



**Maternal and Child Health Services
Title V Block Grant**

**State Narrative for
Wyoming**

**Application for 2009
Annual Report for 2007**



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I. General Requirements

A. Letter of Transmittal

The Letter of Transmittal is to be provided as an attachment to this section.
An attachment is included in this section.

B. Face Sheet

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. Assurances and Certifications

See below website.

<http://wdhi.state.wy.us/forms/Lists/Policies.doc>

D. Table of Contents

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; expires May 31, 2009.

E. Public Input

Public input on this document was received from many of our stakeholders throughout the report and application process. Upon finalization of this document, a complete copy will be made available via the Department of Health Website.

In addition, advertisements were placed in the three largest newspapers in the state, announcing the website where the application could be downloaded, as well as an 800 number that Wyoming residents could phone in to supply comments or offer suggestions.

All comments will be duly noted and incorporated as appropriate.

/2009/ Advertisements are placed in the three largest Wyoming newspapers: Casper Star Tribune, Wyoming Tribune Eagle, and the Gillette News Record. Included in the advertisement is the website where the application can be downloaded, as well as an 800 number giving residents the opportunity to supply comments or offer suggestions via telephone. All comments are duly noted and incorporated as appropriate by the Maternal and Family Health (MFH) Section.

MFH sought and received input pertaining to programs and services from stakeholders by participating in various workgroups, advisory boards, and committees which focus on the populations being served. MFH utilized information received throughout the year to aid in the ongoing evaluation of programs and services. This information was critical during the development phase of the Title V Block Grant report and application process. Continuing efforts will utilize input to further evaluate programs and services, as well as aid in the planning, development, and implementation of current and future programs.

MFH has identified the need for a formal plan to solicit and incorporate statewide input received during all stages of the Title V Block Grant application process. Appropriate agencies and partners will be solicited for comments specific to the Title V Block Grant during the development stages of the application, as well as after its transmittal. During

fall 2008, MFH will begin identifying additional partners who also serve the MFH populations, as well as evaluating current programs and services and their impact on the MFH populations. By January 2009, MFH envisions this plan will be formalized and in full effect, ensuring consistent and timely feedback from appropriate agencies and partners. MFH will utilize this plan in preparation of and in conjunction with the 2010 Needs Assessment process.

MFH will continue to seek input from collaborative partners in order to meet priorities, as well as national and state performance measures. Collaborative partners include Department of Education, Governor's Council on Development Disabilities (DD), Early Intervention Council, and Wyoming Health Council. A more comprehensive list is provided in Appendix D. //2009//

II. Needs Assessment

In application year 2009, it is recommended that only Section IIC be provided outlining updates to the Needs Assessment if any updates occurred.

C. Needs Assessment Summary

Maternal and Family Health (MFH) focuses very specifically on the eight priorities from the five year needs assessment. Posters of the National Performance Measures (NPM), State Performance Measures (SPM), and priorities have been posted in each program managers' office and in the conference rooms, as guidance to staff for planning activities. The issue briefs will be updated not by program population (Maternal High Risk (MHR), Nurse Family Partnership (NFP), etc.), but by priority.

Childhood obesity is becoming more prevalent in Wyoming, as well as in the rest of the nation. MFH has established a SPM (percent of high school students who are overweight) to highlight and address this issue.

The Epidemiology (EPI) Section is working more closely with other sections in the Community and Public Health Division (CPHD) besides MFH, including the Oral Health Section (OHS) and the Wyoming Immunization Program (WIP). EPI also continues to work closely with other sections within the Wyoming Department of Health, including the Office of Rural Health (ORH) and the Wyoming Office of Multicultural Health (WOMH). While this shows progress toward successful understanding and utilization of data, it further taxes a small section that has a responsibility to CPHD as a whole. The first Wyoming Women's Needs Assessment was conducted in conjunction with the Maternal and Child Health (MCH) Five Year Needs Assessment. Results are being compiled into a report and executive summary, with input from several Wyoming Department of Health (WDH) divisions and sections.

MFH has revised the process of funding distribution to county Public Health Nursing (PHN) offices for enhancement of MFH service delivery. Previously, funding was distributed to PHN offices based upon an arbitrary request for funding. The funding formula being implemented this year is based on the Maternal and Child Health Bureau (MCHB) recommended funding formula. The indicators chosen by a workgroup of state and local partners include socio-economic status, health status, and nurse capacity and population base. The application requires PHN staff to project future objectives for their county. The formula will be phased in over a period of five years to minimize drastic changes in personnel or service at the local level.

In addition, the Wyoming Department of Health has been working toward a more comprehensive and useful strategic planning model. The model serves to bring the related issues of past performance, future projections to "turn the curve" or improve the trend, and budget allocation into a simplified and more usable document. Each section and division was required to develop a strategic plan, beginning with each individual program complementing each other, and contributing to the goals of WDH as a whole. The document will be used to plan and revise programs and policies to assure they are aligned with departmental goals.

WDH has at least 76 data bases utilizing different types of software, which makes sharing data difficult. An effort in the last five years to integrate all the MFH databases has met with little success, due to the high cost of integrating all of the programs. WDH is currently building the Common Client Index (CCI) to maintain demographic data, to indicate participation in programs, and to provide initial linkages between programs. Collaborative partnerships with state Information Technology (IT) staff have been formalized, and the MFH and Epidemiology sections will use State Systems Development Initiative (SSDI) funds to support data linkage efforts. One successful linkage through the CCI is the link between vital statistics and newborn metabolic

screening data. This should be completed in August 2008 with perinatal home visiting data targeted as the next linkage.

Additionally, change is a constant in the type of data gathered. Current efforts are being directed to updating and strengthening systems to enter and manipulate with greater ease. MFH purchased two laptops for each county PHN office in collaboration with WIP. PHN staff may utilize the laptops to access the Wyoming Immunization Registry (WyIR). A new home visiting database was implemented in January 2008. Data is entered in "real time" at the county office and stored in a WDH server. The system is robust and capable of collecting and synthesizing data. Nurses are able to check out client records electronically and enter data when disconnected from the internet. The system automatically updates the record when the nurse connects to the internet. In addition, a new data system for state MFH staff is being developed with the capability of capturing data from the Best Beginnings (BB) system. This data system will allow nurses to enter application information into one system which will be available to state staff in another system.

III. State Overview

A. Overview

Wyoming is geographically the ninth largest state in the United States (U.S.) with 97,670 square miles, bordered by six other states: South Dakota, Nebraska, Montana, Idaho, Utah, and Colorado. The 23 Wyoming counties, in addition to the Wind River Reservation (WRR), encompass terrain ranging from semi-arid plains and rolling grasslands to snow-covered peaks along the Continental Divide, with each county being larger than many East Coast states.

Wyoming is the least populated state in the country, with an estimated population of 493,782 (Census Bureau, 2000). The population density of 5.1 persons per square mile categorizes Wyoming as a "frontier" state, with few communities and many miles in between. The size and rural nature of the state, coupled with the sparse population, present obvious geographical barriers to healthcare access.

//2008/The 2005 estimated Wyoming population is 509,294. //2008//

//2008/ • Estimated racial/ethnic composition in (2005):

- 88.6% Non-Hispanic White
- 6.7% Hispanic
- 0.9% African American
- 2.4% Native American, including Alaska Native
- 0.7% Asian/Pacific Islanders
- 1.2% Other

Total Minority populations 11.4% //2008//

- The majority of Native Americans live on the WRR, which overlaps Fremont and Hot Springs counties. The two Native American tribes living on the reservation are Eastern Shoshone and the Northern Arapaho who were historically warring tribes and have separate tribal councils.
- The median household income for the state was \$41,349.
- Total residents with incomes below the Federal Poverty Level (FPL) in 2000 was 12.5%, with 16.1% of children, ages 5-17 years living below the poverty level.
- The statewide unemployment rate at the beginning of Fiscal Year (FY) 02 was 3.9%.

//2008/ The 2005 median household income for the state was \$46,202. Total residents in 2005 with incomes below the Federal Poverty Level (FPL) were 9.5%, with 9.1% of children, ages 5- 17 living below the poverty level. The statewide unemployment rate in 2005 was 3.6%. //2008//

//2009/ According to the US Census Bureau (2007 estimates):

- **Estimated racial/ethnic composition of the state is:**

94.1% White

1.2% Black

2.5% American Indian/Alaskan Native

0.7% Asian

0.1% Pacific Islander

1.4% Two or more races

7.3% Hispanic

Total Minority populations 12.7% //2009//

The 2005-2006 average median household income for the state was \$46,613. In 2006, 10.6% of Wyoming residents had income below the FPL, with 9.4% of children, ages 5-17 years, living below the poverty level. The statewide unemployment rate in 2006 was 3.2%. //2009//

Wyoming's total population increased 8.9% from 1990-2000 from 453,427 to 493,782. In 2006, the total population was estimated at 515,004, a 4.3% increase since 2000. In 2005, 6.3% of all Wyoming families, 10.6% of families with children under 18 years old and 15.2%

of families with children under five years old were living in poverty. In contrast, 26.3% of all female-headed households, 33.0% of female-headed households with children under 18 years old and 53.9% of female-headed households with children under 5 years old were living in poverty. Families headed by women were disproportionately affected by poverty. Additionally, the median earnings for female, full-time, year round workers were only 60.7% of male workers' median earnings (\$25,621 vs. \$42,154). Source: US Census Bureau, American Community Survey, 2005.

Within the last year, a tribal liaison from each of the two tribes, Eastern Shoshone and Northern Arapaho, has been chosen. One of the goals of the Northern Arapaho is to promote awareness among state agencies, legislators and the Governor's Office of the needs and status of Northern Arapaho children and families. The Eastern Shoshone liaison will work toward legislation to benefit the people of the tribe and the WRR.

/2008/ A Tribal Liaison from each of the two tribes, Eastern Shoshone and Northern Arapaho, was chosen to work together to bring unity to the WRR. Goals of this partnership promote awareness about the needs (and status) of Native American children and families to state agencies and legislatures, working together to benefit the people, the tribes, and the WRR./2008//

/2009/ The mission of the WOMH is to minimize health disparities among underserved populations in the state through collaboration, advocacy, and education and to promote culturally competent programs aimed at improving access to healthcare services. Some pertinent goals are to support, develop and disseminate information, strategies and resources that contribute to the improvement of health status in rural communities, as well as develop and strengthen information networks between WDH and local coalitions including Tribal Health Services and the Hispanic Coalition. A Grant Writing and Management Workshop was held on the WRR in September 2007, and provided guidelines for grants application and management of funding received. It also provided a neutral environment for both tribes to exchange program resource information and network with community agencies. The WOMH also gave financial support to El Puente, a translation service agency, to enhance translation service in Jackson, Wyoming as well as the Inter-Agency Community Coalition (ICC) in Lander, Wyoming for printing the Fremont County Resource Manual.

The Wyoming Office of Telehealth/Telemedicine (OTT) strives to increase access and quality of healthcare by assisting providers and healthcare facilities in expanding their reach through the application of technology resources. Demonstration projects and partnerships are being created throughout the state to accomplish these goals. Specific examples of telehealth projects include provision of school-based mental health services, implementation of remote clinics, management of chronic disease through home telehealth care, and expanding existing programs such as the Veterans Health Administration project to improve access for veterans in other communities. Work with Indian Health Services (IHS), Department of Health and Human Services (DHHS), and Wyoming Healthcare Commission (WHCC) to continue to establish telehealth activities. In addition, there has been much interest expressed in developing on-line continuing education programs for practitioners in rural areas. Such programs would contribute to updating knowledge and improving care, and increase the sense of "community" among caregivers in isolated communities throughout our state.

OTT will provide funding to Wyoming Hospital Association (WHA) to create a fully functional statewide telehealth educational network among critical access hospitals utilizing the South East Wyoming Telehealth Network (SEWTN) model. This will assist hospitals in providing forums for educational events and make administrative events easier to attend by eliminating the need to drive hundreds of miles to a meeting location. OTT has negotiated with Cheyenne Regional Medical Center to allow linkage of the weekly Grand Round Continuing Medical Education (CME) program with SEWTN. This broadcasting will also service 18 mental health clinics in Wyoming.

A Stroke-telehealth pilot program is underway between OTT and the American Heart Association in collaboration with Natrona County Medical Center for this much needed specialty care service. //2009//

In March 2004 the Wyoming Legislature passed, and Governor Freudenthal signed, the Wyoming Children and Families Initiative (CFI). This initiative is in the process of creating policy direction through the use of a strategic plan and proposing legislative initiatives for Wyoming's children and families across the life span.

The "Wyoming Family Photo", a report on the well-being of Wyoming children and families was created to present progress made on the project. Of the five results anticipated through the project, Result 4, Children Born Healthy and Achieving Their Highest Potential in Early Development Years, relates directly to the MFH mission. Indicators chosen to monitor progress toward this goal include mothers receiving prenatal care in the first trimester, low birth weight (LBW), maternal smoking during pregnancy, teen births, children screened for disabilities, and immunization rate. Committees were formed to address these specific issues. One committee is co-chaired by MFH and PHN is entitled "Project Parenthood". Committee focus included adapting a multi-disciplinary case management (care coordination) model for subsequent pregnancies, targeting fathers in care provision, and motivational interviewing to improve information gathering activities. The committee includes MFH, PHN, Women Infants and Children (WIC), Mental Health Division (MHD), Substance Abuse Division (SAD) and private entities.

//2008/ Funding to continue the Children and Families Initiative discontinued. Collaborations between agencies continue, which promotes certain aspects of this initiative.//2008//

MFH is committed to improving pregnancy outcomes by emphasizing pre-conception care, encouraging healthy lifestyle promotion (including contraception support for unintended pregnancy, smoking cessation), and prenatal support (prenatal care access, prenatal classes, smoking cessation during pregnancy, adequate weight gain during pregnancy and screening for perinatal depression).

A "Healthy Baby is Worth the Weight" (HBWW) pilot project will begin in early fall 2006 in Johnson, Campbell and Uinta counties. The project will be targeted at providers, to assure they are aware of, and encourage adequate weight gain, since inadequate weight gain is a risk factor for preterm delivery and LBW.

//2008/ Counties within WY (Teton, Laramie, Platte, and Natrona) currently are trained and promoting HBWW. Materials are being distributed through Community Health Fairs, High Schools, WIC, and PHN offices.//2008//

//2009/ HBWW materials are distributed and being utilized in thirteen out of twenty three county PHN offices. Although the statewide project was not implemented as the original project plan recommended, the partners who are involved are utilizing the brochures, posters and weight grids in venues the plan had not considered. For example, TriCare (United States military healthcare system) has requested materials to be available for their clients when they schedule their first prenatal visit. APS, contracted by EqualityCare to provide telephonic case management for all pregnant recipients, has requested brochures and weight grids to mail to all clients they contact either by mail or telephone.

When MFH staff met with the Montana-Wyoming Tribal Leaders Council in August, IHS requested HBWW materials to distribute through the prenatal clinic on the Wind River Reservation. Materials were also sent to each of the individual Tribes' Health Director and WIC offices, as requested. Additionally, several providers have requested HBWW materials to use with all prenatal clients, with one Obstetrician-Gynecologist (OB-GYN) requiring all exam rooms to have HBWW posters and brochures. Family Planning clinics (FPC), two Community Health Clinics and the Wyoming Migrant Program (WMH) have

asked for materials. Many health fairs that have been held throughout Wyoming for schools and communities have included HBWW resources. HBWW has been presented at all tertiary care facility visits that MFH scheduled, and materials were left with the tertiary care staff. One hospital in Wyoming, after several cases of Shaken Baby Syndrome (SBS) and Sudden Infant Death Syndrome (SIDS), created a parent education program including materials supplied by MFH related to SBS, SIDS, HBWW, and breastfeeding.//2009//

The Maternal Outcome Monitoring System (MOMS) project will be discontinued in August 2006, as MFH has been awarded a Pregnancy Risk Assessment Monitoring System (PRAMS) grant. Colorado Department of Public Health and Environment (CDPHE) will continue to be contracted with MFH to administer the survey and collect data. The first MOMS report was available to utilize for program planning and policy development. It was also available on the WDH website. The PRAMS survey is administered to postpartum women between the third and sixth month after delivery, and addresses behaviors prior to, during and after pregnancy (intendedness, prenatal care access, smoking, stressors during pregnancy, incidence of domestic violence, etc.). WY PRAMS data will be compared to other PRAMS states, to provide additional data related to the pregnancy outcomes in Wyoming to use for policy and program development and revision.

/2008/ The MOMS survey was discontinued in July 2006, and PRAMS funding was used during 2006 for start-up activities, which included the first advisory board meeting, development of protocol, producing materials, and staff development and training. CDPHE will administer the survey and collection of data for PRAMS through an ongoing contract with WDH.//2008//

/2009/ The PRAMS continuation application was submitted in January 2008 to fund expansion of the project. MFH has contracted with CDPHE to continue the PRAMS project until April 2009. However, MFH will be taking on additional duties that CDPHE had performed previously. MFH will be responsible for drawing sample, mailing all materials and performing data entry from the mailed surveys. CDPHE will continue to conduct telephone interviews to non-respondents of the mail survey.

Due to survey return rates being less than 70% (the minimum for comparison with other PRAMS states); several strategies have been employed to improve the return rate. A local photographer took photographs of several babies representing the cultural diversity within Wyoming for informational brochures and posters distributed statewide through WIC, FPC, PHN and IHS. There are also bookmarks provided to pregnant women with their prenatal vitamins which will familiarize them with the PRAMS survey they may receive after delivery.//2009//

The Governor and the Director of the Department of Family Services (DFS) are collaborating to meet the needs of families. This partnership also includes schools, community organizations, state agencies, and the judicial system sharing resources and information to establish a better system for families.

/2008/ These partnerships are working together to strengthen services, programs, and resources for families experiencing difficulties in Wyoming, including, but not limited to: poverty, neglect/abuse, domestic violence, substance abuse, and mental health issues. These efforts are intended to ensure better outcomes for Wyoming families.//2008//

/2009/ Partnering efforts continue to grow within divisions of the WDH, incorporating the input from community agencies and not-for-profit agencies. Examples of these collaborative efforts will be seen throughout the document.//2009//

The Governor's Council on Developmental Disabilities, in collaboration with several other State and private, non-profit agencies sponsored community forums throughout the state to assess the needs of the following groups: a) birth to preschool age, b) school age, c) transition age (16-21 years), d) adults, e) the aging and, f) those with Acquired Brain Injury (ABI). Forums were held in

ten communities throughout the State, as well as at the People First Conference. A commonly discussed concern was the need for oral health providers for all age groups, but especially for those people with disabilities or who are EqualityCare (Medicaid) recipients. Also, medical and mental health providers are needed who will treat clients in these population bases.

//2009/ During the 2008 Legislative Session, Senate File No. 38 replaced the descriptive terms for people with cognitive deficiencies from "mental retardation" in current statutes to "intellectual disability". //2009//

With our largest city averaging just over 50,000 and 70% of Wyomingites living in the counties that are considered rural or frontier, traveling for services is frequent. Families have high out-of-pocket costs to access providers. More respite providers and day cares accepting children with disabilities was a common need expressed also by the two youngest groups. It was demonstrated again that there is a lack of transition planning into adult services. One of the areas identified as needing support and development was emphasis on job skills and career employment in conjunction with life skills. Additionally, youth between 18-21 years who do not attend school are prevented from attending day programs or living in a group home funded by the waiver until they are over 21 years. Therefore, skills and time may be lost.

Children and adolescents with serious and persistent substance abuse and/or emotional disturbances that impair their current functioning, compose an estimated 2-5% of the population under the age of 18 years old (between 3,000 and 7,500 young people in Wyoming). These children often have multiple and overlapping problems that blur the traditional diagnostic categories, i.e. developmental delays and a mental condition. Of equal concern are the children and adolescents with less severe symptoms who are estimated to be 11% of the population under the age of 18 years old (over 16,000 Wyoming youth). This category includes those at risk of developing more severe symptoms or having their current functioning deteriorate.

Of rising concern in Wyoming is the increase in methamphetamine (meth) labs, as well as the exposure of young children and families to toxic meth residue. Toxic residue permeates the environment and exposes children and adults to iodine, acids, phosphine, and other toxins that far exceed occupational standards. Wyoming, as with many states, does not have standards for environmental clean-up of these sites, resulting in innocent people being exposed to these hazards. The need for foster homes has increased faster than the number of homes available to place children who have been placed in danger as a result of meth production or use. Consequently, grandparents who may be on a fixed income are raising their grandchildren with limited resources. Counties throughout the state have formed task forces including professionals and community members to combat the local meth problems faced in communities statewide. Even though the number of meth labs has declined, those using the drug are still increasing. Research shows increased rates of these users are now increasing in numbers in jails and prisons. With limited treatment centers available, law enforcement is investigating the need for counseling and treatment in these locked facilities.

//2008/ WDH initiated a meth prevention campaign targeted to middle school and early high school students entitled "Meth Kills Wyoming". This initiative includes print and radio media, on air television commercials, as well as an active website. The recent legislative session saw the introduction and passage of several laws related to methamphetamine including testing requirements, impaired driving and environmental clean-up standards. Ongoing needs in Wyoming include treatment facilities and services, as well as community support and resources. //2008//

//2009/ Wyoming continues to struggle with issues surrounding methamphetamine (meth) production and use. Communities have been deeply impacted by the devastation to the physical and emotional/social landscapes. Many children in foster care are in need of therapeutic foster care settings. Due to budget cuts within Medicaid, the small number of therapeutic foster care settings that did exist will no longer be a viable option for these

young victims in need of specialized care.

Centrally located resource centers in Wyoming have been created and/or expanded. WDH encourages healthcare providers to implement early screening of potential substance use-related issues in their clients. The goal is to educate before the onset of addiction, focusing on health and not a judgmental or concerning behavior. Known in Wyoming as Screening, Brief Intervention, and Referral to Treatment (SBIRT), the simple screening process involves just a few questions. Trained interviewers can determine the client's risk level based upon behavior patterns. A brief educational intervention at that point has been shown to significantly reduce or even end the use of harmful substances.

WDH is assisting the spread of this process throughout the state in medical settings. Currently, the Cheyenne Free Clinic, eight PHN offices and the Laramie County Public Defenders Office are in various stages of implementing the screening process. There is also an online screening tool, Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST), that is available through the WDH website.

Over the past year there has been a decrease in the apparent use of meth. Perhaps this decline is due to diminished acceptability of the drug, less self-divulging of use, and the increased law enforcement of use and possession. It is not known how much of the use has gone underground as a result of these factors. A survey conducted in Casper of BB clients reflects the change in usage from a high of 20% of clients who had used meth at some point to currently about 3-5%. However, there appears to be an increase in abuse of prescription drugs and "Pharming" parties.

Natrona County has Clandestine Drug Lab Remediation Standards, which is the only one known in the state. Since it was adopted, we have not had any standards that qualify under the county statutes. However, there have been reported increases in home buyers wanting to have their homes checked. A few families who rent homes are also asking for this service.

The Meth Initiative received seed money, to be administrated by the city for multi-agency support for the city of Casper. With that funding, the following action steps were developed to address, prevent, educate, and intervene:

- A residential center at Central Wyoming Counseling is being built*
- Weekend and special events developed for junior high and senior high school students has been well attended and deemed successful*
- "Run-down" properties have been cleaned up and dumpsters have been more widely available for cleaning up those properties*
- Increased patrol and on-the-street law enforcements*
- City services, including planning of sidewalks, lighting, traffic flow and unrestrained pets has increased the number of families living in formerly "run-down" areas*

The Natrona County PHN office concentrates on four weed and seed goals through the BB and Nurse Family Partnership (NFP) programs:

- Reduce drug use by pregnant mothers*
- Improve birth outcomes*
- Reduce rates of childhood injury, abuse, and neglect*
- Develop mother's life and job skills*

PHN provides group classes at alternative living centers within their community that respond to needs of mothers and their children. This strategy impacts not only meth, alcohol and other drug use, but also the myriad of issues that lead to continued use. There is not universal and consistent testing of infants for drugs at hospitals throughout Wyoming.

The community leadership determined that the Meth Initiative will expand to concentrate on other drugs, including alcohol. The Meth Education Committee is planning the 6th Annual Meth and Drug Abuse conference in January. //2009//

Children who are at risk for poor outcomes are of concern, with risk factors such as residential disruptions with out-of-home placement; multiple family separations; failed adoptions; physical, emotional or sexual abuse or severe neglect; domestic violence; or a parent with a severe and persistent mental illness or chronic substance abuse problem. Wyoming legislators passed a general fund appropriation to increase the daily rate paid to youth group home providers and non-EqualityCare residential treatment centers.

The Developmental Preschool Funding Bill and the Universal Immunization Bill were passed addressing children at risk. The Developmental Preschool Funding Bill provides for the increase in the funding per child, increase in wages of the developmental specialists/therapists, support of a statewide system for Child Find, continuing professional development, and revision of the funding equation related to the additional number of children receiving services.

/2008/ The 2007 legislative session saw the passage and appropriation of funds to address quality child care systems. This legislation includes ongoing professional development for child care providers, as well as facility improvement funding.//2008//

Wyoming received a Centers for Disease Control and Prevention (CDC) review and it was determined the Vaccine for Children (VFC) Program funds had been used for inappropriate populations. To cover the immunization costs of children who do not currently qualify for the VFC Program, the Universal Immunization Bill provides funding for those essential vaccines at a lower cost.

/2008/ Clarification: The Centers for Disease Control and Prevention (CDC) review highlighted that funds were being used outside of the parameters of the funding guidance. Changes have been made within the Immunization Program to ensure that funding guidelines are followed. //2008//

//2009/ Currently, WIP continues to receive funding from CDC for federally qualified children through the Vaccine for Children (VFC) grant. In addition, the WIP also receives funding from the Wyoming State Legislature through the Childhood Immunization Act which was passed in 2006. During the 2007-08 biennium, the WIP received Five million dollars (\$ 5,000,000.00) to cover vaccine purchase for all children in Wyoming that are not federally qualified. It is anticipated that the WIP will receive five million nine hundred thousand dollars (\$ 5,900,000.00)for the 2009-10 biennium, which will start July 1, 2008.//2009//

The recent legislative session strengthened the Children's Waiver and the ABI Programs by allowing the programs to use unexpended funds clients who were on waiting lists to receive services. This allowed the Children's Waiver to serve all children on their waiting list. Additional appropriations were allotted for the Developmental Disabilities Division (DDD) budget to increase provider (direct care personnel) reimbursement rates by 7%. Passage of the Mental Health Bill (House Bill No. HB0091 in the 2006 Legislative Session) provides \$2 million toward the development of a Children's Mental Health Waiver which will assist in providing services to children with a mental health diagnosis.

