00	\$0.00	\$0.00	\$0.00
	VC*86825	X	✗	Frontier	PARK COUNTY	1002 SHERIDAN	CODY	WY	82414	\$25,472.66	\$0.00	\$0.00	\$25,472.66	\$0.00	\$0.00
	WY102011	WY102011	✓	Rural	Peak Wellness Center	2310 East 8th Street	Cheyenne	WY	82001	\$242,642.23	\$242,642.23	\$0.00	\$0.00	\$0.00	\$0.00
	WY142277	X	✗	Rural	Recover Wyoming	122 West Lincolnway	Cheyenne	WY	82001	\$21,000.00	\$21,000.00	\$0.00	\$0.00	\$0.00	\$0.00
	VC*86860	X	✗	Frontier	SHERIDAN COUNTY	224 SOUTH MAIN	SHERIDAN	WY	82801	\$41,154.31	\$0.00	\$0.00	\$41,154.31	\$0.00	\$0.00
	WY100092	WY100092	✓	Frontier	Solutions for Life	1841 Madora Avenue	Douglas	WY	82633	\$13,214.68	\$13,214.68	\$0.00	\$0.00	\$0.00	\$0.00
	WY100014	WY100014	✓	Frontier	Southwest Counseling Service	2300 Foothill Boulevard	Rock Springs	WY	82901	\$699,898.90	\$699,898.90	\$0.00	\$0.00	\$0.00	\$0.00
	VC*79326	X	✗	Frontier	SUBLETTE COUNTY	PO BOX 250	PINEDALE	WY	82941	\$24,562.46	\$0.00	\$0.00	\$24,562.46	\$0.00	\$0.00
	VC*86876	X	✗	Frontier	SWEETWATER COUNTY	80 W FLAMING GORGE	GREE RIVER	WY	82935	\$46,727.56	\$0.00	\$0.00	\$46,727.56	\$0.00	\$0.00
	VC*86897	X	✗	Frontier	TETON COUNTY	PO BOX 1727	JACKSON HOLE	WY	83001	\$26,523.02	\$0.00	\$0.00	\$26,523.02	\$0.00	\$0.00
	VC*86911	X	✗	Frontier	UINTA COUNTY	PO BOX 810	EVANSTON	WY	82930	\$47,254.43	\$0.00	\$0.00	\$47,254.43	\$0.00	\$0.00
	WY100021	WY100021	✗	Rural	Volunteers of America	1876 South Sheridan Avenue	Sheridan	WY	82801	\$774,922.92	\$774,922.92	\$0.00	\$0.00	\$0.00	\$0.00
	VC*86935	X	✗	Frontier	WASHAKIE COUNTY	1001 BIG HORN AVENUE	WORLAND	WY	82401	\$21,829.52	\$0.00	\$0.00	\$21,829.52	\$0.00	\$0.00
	ABI718039274	WY100509	✓	Frontier	West Park Behavioral Health	Cedar Mountain Center 707 Sheridan Avenue	Cody	WY	82414	\$132,964.80	\$132,964.80	\$0.00	\$0.00	\$0.00	\$0.00
	VC*86953	X	✗	Frontier	WESTON COUNTY	1 W MAIN	NEWCASTLE	WY	82701	\$13,325.55	\$0.00	\$0.00	\$13,325.55	\$0.00	\$0.00
	WY100247	WY100247	✓	Frontier	Youth Emergency Services Inc	905 North Gurley Avenue	Gillette	WY	82716	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total										\$3,874,343.31	\$3,114,756.47	\$0.00	\$759,586.84	\$0.00	\$0.00

\* Indicates the imported record has an error.

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**Footnotes:**

Hot Springs was absorbed by High Country  
Carbon County was absorbed by High Country (WY900053 was Carbon County, now High Country Rawlin's location)  
Peak Wellness was absorbed by Volunteers of America.  
Northern Wyoming Mental Health Center was absorbed by Volunteers of America.  
Pathfinder aka Cheyenne Community Drug Abuse Treatment Counseling Inc. is no longer a provider.  
Recover Wyoming does not have an I-BHS ID number.  
Volunteers of America's address override was to match the contract physical address.