MFH staff participates on the ABI Task Force, to assure needs of the MFH population are being met. A Brain Injury Needs Assessment and Infrastructure Improvement plan for Wyoming was completed during 2006 for the WDH. One of the major components of the study was a comprehensive resource inventory of services currently available within Wyoming. From that list, gaps were more easily identified, and committees were formed to address the identified gaps.

Committees will focus on legislative advocacy, establishing a statewide ABI registry, ABI waiver application, education/rehabilitation model and prevention models.

/2008/ Limited participation on the ABI Task Force has been due to changes within CRHD. Future goals are to continue participation as time and staff becomes available. //2008//

The lack of oral health (dental) providers for all populations continues to be a concern. The national dentist/patient ratio is 1/1750, whereas Wyoming has a dentist/patient ratio of >1/2600. Rural communities experience a mal-distribution of dentists, with urban areas experiencing a more favorable ratio and most of the dental specialists. Dental capacity is insufficient and dental schools are not producing dentists quickly enough to replace the retiring dentists. Solutions such as dental student loan repayments, creating a state financed dental delivery system utilizing mobile clinics and rural dental health clinics (as utilized by IHS) and the use of dental varnishes by primary care providers for prevention efforts are being considered. Funds were appropriated to contract with four part-time dental hygienists to participate in a preventative oral health pilot project in eight counties, one which includes the reservation. Hygienists will provide dental screenings, referrals, outreach, and oral health education. The Board of Dental Examiners rules and regulations will need revision to allow hygienists to apply fluoride varnishes and sealants.

/2008/ Starting in July 2006, four Community Oral Health Coordinators (COHCs) were contracted to conduct prevention programs in eight counties throughout Wyoming. The duties of the COHC are to work with community programs such as Head Start, Child Development Centers, WIC, PHN, and other local and state agencies. The COHC will conduct education and prevention programs, dental screenings, and follow-up with families to coordinate referrals for ongoing care. Plans are being made to contract with two more COHCs starting July 2007 to add four additional counties in Wyoming. //2008//

Additional funds were appropriated for adult EqualityCare recipients, increasing the recipient benefit to \$400.00 per year for dental benefits. Currently, EqualityCare provides only two emergency visits a year, x-rays, and problem-focused exams. Through a technical assistance grant, two speakers will present an overview of the Access to Children's and Babies Dentistry (ABCD) program at the Wyoming Dental Association (WDA) meeting. Plans include use of tobacco funds (Master Settlement Agreement) for a dentist to visit local dental society meetings to present the program and provide fluoride varnishes. This plan includes how to serve the children and youth with special healthcare needs.

/2009/ Note: The tobacco funding did not make allowances for a dentist to attend dental society meetings as planned. //2009//

/2008/ The ABCD Program plans to continue in Wyoming. The Department of Health, Oral Health Services Section has scheduled trainings which will begin summer 2007. //2008

/2009/ The 2008 Legislative Session saw the passage of legislation aimed at easing loan repayment obligations for physicians and dentists throughout the state. Wyoming's State Children's Health Insurance Program (SCHIP) made a benefit change for eligible clients. The biannual preventive services are no longer deducted from the client's yearly maximum benefit. //2009//

The Mental Health and Substance Abuse Services Division (MHSASD), within WDH, provide services through contractual agreements with non-profit service providers statewide for mental health and substance abuse support. Standards guide the delivery of services. On-site monitoring reviews assure quality services are provided within the limits of resources available. Wyoming has applied for an EqualityCare Mental Health Waiver and a Substance Abuse and Mental Health Services Administration (SAMHSA) Children's Mental Health Initiative Grant (CMHI). The EqualityCare Mental Health Waiver for children will be implemented in four pilot sites (Teton, Albany, Laramie and Fremont counties). To further strengthen the mental health

system, DDD is providing classes for teachers and other professionals through the child care centers related to normal psychosocial behavior and methods of parenting that promote good mental and social health.

/2008/ The Centers for Medicare and Medicaid Services (CMS) approved Wyoming's application for a home and community based service waiver for children's mental health effective July 2006. In the first year, waiver services were made available in Natrona, Fremont, and Laramie counties. The CMHI provided services, as well, through two pilot sites, Laramie and Jackson, Wyoming. Implementation for Year Two will focus on additional CMHI pilot sites.//2008//

/2009/Additional CMHI pilot sites are being identified for future implementation. Funded by SF-76 and SF-34 in 2007, an Infant and Early Childhood Development Program was made available within the state for families who have children ages 0- 6 years. The program targets high risk families, including those with history of mental illness, substance abuse, developmental disabilities, out of home placement and in foster care or residential treatment. Collaboration with early childhood entities, daycare providers, and developmental learning centers is imperative to continuing program success.//2009//

One healthcare provider shortage relates to the nursing staff, complicated by the fact that a large percentage of the nurses working in the state are within five to ten years of retirement age. Wyoming healthcare facilities are also seeing staff burnout. Meanwhile, "mid level" providers, such as nurse practitioners, physician assistants, nurse midwives, nurse anesthetists, and dental hygienists, are not utilized effectively to cover critical provider gaps. The University of Wyoming (UW) has a regional Family Nurse Practitioner program and physicians within the state are utilizing these graduates more. A revision to the Nurse Practice Act allows for advanced practice registered nurses to practice independently. Most of Wyoming continues to be designated as a mental health professional shortage area. Many parts of the state continue to be designated as shortage areas for primary healthcare. Physician burnout is a problem, as many physicians provide care in sparsely populated areas, being "on call" 24 hours a day, seven days a week, and most days of the year.

/2008/ Several PHN Managers at the local and state level, have retired during this past year. Nursing Services (NS) staff at the state level has begun succession planning efforts to address the nursing shortages statewide.//2008//

Laramie County Community College (LCCC) has funds appropriated to begin construction on the expansion of the Health Sciences Center in order to provide education, which will help to meet the demand for healthcare providers.

MFH is collaborating with State PHN staff to determine what support (tuition assistance, educational leave time, stipend, etc.) can be offered to encourage more nurses to further their education from an Associate's of Science Degree in Nursing (AND) to a Bachelor's of Science Degree in Nursing (BSN) or a BSN to a Master's of Science Degree in Nursing (MSN).

National Health Service Corps (NHSC) scores for Wyoming have not been high enough to designate the state as a NHSC site. This designation would provide healthcare providers with the guaranteed school loan repayment program and other associated benefits.

The first Wyoming graduating class of the WAMI project (a collaborative medical school between the University of Washington and Alaska, Montana, and Idaho) is expected to provide more family practice physicians for our rural state.//2008//

/2009/The Wyoming Health Resources Network (WHRN) has secured the placement of two family practice doctors and three physician assistants during this past grant year. WHRN has successfully recruited a WWAMI student who will complete his Facial Plastics Fellowship in June 2008 he begins practicing in Evanston, Wyoming, July 2008.

Additionally, a physician specializing in Obstetrics and Gynecology, as well as comprehensive women's health, began practicing in Casper, Wyoming, October 2007.//2009//

Wyoming's low population does not readily support specialists, including Obstetricians and Pediatricians. Although, Wyoming has contracted with pediatric specialists to provide satellite clinics, there is great competition for their time. The number of clinics, therefore, may be decreased. Additionally, the Child Development Centers have been required to have Master's prepared speech therapists, which contributes to a lack of adequate speech therapists in the state.

/2008/ Satellite specialty clinics provided throughout Wyoming are intended to ensure all children and families access the care that is needed. A few of these clinics include developmental screening, genetics, cardiology, and endocrinology. Efforts to increase the types of specialty providers, locations, and times available continue. Genetics, an area throughout WY of high demand, has increased the number of clinics being held. Over the past year, Dr. Manchester, The Children's Hospital (TCH) Geneticist providing services to Wyoming children and families through an ongoing contract, has increased clinics in Cody, WY. This has allowed for additional patients to be seen and less traveling for families who live in that area. Future efforts will include expanding other clinics held throughout Wyoming.//2008//

//2009/ During 2007, Dr. Manchester added two genetic clinics in Gillette. This has allowed additional patients to be seen and decreased traveling for families who live in the area. //2009//

There continues to be a concerted effort by the Wyoming Medical Association (WMA) regarding tort reform legislation, which is believed to be one of the reasons that Wyoming has physician recruitment and retention issues. More physicians left the state after tort reform passed. A Medical Review Panel was established to review all cases.

Wyoming has built an infrastructure of services and programs to provide health coverage for special populations, including EqualityCare, SCHIP, Prescription Drug Assistance Program (PDAP), EqualityCare waivers for specialized medical care, senior citizen services, and services for children and adults with developmental disabilities. Government funded healthcare providers in the state serving the medically indigent include IHS, MCH programs, PHN, Migrant Health Program (MHP), Title X family planning clinics, public school nurses, mental health services, and dental programs. The national nurse crisis has affected the ability to provide some of these services.

Wyoming Health Council (WHC), a private non-profit healthcare administrative agency, assures access to comprehensive, high quality, voluntary family planning, and other healthcare services in Wyoming.

WHC funds family planning clinics at 26 sites throughout the state, with Title V and Title X funding.

Clinics provide:

- Gynecological exams
- Pap smears
- Anemia assessment
- Breast and cervical cancer screening
- Testing and treatment for sexually transmitted diseases (STD) and HIV
- Pregnancy testing
- Contraceptive supplies/methods on a sliding fee scale

/2008/ Clinics also provide the following physical assessments for men and women:

- Blood pressure evaluation
- Colo-rectal cancer screening in individuals over 40 years old //2008//

Referrals, counseling and education include:

- Pregnancy diagnosis and options counseling
- Genetic information and referral
- Infertility services
- Nutritional counseling
- All contraceptive methods

/2008/ Additional counseling and educational services include:

- Health promotion/disease prevention
- Adolescent services, including encouraging parental involvement in any decision-making processes
- Fertility regulation, including both reversible and permanent contraception//2008//

***/2009/ Additional counseling and educational services include:
Preconception care and education
Parish Nurse training and support//2009//***

Clinics partner with:

- Schools
- Alternative schools
- Detention centers
- Community colleges
- Technical schools
- Community and health service agencies such as PHN, DFS, WIC, BB, Cen\$ible Nutrition, United Way, faith-based organizations, libraries, health fairs, community festivals/events, etc.

In September 2005, the DHHS Office of Women's Health (OWH) designated the WHC as a Rural/Frontier Women's Health Coordinating Center (RFCC). The WHC was awarded with a federal contract to identify, coordinate and leverage a network of new and/or existing resources to facilitate access to a range of health and wellness services for women and their families. The RFCC was charged with several tasks, three of which are: 1) cultivating leadership and advocacy skills of women; 2) facilitating research in women's health and 3) assisting with the provision of culturally competent and geographically appropriate training and education for health professionals.

/2009/ Due to restructuring at the federal level (DHHS, OWH) of the Centers of Excellence and RFCC program, existing contracts closed out at the end of 2008; therefore, the RFCC at the WHC is no longer in existence. Funding that had previously supported the OWH program was incorporated into a revised program and a new Request for Proposal (RFP) was issued in 2008 for national competition. Neither the WHC nor the WDH chose to compete for the new funding.//2009//

Wyoming MHP provides services to migrant and seasonal farm workers and their families in the Big Horn Basin, including Park, Washakie, Big Horn and Fremont counties. The program includes:

- A health education and disease prevention program
- A primary healthcare service with a focus on screening clients and referring those needing additional services
- A program wherein the entire family is included in the service delivery system.

/2008/ The mission of the MHP is to improve the health status of migrant and seasonal farm workers and their families through the assurance of high quality, primary and preventive healthcare services. Since initial funding from Health Resources Services Administration (HRSA)

in 1997, the MHP has provided over 10,000 service encounters to approximately 4,000 clients. The program provides primary healthcare, including diagnostic screening and testing; pharmacy services; gynecological care; hearing, vision and nutritional services; access to dental care and outreach services to approximately 800 workers and family members per year. MHP collaborates closely with PHN, DFS, WIC, BB, Head Start, Cen\$ible Nutrition, community service and civic organizations. //2008//

/2009/ MHP has been awarded funding from the Avon Foundation Breast Care Fund, the Wyoming Breast and Cervical Cancer Early Detection Program, and the Susan G. Komen Foundation to support the Women's Wellness program. The purpose of the Women's Wellness program is to provide breast and cervical cancer group and one-on-one education and outreach to medically-underserved women in the target area. Besides the Title V funding that MHP utilizes to assure pregnant women of support services, MHP has also received funds from the WOMH to conduct a diabetes screening, education and intervention program with migrant and seasonal farm workers.//2009//

Healthcare for the homeless facilities and Community Health Centers (CHC) in Cheyenne and Casper, a migrant health program in the northwest part of the state, and a Black Lung Program in Sheridan receive federal funding to provide care to the medically underserved. Free clinics in Laramie and Cheyenne are primarily dependent on private donations of time and resources. The CHC located in Cheyenne now has an APS case manager to work specifically with EqualityCare recipients in need of care coordination.

/2008/ Cheyenne Health & Wellness Center (CHWC) is in the process of expanding their services to include two additional exam rooms and a larger laboratory. The value of the larger laboratory is that increased lab tests can be conducted on site for less cost, and the results could be available in a timely manner.

Dental services continue to be referred out from CHWC; there are ongoing discussions for provision of dental services. There is activity currently underway to partner with the University of Colorado (UC) Dental School to provide services to underserved populations in WY through LCCC's Dental Hygiene Program.

Vision services are now available at CHWC to test for diabetic retinopathy, which is a result of the partnership with the Lion's Club. Exams are conducted twice each month, and there are ophthalmologists in Cheyenne who volunteer services to assist a limited number of clients per month who are in need of specialty eye care.

Mental health support is provided through a partnership between CHWC and Peak Wellness Center in Cheyenne. During the next fiscal year, a Behavior Health Specialist will be hired through CHWC to provide onsite counseling, while awaiting appointments with psychiatrists or psychologists through Peak Wellness Center.

Discounted medications are available through a local Cheyenne pharmacy. These medications are provided to CHWC, Crossroads Clinic, and WY Migrant Health Program participants. In 2005, legislation passed to allow for donations of unused prescription drugs. The Medication Donation Program began in 2006. Various donation sites are available throughout the state in cities such as Casper, Cheyenne, and Wheatland, WY. The centralized location for these unused prescriptions is managed by Cheyenne Regional Medical Center East in Cheyenne, WY. Future efforts will continue to increase the donation sites available throughout WY. The CHC in Casper, located at the UW Family Practice office provides dental services for that region. //2008//

/2009/The pharmacy distributing recycled medication is currently open four days a week, four hours a day. Clients must be referred to the service, either by not having any insurance to cover prescriptions, or insurance which includes a very high deductible. Medications are only taken for the program if they are in blister-packs. The pharmacy is

available during the free clinic that is held one evening a week in Cheyenne. //2009//

/2009/ Community Health Center of Central Wyoming (CHCCW) provides general primary medical care, prenatal and in-patient care, preventive dental care, and mental health treatment and counseling also included are specialty clinics such as Coumadin support, diabetes education, child advocacy center, and blood pressure and asthma classes and support. During 2007 a cardiovascular clinic was added. A new federally funded community health center, Riverton Community Health Clinic, has been established in Riverton, providing both medical and dental services.//2009//

WDH has a Public Health Information Officer (PIO) to assist in marketing efforts for WDH programs, including MFH. It is imperative that social marketing efforts "normalize" MFH program access through PHN offices, to change the culture of PHN being only for low income clients.

/2009/ Posters have been made available for MFH partners to support referral of families to PHN offices. The question asked on each poster is, "Don't you wish everything came with instructions?" and the answers provided are: are you pregnant; do you have questions about your pregnancy; does your child have a health problem; are you unsure about your child's development; was your baby born prematurely; and would you like information about breastfeeding support. There is space on the poster for the local PHN office to provide contact information. //2009//

Early detection and prevention programs including Breast and Cervical Cancer Program, Early Head Start and Head Start, child development centers, and the WIC program, promote wellness and help prevent illness. The "1 before 2" program encourages parents to have one developmental screen done by age of two years for all children has been successful through the Child Development Center Association (CDCA).

Specific health conditions are addressed by periodic clinics and target children with special healthcare needs, such as the deaf and blind, and cleft palate clinics. A public and private partnership to address children's vision care includes the Wyoming Lion's Clubs, Wyoming Institute for Disabilities (WIND) and DDD. Tertiary care centers provide satellite clinics throughout the state, ranging from once a month to twice year, including cardiology, endocrinology, diabetes, and genetics. A few WY providers also offer satellite clinics, which include ENT clinics and developmental clinics.

/2008/ Specific health conditions are addressed by periodic specialty clinics which target children with special healthcare needs such as the multi-impaired and cleft palate clinics. //2008//

/2009/Federal legislation, entitled Stark Law II, may pose very problematic for Wyoming. As it is now understood this law would make doctor referrals illegal and they may become liable if that doctor would stand to gain financially. Thus far, two of the four endocrinologists have stopped providing services to children at specialty clinics in Wyoming. This change has created a hardship for families who are now forced to travel greater distances in order to obtain services. //2009//

Programs and organizations that advocate for those Wyoming citizens in need include the Council on Aging, UPLIFT (mental health support and advocacy), Parent Information Center/Parent Education Network (PIC/PEN), Protection and Advocacy (PA), and the Family Support Network. The Governor's Council on Developmental Disabilities and the Offices of Women's Health and of Minority Health work toward elimination of barriers to achieving optimal health for all Wyoming residents.

/2008/ Family Voices advocates for Wyoming citizens with special healthcare needs. A representative from Family Voices has attended the Association of Maternal and Child Health Programs (AMCHP) annual conference through funding provided by MFH. Future efforts will be

to continue funding a representative to attend AMCHP with the hope that this person can play an integral role in the transitioning processes within MFH programs.//2008//

/2009/ Partnership efforts with Family Voices at the regional and national level will be augmented through ongoing communication and guidance. This will strengthen Wyoming's Family Voices Chapter.//2009//

Affordable health insurance for the working poor is not available within the state, with gaps in services for low-income senior citizens and uninsured young adults. Wyoming's rate of multiple job holding is significantly higher than the national rate, and those individuals generally do not have access to employer-assisted health insurance plans. EqualityCare continues to provide case management for high-risk recipients to help decrease fragmentation and contain healthcare costs, while eligibility caps on EqualityCare can prevent recipients in need of those programs from accessing appropriate healthcare. EqualityCare instituted a pharmacy card program for certain populations, encouraging the use of generic medications and pharmacists who counsel clients on their prescribed medications.

/2008/ Clarification: Health insurance for the working poor is available within the state, but not necessarily affordable due to gaps in services for low income senior citizens, young adults, and families. //2008//

Distances between providers continue to effect coordination and utilization of necessary services. Services available in the state are not always utilized by the healthcare consumers who are eligible and need them. EqualityCare, in an effort to be more cost effective, has severely limited emergency transportation funds, which are provided prior to the appointment, to assist families in keeping their healthcare provider appointments. It is a hardship for families who are at 133% FPL or less, who frequently do not have enough expendable income to cover transportation and/or overnight costs to out of area or state providers. Therefore, it is imperative that service delivery models provide transportation to assist families in accessing care.

Regional training is provided through the Rocky Mountain Public Health Education Consortium (RMPHEC) for healthcare providers to enhance their Public Health leadership and scholarship. MFH supports the consortium by staff participating on the partnership planning committee, which includes representatives from many western states University of Arizona, University of Utah, University of Alaska, Colorado State University, University of Colorado, University of New Mexico, Utah State University. A week-long summer institute is conducted each year in a different state. Summer Institute 2006, "People and Data Working Together to Address Health Disparities" will be held in Tucson, Arizona in July.

/2008/ MFH was awarded a grant through the RMPHEC to bring a national speaker to the 2007 Annual MFH/PHN meeting to address motivational interviewing in the MFH population.

This year RMPHEC will offer the Summer Institute training in conjunction with a member state's annual public health meeting. Activities for this training will be held in conjunction with the Colorado/Wyoming Public Health Meeting, September 2007 in Fort Collins, CO.

Applications have been released for the new class of the RMPHEC MCH Certificate Program, which offers a way to strengthen knowledge about maternal and child health. Offered through RMPHEC, this class consists of 12 credit hours, one year long, for MCH professionals wishing to enhance their public health leadership, scholarship, and partnership capabilities. This year's program runs September 2007 through September 2008. //2008//

/2009/ RMPHEC provides opportunities for anyone interested in a career in public health to pursue that goal with distance learning opportunities, through the RMPHEC Institute and participating member universities nationwide. Current opportunities include program planning and evaluation for MCH professionals, MCH cultural factors, building systems of

care for children with special healthcare needs, adolescent health- a community perspective, fundamentals of public health and SADLE (Substance Abuse Distance Learning Enhancement). //2009//

MFH provides onsite training for PHN staff annually, and periodically, throughout the year. The 2006 Annual MFH/PHN meeting is scheduled for August 2006 in Casper, WY. Agenda items include embryology, data training, and addressing cultural differences and considerations. There will be a follow-up plenary session presented last year from the National Family Violence Prevention Fund, and a follow-up on the "Bridges Out of Poverty" presentation MFH sponsored last year. MFH is also sponsoring a second session to the "Bridges Out of Poverty" presentation in October 2006 for an audience of private providers, DFS, and law enforcement, to assist in engaging and retaining clients in community programs.

/2008/ "Applying Bridges Out of Poverty: Strategies for Professionals and Communities" seminars were held, free of charge, in Riverton (Northern Arapaho Nation), Evanston, and Rock Springs April 2007. //2008//

/2008/ The Annual MFH/PHN meeting is scheduled for September 2007 in Cheyenne. Motivational Interviewing will be provided to assist PHN staff with eliciting appropriate information from clients to help assess their needs. Other topics of discussion will include Skilled Dialogue, Hispanic Health Disparities, and breakout sessions on Epidemiology, Happiest Baby on the Block, Genetics, and Supplemental Security Income (SSI). MFH will offer Continuing Education Units (CEU) for Public Health Nurses who attend this conference. Nurses will receive hands-on training for direct data-entry into the new home visiting data system. //2008//

/2009/The 2008 Annual MFH/PHN meeting is scheduled for August 19-21 in Cheyenne, Wyoming. Refresher courses on data systems and the importance of data-driven decision making will be included, along with, presentations about the signs and symptoms of Fetal Alcohol Syndrome (FAS) and/or Fetal Alcohol Effect (FAE), preterm birth issues/concerns, premies transitioning to home, and nurse home visiting presentations. Dr. Harvey Karp, who is the founder of The Happiest Baby on the Block and Happiest Toddler on the Block programs, will present how to implement his proven philosophy, for PHN staff to use with families. MFH will provide CEUs for PHN staff who attend.//2009//

MFH has become a provider of CEUs for nurses through the North Dakota Continuing Nursing Education Network (CNE-Net). PHN staff attending MFH sponsored trainings can obtain necessary CEUs, at no cost to them.

The MFH Section of the WDH conducted and submitted a five-year comprehensive needs assessment in fiscal year (FY) 05. The model indicators utilized a set of broad health measures developed by MCHB and were organized under five domains: health status, risk/protective status, health and health-related services, health systems capacity and adequacy, and contextual characteristics. MFH used these indicators as a tool for planning and organizing a "stand-alone" community reference guide entitled Comprehensive Assessment of Wyoming's Maternal and Child Health Needs 2006-2011. Based on the results of the 2001-2005 needs assessment and stakeholder input, MFH emphasizes (not listed by priority):

1. Care coordination services for the at-risk MFH population including first time mothers, women with high-risk pregnancies, and children with special healthcare needs.
2. Barriers to accessing health and dental care.
3. Incidence of low birth weight births in Wyoming.
4. Mental health service capacity for MFH population in Wyoming.
5. Preventable disease and injury in Wyoming children and youth.
6. Tobacco and other substance use in the MFH population.
7. Family participation and support in all MFH programs.

8. Women's pre-conception and inter-conception health.

B. Agency Capacity

The MFH Section, housed within the Community and Public Health Division of the Wyoming Department of Health, is responsible for the administration of the Title V Block Grant. The mission of the division is to assure development of systems of health services for all WY citizens that are family-centered, coordinated, community-based, culturally appropriate, cost-effective and efficient. In addition, the division has a goal of improving outcomes related to the health of all communities in the state.

The Wyoming Legislature has authorized the Wyoming Department of Health to secure Title V funds in W.S. 35-4-401-403 and to operate MFH programs in support of public health and safety in W.S. 35-1-240 and 9-2-106. Additionally, W. S. 35-27-101 through 35-27-104 became effective July 1, 2000, authorizing expansion of home visiting (HV) services to families with pregnant women and infants through the age of two. Other vulnerable populations were designated as also benefiting from one on one home visits, including premature infants, first time mothers, mothers who are incarcerated, or have substance abuse problems and women who experience violence/abuse.

/2008/ Wyoming currently conducts the NFP Program, which is research based and evaluated. NFP is designed to help first time parents have a healthy pregnancy and baby. The model dictates that nurses delivering the program should hold a BSN degree. A current review of the Wyoming NFP Program has shown that many nurses delivering this program do not hold a BSN. An effort to partner with the UW College of Nursing Program to expand educational opportunities for nurses has begun. //2008//

/2009/ The PHN Chief Nurse Executive for the WDH is considering allowing a more regionalized approach to the NFP program in some areas of the state. Due to low birth numbers in some counties, high staff turn-over, high cost of program implementation, and shifting local priorities, some counties may combine staff and efforts to reach the intended population.