### 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: 07/01/2021 Expenditure Period End Date: 06/30/2022

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2020) + B2(2021)</u> 2 (C)
SFY 2020 (1)	\$23,516,514.00	
SFY 2021 (2)	\$24,206,803.90	\$23,861,658.95
SFY 2022 (3)	\$24,917,330.93	

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	_____

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 State General Funds are reviewed by the Governor and determined recommendations go to the Legislature to approve budget appropriations for each Department. The dollar amounts approved are earmarked and will go into the appropriate funding streams.

The Wyoming Department of Health, Behavioral Health Division, Mental Health and Substance Abuse section labels the State General Fund programs with MOE (1st year of biennium) and MOX (2nd yr). 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

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:**

Wyoming met the SABG MOE.

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 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: 07/01/2021 Expenditure Period End Date: 06/30/2022

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 2020		\$ 1,508,887.29	
SFY 2021		\$ 1,903,516.55	
SFY 2022		\$ 1,493,999.34	<input type="radio"/> Actual <input checked="" type="radio"/> Estimated
Enter the amount the State plans to expend in SFY 2023 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)): \$ 1505823.73			

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). Utilizing the Women Served Draw Down report in the Wyoming Behavioral Health Management System (BHMS) data system, and pulling the expenditures from last report, the total for SFY2022 is \$1,795,183.45. To determine the amount expected to expend in SFY23 for services for pregnant women and women with dependent children, using the percentage of SFY2022 divided by the overall contracted amounts in budget

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Footnotes:



## IV: Population and Services Reports

**Table 9 - Prevention Strategy Report**

Expenditure Period Start Date: 10/1/2019      Expenditure Period End Date: 9/30/2021

Column A (Risks)	Column B (Strategies)	Column C (Providers)
No Risk Assigned	1. Information Dissemination	
	3. Media campaigns	
	4. Brochures	
	5. Radio and TV public service announcements	
	6. Speaking engagements	
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	
	2. Education	
	1. Parenting and family management	
	2. Ongoing classroom and/or small group sessions	
	3. Peer leader/helper programs	
	4. Education programs for youth groups	
	5. Mentors	
	3. Alternatives	
	1. Drug free dances and parties	
	2. Youth/adult leadership activities	
	6. Recreation activities	
	4. Problem Identification and Referral	
	3. Driving while under the influence/driving while intoxicated education programs	
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	
	2. Systematic planning	
	3. Multi-agency coordination and collaboration/coalition	
	4. Community team-building	
	5. Accessing services and funding	
	6. Environmental	

	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	

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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: 7/1/2021 Expenditure Period End Date: 6/30/2022

Level of Care	SABG Number of Admissions ≥ Number of Persons Served		COVID-19 Number of Admissions ≥ Number of Persons Served		SABG Costs per Person			COVID-19 Costs per Person <sup>1</sup>			ARP Costs per Person <sup>2</sup>		
	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)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
<b>DETOXIFICATION (24-HOUR CARE)</b>													
1. Hospital Inpatient	285	270											
2. Free-Standing Residential													
<b>REHABILITATION/RESIDENTIAL</b>													
3. Hospital Inpatient													
4. Short-term (up to 30 days)			25	25									
5. Long-term (over 30 days)	976	839											
<b>AMBULATORY (OUTPATIENT)</b>													
6. Outpatient	3,342	3,095											
7. Intensive Outpatient													
8. Detoxification													
<b>OUD MEDICATION ASSISTED TREATMENT</b>													
9. OUD Medication-Assisted Detoxification <sup>3</sup>													
10. OUD Medication-Assisted Treatment Outpatient <sup>4</sup>	26	25											

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)

The Mental Health and Substance Use Treatment Services strive in providing outpatient and regional mental health and substance use treatment services and supports, including court-supervised treatment programs, that are accessible, affordable, and provided in the least restrictive and most appropriate environment. Some individuals may have declined further treatment once admitted or stopped showing for treatment for any given reason or the individual left prior to services completed in a hospital setting (getting up and leaving the ER).

<sup>1</sup>The 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 planned expenditure period of July 1, 2021 – June 30, 2023, for most states.

<sup>2</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SABG. Per the instructions, the planning period for standard MHBG/SABG expenditures is July 1, 2021 – June 30, 2023.

<sup>3</sup>OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment.

<sup>4</sup>OUD Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

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### Footnotes:

## 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: 7/1/2021 Expenditure Period End Date: 6/30/2022

**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	156	90	31	0	1	1	1	0	1	8	1	4	0	12	6	85	26	26	10
2. 18 - 24	501	244	145	6	5	4	0	1	1	16	19	12	10	30	8	241	146	56	34
3. 25 - 44	2,251	1,118	666	39	11	3	6	2	2	102	83	35	26	129	29	1,130	679	209	116
4. 45 - 64	753	441	206	9	1	1	1	2	0	23	10	8	6	38	7	427	203	58	16
5. 65 and Over	93	66	17	1	0	0	0	0	1	0	0	2	2	4	0	64	17	6	2
<b>6. Total</b>	<b>3,754</b>	<b>1,959</b>	<b>1,065</b>	<b>55</b>	<b>18</b>	<b>9</b>	<b>8</b>	<b>5</b>	<b>5</b>	<b>149</b>	<b>113</b>	<b>61</b>	<b>44</b>	<b>213</b>	<b>50</b>	<b>1,947</b>	<b>1,071</b>	<b>355</b>	<b>178</b>
7. Pregnant Women	47		36		1		0		0		7		1		2		31		8
Number of persons served who were admitted in a period prior to the 12 month reporting period		1,210																	
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	2	2	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
3. 25 - 44	18	6	6	0	0	0	0	0	0	2	0	0	0	1	3	8	7	1	1
4. 45 - 64	3	2	0	1	0	0	0	0	0	0	0	0	0	0	0	3	0	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
<b>6. Total</b>	<b>25</b>	<b>10</b>	<b>8</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>12</b>	<b>8</b>	<b>1</b>	<b>1</b>
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	Gender Identity (GI): "Do you think of yourself as:"						Sexual Orientation (SO): "Do you think of yourself as:"				
	Cisgender Male	Cisgender Female	Transgender Man/Trans Man/Female-To-Male	Transgender Woman/Trans Woman/Male-To-Female	Genderqueer/Gender Non-Conforming/Neither Exclusively Male Nor Female	Additional Gender Category (or Other)	Straight or Heterosexual	Lesbian or Gay	Bisexual	Queer, Pansexual, and/or Questioning	Something Else; Please Specify:
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 – SABG Unduplicated Count of Person Served for Alcohol and Other Drug Use by Sex, Gender Identity, and Sexual Orientation (Requested), is not collected in the Wyoming BHMS.

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: 7/1/2021      Expenditure Period End Date: 6/30/2022

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 HIV Designated State.

## IV: Population and Services Reports

### Table 13 - Charitable Choice

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

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

#### 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.

No requests for technical assistance at this time.

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#### Footnotes:

## V: Performance Data and Outcomes

**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]	24	33
Total number of clients with non-missing values on employment/student status [denominator]	144	144
Percent of clients employed or student (full-time and part-time)	16.7 %	22.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		148
Number of CY 2021 discharges submitted:		151
Number of CY 2021 discharges linked to an admission:		146
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		144
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		144

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

### 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]	184	227
Total number of clients with non-missing values on employment/student status [denominator]	943	943
Percent of clients employed or student (full-time and part-time)	19.5 %	24.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,235
Number of CY 2021 discharges submitted:		1,054
Number of CY 2021 discharges linked to an admission:		974
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		943



Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	943
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Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

## 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]	786	896
Total number of clients with non-missing values on employment/student status [denominator]	1,385	1,385
Percent of clients employed or student (full-time and part-time)	56.8 %	64.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,403
Number of CY 2021 discharges submitted:		1,661
Number of CY 2021 discharges linked to an admission:		1,455
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,385
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		1,385

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

## 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]	446	517
Total number of clients with non-missing values on employment/student status [denominator]	1,022	1,022
Percent of clients employed or student (full-time and part-time)	43.6 %	50.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,138
Number of CY 2021 discharges submitted:		1,221
Number of CY 2021 discharges linked to an admission:		1,092
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,022

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	1,022
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Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
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**Footnotes:**

## V: Performance Data and Outcomes

**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]	123	112
Total number of clients with non-missing values on living arrangements [denominator]	134	134
Percent of clients in stable living situation	91.8 %	83.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		148
Number of CY 2021 discharges submitted:		151
Number of CY 2021 discharges linked to an admission:		146
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		144
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		134

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

### 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]	739	786
Total number of clients with non-missing values on living arrangements [denominator]	919	919
Percent of clients in stable living situation	80.4 %	85.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,235
Number of CY 2021 discharges submitted:		1,054
Number of CY 2021 discharges linked to an admission:		974
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		943
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		919

## 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]	1,322	1,327
Total number of clients with non-missing values on living arrangements [denominator]	1,369	1,369
Percent of clients in stable living situation	96.6 %	96.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,403
Number of CY 2021 discharges submitted:		1,661
Number of CY 2021 discharges linked to an admission:		1,455
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,385
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		1,369

## 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]	940	951
Total number of clients with non-missing values on living arrangements [denominator]	1,002	1,002
Percent of clients in stable living situation	93.8 %	94.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,138
Number of CY 2021 discharges submitted:		1,221
Number of CY 2021 discharges linked to an admission:		1,092
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,022
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		1,002

**Footnotes:**

## V: Performance Data and Outcomes

**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]	119	119
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	129	129
Percent of clients without arrests	92.2 %	92.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		148
Number of CY 2021 discharges submitted:		151
Number of CY 2021 discharges linked to an admission:		146
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		146
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		129

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

### 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]	794	842
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	916	916
Percent of clients without arrests	86.7 %	91.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,235
Number of CY 2021 discharges submitted:		1,054
Number of CY 2021 discharges linked to an admission:		974
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		967

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	916
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Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

## 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]	1,192	1,214
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,302	1,302
Percent of clients without arrests	91.6 %	93.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,403
Number of CY 2021 discharges submitted:		1,661
Number of CY 2021 discharges linked to an admission:		1,455
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,441
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		1,302

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

## 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]	831	858
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	958	958
Percent of clients without arrests	86.7 %	89.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2021 admissions submitted:		1,138
Number of CY 2021 discharges submitted:		1,221
Number of CY 2021 discharges linked to an admission:		1,092
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,078

Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	958
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Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

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Footnotes:



## V: Performance Data and Outcomes

**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]	88	103
All clients with non-missing values on at least one substance/frequency of use [denominator]	146	146
Percent of clients abstinent from alcohol	60.3 %	70.5 %

#### 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]	58	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		50.0 %

#### 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]		74
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	88	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		84.1 %

#### Notes (for this level of care):

Number of CY 2021 admissions submitted:	148
Number of CY 2021 discharges submitted:	151
Number of CY 2021 discharges linked to an admission:	146
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	146
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	146

## 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]	668	760
All clients with non-missing values on at least one substance/frequency of use [denominator]	967	967
Percent of clients abstinent from alcohol	69.1 %	78.6 %

### 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]		152
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	299	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		50.8 %

### 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]		608
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	668	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		91.0 %

#### Notes (for this level of care):

Number of CY 2021 admissions submitted:	1,235
Number of CY 2021 discharges submitted:	1,054
Number of CY 2021 discharges linked to an admission:	974
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	967
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	967

## Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1,086	1,098
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,441	1,441
Percent of clients abstinent from alcohol	75.4 %	76.2 %

**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]		126
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	355	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		35.5 %

**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]		972
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,086	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		89.5 %

**Notes (for this level of care):**

Number of CY 2021 admissions submitted:	1,403
Number of CY 2021 discharges submitted:	1,661
Number of CY 2021 discharges linked to an admission:	1,455
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,441
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	1,441

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
 [Records received through 2/1/2023]

**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]	777	777
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,078	1,078
Percent of clients abstinent from alcohol	72.1 %	72.1 %

#### 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]		101
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	301	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		33.6 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		676
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	777	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		87.0 %

#### Notes (for this level of care):

Number of CY 2021 admissions submitted:	1,138
Number of CY 2021 discharges submitted:	1,221
Number of CY 2021 discharges linked to an admission:	1,092
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,078
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	1,078

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

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#### Footnotes:

## V: Performance Data and Outcomes

**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]	94	89
All clients with non-missing values on at least one substance/frequency of use [denominator]	146	146
Percent of clients abstinent from drugs	64.4 %	61.0 %

#### 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]		18
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	52	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		34.6 %

#### 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]		71
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	94	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		75.5 %

#### Notes (for this level of care):

Number of CY 2021 admissions submitted:	148
Number of CY 2021 discharges submitted:	151
Number of CY 2021 discharges linked to an admission:	146
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	146
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	146

## 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]	612	609
All clients with non-missing values on at least one substance/frequency of use [denominator]	967	967
Percent of clients abstinent from drugs	63.3 %	63.0 %

### 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]		141
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	355	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		39.7 %

### 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]		468
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	612	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		76.5 %

#### Notes (for this level of care):

Number of CY 2021 admissions submitted:	1,235
Number of CY 2021 discharges submitted:	1,054
Number of CY 2021 discharges linked to an admission:	974
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	967
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	967

## 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]	1,140	1,047
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,441	1,441
Percent of clients abstinent from drugs	79.1 %	72.7 %

**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]		103
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	301	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		34.2 %

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		944
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,140	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		82.8 %

**Notes (for this level of care):**

Number of CY 2021 admissions submitted:	1,403
Number of CY 2021 discharges submitted:	1,661
Number of CY 2021 discharges linked to an admission:	1,455
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,441
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	1,441

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

**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]	769	661
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,078	1,078
Percent of clients abstinent from drugs	71.3 %	61.3 %

## 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]		76
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	309	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		24.6 %

## 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]		585
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	769	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		76.1 %

### Notes (for this level of care):

Number of CY 2021 admissions submitted:	1,138
Number of CY 2021 discharges submitted:	1,221
Number of CY 2021 discharges linked to an admission:	1,092
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,078
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	1,078

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

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### Footnotes:



## V: Performance Data and Outcomes

**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]	56	91
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	146	146
Percent of clients participating in self-help groups	38.4 %	62.3 %
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]	24.0 %	
Notes (for this level of care):		
Number of CY 2021 admissions submitted:		148
Number of CY 2021 discharges submitted:		151
Number of CY 2021 discharges linked to an admission:		146
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		146
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):		146

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

### 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]	284	540
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	967	967
Percent of clients participating in self-help groups	29.4 %	55.8 %
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]	26.5 %	
Notes (for this level of care):		
Number of CY 2021 admissions submitted:	1,235	
Number of CY 2021 discharges submitted:	1,054	

Number of CY 2021 discharges linked to an admission:	974
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	967
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	967

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

## 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]	282	428
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	1,441	1,441
Percent of clients participating in self-help groups	19.6 %	29.7 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	10.1 %	
Notes (for this level of care):		
Number of CY 2021 admissions submitted:	1,403	
Number of CY 2021 discharges submitted:	1,661	
Number of CY 2021 discharges linked to an admission:	1,455	
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,441	
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	1,441	