NFP operations have been moved to the PHN Section. Discussions continue in CPHD on how to best manage the program with Temporary Assistance to Needy Families (TANF) funds being received and distributed by MFH. A PHN, who has extensive experience and knowledge working with MFH programs, was hired from a local county office as the PHN Program Specialist who serves as the MFH liaison. She works with both PHN and MFH to coordinate all MFH programs.//2009//

Wyoming is unique in that our minority populations are primarily Hispanic (6.4%) and Native American (2.1%). Therefore, we direct the majority of minority services to the two counties in which most of the population resides (Teton and Fremont counties). After several years of no reimbursement for translation services, Medicaid/EqualityCare is in the process of adding translation services to their benefits. They are contracting with a private company that provides interpretation by phone for several languages and dialects, and local translators will be enrolled to receive payment for their services. The fee that Medicaid will reimburse for services is many times more than what MFH currently pays, and consideration will be given for increasing MFH reimbursement for translation services.

/2008/ Clarification: The MFH reimbursement schedule for translation and transportation fees changed to mirror EqualityCare in July 2006.//2008//

In April 2004, two programs were transferred to MFH, the Genetic Counseling Services (GCS) and the Newborn Metabolic Screening (NBMS) program. The NBMS program is mandated by

Wyoming Statute (W.S.) 35-4-801, which provides screening for inborn errors of metabolism. In July of 2003 the fees for the laboratory went up and the Title V Block Grant could not fund the screening at 100% as it had done in the past. In August of 2004, a fee was established and hospitals were assessed a \$48.00 fee for each initial screen they performed. W.S. 35-4-801 provides for metabolic screening and newborn hearing. The rules and regulations for metabolic screening allowed the setting of fees to maintain the screening; however, newborn hearing did not include that in their rules and regulations. Amending the Rules and Regulations to charge a fee for newborn hearing is currently being pursued. The Newborn Hearing Screening program currently receives two grants, one from MCHB and one from Child Development Centers and the ability to assess a fee to hospitals would serve to stabilize the funding of that program. The NBMS program will be increasing the fee charged for the metabolic screens, due to the addition of nineteen screens, and partnering with Wyoming State Laboratory in establishing a courier system to pick up laboratory specimens throughout the state in a timely manner.

/2008/Starting July 2006, the newborn metabolic screening fees increased to match current expenses and expansion of this program, which increased from 19 to 21 screens. During the 2007 legislative session, the Wyoming Legislature reviewed and approved the assessment of fees to WY hospitals for newborn screening and hearing mandated through statutes W.S. 35-4-801 and W.S. 35-4-802.//2008//

/2009/The rules and regulations for the Newborn Metabolic Screening (NBMS) program, within MFH, as well as the Newborn Hearing Screening program, housed within the DDD section, have both passed review and have been signed by the appropriate authority. Newborn Hearing screens are being performed for a charge of \$50.00 each, and newborn metabolic screens are being performed for a charge of \$70.00 each.//2009//

In the 2004, legislative session House Bill 33 established and funded the Wyoming Children and Families Initiative (CFI). A statewide effort of stakeholders including private businesses, non-profits, local interest groups, government, and community members joined together in a dedicated effort to improve the well-being of the most valuable assets in our state: our families. Five results to benefit children and families were established: 1) Wyoming families living in a stable, safe, supportive, nurturing, healthy environment; 2) A diverse economy that provides a viable income and ensures wage equality; 3) Affordable and accessible healthcare and insurance; 4) Children born healthy and achieving their highest potential in early development years; and 5) Students successfully educated and prepared for life's opportunities. Each result has four established indicators of the progress being made in each area.

/2008/ Funding to continue the CFI was discontinued. Collaborations between agencies continue, which promotes certain aspects of this initiative.//2008//

Each result has four measurable items, indicators of the progress being made in this area. The Early Childhood Comprehensive Systems (ECCS) Grant was utilized to address the early childhood portion of this effort. Building on this initiative, legislation was passed in 2006 about quality child care. This was a much debated bill, initially providing for a quality child care system within DFS; criteria for the rating of child care facilities; delineated incentives for the professional development of child caring facility staff; required reports; granted rulemaking authority; and authorized positions. The program was moved to the Department of Workforce Services (DWS) and an interim study was ordered to be presented to the 2007 Legislature about this system.

/2008// At this time, ongoing collaborative efforts with the Wyoming Department of Workforce Services (DWS) and other stakeholders focus on system building to strengthen quality childcare programs in WY. //2008//

/2009/Many of the stakeholders from the original CFI have joined together with members of the ECCS steering committee, the DWS staff charged with the quality childcare initiative, private childcare providers, DFS staff, childcare licensing and school personnel to

continue work intended to benefit the youngest of Wyoming citizenry. The acquisition of a Smart Start Technical Assistance Grant, assessment and program development of a statewide collaborative is underway.

DWS is also working to implement a CLIMB Wyoming (programs to train and place single mothers into higher paying jobs) project for fathers, as there has been a program for single mothers with infants for several years. The project, sponsored by DWS is to be functional by the summer of 2008 and will provide support and education to fathers. The CLIMB Wyoming for Fathers will supplement the Fatherhood Initiative. //2009//

Key to the operation of the State MFH (Title V) Section is Wyoming's network of PHN offices located in each of Wyoming's twenty-three counties. PHNs provide the local service delivery infrastructure by serving as the first contact for families who are in need of MFH services, ensuring their entry into the MFH continuum of care. Limited financial support for prenatal and infant care for those pregnant women who are uninsured or underinsured is offered. Additionally, prevention and intervention services are provided in the areas of communicable disease, pre-admission screening for nursing home placement and homeland security. PHN staff advocates for families by requesting services that families may be eligible for, but are not aware of, such as transportation or Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). PHN staff serves on local interagency community councils and are responsible for updating community resource manuals at least annually.

In addition to collaborating and coordinating with PHN, MFH has a long-standing history of networking/collaborating with state and local consortia of health and social service agencies. Extensive efforts have been made to identify and provide support for health needs, service gaps, and barriers to care for families and children. As a community-based program, MFH utilizes a combination of federal and state funding in addition to fee collection, for systems infrastructure development and capacity building in an effort to ensure local public health and safety net services are met for the MFH population.

A major strength of the MFH Title V program is the ability to identify and address persistent and emerging health issues for women, infants, children and youth, including those with special healthcare needs, by assisting families on their self determined needs. The flexibility of the block grant to address a very broad array of health issues supports formation of vast networks to benefit families.

MFH program services, provided primarily through PHN offices, fill a critical access gap ranging from family planning to specialty clinics for children with special healthcare needs (CSHCN). Additionally, funds for programs to address health concerns have been initiated i.e. Women's Reproductive Health Study.

A number of national-level and state-level changes have influenced the infrastructure development of the MFH program by placing increased demands on current available resources. These changes include:

- In depth scrutiny of Medicaid and its budget, the largest budget in WDH.
- Increased demand on PHN staff to provide Homeland Security Services.

//2008/ Nursing Services (NS) staff, who are involved in the Wyoming Bioterrorism Response efforts, have secured funding to purchase video teleconference equipment for each local PHN office. This equipment, which is web-based and cost-effective to access, will improve communication efforts between state and local agencies.//2008//

//2009/ CPHD is in the preliminary stages of discussing a Continuity of Operations Plan which focuses on disaster planning and continuation of essential services. Additionally, March of Dimes (MOD) offers Disaster Planning for Pregnant Women via download from their website.

/2009/Nursing staff shortages, ongoing budget cuts to the Title V program, and shifting local priorities make the expansion and strengthening of Title V programs difficult. Efforts to meet local needs, purchase additional materials/equipment useful to MFH programs and initiatives, and promotion of collaborative partnerships at the local level continue to be stressed.//2009//

- WDH has created and filled a position for the management of the WDH Information Technology system. This position has begun to set up an enterprise system for the WDH data bases. An application in partnership with a private entity, Limelight, was made for a grant to have an integrated child health record system. If this grant is not funded, efforts will continue with Limelight to utilize the integrated record that they have developed for the state of Georgia.

/2008/ Limelight is no longer under contract with Wyoming Department of Health. However, efforts are underway with WDH IT staff to develop an integrated data system using SSDI funds. The Director of the Wyoming Department of Health has determined this to be a top priority.//2008//

/2009/MFH and EPI staff have worked diligently with WDH IT staff to create and launch data systems which will help MFH gather timely information, link clients between programs, and monitor health conditions of eligible clients in local areas. In January 2008, MFH rolled out the new data system for BB, an assessment and monitoring program designed as a "first step" when accessing MFH programs locally for pregnant women and newborns.

In addition, data linkages were created between vital records and the NBMS program in order to further develop and strengthen the process of assuring all Wyoming newborns are screened for inherited metabolic disorders in a timely manner. The CSHCN program is in the initial stages of developing a new data system which will have the capability of collecting information from the BB data system. It is the hope of the MFH team that these systems will be able to monitor and link with each other in order to track clients and provide guidance regarding their individual health needs. //2009//

- Health Insurance Portability Act and Accountability (HIPAA) rules continue to have an effect on the exchange of information between providers.
- Wyoming Medicaid continues eligibility guidelines at 100% FPL for children six to eighteen years of age.

/2008/ Wyoming Medicaid continues eligibility guidelines at 133% FPL for children under six years of age. //2008//

- Numerous issues related to recruitment and retention of health providers in Wyoming is slowly being addressed. Medicaid reimbursement for obstetric services increased with recent legislation. Also the medical malpractice insurance account was extended.
- The Loan Repayment Program was given an additional \$5 million to recruit healthcare providers, which includes psychiatrists and dentists.
- SCHIP guidelines have increased to 200% FPL.
- The continued efforts by the state government to follow up on the results of the survey on Wyoming's children and families. This legislation was passed in FY04 to provide funding for a comprehensive survey of the needs of Wyoming's CFI.

/2008/ Funding for the Children and Families Initiative (CFI) was discontinued. Collaborations between agencies continue, which promotes certain aspects of this initiative.//2008//

/2009/ Many of the stakeholders from the original CFI have joined together with members of the ECCS steering committee, the DWS staff charged with the quality childcare

initiative, private childcare providers, DFS staff, childcare licensing and school personnel to continue work intended to benefit the youngest of Wyoming citizenry. Many of these entities were joined once again by the Early Childhood Work Group (ECWG), which comprises many state agency representatives as well as local parents and providers. This workgroup will be a primary partner in the Smart Start Technical Assistance Grant, which is currently underway. //2009//

- Numerous changes in the WDH organizational structure (see Attachment for Section C, Organizational Structure).
- The WDH has extended the outcome based approach plan to all programs by having them submit strategic plans with data and goals. These are assessed each year for progress. WDH initiated and implemented the change to an outcome-based approach project plan, which is now being implemented in other departments within state government.

//2008/Clarification: All Programs, Contracts, and Memorandum of Understandings (MOU) within WDH are requested to have strategic plans with goals and supporting data, and these are assessed each year for progress.//2008//

The MFH program has placed an increased emphasis on the public health functions of: assessment, policy development, assurance of access to healthcare, and performance measurement. Beginning in FY 2003-04, MFH committed additional Title V funds to assist local public health departments in delivering core MFH services.

The total annual commitment to local community capacity building is now over one million dollars -- nearly the full amount of Wyoming's Title V allotment of \$1.3 million.

As a result of nursing shortages, wage discrepancies, uneven distribution of providers and the overwhelming cost of providing the necessary needed services, it is apparent that building capacity within communities is not an easy task.

//2009/As a result of the continued decrease in funding within the Title V Block Grant, MFH must set even more focused priorities regarding the efforts and initiatives undertaken by the state as well as local communities. All efforts continue to surround the state and national performance measures, as well as the results of the five year needs assessment.//2009//

C. Organizational Structure

WDH is the primary state agency providing health and human services for the State of Wyoming. Programs are administered to maintain the health and safety of all Wyoming citizens, including 129,044 children under the age of 18 years old. WDH employs approximately 1,520 individuals statewide. The WDH annual budget is over \$592 million; although the MFH Title V federal allocation in FY04 was only \$1.3 million.

//2008/ In 2007, WDH employs approximately 1,543 individuals statewide, and this is the second year (2007) of the WDH biennium budget, consisting of \$1.4 billion. //2008//

//2009/ On an average month, within the WDH, there are approximately 1,470 employees. The WDH biennium budget currently consists of \$1.5 billion.//2009//

Some key MFH collaborators* are listed below, to supplement the organizational charts:

- The Mental Health and Substance Abuse Services Division (MHSASD)* administers the mental health, and family violence/sexual assault authorities within the Department and the Wyoming State Hospital and provides a specific focus on substance abuse issues for all

populations including pregnant women and families, maximizing resources to fight substance use and addiction (including tobacco).

/2008/ The Mental Health Division and Substance Abuse Division were combined, and Rodger McDaniel has been appointed as the Mental Health and Substance Abuse Services Division (MHSASD) Administrator in January 2007.//2008//

- Developmental Disabilities Division (DDD)* provides services for children and adults with developmental disabilities, beginning with early intervention and preschool programs, including responsibilities associated with the intermediate education unit, the adult developmental disabilities programs, and the Wyoming State Training School.

/2008/ DDD has drafted an application in 2006 for two new waivers for individuals with developmental disabilities and acquired brain injuries. The new waivers, "Real Choice Waivers", are different from existing waivers. Two principle differences are:

- Services will be self-directed by the self advocate or family, meaning the individual receiving services or family has the choice of what services they want and they hire the people who will provide these services

- A funding cap of approximately \$20,000 per year is allocated. A Plan of Care will be required and an individual budget will be provided based on the needs identified in the plan of care.//2008//

- Community and Public Health Division (CPHD) provides MFH services (including Genetic Counseling Services and Newborn Metabolic Screening) as well as a number of direct service programs including Public Health Nursing, Immunizations, Oral Health, Office of Rural Health, Epidemiology, WIC, and End Stage Renal Disease (ESRD).

/2008/ The Public Health Nursing Section was renamed to Nursing Services Section in June 2006. //2008//

- Preventive Health and Safety Division includes Epidemiology, Cancer surveillance, Diabetes, STD, Vital Statistics Services, Cardiovascular Disease, Environmental health (lead and radon), Tuberculosis, Homeland Security, and other programs focusing on prevention and safety.

/2008/ Office of Healthcare Financing includes EqualityCare and SCHIP.//2008//

/2009/ Community and Rural Health Division has recently undergone a name change; it is now the Community and Public Health Division (CPHD).

The Office of Rural Health (ORH) is no longer housed within CPHD, but has joined the OTT, the WOMH, and Vital Statistics Services to create the Rural and Frontier Health Division (RFHD). //2009//

The State Health Officer (SHO), Brent Sherard, M.D., the State Physician/EqualityCare Physician, Dr. James Bush, and the State Dentist/EqualityCare Dentist, Grant Christensen DDS, serve the entire WDH. Dr. Sherard provides medical consultation to agency staff regarding best practices, promotes and assists in establishing and maintaining standards of medical care, and provides consultation on medical needs and services to assist agency planning efforts. He also has legal responsibility to assure Public Health statutes are properly implemented throughout the state.

The State Physician/EqualityCare Physician, Dr. James Bush, provides medical oversight for MFH programs, and ensures appropriate policy development and service delivery for this population. Additionally, the position provides consultation to EqualityCare and Kid Care

regarding early childhood issues and provides guidance for the CFI, the Governor's Council on Developmental Disabilities, and the Early Intervention Council (EIC). The position also collaborates with the Department of Education (DOE) regarding school-based clinics.

/2008/ Dr. James Bush was hired in March 2007 to fill the position vacated in 2006 by Dr. Melinkovich. The position is no longer filled by a Pediatrician, as Dr. Bush is licensed as an Internist. //2008//

/2009/ Dr Bush has been instrumental in solving complex issues with Newborn Intensive Care program (NBIC) and Children's Special Health (CSH) clients by consulting with MFH. //2009//

Dr. Grant Christensen provides dental oversight and consultation for the Dental Sealant, Marginal Dental, Fluoride Mouth Rinse and Severe Crippling Malocclusion programs. He also consults on other dental issues for programs within the WDH. Although Dr. Christensen provides leadership to the Cleft Palate Clinics, management of the Oral Health Services Unit remains within the CRHD. The expanded duties of Dr. Christensen as the State Dentist include: recruitment of dentists to the state through Legislative committee work on Department reimbursement issues; committee work toward dental school loan repayment; and coordination with community coalitions, Dental Board and Dental Association to address access issues.

/2008/Dr. Christensen also provides consultation to EqualityCare. //2008//

An attachment is included in this section.

D. Other MCH Capacity

Since its inception, the MFH Section of the Wyoming Department of Health has consisted of a network of state and local health and social service agencies. This network has identified the health needs, service gaps, and barriers to care for families and children, and has planned community health and clinical services to meet those needs. As a community-based program, MFH has used a combination of federal and state funding to offer public health and safety-net direct services for the MFH population.

The following staff changes occurred during the annual report/application period:

Community and Family Health Division was renamed the Community and Rural Health Division, and MCH became the Maternal and Family Health Section in mid-2006. Reorganization provided for Betty Sones, Office of Minority Health Coordinator (OMH), to become a separate section to serve the CRHD.

/2008/ The title of CRHD Section Managers changed to Section Chiefs June 2006. The Public Health Nursing Section was renamed Nursing Services Section June 2006.//2008//

/2009/ The Community and Rural Health Division has recently undergone a name change; it is now the Community and Public Health Division. //2009//

Dr. Brent Sherard was appointed and confirmed as the permanent Director of WDH in 2005.

/2008/ Dr. Gary Melinkovich, Staff Physician, resigned in April 2006, and Dr. James Bush was hired into that position in March 2007. //2008//

Ross Doman resigned his position in 2005 and Kim Deti was hired as the Public Health Information Officer (PIO) in February of 2006.

Crystal Swires replaced Peggy Lundy as the Children's Special Healthcare Needs (CSHCN)

Administrative Specialist in 2006.

/2009/ Michele Haagenson resigned her Administrative Assistant position in December 2007. Crystal Swires is now filling that position. The CSH Administrative Specialist position is currently vacant.//2009//

Cathy Ernste resigned in 2005 and Sheli Gonzales was hired into the Records Analyst position.

/2008/ Ramona Nelson transferred to the Nursing Services Section in November 2006. //2008//

/2009/The Records Analyst position is filled by Carleigh Soule, June 30, 2008. //2009//

Jimm Murray retired in September 2005 and Molly Bruner was hired in January 2006 as the CRHD Administrator.

Erin Croughwell-Luben resigned as the CRHD EPI manager and Angi Crotsenberg was hired into that position.

Mary Olson retired from the Executive Assistant position in January of 2006 and was replaced by Mirandie Peterson.

Jennifer Chase, who was previously an EPI intern, was hired in December 2005 as the MFH Epidemiologist.

/2009/ Jennifer Chase resigned in February 2008. That position remains vacant.//2009//

Margie Walling was hired in 2005 as an EPI Intern.

/2009/ Margie Walling left state employment in February 2008. //2009//

/2008/ Molly Diekmann and Ashley Busacker were hired as epidemiology interns in 2006. //2008//

/2009/ Molly Diekmann left state employment in August 2007. Rebecca Snider joined the CRHD EPI team in August 2007. Ashley Busacker will complete her Ph.D. in July 2008 and will rejoin the team as a fellow from the Council of State and Territorial Epidemiologists. She will devote half of her time to MFH Epidemiology and the other half to Chronic Disease Epidemiology.//2009//

John Harper retired in September 2005 and his position was reclassified to CRHD Chief Financial Officer (CFO) and interviews are currently being conducted for that position.

/2008/ Martin Daniel was hired as CRHD CFO in November 2006.

JoAnne Blevens retired as the PHN Program Manager in June 2006, Donna Griffin was promoted to the PHN Nursing Executive in 2006.//2008//

Sherrill Bates resigned as the CSHCN Nurse Consultant in May 2006, and that position is currently vacant.

/2008/ Shari Long began the CSHCN Nurse Consultant position in June 2006. The position was vacated again in April 2007; revisions for this position are currently being completed. //2008//

/2009/ Charla Ricciardi was hired into the reclassified position of Records Analyst Supervisor in January 2008. //2009//

Data entry positions are now Amy Byers and Anya Wilcox.

/2008/ Amy Byers was replaced by Carleigh Soule in August 2006. Upon implementation of the new Best Beginnings data system, in which the PHNs enter their own home visiting data, Ms. Soule's duties have changed. She is now the data manager for Wyoming PRAMS.//2008//

/2009/ Anya Wilcox left her position and Mason Hearn was hired for that position in April. Mason Hearn left the position in June, this position is currently vacant.//2009//

Dorothy Ailes retired as of June 2006, and that position is currently vacant.

/2008/ Paul Ramirez was hired as the CSHCN Program Manager in January 2007. //2008//

Christy Lujan resigned as the Perinatal Consultant in January 2007.

Jessica Allen was hired as the Child and Adolescent Intern in January 2007 and left in August 2007 to pursue a Masters degree at the University of Michigan. Recruitment for this position is currently underway. This position will shift from an intern to full-time status.

/2009/ Liz Mikesell was hired as the permanent Child and Adolescent Health Program Specialist in January 2008, which was reclassified from the Perinatal Consultant position. //2009//

Mona Coler and the Home Visiting Nurse Consultant position transferred to the Nursing Services Section in March 2007. Mona resigned her position in May 2007.

/2009/ Linette Johnson was hired into the PHN Program Specialist position in August 2007.//2009//

/2008/Mary Lou Williams became the CRHD Receptionist in July 2006.//2008//

Note: MFH has experienced a net loss of three positions in the past two years that were reassigned to other WDH divisions -- Family Consultant, Children and Adolescent Program Manager, and Administrative Assistant. The Children and Adolescent programs have been most impacted, and various MFH staff has taken on additional responsibilities related to that population. Additionally, the Genetics and Metabolic screenings programs, mandated by law, have been absorbed into MFH.

MFH's strategic plan includes system development in support of MFH Populations:

- Office of Women's Health: Debra Hamilton, MSN, RN, CCM, CRRN, CNLCP, CLC (307) 777-7944. Central point of contact for medical and statistical information, expertise and assistance in improving the health status of Wyoming's women. Plans and implements learning opportunities to provide updated education on women's health issues.
- CRHD Epidemiology: Angela Crotsenberg, MS (307) 777-8787. Coordinates MFH comprehensive needs assessment every five years to monitor health of all mothers, children and youth in the state; collects and analyzes data responds to inquiries from the media, community health planners, legislators and advocacy groups; designs studies for MFH issues; monitors progress toward national and state performance objectives; provides data to support policy changes; and assists in the evaluation of all CRHD initiatives; and Pregnancy Risk Assessment Monitoring System (PRAMS) Project Coordinator.

/2008/ CRHD Epidemiology provides epidemiology support for the Community and Rural Health Division including WIC, Immunization, the Office of Rural Health and the Office of Multicultural Health. This section also manages the State Systems Development Initiative (SSDI) Grant. Current activities include building a predictive model of preterm birth and a women's health needs

assessment. //2008//

Women and Infants Services:

- Perinatal Systems Manager: Debra Hamilton, MSN, RN, CCM, CRRN, CNLCP, CLC (307) 777-7944. Responsible for development of comprehensive, coordinated, community-based systems of perinatal services to assure access for prenatal care (including financial assistance for mothers and newborns receiving care at tertiary care centers), and coordinated services appropriate for the pregnant woman and her family during the critical perinatal period. Manages the Perinatal Services Unit including Best Beginnings (BB), Maternal High Risk, Newborn Intensive Care (NBIC), and Family Planning Programs. Perinatal contact and support are provided in every county in the state, with the entry into the MFH continuum of care being the Best Beginnings program (see MFH continuum of care chart). Project Manager for the PRAMS grant.

//2009/ Medical chart review for MHR, NBIC and CSH clients. Point of contact for SIDS, SBS, HBWW, providing guidance for families who have experienced the loss of a child.//2009//

- Family Planning: Debra Hamilton, MSN, RN, CCM, CRRN, CNLCP, CLC (307) 777-7944. Contracts with public and private partners, through Wyoming Health Council (Title X agency), to ensure access to community-based family planning services, to augment the state's Title X family planning grant.
- Perinatal Consultant: Christina Lujan, MSW, (307)777-3733. Provides consultation and support for the Perinatal Services Unit including BB, Nurse Family Partnership (NFP), Maternal High Risk (MHR) and Newborn Intensive Care (NBIC) programs with emphasis on social issues with an application to complex, multi-system service needs pertaining to the perinatal population, particularly in rural human and health service organizations. This is especially appropriate for a frontier area such as Wyoming, in which social service needs often require innovative prevention and treatment programs as well as provide increased ability to integrate support to prevent or help solve difficulties in a wide range of diverse client systems within the rural communities, the broader environment and to address social and economic issues especially with populations-at-risk. Point of contact for Sudden Infant Death Syndrome (SIDS), Fetal Alcohol Syndrome (FAS) and providing guidance and support for families who have experienced the death of a child, and other issues that require family support.

//2009/ This position was reclassified to the Adolescent Health Program Specialist in January 2008. //2009//

- Metabolic Screening: vacant, (307) 777-7941. Coordinates the provision of metabolic screening materials to screening facilities; a data system to track testing, diagnosis and interventions; and program quality assurance.

//2008/ WY Newborn Metabolic Screening: Paul Ramirez, BSW, (307) 777-7941. Wyoming statute, W.S. 35-4-801 and 35-4-802, mandates that all Wyoming families are offered screening of their newborn for inborn errors of metabolism, which includes hearing screening.

WY Genetic Counseling Services: Paul Ramirez, BSW, (307) 777-7941. This MFH program contracts for genetic counseling services, which allows clients/families to gain a clearer understanding of inherited/genetic conditions and other birth defects, as well as the risk of occurrence and recurrence. //2008//

Children and Youth (Birth - 24 months) Health Systems:

- Wyoming Children and Families Initiative (CFI): Beth Shober, MA (307) 777-6326. Initiative implemented as a result of the comprehensive needs assessment conducted in FY05.

This multi-disciplinary, Governor appointed work group took the results of the needs assessment and created the "Wyoming Family Photo" document, which highlights 5 results that the State of Wyoming will be focused on addressing over the coming year(s). This process has been a vehicle to educate and raise awareness of the need for a comprehensive state youth development plan, with systems development being conducted through building and strengthening public and private partnerships to support families, children and youth in Wyoming.