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

## 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]	236	342
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	1,078	1,078
Percent of clients participating in self-help groups	21.9 %	31.7 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	9.8 %	
Notes (for this level of care):		
Number of CY 2021 admissions submitted:	1,138	

Number of CY 2021 discharges submitted:	1,221
Number of CY 2021 discharges linked to an admission:	1,092
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,078
Number of CY 2021 linked discharges eligible for this calculation (non-missing values):	1,078

Source: SAMHSA/CBHSQ TEDS CY 2021 admissions file and CY 2021 linked discharge file  
[Records received through 2/1/2023]

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**Footnotes:**

## V: Performance Data and Outcomes

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

Level of Care	Average (Mean)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile (Median)	75 <sup>th</sup> Percentile
<b>DETOXIFICATION (24-HOUR CARE)</b>				
1. Hospital Inpatient	48	15	26	45
2. Free-Standing Residential	101	42	78	87
<b>REHABILITATION/RESIDENTIAL</b>				
3. Hospital Inpatient	133	133	133	133
4. Short-term (up to 30 days)	102	30	69	147
5. Long-term (over 30 days)	89	35	74	90
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	160	65	121	209
7. Intensive Outpatient	152	38	95	218
8. Detoxification	0	0	0	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>				
9. OUD Medication-Assisted Detoxification <sup>1</sup>	0	0	0	0
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>	391	237	373	540

Level of Care	2022 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
<b>DETOXIFICATION (24-HOUR CARE)</b>		
1. Hospital Inpatient	9	6
2. Free-Standing Residential	17	13
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	1	1
4. Short-term (up to 30 days)	87	69

5. Long-term (over 30 days)	1007	882
<b>AMBULATORY (OUTPATIENT)</b>		
6. Outpatient	1079	896
7. Intensive Outpatient	830	714
8. Detoxification	0	0
<b>OUD MEDICATION ASSISTED TREATMENT</b>		
9. OUD Medication-Assisted Detoxification <sup>1</sup>		0
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>		17

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 2/1/2023]

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

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

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**Footnotes:**

## V: Performance Data and Outcomes

**Table 21 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: 30-Day Use**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. 30-day Alcohol Use	<b>Source Survey Item:</b> 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.] <b>Outcome Reported:</b> Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 20 - CY 2019 - 2020		<input type="text"/>
	Age 21+ - CY 2019 - 2020		<input type="text"/>
2. 30-day Cigarette Use	<b>Source Survey Item:</b> 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.] <b>Outcome Reported:</b> Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
	Age 18+ - CY 2019 - 2020		<input type="text"/>
3. 30-day Use of Other Tobacco Products	<b>Survey Item: NSDUH Questionnaire:</b> "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products] <sup>[1]</sup> ?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
	Age 18+ - CY 2019 - 2020		<input type="text"/>
4. 30-day Use of Marijuana	<b>Source Survey Item: NSDUH Questionnaire:</b> "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.] <b>Outcome Reported:</b> Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
	Age 18+ - CY 2019 - 2020		<input type="text"/>
5. 30-day Use of Illegal Drugs Other Than Marijuana	<b>Source Survey Item: NSDUH Questionnaire:</b> "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]? <sup>[2]</sup> <b>Outcome Reported:</b> Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>

[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 Data and Outcomes

**Table 22 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Risk/Harm of Use**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Perception of Risk From Alcohol	<b>Source Survey Item:</b> 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] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2019 - 2020		<input type="text"/>
	Age 21+ - CY 2019 - 2020		<input type="text"/>
2. Perception of Risk From Cigarettes	<b>Source Survey Item:</b> 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] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
	Age 18+ - CY 2019 - 2020		<input type="text"/>
3. Perception of Risk From Marijuana	<b>Source Survey Item:</b> 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] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
	Age 18+ - CY 2019 - 2020		<input type="text"/>

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**Table 23 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Age of First Use**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Age at First Use of Alcohol	<b>Source Survey Item:</b> 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.] <b>Outcome Reported:</b> Average age at first use of alcohol.		
	Age 12 - 20 - CY 2019 - 2020		<input type="text"/>
	Age 21+ - CY 2019 - 2020		<input type="text"/>
2. Age at First Use of Cigarettes	<b>Source Survey Item:</b> 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.] <b>Outcome Reported:</b> Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
	Age 18+ - CY 2019 - 2020		<input type="text"/>
3. Age at First Use of Tobacco Products Other Than Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] <sup>[1]</sup> ?[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
	Age 18+ - CY 2019 - 2020		<input type="text"/>
4. Age at First Use of Marijuana or Hashish	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
	Age 18+ - CY 2019 - 2020		<input type="text"/>
5. Age at First Use Heroin	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of heroin.		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
	Age 18+ - CY 2019 - 2020		<input type="text"/>
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever] <sup>[2]</sup> in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>

	Age 18+ - CY 2019 - 2020		<input type="text"/>
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[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 Data and Outcomes

**Table 24 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Disapproval/Attitudes**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Disapproval of Cigarettes	<b>Source Survey Item:</b> 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] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
2. Perception of Peer Disapproval of Cigarettes	<b>Source Survey Item:</b> 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] <b>Outcome Reported:</b> Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
3. Disapproval of Using Marijuana Experimentally	<b>Source Survey Item:</b> 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] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
4. Disapproval of Using Marijuana Regularly	<b>Source Survey Item:</b> 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] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
5. Disapproval of Alcohol	<b>Source Survey Item:</b> 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] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 20 - CY 2019 - 2020		<input type="text"/>

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### Footnotes:

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Table 25 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Workplace Policy

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Perception of Workplace Policy	<b>Source Survey Item:</b> 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] <b>Outcome Reported:</b> Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 15 - 17 - CY 2019 - 2020		<input type="text"/>
	Age 18+ - CY 2019 - 2020		<input type="text"/>

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**Footnotes:**

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Table 26 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Average Daily School Attendance Rate

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Average Daily School Attendance Rate	<b>Source:</b> National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at <a href="http://nces.ed.gov/ccd/stfis.asp">http://nces.ed.gov/ccd/stfis.asp</a> . <b>Measure calculation:</b> Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2019		<input type="text"/>

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**Footnotes:**

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Table 27 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Crime and Criminal Justice Measure: Alcohol Related Fatalities

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol-Related Traffic Fatalities	<b>Source:</b> National Highway Traffic Safety Administration Fatality Analysis Reporting System <b>Measure calculation:</b> The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2020		<input type="text"/>

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**Footnotes:**

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Table 28 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Crime and Criminal Justice Measure: Alcohol and Drug-Related Arrests

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol- and Drug-Related Arrests	<b>Source:</b> Federal Bureau of Investigation Uniform Crime Reports <b>Measure calculation:</b> The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2020		<input type="text"/>

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**Footnotes:**

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**Table 29 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Social Connectedness Measure: Family Communications Around Drug and Alcohol Use**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Family Communications Around Drug and Alcohol Use (Youth)	<b>Source Survey Item:</b> 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] <b>Outcome Reported:</b> Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2019 - 2020		<input type="text"/>
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<b>Source Survey Item:</b> 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] <b>Outcome Reported:</b> Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2019 - 2020		<input type="text"/>

[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 - Primary Substance Abuse Use Disorder Prevention NOMs Domain: Retention Measure: Percentage of Youth Seeing, or Listening to a Prevention Message

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Exposure to Prevention Messages	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] <sup>[1]</sup> ?" <b>Outcome Reported:</b> Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2019 - 2020		<div></div>

[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 - Primary Substance Use Disorder Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2020	12/31/2020
2. Table 32 - Primary Substance Use Disorder Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2020	12/31/2020
3. Table 33 (Optional) - Primary Substance Use Disorder Prevention Number of Persons Served by Type of Intervention	1/1/2020	12/31/2020
4. Table 34 - Primary Substance Use Disorder Prevention Evidence-Based Programs and Strategies by Type of Intervention	1/1/2020	12/31/2020
5. Table 35 - Total Primary Substance Use Disorder Prevention Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on Primary Substance Use Disorder Prevention Evidence-Based Programs/Strategies	10/1/2020	9/30/2022

### 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 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. Evaluators provide quarterly reports on data checks and Department of Health staff follow up with prevention coordinators to ensure data has been entered.