/2009/ CFI is no longer meeting.//2009//

- Wyoming Early Childhood Comprehensive Systems (ECCS) Planning Grant: Susie Scott Mullen, M.S., L.P.C. (307)259-0182 ECCS grant funding was awarded to the MFH of the WDH in 2003 to develop a comprehensive statewide early childhood strategic plan for supporting young children, their families and their communities. The ECCS process also coordinates with the above referenced CFI and is serving as the early childhood portion of that comprehensive effort. Cross-systems workgroups have been utilized to address the following ECCS grant focus areas: (a) access to healthcare and medical homes, (b) mental health and social/emotional development, (c) early care and education, (d) parent education and (e) family support. The ECCS strategic plan will address ways to leverage funding to develop infrastructure that supports strategies under development. This process includes specific roles for parents, advocates, policy makers and legislators as Wyoming moves towards a comprehensive system of services for young children, their families and their communities.

/2008/ Susie Scott Mullen resigned as the ECCS Coordinator in 2006. Jessica Allen assumed this responsibility in January 2007. //2008//

/2009/ Jessica Allen left her position in 2007 and Liz Mikesell was hired as the Adolescent Health Programs Specialist in January 2008. Wyoming was awarded a Smart Start Technical Assistance grant in early 2008 and future ECCS grant funding and activities will support the statewide Smart Start Initiative.//2009//

Children and Youth with Special Healthcare Needs System:

- Children's Special Healthcare Needs (CSHCN) Services: Vacant (307) 777-7941. Supports and provides technical support to public and private sector efforts enhancing early screening and treatment for children with special healthcare needs. Promotes infrastructure for the transition of the adolescents with special healthcare needs into adult services and workforce.
- CSHCN Nurse Consultant: vacant (307) 777-7941. Promotes care coordination for clients and families of children with special healthcare needs through the local PHN offices.

/2008/ Children with Special Healthcare Needs (CSHCN) Services: Paul Ramirez, BSW (307) 777-7941. Supports and provides efforts to enhance early screening and treatment for CSHCN. Promotes infrastructure for the transitioning of adolescents with special healthcare needs into adult and workforce services. Promotes care coordination for clients and families of CSHCN. Limited financial assistance via fee-for-service reimbursement for selected diagnoses is also provided.//2008//

/2009/ In 2008, the CSHCN Nurse Consultant position was reclassified and Charla Ricciardi filled the position as Records Analyst Supervisor. //2009//

Other MFH Block Grant Programs:

- Immunization: Funding to assist with registry development, vaccine purchase, and outreach is provided by MFH.
- OHS: MFH funds dental sealants, orthodontic and other services to under-served children.

MFH funds Community Capacity Grants (Title V pass-through funding) to local PHN offices to assist communities in the development, delivery, and quality evaluation of MFH services.

A CDC PRAMS grant was awarded to MFH and was implemented mid-2006. Additionally, efforts are underway to develop a comprehensive computer system to secure and stabilize existing databases used by MFH program personnel. This will allow for direct data entry by nurses in the field as they see clients. Duplication of data entry will be reduced by linking MFH programs to a database that will connect interventions to outcomes, thus decreasing the burden to families who apply for multiple MFH programs.

//2008/ A CDC PRAMS (Pregnancy Risk Assessment Monitoring System) grant was awarded to MFH and was implemented mid-2006. PRAMS funding was utilized for start-up activities during the first year, and the first sample was drawn in April 2007. Samples will be drawn monthly by CDPHE, who is contracted by CRHD to implement the PRAMS project. Efforts are underway to use SSDI funds to develop a comprehensive data system that links existing databases used by MFH personnel. The first component of this project is a home visiting database that allows for direct data entry by nurses in the field as contact with clients happens in real-time. Future linkages include Vital Records, WY NBMS, and Newborn Hearing Screening.//2008

E. State Agency Coordination

The MFH Section coordinates with many state, county and local agencies and organizations to improve the health outcomes of the MFH populations. The Community and Family Health Division has been re-designed (please see new organizational chart) and has been renamed the Community and Rural Health Division. A few highlights of coordination results include:

//2009/ The Community and Rural Health Division has recently undergone a name change; it is now the Community and Public Health Division. //2009//

- Women, Infants and Children (WIC): WIC collaboration has been essential in the development and revision of standards and policies for the perinatal, early childhood and home visiting initiatives. Research results within Wyoming have been shared between these two sections. WIC staff used a computer program purchased by MFH to analyze the nutritional intake of children with special health concerns in specialty clinics. WIC was a key consultant to the training provided to PHN staff regarding care of families with a premature infant. Future collaborative efforts with WIC include the strengthening of existing referrals to all MFH programs. Research demonstrates early contact and referral through WIC offices can be one of the most successful entry points for clients eligible for the Nurse HVP offered in Wyoming.
- Oral Health Section: Collaboration with Oral Health was essential in the development of the Maternal Dental Care Services Pilot Project which established the tremendous need for dental care within Wyoming, for all ages of citizens. The pilot project was discontinued six months sooner than anticipated due to the depletion of the funds set aside for the project. Collaboration continues to strengthen EPSDT screenings, including dental exams and fluoride varnish applications. Wyoming's MFH and Oral Health Section wrote a collaborative application in 2006 intended to allow Wyoming to receive specialized training on EPSDT screening. Wyoming was not funded, however Colorado was, and has invited Wyoming to participate in all events they host related to that funding source.

//2008/ A Community Oral Health project was implemented in 2007. Four dental hygienists were hired to cover eight counties within Wyoming, the purpose of which is to provide screening services to children within those counties. Counties included in this project are Albany, Carbon, Fremont, Hot Springs, Johnson, Sheridan, Sublette and Sweetwater. //2008//

//2008/Children with Special Healthcare Needs (CSHCN) provides support staff at the cleft palate team clinics to conduct quality assurance interviews with families regarding their needs and

adequacy of resources.//2008//

/2009/ In late 2007, MFH had the opportunity to help a child on the CSHCN caseload who suffered from a large cleft palate which could not be repaired through traditional efforts. MFH collaborated with the Cleft Palate Team to successfully treat this child with cutting-edge methods, resulting in an optimal outcome that will be published in medical journals. Creating this opportunity in Wyoming will expand treatments for high need cleft palate clients who face this same challenge nationwide. //2009//

- EqualityCare: MFH and the Oral Health Services staff have collaborated with EqualityCare to address the low reimbursement rate for preoperative planning time required for orthognathic surgery. This issue has a potential for limiting access to necessary orthognathic surgery. Other discussions have ensued regarding the lack of dentists in WY, especially dentists who will take EqualityCare and special needs clients.

/2008/ MFH and the State Pediatrician collaborated with EqualityCare to address reimbursement for genetic testing, efforts are underway to implement this reimbursement as staff has changed and policies will need to be re-evaluated. //2008//

/2009/ Reimbursement for genetic testing has been implemented. //2009//

Beginning in July 2004, PHN and MFH collaborated with EqualityCare and their case management contractor, APS, to develop a system of effective referral sharing to increase the number of pregnant women who access MFH services. This collaborative effort serves to enhance the established referral system for all eligible pregnant women to apply for EqualityCare services if eligible for services. Staff turn-over within the EqualityCare system have added to the need for stronger communication and follow-up regarding reports/contact with local offices.

/2008/ Clarification: MFH strives to improve communication and collaboration with EqualityCare to enhance the system of effective referral sharing. //2008//

/2009/ As of July 1, 2008, non-citizens will no longer be eligible for the Pregnant Women Program (PWP). Discussions are ongoing to address the health needs of that population. One such project is being piloted in Teton county, where there is a large percentage of non-citizens who work in the service industry. A Centering Pregnancy model is being proposed through the PHN office there, with support from the County Commissioners and the local providers. The model uses a group prenatal visit curriculum in which the pregnant women not only have individual time with the provider, but also develop a support group between themselves. A topic that is relevant to the gestational age of the women in the group is presented and discussed at every group meeting. This model is especially significant in this county, as the providers are requiring over one thousand dollars as a deposit in order to see the pregnant women. //2009//

- Office of Rural Health: Collaboration with the Office of Rural Health and Rural Health Loan Repayment Service, which offers ways to entice new providers into the state, continues to be explored.
- Office of Multicultural Health: Collaborate with the Office of Multicultural Health in the development of a multi-disciplinary team of State and Community partnerships, working together to improve healthcare services for Wyoming's underserved and minority populations.

/2009/ The ORH, the WOMH, OTT, and Vital Statistics Services have merged into the newly created Rural and Frontier Health Division. //2009//

- Public Health Nursing: Audits at regional meetings were conducted throughout the state, evaluating the standard of care, documentation and training needs of staff. The results were

analyzed by MFH and PHN, and interested parties created working groups to strengthen program implementation.

/2008/ Nursing Services Section implements quality assurance measures throughout the state in all programs, evaluating the standards of care, documentation, and training needs of staff. Results are analyzed by PHN, and a work group examines results to strengthen program implementation.//2008//

/2009/ The PHN section is developing evidence-based standards of practice for MCH services at the individual, community, and system levels of care. Standards will be developed across MCH services and will directly link to quality/outcome indicators. The standards will also be linked to state and national performance standards.//2009//

Kid Care CHIP (State Children's Health Insurance Program): The SCHIP staff is now determining eligibility for the program, and the FPL was increased to 200% in July 2005.

/2008/ In FY 2006, 86.1% of EqualityCare enrollees less than one year of age received at least one initial periodic screen. This is a small decrease from the FY 2005 percentage of 87.0%, although the difference is not statistically significant. There has been no significant change in this indicator since 2001.

Because pediatricians are unevenly distributed, family practice physicians being overloaded and inherent geographical challenges, the medical home concept is being viewed differently in Wyoming. It is stressed to families to have one Primary Care Provider (PCP) with PHNs, and other community resources, acting as a true medical home. //2008//

/2009/ Specialty outreach clinics will continue to be supported. MFH will strengthen marketing of specialty outreach clinics to provide awareness to families and PCPs needing these services. Bringing specialists to Wyoming will provide much needed specialty care closer to home, saving time and travel.//2009//

MFH emphasizes the importance of well-child checks in addition to specialty care visits, recognizing that providing these services to children with special healthcare needs requires more effort. MFH and EqualityCare instituted an increased reimbursement rate for specialists that serve dual-eligible children. Efforts are directed towards coordinating care between pediatric specialists and sub-specialists, and the Primary Care Provider by requesting copies of medical records and assuring that a copy is available for the PCP and PHN staff. MFH staff obtains and reviews medical records to assess medical eligibility and future medical needs.

MFH, EqualityCare, and SCHIP eligible clients not accessing services or following through with treatment plans are referred to PHN for intervention.

Families are required to apply for EqualityCare and SCHIP prior to becoming eligible for MFH services. Implementing this will allow families to have a payment source for well-child checks. All MFH families are encouraged to obtain well-child checks through letters and efforts of the PHN staff.

Families applying for EqualityCare and SCHIP who have a child with a special healthcare need are referred to MFH to determine eligibility for MFH services. Referrals continue to be shared amongst APS, SCHIP and MFH.

A plan of treatment was agreed upon between MFH, PHN, and APS for complex cases. Cases may include children hospitalized out of state and needing care coordination to return to the local community, and to recommend clients visit their PCP or specialist on a regular basis.

MFH, PHN, EqualityCare, and Part C of DDD staff continue to coordinate and educate tertiary

care facility staff to ensure WY families are referred to WDH programs.

MFH and PHN staff will follow-up with families who need to reapply for EqualityCare or SCHIP, assuring healthcare coverage is continued.

MFH participates with SCHIP in networking with communities throughout the state, allowing for WY citizens to be informed about MFH and EqualityCare programs that are available.

ECCS emphasizes early screening and treatment to increase the child's ability to reach optimum health through promoting EPSDT, commonly known as well-child checks. A part of the promotion of well-child checks is to educate the families about what to expect from a medical home. Some children with special healthcare needs do not receive regular well-child checks due to the number of specialty visits that are required.

/2009/ Wyoming was successfully chosen to become a demonstration site for Johnson Group Consulting in the fall of 2007. A team of national experts traveled to Wyoming to conduct the leadership workshop entitled Title V and Medicaid Collaboration to Improve EPSDT Program and Child Health. Ongoing discussions promise to expand and strengthen these efforts within the state. //2009//

/2008/ Childhood Immunization Act was passed by legislation in 2007 providing for essential vaccines to non-EqualityCare providers at a lower cost. //2008//

/2009/ WIP will also strengthen collaborative efforts with MFH to improve immunization rates among Wyoming adolescents. The Section will be establishing an adolescent immunization coalition to identify effective strategies for improving immunization rates for this hard to reach population. MFH will be an important partner in this coalition.//2009//

- The Children and Family Initiative: CFI is a multi-disciplinary effort headed by state agency directors and many non-profit and public businesses. All members of this initiative have committed time and resources to the project. MFH was actively involved in the planning implementation phase of the Comprehensive Study of Children and the results have been the catalyst for subsequent efforts. The study identified issues and barriers facing many Wyoming children and families, including economic hardships, lack of transportation and access to healthcare. The results of this effort have been recently published, entitled "Wyoming Family Photo". Result 4 of this document relates to all of our National Performance Measures (NPM) and State Performance Measures (SPM), "Children [will be] born healthy and achieving their highest potential in early developmental years." The executive report was published in early 2006, and meetings have been scheduled to discuss the next steps of this project within Wyoming. MFH and the Wyoming Department of Health will participate in all relevant activities.

/2008/ Funding to continue the Children and Families Initiative (CFI) was discontinued. Collaborations between agencies continue, which promotes certain aspects of this initiative.//2008//

Coordination with other WDH Divisions: MFH coordinates and collaborates with other divisions outside the Community and Public Health Division, such as Preventive Health and Safety (Cardiovascular Disease, Diabetes, Cancer Surveillance, STDs, Genetics, Infectious Diseases, and Health Data Analysis), Developmental Disabilities (Part B & C, and Early Intervention Council), and the Mental Health and Substance Abuse Services Division. MFH staff planned and facilitated monthly WDH Program Managers meetings for several years to promote communication and collaboration between entities, with program meetings addressing a number of interests common to legislative issues; services offered by University of Wyoming regarding brochure design; workshop development and management; and presentations by the WDH fiscal office concerning changes in budget reports.

/2008/ Genetics is no longer a part of Preventive Health and Safety Division. In 2005 the program was transferred to MFH.

Starting July 2006, the newborn metabolic screening fees increased to match current expenses and expansion, which increased the newborn screening panel from 19 tests to 21 tests being completed per panel.

During the 2007 legislative session, Wyoming Legislature reviewed and approved the assessment of fees, mandated by W.S. 35-4-801 and W.S. 35-4-802, to WY hospitals for newborn screening and hearing. Starting July 2007, Early Hearing Detection and Intervention will implement the assessment of these fees to WY hospitals.//2008//

/2009/ Legislative statute provides for a \$50.00 fee to be assessed by the Early Hearing, Detection, and Intervention Program. //2009//

/2009/ The monthly WDH Program Managers meetings are now facilitated on a quarterly rotating basis by Division Administrators.//2009//

MFH has active Memoranda of Understandings (MOU), and is in the process of updating MOUs, stipulating the joint resolution of issues with several organizations within WDH including: EqualityCare, Developmental Disabilities, Emergency Medical Services for Children Program, Nursing Services, DFS, and the Immunization Program.

/2008/ Medicaid's name changed to EqualityCare in 1999, which is part of WDH Office of Healthcare Financing Division.//2008//

Coordination with Agencies external to the WDH: Participation on interagency councils, task forces and committees provide opportunities to coordinate MFH programs and strategies with agencies outside the Community and Rural Health Division. The Title V Director and the MFH staff participate actively on the following

- Association of Women's Health and Obstetrical and Neonatal Nurses (AWHONN) [NPM 8, 11, 15, 17, 18, & SPM 4, 7]
- Breastfeeding Task Force [NPM 11]
- Early Intervention Council (DD) [NPM 3 & 5]
- Early Childhood Comprehensive Systems Planning Initiative [NPM 10, 14]
- Governor's Early Childhood Development Council (pre-birth to age 8) [NPM 5, 15, SPM 7]
- Governor's Impaired Driving Task Force [NPM 10, SPM 12]
- Governor's Planning Council on Developmental Disabilities [NPM 6]
- Head Start State Collaboration Project [NPM 1, 3]
- Healthy Mothers/Healthy Babies Coalition [NPM 11, 15, 18, SPM 4, 7]
- March of Dimes (MOD) [NPM 1, 15, 17, 18, SPM 4, 7, 9]
- Mountain States Regional Genetics Network [NPM 1]
- State Child Health Insurance Program Steering Committee [NPM 4, 13, 14]
- Wyoming Information Network (WIN)
- Wyoming Health Council (Title X, reproductive health) [NPM 15, 17, 18, SPM 7]
- Wyoming Health Resources Network (provider recruitment & retention) [NPM 3]
- Wyoming Primary Care Association (WPCA) [NPM 3]

/2008/ The following collaborations are no longer active:

- Behavioral Health Task Force [NPM 2, 3, 6]
- Child and Family Initiative [Most NPM, SPM]
- Children's Trust Fund Board of Directors (State Agency Coordination)
- Healthy Child Care Wyoming (CISS Grant) Management Team [NPM 3]
- Sexual Risk Reduction Coalition [NPM 10, 15, 18, SPM 4, 7, 9]
- Wyoming Suicide Prevention Task Force [NPM 16]

- Women's Treatment Advisory Council [NPM 15, 17, SPM 4, 7]//2008//

/2008/ The following collaborations are new:

- Support Access Growth and Empowerment (SAGE) Initiative [NPM 2, 3, 5]
- Seatbelt Coalition [SPM 1, NPM 10]
- Department of Education and Wyoming's Health Council's Workgroup to Address Comprehensive Sexual Education (Replaces Sexual Risk Reduction Coalition) [NPM 10, 15, 18, SPM 4, 7, 9]//2008//

/2009/ The following collaborations are no longer active:

- **Child Care Certification Board**
- **Deaf Services Planning Committee**
- **Newborn Hearing/Vision Screening and Intervention Board**

The following collaborations are new: (also see Appendix D for a full list)

- **Early Childhood Workgroup/Smart Start**
- **Head Start Advisory Council**
- **Special Quest**
- **Autism Task Force**
- **Youth Suicide Prevention Council**
- **Dual Sensory Taskforce**

//2009//

State/Local Coordination: MFH has a long-standing commitment to community-based systems development. Significant achievements include the adoption of goals and objectives that "institutionalize" systems development theory into the MFH spectrum of services, thus establishing measurable outcomes as evidenced with the county capacity grants. County capacity grants are based on measurable outcomes and the degree to which both inter- and intra-agency collaboration has been improved at the state level. Additionally, MFH staff has been working toward a funding formula which will allow more equitable distribution of Title V funds to local communities. With input from state and local providers, this funding formula is a solid "first step" in distributing these funds in a reasonable and data-driven way. It is the plan of the working team within MFH that this funding formula will assist Wyoming in the equitable distribution of these funds.

/2008/ The final funding formula was implemented for the FY 2008 Capacity Grants. Funding changes will be phased in over a five year period. New performance measures were included with the grant guidance, and counties were offered the opportunity to choose county specific performance measures.//2008//

Community Integrated Service Systems (CISS): The project title of Wyoming's CISS grant is Healthy Child Care Wyoming. This project was administered by the University of Wyoming and is a collaborative effort between MFH, DFS, Wyoming Department of Education (WDE), Head Start Collaboration State Team, Developmental Learning Centers, Children's Nutrition Services/Child Care Finder and Wyoming Children's Action Alliance. Healthy Child Care Wyoming has trained 35 Certified Child Health Consultants (CHCC), to assist with Child Care Programs in a pilot online course developed by the University of Wyoming (this course is now offered by the University for graduate credit as a means to sustain the training effort.) Additionally, a system to obtain data on accidents and injuries in childcare has been developed. The University of Wyoming provides the curriculum for an Early Childhood Program Director's Certificate, including monitored video analysis of competencies for the infant/toddler credential. During the past year, this group has moved forward in the state by assisting with the creation and introduction of proposed state law. This proposed legislation is intended to educate parents in Wyoming about Early Childhood Care issues, assist parents and families in the selection of child care providers, and will work toward the implementation of standards and criteria for childcare providers in the state. The Governor

has created an Early Childhood Education Council and the MFH program director is a member of that council. Ongoing project goals for this council are as follows: (a) Caring for Our Children (CFOC) Health and Safety Performance Standards will be utilized by all providers in Wyoming; (b) out-of-home care providers will provide healthy and safe environments for infants and toddlers; (c) accidents and injuries in child care will decrease, (d) the team of Certified Child Health Consultants (CCHC) trainers in Wyoming will increase; and (e) development of training regarding social-emotional development and screening. This task force has developed needed infrastructure for an integrated service system of health consultants for childcare providers, and is now strengthening the "foundation" of early childhood programs through policy creation.

/2008/ Funding the University of Wyoming received to do the pilot project has not continued, and so training did not occur during this past grant year. MFH has been tasked with re-examining this program. Initial conversation with CRHD Nursing Services Section indicates the possible need to look outside of Public Health Nursing to identify healthcare providers qualified to deliver this program.//2008//

/2009/ A survey was conducted in the fall of 2007 to determine the interest in becoming a Certified Childcare Health Consultant (CCHC). All registered nurses within the state of Wyoming were surveyed. Although limited interest was expressed, those that did show interest requested consultation that was cost prohibitive to the state. As a result of this survey, all efforts to expand CCHC have ceased. //2009//

MFH was awarded the Early Childhood Comprehensive Systems ECCS Grant through HRSA, for the project period July 1, 2005 through June 30, 2008. During the planning stage of the grant, Wyoming crafted a comprehensive statewide early childhood development strategic plan, focused on the development of a comprehensive cross-systems effort to address: (a) access to health insurance and medical homes, (b) mental health and social-emotional development, (c) early care and education, including childcare, (d) parent education, and (e) family support. It has become the cornerstone for legislative action to study services available for Wyoming's children. Objectives focus on the continued content development of the strategic plan which includes: (a) identification of key traditional and nontraditional partners, including how alliances have been developed and what needs to be included for maintenance of them; (b) assessment of resources for strengths and gaps, capacity, and financing of early childhood activities; (c) development of a clear vision and mission statement; (d) prioritization of issues, including the five areas identified; (e) implementation; and (f) establishment of a set of indicators for tracking early childhood outcomes.

Additionally, objectives have been incorporated to identify strategies which: (a) improve data collection, (b) identify short and long-term sustainable funding for potential service expansion and service integration, (c) promote finance and resource leveraging, and (d) influence policy. These last four strategies have taken on the majority of the time/effort since the end of the past legislative session, and hold critical importance as we move forward in the support of early childhood systems and programs.

/2008/ Clarification: The ECCS grant is not operated by contract rather will be administered by the Child and Adolescent Health position held within MFH. //2008//

/2009/ Future efforts pertaining to the ECCS grants will be coordinated through partnerships developed with the Early Childhood Workgroup/Smart Start team. //2009//

The Office of Minority Health (OMH) provided technical assistance to improve infrastructure development related to policies, programs and practices on health disparities. As a result, the Minority Health Needs Assessment was conducted and is available for review and use in policy and program development.

/2008/ The first Wyoming Minority Health Needs Assessment was conducted in 2000 and

published in 2001. This provided a unique view of health status in Wyoming's minority populations. Due to the small number of minorities in Wyoming, this assessment combined numerous sources of data which spanned several years. The assessment outlined the process to address healthcare disparities, including the development of specific objectives and strategies, allocation of resources, implementation of projects, and evaluation of the processes.

During the next decade, national statistics indicate a significant increase in minority populations. In 2006, The Wyoming Office of Multicultural Health (WOMH) was awarded an infrastructure building contract by the Federal Office of Multicultural Health. With this funding, the WOMH and the Multicultural Health Advisory Committee (MHAC) met to form a steering committee charged with examining the data. A Health Disparity Service Plan, supporting Healthy People 2010 initiatives, was formed. The plan focuses on eliminating health disparities, increasing quality and years of healthy life, and improving collaborations among state and private sectors. Three subcommittees were formed, to include a Data Committee, Outreach and Education Committee, and Resource Committee, each working toward the mission of minimizing health disparities among underserved populations in the state. All efforts will include the integration of evidence-based public health approaches to support and disseminate programmatic activities that are successful in the reduction of these disparities. //2008//

Wyoming has no tertiary care centers for pregnant women or infants and few pediatric specialists within the state. Therefore, the following tertiary centers provide critical access to healthcare for our most at-risk families: The Children's Hospital, University of Colorado Health Sciences Center and Presbyterian-St. Luke's in Denver, Colorado; Primary Children's Medical Center, The University of Utah Hospital, McKay-Dee Hospital and Shriners' Hospital in Salt Lake City, Utah; St. Vincent's Hospital in Billings, Montana; and the Regional Medical Center in Rapid City, South Dakota. Satellite clinics were also provided by Denver tertiary care providers to Wyoming residents. MFH has established and maintains strong relationships with these tertiary care centers and schedules periodic visits to promote the "Refer all Wyoming Families" message.

/2008/ Visits to tertiary care centers by MFH staff included Denver area hospitals in April 2006; St. Vincent's in Billings in July 2006; Rapid City Regional Hospital in August 2006; Salt Lake City area hospitals in March 2007; and Regional West Medical Center, Scottsbluff in April 2007. //2008//

Current efforts to update these tertiary care centers regarding Wyoming specific programs include updated materials and on-site presentations with referral staff at each location. Continual evaluations indicate these visits have been beneficial for staff at all locations. The attached table delineates some of the partnerships between state and private agencies and the MFH populations they serve.

/2009/ Tertiary care visits continue as planned on an annual basis. MFH-specific materials and on-site presentations are provided during each of these visits. //2009//

F. Health Systems Capacity Indicators

Introduction

Health Systems Capacity Indicator 01: *The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	43.5	36.0	30.6	30.6	30.6
Numerator	134	111	95		110
Denominator	30834	30867	31065		35890

Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2007

Numerator from the Hospital Discharge Database (now under a new contractor) using primary diagnosis codes 493.0 - 493.9. Denominator from 2007 Census estimates.

Notes - 2006

2006 Hospital Discharge Data not available. Only a partial year of data was collected. Therefore, the indicator is an estimate.

Notes - 2005

Numerator from FY 2005 hospital discharge data using primary diagnosis codes 493.0-493.9. Denominator is from 2005 census estimates.

Narrative:

In FY 2006, Wyoming's rate of children hospitalized for asthma was 30.6 per 10,000. This is a decrease from the FY 2004 rate of 36.0 per 10,000 although the change was not statistically significant. However, there was a significant decrease from 2003 (43.5 per 10,000) to 2005 suggesting a possible downward trend in the rate of children hospitalized for asthma for these three years.

Wyoming currently does not have a program that addresses childhood asthma, which has created a barrier.

In 2003-2004, the Epidemiology Section developed and conducted the Breathe Easy Study (BES). The overall objective of the Breathe Easy Study (BES) was to gain a better understanding of pediatric asthma in WY and its association with outdoor air pollution.

There were three components of the BES:

- The School Nurse Survey of Asthma Prevalence in Wyoming Public School Children: This survey consisted of a one-page form sent to the school nurse at each Wyoming public school and asked for the total number of children in the school diagnosed with asthma or reactive airway disease, the number who use asthma medication at school, and the type of asthma medication used. The survey was completed in 2003 with a response rate of 76.5% and found overall asthma prevalence among school-aged children to be 6.92%.
- The Four-School Study: The BES incorporated collaboration with the Department of Environmental Quality to measure outdoor air quality at four Wyoming schools and establish associations with asthma exacerbations in the children at those schools. Data collection for the Four School Study was completed in 2004. Each child enrolled in the study was given a peak flow meter and asthma tracker. They were asked to take a peak flow meter reading two times each day, before school and at lunch time, for each of the 20 study days. Participants were also asked to complete an outdoor activity log for each day of the study. No association was found between outdoor air quality and asthma exacerbations in this study. A limitation to the study was a small sample size that resulted in limited ability for detection of associations between air pollution and asthma exacerbations.
- The Wyoming Asthma Website: The website provides information on asthma, asthma management, and air pollution. This website is currently active at Asthma Resources, and

displays several links to resources and reports resulting from the BES.

In 2005, the School Nurse Survey was repeated with questions added regarding pediatric diabetes, schools' policies for handling asthma attacks and diabetic emergencies, and the accommodations made during athletics or physical education classes for students with asthma and diabetes. The survey was completed in 2006 with a response rate of 77.1% and found overall asthma prevalence among school-aged children to be 7.2%. Prevalence from the School Nurse Survey has been consistent with prevalence found in the Behavioral Risk Factor Surveillance System Childhood Asthma Module.

The School Nurse Survey of Asthma and Diabetes in Wyoming public school children was repeated in the 2007/2008 school year. Data collection for Wyoming's Hospital Discharge Database, the data source for this performance measure, was suspended in July 2006, but data collection began again in 2007.

Health Systems Capacity Indicator 02: *The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	84.5	87.9	87.0	86.1	86.4
Numerator	3590	3391	3616	3610	3647
Denominator	4247	3859	4155	4195	4222
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2007

Data from Medicaid for Federal FY07 (10/1/06 - 9/30/07).

Notes - 2006

Numerator and denominator from Annual Medicaid EPSDT HCFA-416 for Federal FY 2006=10/01/05-9/30/06.

Notes - 2005

Numerator and denominator from Annual Medicaid EPSDT HCFA-416 for Federal FY 2005=10/01/04-9/30/05.

Narrative:

In FY 2007, 86.4% of EqualityCare enrollees less than one year of age received at least one initial periodic screen. This is not a significant change from the FY 2006 percentage of 86.1%. There has been no significant change in this indicator since 2001.

As a result of pediatricians being unevenly distributed, family practice physicians being overloaded, and inherent geographical challenges, the medical home concept is being viewed differently in Wyoming. It is stressed to families to have one Primary Care Provider (PCP) with PHNs and other community resources acting as a true medical home.

MFH emphasizes the importance of well-child checks in addition to specialty care visits, recognizing that providing these services to children with special healthcare needs requires more

effort. MFH and EqualityCare instituted an increased reimbursement rate for specialists that serve dual-eligible children. Efforts are directed towards coordinating care between pediatric specialists and sub-specialists, and the PCP by requesting copies of medical records and assuring that a copy is available for the PCP and PHN staff. MFH staff obtains and reviews medical records to assess medical eligibility and future medical needs.

MFH, EqualityCare, and SCHIP eligible clients not accessing services or following through with treatment plans are referred to PHN for intervention.

Families are required to apply for EqualityCare and SCHIP prior to becoming eligible for MFH services. Qualified non-citizens continue to be eligible for services, whereas services for illegal non-citizens have been cut due to budget issues. Implementing this will allow families to have a payment source for well-child checks. All MFH families are encouraged to obtain well-child checks through letters and efforts of the PHN staff.

Families applying for EqualityCare and SCHIP who have a child with a special healthcare need are referred to MFH to determine eligibility for MFH services. Referrals continue to be shared amongst APS, SCHIP and MFH.

A plan of treatment was agreed upon between MFH, PHN, and APS for complex cases. Cases may include children hospitalized out of state and needing care coordination to return to the local community, and to recommend clients visit their PCP or specialist on a regular basis.

MFH, PHN, EqualityCare, and Part C of DDD staff continues to coordinate and educate tertiary care facility staff to ensure Wyoming families are referred to WDH programs.

MFH and PHN staff will follow-up with families who need to reapply for EqualityCare or SCHIP, assuring healthcare coverage is continued.

MFH participates with SCHIP in networking with communities throughout the state, allowing for Wyoming citizens to be informed about MFH and EqualityCare programs that are available.

ECCS emphasizes early screening and treatment to increase the child's ability to reach optimum health through promoting EPSDT, commonly known as well-child checks. A part of the promotion of well-child checks is to educate the families on what to expect from a medical home. Some children with special healthcare needs do not receive regular well-child checks due to the number of specialty visits that are required.

In the fall of 2007, the Johnson Group Consulting team traveled to Wyoming to conduct a leadership workshop entitled Title V and Medicaid Collaboration to Improve Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program and Child Health.

Childhood Immunization Act was passed by legislation providing for essential vaccines to non-EqualityCare providers at a lower cost.

Health Systems Capacity Indicator 03: *The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	NaN	69.2	21.8	38.6	65.7
Numerator	0	45	46	17	44
Denominator	0	65	211	44	67

Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2006

ICD 9 codes (V20.2) were used to determine numerator.

Notes - 2005

CPT codes 99381 and 99391 were used to determine well child visit. ICD 9 codes would have given a more reliable estimate but were not available at the time of the report.

Narrative:

In 2007, 65.7% of SCHIP enrollees less than one year of age received at least one periodic screen. Because of issues with data collection in previous years, these data may not be comparable to other reported data.

As a result of pediatricians being unevenly distributed, family practice physicians being overloaded, and inherent geographical challenges, the medical home concept is being viewed differently in Wyoming. It is stressed to families to have one PCP with PHNs and other community resources acting as a true medical home.

MFH emphasizes the importance of well-child checks in addition to specialty care visits, recognizing that providing these services to children with special healthcare needs requires more effort. MFH and EqualityCare instituted an increased reimbursement rate for specialists that serve dual-eligible children. Efforts are directed towards coordinating care between pediatric specialists and sub-specialists, and the PCP by requesting copies of medical records and assuring that a copy is available for the PCP and PHN staff. MFH staff obtains and reviews medical records to assess medical eligibility and future medical needs.

MFH, EqualityCare, and SCHIP eligible clients not accessing services or following through with treatment plans are referred to PHN for intervention.

Families are required to apply for EqualityCare and SCHIP prior to becoming eligible for MFH services. Qualified non-citizens continue to be eligible for services, whereas services for illegal non-citizens have been cut due to budget issues. Implementing this will allow families to have a payment source for well-child checks. All MFH families are encouraged to obtain well-child checks through letters and efforts of the PHN staff.

Families applying for EqualityCare and SCHIP who have a child with a special healthcare need are referred to MFH to determine eligibility for MFH services. Referrals are shared amongst APS, SCHIP and MFH.

A plan of treatment was agreed upon between MFH, PHN, and APS for complex cases. Cases may include children hospitalized out of state and needing care coordination to return to the local community, and to recommend clients visit their PCP or specialist on a regular basis.

MFH, PHN, EqualityCare, and Part C of DDD staff continues to coordinate and educate tertiary care facility staff to ensure Wyoming families are referred to WDH programs.

MFH and PHN staff will follow-up with families who need to reapply for EqualityCare or SCHIP, assuring healthcare coverage is continued.

MFH participates with SCHIP in networking with communities throughout the state, allowing for

Wyoming citizens to be informed about MFH and EqualityCare programs that are available.

ECCS emphasizes early screening and treatment to increase the child's ability to reach optimum health through promoting EPSDT, commonly known as well-child checks. A part of the promotion of well-child checks is to educate the families on what to expect from a medical home. Some children with special healthcare needs do not receive regular well-child checks due to the number of specialty visits that are required.

In the fall of 2007, the Johnson Group Consulting team traveled to Wyoming to conduct a leadership workshop entitled Title V and Medicaid Collaboration to Improve Early Periodic Screening, Diagnosis, and Treatment Program and Child Health.

Childhood Immunization Act was passed by legislation providing for essential vaccines to non-EqualityCare providers at a lower cost.

Health Systems Capacity Indicator 04: *The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	66.9	69.8	67.4	60	60
Numerator	4483	4749	4877		
Denominator	6700	6803	7231		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2007

This indicator is a rough estimate. This data is not yet available. Wyoming began using the new birth certificate in 2006. Because the data for when prenatal care began is collected differently on the birth certificate, the Kotelchuck index is calculated differently than before. Wyoming Vital Records Service has no epidemiologist so this data was not yet available.

Notes - 2006

This indicator is a rough estimate. This data is not yet available. Wyoming began using the new birth certificate in 2006. Because the data for when prenatal care began is collected differently on the birth certificate, the Kotelchuck index is calculated differently than before. Wyoming Vital Records Service has no epidemiologist so this data was not yet available.

Narrative:

No new data is available for this measure for 2006 at this time. Wyoming began using the new birth certificate in 2006. Because of this change and a lack of epidemiology staff in Wyoming Vital Statistics Services, this measure will not be available until later in 2008. While this indicator experienced a nearly significant decrease from 2004 to 2005, it remained relatively stable from 2001 to 2005; i.e., from 2001 to 2005, there was no significant change in the percentage of women (15 -- 44 yrs of age) with a live birth whose prenatal visits = 80% on the Kotelchuck Index.

Not all communities have providers available to care for pregnant women. Additionally, due to full caseloads, some providers do not schedule prenatal visits within the first trimester. Therefore, the need to be in contact with women through PHN offices, as early in pregnancy as possible, becomes critical. Prenatal assessment, education, referral, and nutritional support are then available prior to the first prenatal visit with the physician.

Care coordination and home visiting, including the Nurse Family Partnership (NFP), are offered to pregnant women and families as a best practice strategy. PHN staff provides prenatal assessment and referral as early as possible in pregnancy. PHN assists pregnant women to fill out forms for EqualityCare's Pregnant Woman Program (PWP) and referrals are made to SCHIP as appropriate.

As of July 1, 2008, non-citizens will no longer be eligible for Presumptive Eligibility (PE) for the PWP. One county is implementing a pilot group prenatal care model for women who will not be eligible for prenatal care through EqualityCare. The hope is that this model can be replicated in other counties in the future.

In some counties, Obstetrician-Gynecologist providers are now requiring a substantial downpayment be made by the pregnant woman prior to receiving any prenatal services. This development results in an increased number of pregnant women not able to receive any prenatal care.

MFH collaborates with EqualityCare to enhance the referral system for pregnant women in Wyoming communities to increase the percentage who access EqualityCare services and are offered care coordination.

Prenatal classes are offered through PHN offices. The classes address the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy.

MFH provides limited assistance for financially and medically eligible high-risk mothers and infants to be transported to tertiary care facilities. Promoting family-centered services, fathers or significant others are provided per diem and mileage reimbursement for visiting and supporting mother and baby. Genetic counseling and testing is offered to families who meet medical and/or financial eligibility requirements.

To assure all Wyoming families who access tertiary care are referred to MFH for follow-up services, annual visits are conducted in Denver; Salt Lake City; Billings; Rapid City; and Scottsbluff. The message is to refer all Wyoming families for MFH services.

Translation services for eligible MFH clients will ensure women receive the same information related to healthy lifestyle and prenatal care.

IHS provides primary health service delivery to the Wind River Reservation population, supplementing services provided through county PHN offices.

Capacity Grants to county PHN offices provides funding to assist families who qualify for MFH services in obtaining needed care and referral to appropriate community resources.

Health Systems Capacity Indicator 07A: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	88.1	84.7	73.2	84.0	83.7
Numerator	43274	45128	38168	43692	42683
Denominator	49102	53254	52156	52026	50972
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2007

This represents updated Medicaid data from 2006 for children ages 1 to 22.

Notes - 2006

2006 Medicaid data is aggregated for children 1-22 years of age. Therefore, numerator and denominator represents children 1-22 years of age.

Notes - 2005

New reporting procedures implemented for Medicaid data in 2005. 2005 Medicaid data is aggregated for children 1-22 years of age. Therefore, numerator and denominator represents children 1-22 years of age.

Narrative:

In 2006, 83.7% of EqualityCare-eligible children ages 1-22 years received a service paid by EqualityCare. This is a significant increase from the 2005 estimate of 73.2%. However, from 2001 to 2006, there was a significant decrease in the percent of children who received a service paid by EqualityCare. This indicator has consistently fluctuated from year to year.

MFH staff obtains and reviews medical records to assess medical eligibility and future medical needs.

Families are required to apply for EqualityCare and SCHIP prior to becoming eligible for MFH services; this allows families to have a more comprehensive healthcare coverage.

MFH, EqualityCare, and SCHIP eligible clients not accessing services or following through with treatment plans, are referred to PHN for intervention.

Through care coordination, MFH and PHN staff identifies and assists non-EqualityCare providers with enrollment. Providers are alerted to procedures requiring prior authorization before applying for reimbursement. MFH and PHN staff provides assistance with billing resolution.

A plan of treatment was agreed upon between MFH, PHN, and APS for complex cases. Cases may include children hospitalized out of state and needing care coordination to return to the local community, and to recommend clients visit their PCP or specialist on a regular basis.

Health Systems Capacity Indicator 07B: *The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
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Annual Indicator	43.9	43.5	47.6	48.7	49.4
Numerator	4111	4301	4898	5018	5029
Denominator	9363	9892	10295	10308	10170
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2007

This data is Medicaid data from federal FY07 (10/01/06 - 09/30/07).

Narrative:

In 2006, 49.5% of EPSDT eligible children ages 6-9 years received a dental service. This is a slight increase from 2006. From 2001 to 2007, there was a statistically significant increase in the percent of children receiving dental care.

MFH historically provided OHS Title V funding and plans to continue as budgets allow.

MFH collaborates with OHS to accomplish the following:

- Application of Dental Sealants: MFH funded OHS to provide dental sealants for children who did not have dental coverage. A baseline survey was conducted in 2000 and showed that 71.3% of Wyoming 3rd graders had protective sealants. The dental program has not had the staffing to conduct another survey since then.
- Dental screening: OHS conducts dental screening programs in schools and preschools, which informs parents of any dental care needs and school nurses provided follow-up. OHS provides services for children not covered by EqualityCare or SCHIP.
- Marginal Dental Program: This state-funded program serves low-income children, birth to 19 years, who are not enrolled in any other assistance programs. Marginal Dental sees fewer children each year due to SCHIP coverage. Marginal Dental provides services for those cases where children have reached their financial cap, or who need care that is not a covered benefit of SCHIP. Marginal Dental provides dental sealants for children and fluoride treatments in dental offices.
- Fluoride Mouth Rinse Program: OHS provides technical assistance for community leaders on fluoridation issues. OHS promotes community water fluoridation and provides supplies to schools (grades K-9) with below optimum fluoride levels in the drinking water.
- Support of Dental Education Programs: OHS supports the work of dentists and dental hygienists throughout the state for oral health education to youth (pre-school through 12th grade). Sessions focus on improving oral health, proper nutrition for good oral health, and risks associated with tobacco use.
- Severe Crippling Malocclusion: MFH and EqualityCare assists with funding surgical procedures related to cleft lip/cleft palate repair and orthodontic treatment for children who have a severe crippling malocclusion. Children with cleft lip/cleft palate often need oral surgery in conjunction with orthodontic treatment. Severe malocclusions can lead to periodontal problems in children and adolescents.

OHS serves as a resource to the statewide Oral Health Coalition, consisting of citizens throughout the state. The Coalition promotes health and dental education and identifies services

in remote areas. They have published oral health educational materials that target the preschool population. The future looks promising for increasing dental coverage to children and families in need.

Health Systems Capacity Indicator 08: *The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	817	729	860	739	845
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2007

All SSI beneficiaries have Medicaid, which pays for rehabilitative services. Therefore, CSH does not provide rehabilitative services. Denominator is the number of children <16 years old receiving SSI in December 2007.

Notes - 2006

All SSI beneficiaries have Medicaid, which pays for rehabilitative services. Therefore, CSH does not provide rehabilitative services. Denominator is the number of children <16 years old receiving SSI in December 2006.

Notes - 2005

All SSI beneficiaries have Medicaid, which pays for rehabilitative services. Therefore, CSH does not provide rehabilitative services. Denominator is the number of children <18 years old receiving SSI in December 2005.

Narrative:

This indicator has consistently been zero percent since CSH does not provide rehabilitative services. All SSI beneficiaries qualify for EqualityCare, which pays for rehabilitative services.

Families are required to apply for EqualityCare and SCHIP prior to becoming eligible for MFH services. This policy allows families to obtain rehabilitative services.

MFH and PHN refer families to apply for Social Security Administration and/or DDD Children's Waiver Program benefits that may be medically eligible. This will allow families to have a more comprehensive healthcare coverage.

Health Systems Capacity Indicator 05A: *Percent of low birth weight (< 2,500 grams)*

INDICATOR #05 <i>Comparison of health system capacity</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL

indicators for Medicaid, non-Medicaid, and all MCH populations in the State					
Percent of low birth weight (< 2,500 grams)	2006	payment source from birth certificate	6.9	10	8.8

Narrative:

A lower percentage of women (6.9%) who had their delivery paid by Medicaid had a low birth weight infant compared to 10% of women whose delivery was paid by another source.

Not all communities have providers available to care for pregnant women. Additionally, with full caseloads some providers are not able to schedule prenatal visits within the first trimester. Therefore, the need to be in contact with women through PHN offices, as early in pregnancy as possible, becomes critical. Prenatal assessment, education, referral, and nutritional support are then available prior to the first prenatal visit with the physician.

MFH provides funding to WHC as supplement to Title X funds, expanding the availability of Family Planning Clinics within Wyoming. Clinics provide contraceptive supplies on a sliding scale and pregnancy testing to assist families in having an intended pregnancy. MFH provided funding for WHC to implement a Preconception Health Program (PHP). Women who have a negative pregnancy test in a Wyoming family planning clinic will receive a packet including three months of prenatal vitamins with folic acid, condoms and preconception educational materials.

MFH provides Title V funding to supplement federal funds for Wyoming Migrant Health, enhancing provision and support of translation services and prenatal services to migrant and seasonal workers.

MFH will continue to work with EqualityCare and WHC to provide support for the 1115(b) waiver, which will expand family planning benefits to eligible postpartum women from 6 weeks to up to 2 years postpartum.

Care coordination and home visiting, including the Nurse Family Partnership, are offered to pregnant women and families as a best practice strategy. PHN staff provides prenatal assessment and referral as early as possible in pregnancy. PHN assists pregnant women to fill out forms for EqualityCare's PWP and referrals are made to SCHIP as appropriate.

As of July 1, 2008, non-citizens will no longer be eligible for the Presumptive Eligibility for the PWP. One county is implementing a pilot group prenatal care model for women who will not be eligible for prenatal care through EqualityCare. The hope is that this model can be replicated in other counties in the future.

In some counties, OB-Gyn providers are now requiring a substantial downpayment be made by the pregnant woman prior to receiving any prenatal services. This development results in an increased number of pregnant women not able to receive any prenatal care.

Prenatal classes are offered through PHN offices. The classes address the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy.

The HBWW project continues to be implemented in counties throughout the state to assure providers are aware of the risks of inadequate weight gain during pregnancy. Additionally, collaborative partners are distributing HBWW materials to support healthy weight gain during pregnancy.

MFH provides limited assistance for financially and medically eligible high-risk mothers and infants to be transported to tertiary care facilities. Promoting family-centered services, fathers or significant others are provided per diem and mileage reimbursement to visit and support mother and baby. To assure all Wyoming families who access tertiary care are referred to MFH for follow-up services, annual visits are conducted in Denver, CO; Salt Lake City, UT; Billings, MT; Rapid City, SD; and Scottsbluff, NE. The message is to refer all Wyoming families for MFH services.

To assist high-risk pregnant women who may transfer to tertiary care facilities, a tool was developed, Plan for the Unexpected When You are Expecting, which includes suggestions regarding child care for other children, packing three days of medication and clothing, and making a list of pertinent information that may be needed, such as phone numbers and insurance information. This tool is distributed to BB clients at approximately 20 weeks gestation through PHN offices and other community resources.

PRAMS samples are drawn each month to gather information regarding risk behaviors women engage in during pregnancy.

In early 2008, the state launched a comprehensive BB database which allows local PHN to input data relating to client services directly on-site. The project, slated for expansion in 2009, will serve as a mechanism to stabilize programs and streamline the process of data collection.

IHS provides primary health service delivery to the Wind River Reservation population, supplementing services provided through county PHN offices.

Capacity Grants to county PHN offices provides funding to assist families in obtaining needed care and referrals to appropriate community resources.

Translation services for eligible MFH clients continu

Health Systems Capacity Indicator 05B: *Infant deaths per 1,000 live births*

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Infant deaths per 1,000 live births	2006	other	0	0	7.6

Notes - 2009

Wyoming began using the 2003 National Birth Certificate in 2006 which includes payment source on the birth certificate. Medicaid information was not available for infant deaths as the linked birth death file was not yet available.

Narrative:

Nearly half of Wyoming deliveries are paid by Medicaid, but no outcome data for infant deaths is currently available through the Medicaid or Vital Statistics Services. Overall, there were 7.6 infant deaths per 1,000 live births in Wyoming in 2006.

Not all communities have providers available to care for pregnant women. Additionally, with full caseloads, some providers do not schedule prenatal visits within the first trimester. Therefore, the need to be in contact with women through PHN offices, as early in pregnancy as possible,

becomes critical. Prenatal assessment, education, referral, and nutritional support are then available prior to the first prenatal visit with the physician.

MFH provides funding to WHC as supplement to Title X funds, expanding the availability of Family Planning Clinics within Wyoming. Clinics provide contraceptive supplies on a sliding scale and pregnancy testing to assist families in having an intended pregnancy. MFH provided funding for WHC to implement a PHP. Women who have a negative pregnancy test in a Wyoming family planning clinic will receive a packet including 3 months of prenatal vitamins with folic acid, condoms and preconception educational materials.

MFH provides Title V funding to supplement federal funds for WY Migrant Health services, enhancing provision and support of translation services and prenatal services to migrant and seasonal workers.

MFH will continue to work with EqualityCare and WHC to provide support for the 1115(b) waiver, which will expand family planning benefits to eligible postpartum women from 6 weeks to up to 2 years postpartum.

Care coordination and home visiting, including the Nurse Family Partnership, are offered to pregnant women and families as a best practice strategy. PHN staff provides prenatal assessment and referral as early as possible in pregnancy. PHN assists pregnant women to fill out forms for EqualityCare's PWP and referrals are made to SCHIP as appropriate.

As of July 1, 2008, non-citizens will no longer be eligible for the Presumptive Eligibility for the PWP. One county is implementing a pilot group prenatal care model for women who will not be eligible for prenatal care through EqualityCare. The hope is that this model can be replicated in other counties in the future.

In some counties, OB-GYN providers are now requiring a substantial down payment be made by the pregnant woman prior to receiving any prenatal services. This development results in an increased number of pregnant women not able to receive any prenatal care.

Prenatal classes are offered through PHN offices. The classes address the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy.

The HBWW project continues to be implemented in counties throughout the state to assure providers are aware of the risks of inadequate weight gain during pregnancy. Additionally, collaborative partners are distributing HBWW materials to support healthy weight gain during pregnancy.

MFH provides limited assistance for financially and medically eligible high-risk mothers and infants to be transported to tertiary care facilities. Promoting family-centered services, fathers or significant others are provided per diem and mileage reimbursement to visit and support mother and baby. To assure all WY families who access tertiary care are referred to MFH for follow-up services, annual visits are conducted in Denver; Salt Lake City; Billings; Rapid City; and Scottsbluff. The message is to refer all Wyoming families for MFH services.

To assist high-risk pregnant women who may transfer to tertiary care facilities, a tool was developed, Plan for the Unexpected When You are Expecting, which includes suggestions regarding child care for other children, packing three days of medication and clothing, and making a list of pertinent information that may be needed, such as phone numbers and insurance information. This tool is distributed to BB clients at approximately 20 weeks gestation through PHN offices and other community resources.

PRAMS samples are drawn each month to gather information regarding risk behaviors women engage in during pregnancy.

In early 2008, the state launched a comprehensive BB database which allows local PHN to input data relating to client services directly on-site. The project, slated for expansion in 2009, will serve as a mechanism to stabilize programs and streamline the process of data collection.

IHS provides primary health service delivery to the Wind River Reservation population, supplementing services provided through county PHN offices.

Capacity Grants to county PHN offices provides funding to assist families in obtaining needed care and referrals to appropriate community resources.

Translation services for eligible MFH clients continue.

Health Systems Capacity Indicator 05C: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester*

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2006	payment source from birth certificate	60.8	67.7	64.9

Notes - 2009

Wyoming began using the new birth certificate in 2006. Because prenatal care data is collected differently, data from this measure for 2006 may not be comparable to that for previous years.

Narrative:

Wyoming began using the new birth certificate in 2006. Because prenatal care data is collected differently, this data is not comparable to that from previous years. In 2006, significantly fewer women (60.8%) whose delivery was paid by Medicaid received prenatal care in the first trimester of pregnancy compared to 67.7% of women whose delivery was paid by another source.