**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 - Primary Substance Use Disorder Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity**

Category	Total
<b>A. Age</b>	<b>3,411</b>
0-4	1
5-11	430
12-14	481
15-17	130
18-20	21
21-24	62
25-44	572
45-64	544
65 and over	81
Age Not Known	1,089
<b>B. Gender</b>	<b>3,411</b>
Male	1,075
Female	1,424
Gender Unknown	912
<b>C. Race</b>	<b>3,411</b>
White	1,999
Black or African American	13
Native Hawaiian/Other Pacific Islander	0
Asian	8
American Indian/Alaska Native	56
More Than One Race (not OMB required)	206

Race Not Known or Other (not OMB required)	1,129
<b>D. Ethnicity</b>	<b>3,411</b>
Hispanic or Latino	263
Not Hispanic or Latino	1,772
Ethnicity Unknown	1,376

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**Table 32 - Primary Substance Use Disorder Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity**

Category	Total
<b>A. Age</b>	<b>0</b>
0-4	
5-11	
12-14	
15-17	
18-20	
21-24	
25-44	
45-64	
65 and over	
Age Not Known	
<b>B. Gender</b>	<b>0</b>
Male	
Female	
Gender Unknown	
<b>C. Race</b>	<b>0</b>
White	
Black or African American	
Native Hawaiian/Other Pacific Islander	
Asian	
American Indian/Alaska Native	
More Than One Race (not OMB required)	

Race Not Known or Other (not OMB required)	
<b>D. Ethnicity</b>	<b>0</b>
Hispanic or Latino	
Not Hispanic or Latino	
Ethnicity Unknown	

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Table 33 (Optional) - Primary Substance Use Disorder 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	3,411	N/A
2. Universal Indirect	N/A	\$3,727,892.00
3. Selective	0	N/A
4. Indicated	0	N/A
5. Total	3,411	\$3,727,892.00
Number of Persons Served <sup>1</sup>	3,411	0

<sup>1</sup>Number of Persons Served is populated from Table 31 - Primary Substance Use Disorder Prevention Individual-Based Programs and Strategies - Number of Persons Served by Age, Gender, Race, and Ethnicity and Table 32 - Primary Substance Use Disorder Prevention Population-Based Programs and Strategies - Number of Persons Served by Age, Gender, Race, and Ethnicity

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**Table 34 - Primary Substance Use Disorder 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/>. Wyoming has also put together a list of approved strategies for counties to pick from. Anything not approved will go through a review process through the evidence-based subcommittee to be added to the list prior to implementation. 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 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	105	83	188			188
2. Total number of Programs and Strategies Funded	105	83	188			188
3. Percent of Evidence-Based Programs and Strategies	100.00 %	100.00 %	100.00 %			100.00 %

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**Table 35 - Total Primary Substance Use Disorder Prevention Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on Primary Substance Use Disorder 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 # 136	\$410,630.71
Universal Indirect	Total # 122	\$297,436.61
Selective	Total # 10	\$123,931.23
Indicated	Total # 2	\$7,558.45
Unspecified	Total # 0	\$0.00
	Total EBPs: 270	Total Dollars Spent: \$839,557.00
<b>Primary Prevention Total<sup>1</sup></b>	<b>\$839,557.00</b>	

<sup>1</sup>Primary 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 2023 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2023 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2023 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2023 Prevention Attachment Category D:		
File	Version	Date Added

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