Not all communities have providers available to care for pregnant women. Additionally, with full caseloads, some providers do not schedule prenatal visits within the first trimester. Therefore, the need to be in contact with women through PHN offices, as early in pregnancy as possible, becomes critical. Prenatal assessment, education, referral, and nutritional support are then available prior to the first prenatal visit with the physician.

Care coordination and home visiting, including the Nurse Family Partnership, are offered to pregnant women and families as a best practice strategy. PHN staff provides prenatal assessment and referral as early as possible in pregnancy. PHN assists pregnant women to fill out forms for EqualityCare's Pregnant Woman Program and referrals are made to SCHIP as appropriate.

As of July 1, 2008, non-citizens will no longer be eligible for the Presumptive Eligibility for the PWP. One county is implementing a pilot group prenatal care model for women who will not be eligible for prenatal care through EqualityCare. The hope is that this model can be replicated in

other counties in the future.

In some counties, Obstetrician-Gynecologist providers are now requiring a substantial down payment be made by the pregnant woman prior to receiving any prenatal services. This development results in an increased number of pregnant women not able to receive any prenatal care.

MFH collaborates with EqualityCare to enhance the referral system for pregnant women in Wyoming communities to increase the percentage who access EqualityCare services and are offered care coordination.

Prenatal classes are offered through PHN offices. The classes address the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy.

MFH provides limited assistance for financially and medically eligible high-risk mothers and infants to be transported to tertiary care facilities. Promoting family-centered services, fathers or significant others are provided per diem and mileage reimbursement for visiting and supporting mother and baby. Genetic counseling and testing is offered to families who meet medical and/or financial eligibility requirements.

To assure all Wyoming families who access tertiary care are referred to MFH for follow-up services, annual visits are conducted in Denver; Salt Lake City; Billings; Rapid City; and Scottsbluff. The message is to refer all Wyoming families for MFH services.

Translation services for eligible MFH clients will ensure women receive the same information related to healthy lifestyle and prenatal care.

IHS provides primary health service delivery to the Wind River Reservation population, supplementing services provided through county PHN offices.

Capacity Grants to county PHN offices provides funding to assist families who qualify for MFH services in obtaining needed care and referral to appropriate community resources.

Health Systems Capacity Indicator 05D: *Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])*

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2005	other	0	0	67.5

Notes - 2009

Wyoming began using the 2003 National Birth Certificate in 2006 which includes payment source on the birth certificate. Because prenatal care is reported differently on the 2006 birth certificate

and due to a lack of epidemiology staff in Wyoming Vital Statistics Services, adequacy of prenatal care data for 2006 is not yet available. The indicator is data from 2005 Vital Records, which was not broken down by payment source.

Narrative:

No new data is available for this measure for 2006 at this time. Wyoming began using the new birth certificate in 2006. Because of this change and a lack of epidemiology staff in Wyoming Vital Records Service, this measure will not be available until later in 2008. While this indicator decreased significantly from 2004 to 2005, it remained relatively stable from 2001 to 2005; i.e., from 2001 to 2005, there was no significant change in the percentage of women (15 -- 44 yrs of age) with a live birth whose prenatal visits = 80% on the Kotelchuck Index.

Not all communities have providers available to care for pregnant women. Additionally, with full caseloads, some providers do not schedule prenatal visits within the first trimester. Therefore, the need to be in contact with women through PHN offices, as early in pregnancy as possible, becomes critical. Prenatal assessment, education, referral, and nutritional support are then available prior to the first prenatal visit with the physician.

Care coordination and home visiting, including the Nurse Family Partnership, are offered to pregnant women and families as a best practice strategy. PHN staff provides prenatal assessment and referral as early as possible in pregnancy. PHN assists pregnant women to fill out forms for EqualityCare's Pregnant Woman Program and referrals are made to SCHIP as appropriate.

As of July 1, 2008, non-citizens will no longer be eligible for the Presumptive Eligibility for the PWP. One county is implementing a pilot group prenatal care model for women who will not be eligible for prenatal care through EqualityCare. The hope is that this model can be replicated in other counties in the future.

In some counties, Obstetrician-Gynecologist providers are now requiring a substantial downpayment be made by the pregnant woman prior to receiving any prenatal services. This development results in an increased number of pregnant women not able to receive any prenatal care.

MFH collaborates with EqualityCare to enhance the referral system for pregnant women in Wyoming communities to increase the percentage who access EqualityCare services and are offered care coordination.

Prenatal classes are offered through PHN offices. The classes address the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy.

MFH provides limited assistance for financially and medically eligible high-risk mothers and infants to be transported to tertiary care facilities. Promoting family-centered services, fathers or significant others are provided per diem and mileage reimbursement for visiting and supporting mother and baby. Genetic counseling and testing is offered to families who meet medical and/or financial eligibility requirements.

To assure all Wyoming families who access tertiary care are referred to MFH for follow-up services, annual visits are conducted in Denver; Salt Lake City; Billings; Rapid City; and Scottsbluff. The message is to refer all Wyoming families for MFH services.

Translation services for eligible MFH clients will ensure women receive the same information related to healthy lifestyle and prenatal care.

IHS provides primary health service delivery to the Wind River Reservation population, supplementing services provided through county PHN offices.

Capacity Grants to county PHN offices provides funding to assist families who qualify for MFH services in obtaining needed care and referral to appropriate community resources.

Health Systems Capacity Indicator 06A: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Infants (0 to 1)*

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL Medicaid
Infants (0 to 1)	2007	133
INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL SCHIP
Infants (0 to 1)	2007	200

Narrative:

Eligibility levels for Equality Care and SCHIP have not changed in the past year. Families are required to apply for EqualityCare and SCHIP prior to becoming eligible for MFH services. This policy allows families to have more comprehensive healthcare coverage. Families applying for EqualityCare and SCHIP who have a child with a special healthcare need are referred to MFH to determine eligibility for MFH services. Referrals are shared amongst APS, SCHIP and MFH.

MFH and PHN follow-up with families who need to reapply for EqualityCare or SCHIP, assuring healthcare coverage is continued.

MFH participates with SCHIP in networking with communities throughout the state, allowing WY citizens to be informed about MFH and EqualityCare programs.

EqualityCare and SCHIP utilize the same application, streamlining the eligibility process.

MFH mirrors SCHIP regarding eligibility, providing gap-filling services to dual-eligible clients.

SCHIP is in the process of implementing healthcare coverage for parents of children enrolled in this program.

Health Systems Capacity Indicator 06B: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Medicaid Children*

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL Medicaid
Medicaid Children (Age range 1 to 5) (Age range 6 to 18) (Age range to)	2007	133 100
INDICATOR #06	YEAR	PERCENT OF

The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.		POVERTY LEVEL SCHIP
Medicaid Children (Age range 1 to 18) (Age range to) (Age range to)	2007	200

Narrative:

Eligibility levels for Equality Care and SCHIP have not changed in the past year. Families are required to apply for EqualityCare and SCHIP prior to becoming eligible for MFH services. This policy allows families to have a more comprehensive healthcare coverage.

Families applying for EqualityCare and SCHIP who have a child with a special healthcare need are referred to MFH to determine eligibility for MFH services. Referrals are shared among APS, SCHIP and MFH.

MFH and PHN follow-up with families who need to reapply for EqualityCare or SCHIP, assuring healthcare coverage is continued.

MFH participates with SCHIP in networking with communities throughout the state, allowing Wyoming citizens to be informed about MFH and EqualityCare programs.

EqualityCare and SCHIP utilize the same application, streamlining the eligibility process.

MFH mirrors SCHIP regarding eligibility, providing gap-filling services to dual-eligible clients.

SCHIP is in the process of implementing healthcare coverage for parents of children enrolled in this program.

Health Systems Capacity Indicator 06C: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Pregnant Women*

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL Medicaid
Pregnant Women	2007	133
INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL SCHIP
Pregnant Women	2007	200

Notes - 2009

Wyoming's KidCare SCHIP program only covers pregnant women <19 years of age.

Narrative:

EqualityCare currently covers women up to 133% of FPL. Care coordination is offered to pregnant women through PHN offices. A function of the Best Beginnings Coordinator is to assist pregnant women in filling out forms to apply for the PWP.

Families are required to apply for EqualityCare and SCHIP prior to eligibility for MFH services. This policy allows families to have a more comprehensive healthcare coverage. SCHIP

increased financial eligibility to 200% of FPL on July 1, 2005.

MFH and PHN follow-up with families who need to reapply for EqualityCare or SCHIP, assuring healthcare coverage is continued.

Health Systems Capacity Indicator 09A: *The ability of States to assure Maternal and Child Health (MCH) program access to policy and program relevant information.*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3)	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<u>ANNUAL DATA LINKAGES</u> Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	2	Yes
<u>REGISTRIES AND SURVEYS</u> Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

Notes - 2009

Birth certificates and newborn hearing are now electronically matched. Hospitals are being contacted to explain the new electronic matching and the need for complete information (ie baby's first name) on the newborn screening lab slip.

Hospital discharge data is now being collected by a new company through the Wyoming Hospital Association and is available for 2007.

PRAMS sampling began in April 2007. Prior to PRAMS, Wyoming conducted a PRAMS-like survey, Maternal Outcomes Monitoring Systems (MOMS).

Narrative:

Vital Statistics Services now has the ability to provide the linked birth and death data set. While birth data from Vital Records are not yet linked with Medicaid data, Medicaid information is now available on the birth certificate. WIC data is not linked with Vital Statistics Services data. SSDI funding was awarded in December 2006. These funds were used to link data from Vital Statistics Services data to Wyoming Newborn Metabolic Screening. Linkages to more data sets are planned for the coming year. These linked data sets will provide a foundation for birth defects surveillance. A contract employee will be hired to coordinate efforts for birth defects surveillance planning.

Collection of hospital discharge data ceased as of July 1, 2006. In September 2007, the Wyoming Hospital Association contracted with the Missouri Hospital Association to continue collection of this data. The contract specifies that data will be collected from July 1, 2006 to current. The Wyoming Department of Health has an agreement with the Wyoming Hospital Association to receive annual copies of this data. Data from FY 06 will not be reported as the data is incomplete. Data from FY 07 is completed and is reported.

Health Systems Capacity Indicator 09B: *The Percent of Adolescents in Grades 9 through 12 who Reported Using Tobacco Product in the Past Month.*

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No

Notes - 2009

Narrative:

Smoking data is gathered from the Youth Risk Behavior Survey (YRBS) conducted by the Wyoming Department of Education.

MFH has hired a Child and Adolescent Program Specialist, who will focus on prevention efforts as well as program promotion. Current efforts will address adolescent tobacco use, collaborating with the WDE and WHC programs.

The Mental Health and Substance Abuse Services Division (MHSASD) currently administers the Master Settlement Funds through various programs including: Reducing Initiation, a program that funds local efforts centered on goals to reduce the number of adolescents who start smoking, and Tobacco Education Group/Tobacco Awareness Program, an educational program for teens who currently smoke and who have violated State law. MFH collaborates with MHSASD as a joint member of the management team for Coordinated School Health (CSHP). The Adolescent Health Program Specialist will collaborate and support current efforts.

Capacity Grants to counties provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referring to appropriate community resources.

IV. Priorities, Performance and Program Activities

A. Background and Overview

MFH has revised the process of funding distribution to county PHN offices for enhancement of MFH service delivery. Previously, funding was distributed to PHN offices based upon a somewhat arbitrary request for funding. The funding formula being implemented this year is based on the MCHB-recommended funding formula. The indicators chosen by a workgroup of state and local partners include socio-economic status, health status, nurse capacity and population base. The application requires PHN staff to project future objectives for their county. The formula will be phased in over a period of five years in order to minimize drastic changes in personnel or service at the local level.

In addition, WDH has been working toward a more comprehensive and useful strategic planning model. The model serves to bring the related issues of past performance, future projections to "turn the curve" or improve the trend, and budget allocation into a simplified and more usable document. Each section and division is required to develop a strategic plan, beginning with each individual program complementing each other, and contributing to the goals of the WDH as a whole. The expectation is that the document will be used to plan and revise programs and policies to assure they are keeping with department goals.

The WDH has at least 76 data bases utilizing different types of software, which makes sharing data difficult. An effort in the last five years to integrate all the MFH databases has met with little success, due to the high cost of integrating all of the programs. Additionally, change is a constant in the type of data gathered. Current efforts are being directed to updating and strengthening systems to enter and manipulate with greater ease. MFH purchased two laptops for each county PHN office in collaboration with the Wyoming Immunization Section. PHN staff can use the laptops to access the Wyoming Immunization Registry (WylR). A new home visiting database is near completion. Data will be entered in "real time" at the county office and exported to MFH through electronic submission. MFH is building a robust and capable system to collect and synthesize data. The perinatal systems data is being upgraded from an Access database into a Sequel-based database to provide stability and ease in manipulating and exporting data. WDH has also initiated a project to establish a common client directory to establish the number of clients being served by more than one program. Collaborative partnerships with state IT staff have been formalized and MFH and the Epidemiology Sections will use SSDI funds to support data linkage efforts.

B. State Priorities

STATE PRIORITIES

As indicated in the Needs Assessment section, Wyoming has identified the following priority areas (not listed by level of priority):

Provide care coordination services for the at-risk MFH population including first time mothers, women with high-risk pregnancies and women and children with special healthcare needs.

Decrease barriers to accessing health and dental care.

Decrease incidence of low birth weight births in Wyoming.

Increase mental health service capacity for MFH population in Wyoming.

Decrease preventable disease and injury in Wyoming children and youth.

Decrease tobacco and other substance use in the MFH population.

Increase family participation and support in all MFH programs.

Improve women's pre-conception and inter-conception health.

Subsequent to identifying these priorities during the development of the Five Year Needs Assessment, MFH modified the state performance measures.

State Performance Measures

It was determined that state performance measures five and eight would be discontinued (The percentage of women drinking alcohol during pregnancy and the percentage of Wyoming counties with access to translation services). Mental Health and Substance Abuse Services Division (MHSASD) is primarily responsible for addressing alcohol use in all populations, including pregnant women. WOMH is currently located in another section, and MFH funds are no longer being used to support that position. However, translation and appropriate support services continue to be available throughout the state. As a result of changes in MFH priorities, two new state performance measures were added. Wyoming's current state performance measures are listed below. The two new performance measures include future efforts directed toward these areas.

New State Performance Measures

Percent of Wyoming infants identified at birth with a congenital anomaly

- Collaborate with Vital Statistics Services to obtain aggregate data on infants born with congenital anomalies.
- Since Wyoming has no birth defects surveillance system, a data system will be implemented to track data on congenital anomalies.

Percent of women who report taking a multivitamin in the month before pregnancy

Emphasis will be on nutrition during pregnancy with support from:

- WIC
- Cent\$ible Nutrition
- Healthy Baby is Worth the Weight Program which helps pregnant women and their providers track weight during pregnancy to ensure adequate weight gain

Current State Performance Measures

- Percent of deaths in children and youth ages 1-24 years of age due to non-motor vehicle related unintentional injuries.
- Percent of high school students using alcohol
- Percent of high school students who report tobacco smoking.
- Percent of infants born to women who smoked during pregnancy
- Percent of Wyoming high school students who are overweight
- Percent of high school students using methamphetamine
- Percent of infants born preterm (before 37 weeks gestation)
- Percent of postpartum women reporting daily multi-vitamin use in the month before getting pregnant.

Old and new state performance measures are outlined in the State Performance Measures

C. National Performance Measures

Performance Measure 01: *The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	98	98	99	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	19	22	19	17	15
Denominator	19	22	19	17	15
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	100	100	100	100	100

Notes - 2007

On July 1, 2006, Newborn Metabolic Screening expanded screening from 7 to 28 conditions. Timely follow-up has not been defined by CSH, so numerator is defined as the number of confirmed cases who had a follow-up visit with their primary care doctor. Three years (2004-2006) are combined for a rolling-3 year percentage since numerator is <20. Previously, Wyoming reported data with a one year lag. As of this 2009 application, all data will be reported for the current year with a notation of the year for which the data was obtained.

Notes - 2006

On July 1, 2006, Newborn Metabolic Screening expanded screening from seven to 28 conditions. Timely follow-up has not been defined by CSH, so numerator is defined as the number of confirmed cases who had a follow-up visit with their primary care doctor. Timely follow-up will be defined and tracked in 2008. Three years (2004-2006) are combined for a rolling-three year percentage since numerator is <20.

Notes - 2005

Three years (2003-2005) are combined for a rolling-three year percentage since numerator is <20. Timely follow-up has not been defined, so numerator represents confirmed cases who received treatment. Children with Special Healthcare Needs will define timely follow-up for future years.

a. Last Year's Accomplishments

The objective for 2007 was 100%. In 2006, 100% of screen positive newborns received treatment for their conditions. Due to staff changes, MFH was unable to determine timely follow-up to definitive diagnosis and clinical management for future tracking and reporting.

MFH continued to enhance protocol on follow-up of infants screened at less than 24 hours of age and assure infants transported out of state are screened.

MFH applied for an SSDI Grant to develop a birth defects surveillance plan for Wyoming and to link data between Vital Records and newborn metabolic screening to ensure all infants are screened in a timely manner.

Staff continued to participate in the ECCS initiatives assuring the needs of MFH populations are addressed.

Vital Statistics Services, DDD/Early Hearing Detection and Intervention (EHDI), and MFH continued to collaborate on enhancing quality of reports which tracked infant health status.

MFH attended several webcasts, trainings, and conferences which provided education about metabolic conditions and follow-up.

Wyoming Newborn Screening Panel continued to screen for 29 conditions.

MFH conducted phone consultations to educate providers on the importance of newborn screening, and highly recommended a second screening.

MFH contracted with the Colorado Department of Public Health and Environment (CDPHE) for testing, tracking, and staff training for newborn screening. This contract included consultation and education for Wyoming providers regarding metabolic conditions, which is provided through the Inherited Metabolic Clinic (IMD) Clinic at The Children's Hospital (TCH) in Denver, Colorado.

Capacity Grants to counties provided funding for PHN staff to assist families who qualified for MFH services to obtain needed care and referrals to appropriate community resources.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Wyoming Newborn Screening Program			X	
2. Vital Records				X
3. Support Data Systems				X
4. Transportation Services			X	
5. MFH Capacity Grants				X
6. Care Coordination		X		
7.				
8.				
9.				
10.				

b. Current Activities

MFH contracts with CDPHE for testing, tracking, and staff training for newborn screening. This includes consultation and education for Wyoming providers regarding metabolic conditions provided through the IMD Clinic at TCH.

Transportation services are available for families who qualify for MFH programs to obtain additional screenings or to attend metabolic specialty clinics.

Wyoming NBMS now screens for 33 conditions.

MFH visited the CDPHE in order to evaluate and collaborate on efforts pertaining to the NBMS processes.

MFH continues to strengthen relationships with Vital Records and DDD/EHDI. MFH is billing providers for the hearing portion of the newborn screening on behalf of DDD.

MFH continues to participate on the ECCS initiatives to assure the needs of MFH populations are addressed.

MFH continues to enhance education and promotion of newborn screening through conferences, webcasts, seminars, and trainings for staff and other associated entities.

Vital Records, DDD/EHDI, and MFH continue to collaborate on enhancing quality of reports tracking infant health status.

SSDI Grant funds were used to link newborn screening with Vital Records. This linkage was completed in May 2008, eliminating the need to match most of these records by hand. CSH will contact providers to request that infant information on the newborn screening laboratory slips is complete, ensuring quality record matches, and improving the timeliness for follow-up of missed screenings.

c. Plan for the Coming Year

MFH will continue to contract with CDPHE for testing, tracking, and staff training for newborn screening. This contract will include a resource to provide consultation and education for Wyoming providers regarding metabolic conditions. This will be provided through the IMD Clinic at TCH.

MFH will define timely follow-up for definitive diagnosis and clinical management to use in tracking and reporting.

SSDI Grant funds will be used to link more existing data systems, including Best Beginnings. These grant funds will also be used to lead the development of the birth defects surveillance plan for Wyoming.

Transportation services will continue to be available for families who qualify for MFH programs to obtain additional screenings or to attend metabolic specialty clinics.

MFH will continue to enhance protocol on follow-up of infants screened at less than 24 hours of age and ensure infants transported out of state are screened.

MFH will continue to determine the viability of adding further conditions. MFH plans to update the Provider Toolkit with additional conditions and algorithms. These updates will be sent to Wyoming providers who submit either an initial or second screen.

MFH will continue to strengthen relationships with Vital Statistics Services and DDD/EHDI. MFH will continue to bill providers for the hearing portion of the newborn screening on behalf of DDD.

MFH will continue to participate on the ECCS initiatives to assure the needs of MFH populations are addressed.

MFH will continue to enhance education and promotion of newborn screening through conferences, webcasts, seminars, and trainings for staff and other associated entities.

Vital Records, DDD/EHDI, and MFH will continue to collaborate on enhancing quality of reports tracking infant health status.

Capacity Grants to counties will continue to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	59	59	59	59	60
Annual Indicator	57.7	57.7	57.7	57.7	57.5
Numerator					
Denominator					
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	58	58	58	58	58

Notes - 2007

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Notes - 2006

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

Notes - 2005

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

a. Last Year's Accomplishments

The National Survey of Children with Special Health Care Needs Survey (2005/2006) data show that 57.5% of Wyoming children with special healthcare needs age 0-18 years have families who partner in decision making at all levels and are satisfied with the services they receive, which is similar to the national percentage (57.4%). This has not changed significantly since the 2001 national survey.

MFH participated on the Support, Access, Growth, and Empowerment (SAGE) Initiative to address mental health issues of families within the state.

MFH involvement with ECCS efforts continued, with a focus on wrap-around services. An ECCS conference was held June 2007, where teams from communities gathered to expand working knowledge of brain development and family wellness plans.

MFH and WHC sponsored a second "Bridges Out of Poverty" training which provided support for the PHN and MFH staff, enhancing their ability to engage and retain clients in the MFH programs.

Collaboration with EqualityCare and SCHIP has focused on coordinating services to the MFH population and assisted families in program coverage and eligibility requirements.

EqualityCare implemented a translation reimbursement policy for eligible clients. Transportation and translation services for eligible MFH clients continued to be reimbursed at EqualityCare rates. Identified barriers were addressed through a variety of partnerships, ensuring adequate services continue.

MFH provided a tool for families/clients to use in preparation of the transition process and attended an UPLIFT Conference which addressed many issues the CSH population faces,

including transitioning from high school into adult life.

MFH performed quality assurance by conducting chart audits at the county level, ensuring families are receiving proper referrals and information relevant to their child's needs.

Capacity Grants to PHN offices provided funding to local county offices. These funds allowed public health nurses to work with CSHCN families in order to maximize services.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Family and Provider Satisfaction Survey				X
2. Specialty Outreach Clinic Support				X
3. SAGE Initiative				X
4. Early Intervention Council				X
5. Support Data Systems				X
6. Translation/Transportation Services Support		X		
7. MFH Capacity Building				X
8. Family Voices				X
9. Well-child Checks			X	
10.				

b. Current Activities

Family satisfaction surveys are promoted as a means to measure satisfaction with services accessed.

MFH supports a nutritionist and a genetic counselor to attend the Multi-Impaired Clinic and the Cleft Palate Clinic to improve available services to families.

The MFH staff works on promoting well-child checks. In a collaborative effort with childcare licensing posters and pamphlets were distributed throughout Wyoming. In addition, MFH staff tracks and notifies CSHCN families of recommended periodic well-child checks.

WDH is currently working with other sections within the department to create a Total Health Record (THR); MFH continues to play an integral role.

EIC provides input to the WDH and the WDE on the Part C population (0-2 years of age). Quarterly meetings are held in various sites throughout the state and Parent Advisory Boards are invited to attend and give input.

Partnerships continue with other WDH programs which focus on streamlining and coordinating services for the MFH population.

Transportation and translation services for MFH clients continue to be reimbursed.

MFH continues to perform quality assurance by conducting chart audits at the county and state levels.

MFH enhances education and promotion of MFH programs through conferences, webcasts, seminars, and trainings.

c. Plan for the Coming Year

Family satisfaction surveys will be promoted as a means to measure satisfaction with services accessed.

MFH will support a nutritionist and genetic counselor to attend the Multi-Impaired Clinic and the Cleft Palate Clinic to improve available services to families.

The MFH staff will continue to work on promoting well-child checks and to develop educational materials. In a collaborative effort, materials will continue to be distributed throughout Wyoming.

In an effort to integrate child healthcare records, MFH will continue to play an integral role within WDH programs, such as EqualityCare, DDD, etc., to develop a Total Health Record and a Common Client Directory. These efforts will help to reduce duplication of services.

The EIC will continue to provide input to the WDH and the WDE on the Part C population (0-2 years of age). Quarterly meetings will be held in various sites throughout the state and parent advisory boards will be invited to attend and give input.

Partnerships will continue with other WDH programs, which will focus on streamlining and coordinating services for the MFH population. These programs include Childcare Liscensing, Department of Family Services, Substance Abuse and Mental Health Services, WIC, Oral Health, Wyoming Office of Multicultural Health, Office of Rural Health and Public Health Nursing.

A provider survey will be developed. Results from this survey will be analyzed and reviewed to determine how MFH may improve access to services for CSHCN families.

Transportation and translation services for MFH clients will continue to be reimbursed. Identified barriers will be addressed through a variety of partnerships, ensuring adequate services continue.

MFH will continue to perform quality assurance by conducting chart audits at the county and state levels.

MFH will continue to enhance education and promotion of MFH programs through conferences, webcasts, seminars, and trainings. MFH staff will participate in Wyoming specialty outreach clinics to provide support for families and providers.

Partnership efforts with Family Voices at the regional and national level will be augmented through ongoing communication and guidance. This will strengthen Wyoming's Family Voices Chapter.

Capacity Grants to Wyoming counties will continue to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	56	56	56	56	58
Annual Indicator	55.6	55.6	55.6	55.6	49.1
Numerator					
Denominator					

Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	50	50	50	50	50

Notes - 2007

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

Notes - 2006

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

Notes - 2005

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

a. Last Year's Accomplishments

The National Survey of Children with Special Health Care Needs Survey (2005/2006) data show that 49.1% of Wyoming children with special healthcare needs age 0-18 years receive coordinated, ongoing, comprehensive care within a medical home. This is similar to the national percentage (47.1%).

MFH emphasized the importance of obtaining a medical home, recognizing that providing these services to CSHCN may be complex and require more of the provider's time.

MFH, EqualityCare, and SCHIP eligible clients not accessing services or following through with treatment plans were referred to PHN and APS for intervention.

Cooperation between MFH, PHN, and APS for complex cases ensured that clients received needed services.

MFH emphasized early screening and treatment to increase the child's ability to reach optimum health through promoting EPSDT. Well-child checks are often overlooked for CSHCN due to the number of specialty visits that are required.

Transportation and translation services remain available for families who qualify for MFH programs.

Specialty outreach clinics continued to be maintained, with genetic clinics added in Gillette and Cody, Wyoming.

MFH staff attended conferences which focused on accessing care within a rural setting, how to address barriers, and empathetic listening.

MFH held an annual conference for PHN's to address issues that are faced in the community, including care coordination.

MFH staff performed client chart reviews to promote quality assurance; ensuring clients are receiving appropriate services through their medical home.

Capacity Grants to PHN offices continued.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Care Coordination		X		
2. Treatment Plan Compliance Reviews		X		
3. Promote Well-child Checks			X	
4. Support Data Systems				X
5. Specialty Clinic Coordination			X	
6. Translation/Transportation Services Support		X		
7. MFH Capacity Grants				X
8.				
9.				
10.				

b. Current Activities

WDH is currently working with other sections within the department to create a Total Health Record; MFH continues to play an integral role.

MFH markets specialty outreach clinics to provide awareness to families and PCPs needing these services.

MFH holds an annual conference for PHNs providing training, information, and networking opportunities, highlighting the importance of a medical home.

MFH performs quality assurance; ensuring clients are receiving appropriate services through their medical home. MFH staff obtains/reviews medical records to assess medical eligibility and future medical needs.

MFH encourages families to have one PCP. Efforts continue to be directed towards coordinating care between pediatric specialists and the PCP by obtaining medical records, and assuring that a copy is available for the PCP and PHN staff. PHN staff work with the PCP in case management and assist with care coordination.

MFH, EqualityCare, and SCHIP clients not accessing services/following through with treatment plans are referred to PHN and APS for intervention.

MFH emphasizes early screening and treatment through promoting EPSDT. Well-child checks are often overlooked for CSHCN due to the number of specialty visits that are required.

ECCS funds supported a conference for day care providers educating them on the importance of the medical home concept.

c. Plan for the Coming Year

The Wyoming Department of Health is working with other sections within the Department to create a Total Health Record; MFH will continue to play an integral role.

Transportation and translation services are available for families who qualify for MFH programs.

MFH continues the marketing of specialty outreach clinics to provide awareness to PCPs and families needing these services. Travel and time away from work for parents is saved, and specialty care is available closer to home by bringing specialists to Wyoming.

MFH holds an annual conference for PHNs which provides training, information, and networking opportunities, highlighting the importance for clients to have a medical home.

MFH will continue to perform quality assurance; ensuring clients are receiving appropriate services through their medical home. MFH staff will obtain and review medical records to assess medical eligibility and future medical needs.

The medical home concept continues to be viewed differently in Wyoming due to the shortage of pediatricians. MFH will continue to encourage families to have one primary care provider, with PHNs and other community resources acting as a medical home in some cases. Efforts will continue to be directed towards coordinating care between pediatric specialists, sub-specialists, and the PCP by requesting copies of medical records, and assuring that a copy is available for the PCP and PHN staff.

MFH, EqualityCare, and SCHIP clients not accessing services or following through with treatment plans will continue to be referred to PHN and APS for intervention.

Coordination will continue between MFH, PHN, and APS. These cases include children hospitalized out of state and in need of care coordination as they return to the local community. Clients will be encouraged to visit their PCP or specialist on a regular basis.

MFH will continue to emphasize early screening and treatment to increase the child's ability to reach optimum health through promoting EPSDT.

Well-child checks are often overlooked for CSHCN due to the number of specialty visits that are required. Promotion of well-child checks educates families and providers on the benefits of a medical home.

MFH will direct efforts towards promoting the medical home concept to providers who serve Wyoming families.

Capacity Grants to PHN offices will continue.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	52	52	52	52	52
Annual Indicator	51.6	51.6	51.6	51.6	60
Numerator					
Denominator					
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

	2008	2009	2010	2011	2012
Annual Performance Objective	65	65	65	65	65

Notes - 2007

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Notes - 2006

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

Notes - 2005

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

a. Last Year's Accomplishments

The National Survey of Children with Special Health Care Needs Survey (2005/2006) data show that 60% of the families of Wyoming children with special healthcare needs age 0-18 years have adequate private and/or public insurance to pay for the services they need. This is an increase from 51.6% in 2001.

MFH continued to provide input into the ECCS program efforts that promoted insurance coverage for the MFH population.

MFH provided services that SCHIP did not cover i.e. hearing aids.

Transportation and translation services for eligible MFH clients continued to be provided.

MFH provided follow-up of dual-eligible clients through the EPICS (data system utilized by DFS for dual eligibility) system, comparing geographic and program benefit information.

Wyoming Regional Genetic Program allows individuals who have inadequate or no insurance, to obtain consultation services.

MFH participated on the Governor's Planning Council on Development Disabilities.

OHS participated on the SCHIP Coordination Committee to address dental needs.

MFH required families to apply for EqualityCare and SCHIP prior to eligibility determination for MFH services.

Families that applied for EqualityCare and SCHIP who had a child with a special healthcare need were offered referral to MFH programs.

Coordination continued between MFH, PHN, and APS for complex cases.

MFH, PHN, EqualityCare, and Part C staff continued to coordinate and educate tertiary care facilities to ensure Wyoming families are referred to WDH programs.

MFH and PHN staff followed-up with families who needed to reapply for EqualityCare or SCHIP.

MFH participated with SCHIP throughout the state, which allowed for Wyoming citizens to be informed about MFH and EqualityCare programs.

As a best practice strategy, MFH advocated that Wyoming families maintain a rapport with

pediatric specialists and sub-specialists ensuring a continuity of care, which includes services obtained out of state.

EqualityCare and SCHIP utilized the same application, streamlining the eligibility process.

Capacity Grants to PHN offices continued.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. EqualityCare/SCHIP Application			X	
2. SCHIP Coordination Committee				X
3. ECCS				X
4. Governor's Planning Council on Developmental Disabilities				X
5. Gap Filling Services		X		
6. Support Data Systems				X
7. Translation/Transportation services		X		
8. MFH Capacity Grant				X
9. Wyoming Genetic Counseling Services		X		
10. Tertiary Care Facilities		X		

b. Current Activities

MFH provides services that EqualityCare or SCHIP do not provide.

MFH accesses the EPICS system, allowing close follow-up for dual-eligible clients to compare geographic and program benefit information

Wyoming Genetic Counseling Services allows individuals who have inadequate or no insurance to be seen for consultation.

Oral Health Services participates on the SCHIP Coordination Committee, addressing dental needs of the MFH population.

Families are required to apply for EqualityCare and SCHIP prior to eligibility determination for MFH services. These families who have a child with a special healthcare need are offered referral to MFH programs.

MFH, PHN, EqualityCare, and Part C staff coordinates and educates tertiary care facilities to ensure Wyoming families are referred to WDH programs.

MFH and PHN follows-up with families to reapply for WDH programs, assuring continued healthcare coverage.

MFH participates with SCHIP, networking with communities throughout the state. This informs Wyoming citizens about MFH and EqualityCare programs.

EqualityCare and SCHIP utilize the same application, streamlining the eligibility process.

MFH collaborates with SCHIP to provide gap-filling services to dual-eligible clients.

MFH advocates that Wyoming families maintain a rapport with pediatric specialists and sub-specialists to ensure a continuity of care, including services obtained out-of-state.

MFH expanded coverage for diabetic clients.

c. Plan for the Coming Year

MFH will continue to provide services that EqualityCare or SCHIP do not provide.

Transportation and translation services for eligible MFH clients will continue to be provided.

MFH will continue to access the EPICS system, allowing close follow-up for dual-eligible clients to compare geographic and program benefit information. Information will be shared amongst collaborating agencies to ensure healthcare coverage continues.

Wyoming Genetic Counseling Services will continue to allow individuals who have inadequate or no insurance to be seen for consultation.

MFH staff will continue to participate on the Governor's Planning Council on Development Disabilities.

Oral Health Services will continue to participate on the SCHIP Coordination Committee, addressing dental needs of the MFH population.

Families will continue to be required to apply for EqualityCare and SCHIP prior to eligibility determination for MFH services.

Families that apply for EqualityCare and SCHIP who have a child with a special healthcare need will continue to be offered referral to MFH programs. Referrals will continue to be shared amongst WDH programs.

Coordination will continue between MFH, PHN, and APS for complex cases including children hospitalized out of state needing care coordination when returning to the local community. MFH will continue to recommend clients visit their PCP or specialist on a regular basis.

MFH, PHN, EqualityCare, and Part C staff will continue to coordinate and educate tertiary care facilities to ensure Wyoming families are referred to WDH programs.

MFH and PHN staff will continue follow-up with families to reapply for WDH programs and other associated entities, assuring healthcare coverage is continued.

MFH will continue to participate with SCHIP, networking with communities throughout the state. This will allow for Wyoming citizens to be informed about MFH and EqualityCare programs.

EqualityCare and SCHIP will continue to utilize the same application, streamlining the eligibility process.

MFH will collaborate with SCHIP to provide gap-filling services to dual-eligible clients.

The need for Wyoming families to see pediatric specialists or sub-specialists presents as a best practice strategy. MFH continues to advocate that travel for dual-eligible clients be paid for out of state pediatric specialists to maintain rapport families have built with specialists to continue the treatment plan.

As a best practice strategy, MFH will advocate that Wyoming families maintain a rapport with pediatric specialists and sub-specialists to ensure a continuity of care, including services obtained out-of-state.

SCHIP is in the process of implementing healthcare coverage for parents of children eligible and enrolled in SCHIP.

Capacity Grants to Wyoming counties continue to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	82	82	82	82	84
Annual Indicator	80.3	80.3	80.3	80.3	88.8
Numerator					
Denominator					
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	90	90	90	90	90

Notes - 2007

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

Notes - 2006

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

Notes - 2005

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

a. Last Year's Accomplishments

The National Survey of Children with Special Health Care Needs Survey (2005/2006) data show that 88.8% of the families of Wyoming children with special healthcare needs age 0-18 years report that community-based service systems are organized so they can use them easily. This is comparable to the national percentage (89.1%).

MFH collaborated with SAGE and ECCS programs. Joint efforts included a chronic stress and brain development conference.

MFH provided a tool for families to use for transitioning. MFH attended an UPLIFT conference about transitioning from high school to adulthood.

MFH contracted with CDPHE for newborn screening. Consultation and education regarding

metabolic conditions continued.

DDD worked closely with PHN to provide developmental screenings, services, and referrals for infants and children.

MFH held an annual conference for PHN to address issues faced in the community.

MFH funded a geneticist and a nutritionist at the Multi-Impaired Clinic.

Specialty outreach clinics continued.

Transportation and translation services for MFH clients continued.

Families that applied for EqualityCare and SCHIP who have CSHCN were offered referral to MFH programs. Staff followed-up with families who needed to reapply for continued healthcare coverage. MFH and SCHIP provided outreach and education throughout the state.

Coordination continued between MFH, PHN, and APS for complex cases.

MFH, PHN, EqualityCare, and Part C staff continued to coordinate and educate tertiary care facilities to ensure Wyoming families are referred to WDH programs, as well as other associated entities, upon discharge.

Capacity Grants to PHN offices continued.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Support, Access, Growth and Empowerment (SAGE) Initiative				X
2. ECCS				X
3. Premature Newborn Program (PNP)		X		
4. Specialty Outreach Clinics		X		
5. Translation/Transportation Services		X		
6. MFH Capacity Grants				X
7. Family Voices Collaborative				X
8. Transition Planning		X		
9. Social Marketing				X
10.				

b. Current Activities

The WY SAGE Initiative is expanding to include Basin and Northeast regions of the state which will improve services for children and youth with serious mental health needs and their families.

MFH participates on the ECCS initiatives to assure the needs of MFH populations are addressed.

DDD works closely with PHN to provide developmental screenings, services, and referrals for infants and children.

The goal of restructuring the Premature Newborn Program (PNP) is to incorporate specific teaching modules into current MFH programs and to standardize services provided.

MFH is expanding efforts to inform and educate communities, families, and providers throughout the state regarding services available. Increased marketing is expected to augment the

collaborative efforts between WDH programs and associated entities.

Additional MFH publications are available in alternative formats.

Transportation and translation services for eligible MFH clients continue to be provided.

MFH strengthens marketing of specialty outreach clinics to provide awareness to families and PCPs needing these services. Specialty care provided closer to home saves parents time and travel.

Families that apply for EqualityCare and SCHIP who have a child with a special healthcare need are offered a referral to MFH programs.

MFH and PHN follows-up with families who need to reapply for EqualityCare or SCHIP.

MFH participates with SCHIP throughout the state, informing Wyoming citizens about MFH and EqualityCare programs.

c. Plan for the Coming Year

The MFH team will continue to work with collaborative partners, including PHN and Family Voices, to strengthen the design of Wyoming's transition planning tool, and to promote its use among PHN staff, clinicians, family advocates, etc.

Over the six year grant period of the Wyoming SAGE Initiative, regions across the state will continue to be added as pilot sites, which will improve services for children and youth with serious mental health needs and their families.

MFH will collaborate with CPHD Epidemiology Unit to develop a postcard that can be included in appointment letters sent to families to determine their level of satisfaction with services provided.

MFH will continue to contract with CDPHE for testing, tracking, and training for newborn screening. This contract includes resources to provide consultation and education for Wyoming providers.

MFH will continue to participate on the ECCS initiatives to assure the needs of MFH populations are addressed.

MFH will continue expanding efforts to inform and educate communities, families, and providers throughout the state regarding services available. Increased marketing is expected to augment the collaborative efforts between WDH programs and associated entities.

DDD will work in conjunction with PHN to provide developmental screenings, services, and referrals for infants and children.

MFH will hold an annual conference for PHN to provide training, information, and networking opportunities.

MFH will fund a geneticist and a nutritionist at the Multi-Impaired and Cleft Palate Clinics.

MFH will strengthen the collaboration with Family Voices, locally and nationally.

Transportation and translation services for eligible MFH clients will continue to be provided.

Specialty outreach clinics will continue to be supported. MFH will strengthen marketing of specialty outreach clinics to provide awareness to families and PCPs needing these services.

Bringing specialists to Wyoming will provide much needed specialty care closer to home, saving time and travel.

Families applying for EqualityCare and SCHIP who have a child with a special healthcare need will continue to be offered a referral to MFH programs.

Coordination will continue between MFH, PHN, and APS for complex cases.

MFH, PHN, EqualityCare, and Part C staff will continue to coordinate and educate tertiary care facilities to ensure Wyoming families are referred to WDH programs, as well as other associated entities, upon discharge.

MFH and PHN will follow-up with families who need to reapply for EqualityCare or SCHIP.

MFH will participate with SCHIP throughout the state, allowing Wyoming citizens to be informed about MFH and EqualityCare programs.

Capacity Grants to PHN offices will continue.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	7	7	7	5.8	6
Annual Indicator	5.8	5.8	5.8	5.8	47
Numerator					
Denominator					
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	50	50	50	50	50

Notes - 2007

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

Notes - 2006

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

Notes - 2005

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

a. Last Year's Accomplishments

The National Survey of Children with Special Health Care Needs Survey (2005/2006) data show that 47% of youth with special healthcare needs received the services necessary to make transitions to all aspects of adult life, including adult healthcare work, and independence. This is higher but not statistically different than the national percentage (41.2%).

MFH collaborated with the Governor's Planning Council on Developmental Disabilities and Vocational Rehabilitation to assure efforts were made for transitioning to all aspects of adult life.

MFH attended Adelante Niños, a conference that focused on educating 5th graders who were transitioning into Jr. High about issues that face this age group such as drug and alcohol use, safe sex, and the importance of education.

MFH attended an UPLIFT Conference which addressed many issues, including transitioning from high school.

MFH collaborated with Family Voices to produce a newsletter for families who have CSHCN. "Packaging Wisdom" underwent revision, which included updating the transitioning and resource information.

As a resource, MFH provided families/clients that are transitioning from youth to adult services with a document listing available resources and suggested topics that need to be addressed prior to transition.

MFH attended conferences related to accessing care within a rural setting, addressing barriers, and empathetic listening.

PHN staff was offered training at the MFH/PHN Conference in 2006. Presentations included transition issues, independent living, and education on client rights.

Through MFH funding, a Family Voices representative attended the AMCHP conference to receive education pertaining to transition issues.

MFH continued contact with Diane Magill, Partners in Policy Making, regarding advocacy for clients, supported through the Governor's Planning Council on Developmental Disabilities.

Translation services for MFH clients continued.

Capacity Grants to Wyoming counties continued.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Parent Advocacy Groups				X
2. Family Voices		X		
3. Governor's Planning Council on Developmental Disabilities				X
4. Vocational Rehabilitation				X
5. Translation Services			X	
6. MFH Capacity Grant				X
7. AMCHP				X
8.				
9.				

10.				
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b. Current Activities

MFH funds a parent advocate to attend the AMCHP conference. This individual's responsibility is to become an integral partner in the transition process.

MFH collaborates with the Governor's Planning Council on Developmental Disabilities and Vocational Rehabilitation to assure efforts are being made for transitioning to all aspects of adult life.

MFH continues contact with Diane Magill, Partners in Policy Making, regarding advocacy for clients, supported through the Governor's Planning Council on Developmental Disabilities.

MFH attends, participates, and funds conferences provided by UPLIFT. A booth is provided to ensure information is disseminated about MFH programs.

As a resource, MFH provides families/clients that are transitioning from youth to adult services with a document listing available resources and suggested topics that need to be addressed prior to transition.

Capacity Grants to Wyoming counties continue to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referring to appropriate community resources.

Translation services for MFH clients continue.

c. Plan for the Coming Year

MFH will continue to fund a parent advocate to attend the AMCHP conference. This individual's responsibility is to become an integral partner in the transition process.

MFH will continue to collaborate with the Governor's Planning Council on Developmental Disabilities and Vocational Rehabilitation to assure efforts are being made for transitioning to all aspects of adult life.

MFH will endeavor to strengthen Family Voices locally through collaboration at the national level.

MFH will continue to attend, participate, and fund conferences provided by UPLIFT. A booth will be provided to ensure information is disseminated about MFH programs.

As a resource, MFH will provide families/clients that are transitioning from youth to adult services with a document listing available resources and suggested topics that need to be addressed prior to transition. MFH is reasearching future efforts to strengthen this transition process.

Translation services for MFH clients will continue.

Capacity Grants to Wyoming counties will continue to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referring to appropriate community resources.

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	80	70.1	82	84	80
Annual Indicator	70.1	80.1	83.3	78.6	75.4
Numerator	10103	11796	12453	12659	12908
Denominator	14412	14727	14949	16106	17119
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	77	77	78	78	79

Notes - 2007

Indicator data for this measure is from the 2006 National Immunization Survey (NIS). In 2006, NIS changed the denominator for the survey. It now includes all births from 2003 and 2004 and one half of 2005 births. Therefore data from this year may not be comparable to that for previous years.

Notes - 2006

Data are from the 2005 National Immunization Survey. The denominator includes 11/12 of births from 2002 + all 2003 births + 1/2 of 2004 births based on NIS sampling population (Feb 2002-July 2004 births). Numerator is estimated using the percentage given by the survey and denominator.

Notes - 2005

Data are from the 2004 National Immunization Survey. The denominator includes 11/12 of births from 2001 + all 2002 births + 5/12 of 2003 births based on NIS sampling population (Feb 2001-May 2003 births). Numerator is estimated using the percentage given by the survey and denominator.

a. Last Year's Accomplishments

The Healthy People 2010 objective is to immunize at least 90% of children ages 19-35 months for Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B. Wyoming's objective for 2007 was 80%. Data from the 2005 National Immunization Survey (NIS) show that 75.4% of Wyoming children 19-35 months of age had completed their 4:3:1:3:3. This data is not comparable to data from previous years because the NIS changed the calculation.

Care coordination through PHN offices was utilized as an opportunity to provide education regarding immunizations, as well as referral to healthcare providers for well-child care, including immunizations.

MFH and the Immunization Section partnered to revise informational immunization folders that were distributed during Immunization Week in April. Provider offices and other partners received the folders, as well as public health nurses, who utilized them to organize additional appropriate educational materials for pregnant women.

The Wyoming Immunization Registry (WylIR) continued to be functional in all PHN offices.

The Wyoming Immunization Program (WIP) Section was primarily funded through a federal

Childhood Immunization Grant. The amount of vaccines available was supplemented through a state appropriation. State funds provided all vaccines to children of Wyoming residents who did not qualify for free, federally purchased vaccines through the Vaccines for Children program.

MFH purchased two laptops for each county PHN office, in collaboration with the WIP. PHN staff was then able to access the state database through the WylR. PHN also submitted MFH client information in real time, eliminating the need for state level staff to enter data.

MFH, CPHD Epidemiology, and other partners participated in the creation and introduction of state legislation intended to solidify a Child Fatality and Major Injury Review Team in Wyoming. Efforts included gathering data and promoting healthy lifestyle, focusing on preventing disease and illness through participation in the WylR. Connections were made with providers to encourage families to maintain immunization schedules for children and provide ongoing technical assistance.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Perinatal education and care coordination			X	
2. Wyoming Immunization Program collaboration				X
3. WY Immunization Registry				X
4. Vaccine For Children Program			X	
5. MFH laptop project				X
6. Technical Assistance Program				X
7. Vaccine Advisory Board				X
8.				
9.				
10.				

b. Current Activities

Immunization folders are available to PHN staff for creating BB educational packets for pregnant women. The information provided within the folders and sent out to providers for Immunization Week in April includes immunization best practice, basic growth and development guidelines, and child safety.

WIP commits time, staff, and fiscal resources to increase immunization coverage. The section works in collaboration with MFH to expand education and information to parents and providers. Through PHN offices clients and parents are taught about the need for timely immunizations. WIP, MFH, and Wyoming Developmental Centers collaborate to improve how screening information can be shared with home day care centers, child care facilities, and developmental preschool programs. This effort is intended to strengthen the WDH infrastructure through increased prevention messages and public service announcements.

WIP identified the need for ongoing technical assistance. The focus of the WylR is to facilitate timely, age appropriate delivery of immunizations, highlighting the benefits of gathering and interpreting data.

Provider education is planned to include registry use, new vaccines, vaccine storage and handling, and vaccine distribution. MFH assists with these efforts in conjunction with PHN staff using the database.

c. Plan for the Coming Year

WIP continues to promote and expand the functionality of the WyIR to ensure that all citizens in Wyoming receive the recommended immunizations. Although CDC focuses on the importance of having 95% of children under the age of six in an Immunization Information System, WIP has committed to ensuring that all individuals in Wyoming have the opportunity to become part of the WyIR.

WIP will continue to monitor Wyoming Vaccinates Important People (WyVIP) providers to ensure that they are in compliance with vaccine storage and handling policies in order to ensure the safety and viability of all vaccines and reduce the number of re-vaccinations required. As of April 2008, there are 134 WyVIP providers in the state which includes PHN offices and private providers.

WIP will continue to facilitate Vaccine Advisory Board meetings to ensure that vaccines necessary to protect Wyoming children can be purchased with State Childhood Immunization Act funding. The role of the Vaccine Advisory Board is to advise WIP staff about vaccine expenditures and determine target populations. Members of the Vaccine Advisory Board include the Director of WDH; the Immunization Section Chief; the CDC Public Health Advisor for Wyoming; a public health nurse; a representative from the School Nurse Association, the Wyoming Medical Society, and the McKenzie Meningitis Foundation; and as well as the President of the AAP.

During the 2007-08 biennium, WIP received five million dollars to cover vaccine purchase for all children in Wyoming who are not federally qualified. It is anticipated WIP will receive 5.9 million dollars for the 2009-10 biennium which will start July 1, 2008.

Immunization folders will be available to PHN staff to use in creating BB educational packets. The folders will be sent out to providers for Immunization Week in April. Information included will be immunization best practice, basic growth and development guidelines, and child safety.

WIP will collaborate with MFH to augment the laptops recently purchased by MFH. This expansion will allow WyIR users to be able to access the Registry in real time to ensure Wyoming citizens are up-to-date with their immunizations or that they received the recommended shots in a timely manner.

WIP will continue to distribute updated immunization schedules to WyVIP providers to ensure targeted populations receive the recommended vaccinations.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	16.4	16.1	16.1	19	18
Annual Indicator	19.3	19.4	19.1	17.7	17.7
Numerator	221	212	202	192	192
Denominator	11426	10926	10579	10873	10873
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year					

moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	17	17	16.5	16.5	16

Notes - 2007

Data reported for 2006 births.

Notes - 2006

Data reported for 2006 births.

a. Last Year's Accomplishments

The CY06 objective was 19 per 1,000 live births. The CY06 rate was 17.7. This is a decrease, although not significant, in the rate from CY05 of 19.1. There has been no significant change in this measure since 2001.

MFH provided Title V funding to WHC to supplement Title X funds, expanding the availability of family planning clinics within Wyoming. WHC, the Title X designee, assured access to comprehensive, high quality, voluntary family planning services. Clinics provided contraceptive supplies on a sliding scale, as well as pregnancy testing, to assist families in planning for an intended pregnancy.

MFH provided Title V funding to supplement federal funds for Migrant Health services within Wyoming. WHC manages the Wyoming Migrant Health Program to provide translation and prenatal service support to migrant and seasonal farm workers.

The availability of care coordination and NFP home visiting model was offered to pregnant women and families as a best practice strategy to assist in identification of high-risk pregnancies.

Prenatal classes were offered through PHN offices address the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy.

MFH provided limited financial assistance through the MHR and NBIC Programs for eligible high-risk mothers and infants. These programs covered transportation and tertiary care services.

The HBWW project targeted providers to assure women gain appropriate weight during pregnancy. Project materials were distributed to numerous PHN and provider offices throughout the state, including EqualityCare, Family Planning Clinics, IHS, Community Health Centers, local hospitals, MOD and WIC.

"Plan for the Unexpected When You are Expecting" placards were distributed to all PHN offices and other entities, such as EqualityCare, WIC, MOD and local hospitals. The placards offer suggestions on what to have prepared ahead of time in case of emergency transport to a tertiary care center out of the state. They were provided to BB clients and other pregnant women at approximately 20 weeks gestation. The placards were updated, as suggested by several PHN staff, to include space for important numbers, such as for their provider, and insurance/Medicaid numbers that will be useful in case of an emergency transport.

CPHD Epidemiology and MFH managed the Wyoming PRAMS project. First monthly samples were drawn by CDPHE beginning in April 2007. The survey provides current information related to accessing prenatal care in Wyoming, including barriers to seeking care. The first reports will be available in 2009 to utilize in revision of perinatal programs, enhancing access to prenatal care.

MFH partnered with the Communicable Disease Prevention Section creating a text message site available to adolescents providing information regarding Sexually Transmitted Infection (STI), Human Immunodeficiency Virus (HIV), and pregnancy prevention via cellular phones. Unfortunately, the funding for this project was placed on hold, and was not launched during FY 2007.

MFH partnered with WDE to integrate HIV, STI, and pregnancy prevention education. Opportunities to educate citizens and policymakers about the importance of a healthy school environment and positive youth development continued with the CSHP through WDE.

MFH temporarily filled a vacant Child and Adolescent Health position, providing the focus on children and the adolescent population and program promotion. The position's past efforts were dedicated to Coordinated School Health Program (CSHP), and partnering with the WDE Preventive Health Specialist and WHC to address integrated STI, HIV, and pregnancy prevention education.

The March 2007 CSHP meeting highlighted a decrease in the number of schools participating (16 schools in FY 06 down to four schools in FY 2007).

MFH provided capacity grants to county PHN offices to support development, delivery, and quality evaluation of services.

BB Supplemental Funding was available for prenatal care reimbursement for pregnant women who had no other source of reimbursement, from those counties that applied for Supplemental Funding.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Funding for reproductive health services				X
2. PHN support services				X
3. HBWW			X	
4. "Plan for the Unexpected When You are Expecting"			X	
5. Coordinated School Health Program (CSHP)			X	
6. Translation services		X		
7. MFH Capacity Grants				X
8.				
9.				
10.				

b. Current Activities

Prenatal classes offered through PHN offices address the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy.

For eligible high risk mothers and infants, MFH provides funding for transportation to a tertiary care center for specialized care.

MFH funds and partners with the WHC to ensure access for family planning services to the adolescent population. MFH partners with WDE to integrate HIV, STI, and pregnancy prevention education. Opportunities to educate citizens and policymakers about the importance of a healthy school environment and positive youth development continue with the CSHP through WDE. MFH

hired a Program Specialist to focus on these populations and program promotion.

The April 2008 CSHP meeting demonstrated a small increase in the number of schools participating (four in FY 2007 and seven in FY 2008).

The Program Specialist attended the Infant Adoption Training Initiative in 2008. The training provided information about adoption options available; social, cultural and personal influences impacting the decision-making process; Wyoming adoption law/procedures; provided an overview of the core issues in options counseling; and information about community resource and referral options. This training provided the opportunity for future partnerships as work continues to address teen pregnancy.

c. Plan for the Coming Year

PHN will offer care coordination to pregnant women, with prenatal assessment/referrals as early as possible in pregnancy, and assist in applying for PWP. As of July 1, 2008, non-citizens will no longer be eligible for PWP.

The availability of care coordination and NFP home visiting model will continue to be offered to pregnant women and families as a best practice strategy.

Prenatal classes will continue to be offered through PHN offices. These classes will address the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy.

MFH will provide limited assistance, including specialized care and transportation to a tertiary care center, for eligible high-risk mothers and infants if necessary.

To assure all Wyoming families who access tertiary care are referred to MFH for follow-up services, annual visits will continue to Denver, Colorado; Salt Lake City, Utah; Billings, Montana; Rapid City, South Dakota; and Scottsbluff, Nebraska. The message will be to refer all Wyoming families for MFH services.

HBWW will be implemented through PHN offices and other entities having contact with pregnant women. The purpose of the project is to assure providers and pregnant women are aware of the risk of preterm delivery with inadequate weight gain during pregnancy.

"Plan for the Unexpected When You are Expecting" placards will be available to be distributed to all PHN offices and other entities, such as WIC and local hospitals, providing to BB clients and other pregnant women at approximately 20 weeks gestation.

Translation services will be available through each PHN office to assure minority populations receive the same information related to healthy lifestyle and prenatal care.

MFH will continue to fund and partner with the WHC, the Wyoming Title X grantee, to ensure access for family planning services to the adolescent population. Women with a negative pregnancy test will receive three months of prenatal vitamins with folic acid, condoms and educational materials. MFH's continued partnership with the WDE will integrate HIV, STI, and pregnancy prevention education. Ongoing opportunities to educate citizens and policymakers of the importance of a healthy school environment and positive youth development will continue, as is possible with the Coordinated School Health project through WDE. The Child and Adolescent Health Program Specialist will continue to focus on children and adolescent populations and program promotion.

MFH will continue to provide capacity grants to county PHN offices to assist in development,

delivery, and quality evaluation of services.

The Child and Adolescent Health Programs Specialist will continue to explore and take advantage of opportunities to partner with other state entities and local communities to address the issue of teen pregnancy in Wyoming.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	75	75	75	75	75
Annual Indicator	71.3	71.3	71.3	71.3	71.3
Numerator	4411	4411	4411	4411	4411
Denominator	6187	6187	6187	6187	6187
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	75	75	75	75	75

Notes - 2007

A new survey will be conducted in Fall 2008 including BMI data. A baseline survey was conducted in 2000 and showed that 71.3% of WY 3rd graders had protective sealants. The dental program has not had the staffing to conduct another survey since then. A new survey is being developed to be conducted in FY2008 to estimate the percent of 3rd graders who have received sealants. However, the following data are available for state FY 07: The Sealant Program (MCH, Oral Health Section and Medicaid funded) provided sealants for 3424 children up to age 19. 423 3rd graders received sealants under the The Sealant Program.

Notes - 2006

A baseline survey was conducted in 2000 and showed that 71.3% of WY 3rd graders had protective sealants. The dental program has not had the staffing to conduct another survey since then. A new survey is being developed to be conducted in FY2007 to estimate the percent of 3rd graders who have received sealants. However, the following data are available for state FY 06: The Sealant Program (MCH, Oral Health Section and Medicaid funded) provided sealants for 4959 children up to age 19. 556 3rd graders received sealants under the The Sealant Program.

Notes - 2005

A baseline survey was conducted in 2000 and showed that 71.3% of WY 3rd graders had protective sealants. The dental program has not had the staffing to conduct another survey since then. However, the following data are available for state FY 05. The Sealant Program (MCH, Marginal Dental and Medicaid funded) provided 7593 sealants for 1442 clients. 261 children between 8.5-10 years old received sealants under the MCH Sealant Program. 442 children between 8.5-10 years old received sealants under Medicaid and Marginal Dental. 3rd graders are defined as children 8.5-10 years old. FY 2007 should provide grade specific data.

a. Last Year's Accomplishments

EqualityCare (Medicaid) funded sealants for 3,424 children up to age 19 years; of which 423 were third graders.

A total of 1,535 children up to the age of 19 years received dental sealants provided by and funded through the partnership between MFH and OHS. Specifically, 133 third graders received dental sealants.

OHS conducted dental screenings and informed parents about the value of dental care; with school nurses providing follow-up.

OHS worked with EqualityCare Dental Program to provide dental sealants for second primary molars for children receiving dental benefits.

Orthodontic care is provided for children not eligible for EqualityCare with state funding. An orthodontic consultant is contracted to help determine the medical eligibility of children applying. MFH continued to fund surgical procedures related to cleft lip/cleft palate repair and facial anomalies for eligible clients.

The Wyoming Oral Health Coalition (WOHC) and OHS sponsored an ABCD Training for general practice dentists and staff, June 2007 in Sheridan, Wyoming. The WOHC funded an advertising campaign during the spring of 2007, to educate the general public on Early Childhood Caries. The campaign consisted of billboards and newspaper advertisements.

OHS worked with the HRSA (Region VIII) State Collaborative Grant to provide technical assistance to the WOHC. The Coalition supported legislation to expand the program for Community Oral Health Coordinators (COHC), as well as EqualityCare adult dental benefits.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Dental screening		X		
2. Dental education/training programs				X
3. EqualityCare (Medicaid) Dental Program		X		
4. Crippling Malocclusion Program		X		
5. WY Oral Health Coalition				X
6. Community Oral Health Coordinators		X		
7. HRSA Region VIII support				X
8.				
9.				
10.				

b. Current Activities

EqualityCare provided 1,185 children with 6,550 sealants, and 3,424 children up to age 19, of which 423 were third graders.

The partnership between MFH and OHS provided dental sealants for 82 third graders, who received 261 sealants.

OHS collaborates with MFH on future programs to improve the oral health of Wyoming children and families.

OHS provides preventive services to children through oral health education programs, fluoride mouth rinse programs, dental screenings, and referrals.

OHS works with EqualityCare to provide fluoride varnish to children ages 6 to 48 months during visits to their primary care physician.

Children not eligible for EqualityCare receive treatment through the Severe Crippling Malocclusion Program with state funds. MFH funds surgical procedures related to cleft lip/cleft palate repair and facial anomalies for eligible clients.

In school year 07-08, the COHC conducted dental screenings on 3,775 children ages 18 months to 6 years. Of the children screened, 491 were referred for urgent dental care, and 809 were referred for early dental care. There were 1,690 children in this age group that had previous caries experience (fillings or untreated decay) at the time of screening.

c. Plan for the Coming Year

Collaboration between MFH and OHS will continue, focusing on the oral health of Wyoming children and families, which includes providing dental sealants. MFH and OH will continue to collaborate with the WOHC and the Wyoming Dental Association to promote public awareness and future ABCD trainings.

OHS will continue to provide preventive services to children through oral health education programs, fluoride mouth rinse programs, dental screenings, and referrals.

OHS and CPHD EPI will develop a dental sealant survey; MFH will provide funding to conduct a survey of 3rd graders for school year 2008-2009. OHS and EPI have received technical assistance from the Association of State and Territorial Dental Directors and will use the Basic Screening Survey. Local dentists will be asked to participate in the process.

OHS has requested three new COHC to expand the program to a total of thirteen counties. Currently, COHC are located in Albany, Carbon, Fremont, Hot Springs, Johnson, Sheridan, Sublette, and Sweetwater Counties. Counties that will be added as of July 1, 2008 include Big Horn, Campbell, Goshen, Platte, and Washakie.

Due to the decrease in dental sealants being provided, OHS is researching other preventative measures that can be provided to children at high risk for dental caries through this funding.

Children not eligible for EqualityCare receive treatment through the Severe Crippling Malocclusion Program with state funds. MFH will continue to fund surgical procedures related to cleft lip/cleft palate repair and facial anomalies for eligible clients.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	6	6	5.5	6.5	6.4
Annual Indicator	7.3	9.3	7.0	4.9	4.9
Numerator	22	27	20	14	14
Denominator	303337	290140	283859	286385	286385
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and					

2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	4.5	4.5	4	4	4

Notes - 2007

Data provided as three year rolling rates (2004-2006) due to small numbers.

Notes - 2006

Data provided as three year rolling rates (2004-2006) due to small numbers.

Notes - 2005

Data provided as three-year rolling rates (2003-2005) due to small numbers. 2002-2004 data was calculated incorrectly. 2004 was corrected. Numerator data for 2002 should be 27 and the rate should be 8.9. Numerator data for 2003 should be 29, denominator should be 297,577 and the rate should be 9.7.

a. Last Year's Accomplishments

The 2006 objective was 6.5 per 100,000. The 2003-2005 rolling average was 4.9 per 100,000. While there has been a decrease in the rate since 1999-2001, the change is not significant. Three year rolling averages were used due to small numbers of annual deaths.

MFH partnered with a sub-committee of the Wyoming Seatbelt Coalition targeting the "tweener" (children 9-15 years of age) population. This Coalition has been committed to increasing the proper use of all passenger safety restraints.

MFH and SKW partnered with the Wyoming Highway Patrol (WHP) to encourage lawmakers to make amendments to the child restraint law, making enforcement easier.

MFH and SKW collaborations have reduced child and adolescent preventable injuries through targeted efforts of SKW Chapters. Targeted high risk areas for children have included motor vehicle, snow mobile, all terrain vehicle, bicycle, equestrian, pedestrian, and water safety.

The 23rd Annual School and Community Health Conference is a collaborative effort between The Children's Hospital, CDPHE, and MFH. The conference was held in June 2007 at which time a presentation highlighted the high risk behaviors in pre-adolescent and adolescent populations and how they contribute to preventable injuries.

MFH worked to recruit a Adolescent Health Program Specialist to focus on children and adolescent populations and program promotion.

MFH worked to seek opportunities that influence youth in making healthy lifestyle choices, influence policies that may change environments for families and youth, and build infrastructure to support these needed changes.

MFH provided capacity grants to county PHN offices to assist communities in development, delivery, and quality evaluation of services.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB

1. Safe Kids Wyoming (SKW)				X
2. Summer Institute				X
3. WY Seatbelt Coalition			X	
4. Governor's Council on Impaired Driving				X
5. Child Passenger Safety Training			X	
6. MFH Capacity Grants				X
7. Annual School and Community Health Conference			X	
8.				
9.				
10.				

b. Current Activities

MFH hired a Program Specialist to focus on children and adolescent populations and program promotion. This position is imperative in the continual system building efforts within CPHD.

The ECCS Grant allows for increased attention to child and adolescent populations, as it relates to child safety. In funding specific projects, WDH leadership hopes safety messages improve and programs are strengthened.

Training of Safe Kids Chapter coordinators is scheduled for July 2008, to focus on SafeKids Worldwide activities and changes relating to the state office model, grant writing to secure local funding to support efforts, and Leadership Team information sharing.

MFH and SKW collaborations reduce child and adolescent preventable injuries through targeted efforts of SKW Chapters. Targeted high risk areas for children include motor vehicle, snow mobile, all terrain vehicle, bicycle, equestrian, pedestrian, and water safety.

MFH and SKW partners with Wyoming Highway Patrol encouraging lawmakers to amend the child restraint law, making enforcement easier.

MFH is partnering with a sub-committee of the Wyoming Seatbelt Coalition targeting the "tweener" (children 9-15 years of age) population. This Coalition is committed to increasing the proper use of all passenger safety restraints.

MFH funding is used for seatbelt safety message billboards across the state.

MFH provides capacity grants to PHN offices to assist communities in development, delivery, and quality evaluation of services.

c. Plan for the Coming Year

The Adolescent Health Program Specialist's position will continue to serve as an imperative link in the continual system building efforts within CPHD.

MFH and SKW collaborations will reduce child and adolescent preventable injuries through targeted efforts of SKW Chapters. Targeted high risk areas for children include motor vehicle, snow mobile, all terrain vehicle, bicycle, equestrian, pedestrian, and water safety. The Adolescent Health Programs Specialist will participate and contribute to future training efforts for Safe Kids Chapter coordinators.

MFH and SKW will partner with WHP to encourage lawmakers to make amendments to the child restraint law, making enforcement easier, as well as with a sub-committee of the Wyoming Seatbelt Coalition targeting the "tweener" (children 9-15 years of age) population to further their commitment to increasing the proper use of all passenger safety restraints.

MFH will continue to provide capacity grants to county PHN offices to assist communities in development, delivery, and quality evaluation of services.

MFH will participate in the 10th Annual Summer Institute. This opportunity targets Wyoming youth and will allow for MFH to disseminate information about prevention and health promotion.

Performance Measure 11: *The percent of mothers who breastfeed their infants at 6 months of age.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective			45	46	47
Annual Indicator		43.6	45.0	42.9	42.9
Numerator		6518	7248	2918	2918
Denominator		14949	16106	6803	6803
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	44	44	45	45	45

Notes - 2007

The National Immunization Survey now reports breastfeeding percentage based on the year of birth. 2004 is the most recent year available. 2001-2003 indicators were corrected to this methodology by NIS and are as follows: 2001 (42.7%), 2002 (44.4%), 2003 (42.1%). The denominator is the number of live births in 2004. The numerator is estimated using the percentage reported by NIS for the 2004 survey.

Notes - 2006

The National Immunization Survey now reports breastfeeding percentage based on the year of birth. 2004 is the most recent year available. 2001-2003 indicators were corrected to this methodology by NIS and are as follows: 2001 (42.7%), 2002 (44.4%), 2003 (42.1%). The denominator is the number of live births in 2004. The numerator is estimated using the percentage reported by NIS for the 2004 survey.

Notes - 2005

Indicator from CDC's 2005 Breastfeeding National Immunization Data. The denominator includes 11/12 of births from 2002 + all 2003 births + 1/2 of 2004 births based on NIS sampling population (Feb 2002-July 2004 births). Numerator is estimated using the percentage given by the survey and denominator.

a. Last Year's Accomplishments

The 2006 objective for mothers who breastfeed their infants at six months of age was 46%. Wyoming fell short of this objective in 2006 with a result of 42.9%.

MFH and local PHN offices provided education outreach and care coordination, a best practice strategy, including breastfeeding support and breastfeeding-specific classes. Perinatal support services, including the NFP home visitation model, offered breastfeeding education and support.

Certified Lactation Counselor (CLC)-trained PHN staff encouraged initiation and breastfeeding continuation.

Breast pumps were available through some PHN offices to supplement WIC breast pump rental. Baby scales were available to assist PHN staff in reassuring moms of breastfeeding success, to demonstrate the amount of breast milk their infants received during a breastfeeding session. EqualityCare recipient access to breast pumps is supported at the local and state level.

Collaboration with WIC ensured evidence-based practice (EBP) updates are reflected in the continuously running videotapes in some WIC waiting rooms.

MFH contracted with the Healthy Children Project (HCP) to offer advanced CLC training (CLC II) for the first time in April 2007, and provided a limited number of scholarships for PHN attendees. Nurses who had previously been certified as Level I CLC (CLC I) were eligible to register for the week-long class. The class workshops included time with mother-baby dyads that had/were experiencing various barriers to breastfeeding. The students were tasked with determining what nursing problems were being experienced, and making suggestions and recommendations for nursing success. As an example, one of the mothers had experienced breast augmentation and had problems with milk expression, while another mother was nursing a set of twins. Thus, the participants applied the knowledge they had acquired during the didactic portion of the class, and practiced their counseling skills. Of the 25 nurses attending, 15 were Wyoming PHN staff. The remaining attendees were WIC staff and clinical nurses from Wyoming and other states.

CPHD Epidemiology Unit and MFH managed the Wyoming PRAMS project. First monthly samples were drawn by CDPHE beginning in April 2007. The survey provides current information related to breastfeeding in Wyoming, including barriers to initiation and continuation of breastfeeding. As of April 2008, data collection and entry will be conducted by CPHD Epidemiology Unit. The first reports will be available in 2009 to direct revision of perinatal programs to enhance support of breastfeeding.

The Wyoming MOD chapter office has created a Nursing Module Library, which includes all of the twenty six Modules nurses which are not available online. Nurses can access the Modules for self-study and obtain contact hours for completion of the unit. Examples include "Breastfeeding the Healthy Newborn" and "Breastfeeding the Infant with Special Needs".

The 29th Annual Perinatal Update was held in September 2006 in Fort Collins, CO and 22 Wyoming nurses attended either one or both days. The Association of Women's Health and Obstetrical and Neonatal Nurses (AWHONN) conference was held in April 2007 in Cheyenne, Wyoming. MFH participated on both committees to ensure EBP was presented for professional audiences.

MFH provided eight nurses the opportunity to become Happiest Baby on the Block trainers. The Happiest Baby on the Block approach has several program goals, including improvement of nursing rates. The approach is being taught in lactation clinics throughout the country, since crying babies can lead to poor let down of milk, which can increase stress and fatigue that leads to poor milk production. Crying and fussiness can lead the dad and family members to pressure the mom to stop nursing. Other goals of the Happiest Baby on the Block include improvement of paternal bonding and participation of the dad.

Improvements to the Best Beginnings Database continued, with final rollout expected in 2008.

MFH provided capacity grants to PHN offices to increase the capacity to assist communities in development, delivery, and quality evaluation of MFH services.

IHS provided primary health services delivery to the Wind River Reservation population, supplementing services provided through county PHN offices.

Translation services were provided for prenatal and breastfeeding classes as request

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Parent education, outreach, and support			X	
2. WIC collaboration				X
3. Healthy Children Project collaboration				X
4. PRAMS			X	
5. Professional education/MOD collaboration				X
6. Happiest Baby on the Block training			X	
7. Data support system				X
8. MFH Capacity Grants				X
9. Promote American Indian health				X
10. Translation services			X	

b. Current Activities

HCP provided CLCI training in April, with 10 PHN becoming certified. MFH provided three workshops in Powell, Torrington, and Cheyenne on community support of breastfeeding. Fifty nine individuals participated in the workshops, including PHN and WIC nurses and support staff, clinical nurses, and other community partners. A webcast was co-sponsored by MFH and WIC, "Transitioning the Premature Baby from the Hospital to the Community: The Role of Public Health Home Visits". There was no cost to attend and the 22 participants included nurses from a local Air Force base, which has a home visiting program, clinical nurses, and state and county level PHN staff.

The 30th Annual Perinatal Update was held in October in Denver, CO. MFH provided full scholarships for PHN staff to attend, and ten PHN took advantage of the offer. There was a presentation on barriers encountered when making a decision to breastfeed in the Newborn Intensive Care Unit (NICU) and how to assist and support those moms. Evaluations rated the presentation very good to excellent.

Two PHN staff certified as Happiest Baby on the Block trainers presented principles of the program at the 2007 Annual MFH meeting, including lessons learned in providing community classes. An identified barrier was lack of funding to purchase parent kits for distribution at each class. MFH provided funding for 21 nurses to become trained, and included at least 10 parent kits for all trained nurses.

c. Plan for the Coming Year

MFH and local PHN offices will provide education, outreach and care coordination, including breastfeeding support and breastfeeding-specific classes. CLC-trained PHN staff will encourage breastfeeding initiation and continuation.

Breast pumps and baby scales will be available to assist PHN staff in reassuring moms of breastfeeding success.

WIC collaboration will continue in support of breastfeeding initiation and continuation, renting breast pumps to moms. EqualityCare will continue to reimburse for breast pump rental for those recipients.

Healthy Children Project will provide a CLC II class in spring 2009.

One Wyoming community is working to form a Breastfeeding Task Force with the goal of creating a baby-friendly Mother-Baby Unit, as a result of a high percentage of nurses becoming CLC certified.

PRAMS will continue to solicit information on risk behaviors and beliefs during and after pregnancy, including breastfeeding initiation and continuation.

The 31st Perinatal Update Conference will be held in October in Fort Collins, Colorado. MFH will participate on the planning committee to assure the most current EBP is available to Wyoming nurses who attend. MFH will provide limited financial assistance and planning of the conference, in partnership with TCH in Denver, Colorado; Iverson Memorial Hospital and UW School of Nursing in Laramie, Wyoming; and PVH in Fort Collins, Colorado.

The Data Support System will promote more timely and accurate data collection by PHN staff, including breastfeeding initiation and continuation.

MOD will provide funding to begin a "Cub House" project in Wyoming and will locate them in several communities throughout the state. The first locations will be Rock Springs, Jackson and Gillette, Wyoming. They will provide low income parents the opportunity to purchase items in support of breastfeeding with points earned from attending prenatal visits, WIC appointments, parent educational programs and other community services. Examples may include prenatal classes, refresher classes, sibling classes and/or breastfeeding support groups or classes.

At the Annual MFH Meeting in August, Dr. Harvey Karp, founder of the Happiest Baby on the Block program will present how to operationalize the Happiest Baby on the Block and Happiest Toddler on the Block programs through PHN offices. The program is linked with improved parental bonding and breastfeeding rates.

Infant Nutrition during a Disaster: Breastfeeding and Other Options, is a succinct, one-page fact sheet from the American Academy of Pediatrics (AAP). Copies of the fact sheet were provided to the PHN offices to educate their perinatal clients on strategies in times of crisis.

MFH will offer capacity grants to PHN offices to increase the capacity to assist communities in development, delivery, and quality evaluation of MFH services.

Translation services will be available for prenatal and breastfeeding classes as requested.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	98	99	99	99	97
Annual Indicator	98.3	98.1	96.9	96.2	96.4
Numerator	5671	6206	6540	6927	7046
Denominator	5767	6326	6746	7200	7310
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012

Annual Performance Objective	97	97	97.5	97.5	98
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Notes - 2007

This data is from 2007 WYoming births with occurrent births as the denominator.

Notes - 2006

This data is from 2007 WYoming births with occurrent births as the denominator.

Notes - 2005

Prior to 2005, indicator data was provided from the Newborn Hearing Program using an estimate of occurrent births as reported by hospitals (numerator was estimated from indicator and denominator). Starting in 2005, denominator data was a provisional estimate of occurrent births from vital records and numerator data was obtained from the Newborn Hearing Program to calculate the indicator. Data before 2005 may not be comparable to data after 2005.

a. Last Year's Accomplishments

The 2007 objective was again 99.0%. The percentage of newborns screened was 96.4%. This is not a statistically significant change from 96.2% in 2006. The percentage of newborns screened has decreased or remained the same since 2002, when MFH reached its highest percentage of 98.4%.

ECCS Grant continued to promote knowledge of screening for newborn and late onset hearing loss and provided data on how well children were screened for disabilities.

MFH, PHN, EqualityCare, and EHDI/Part C staff continued to coordinate and educate tertiary care facility staff in line with WDH mandates to ensure referral of Wyoming families to applicable programs.

MFH continued to refer families of individuals with hearing loss for DDD/Child Developmental Centers, audiology, or genetic evaluations.

DDD and MFH continued to be active participants on the ECCS Committee. Newborn hearing data continued to be used to measure progress in early screening.

EHDI, MFH, PHN, and APS continued to assure hearing screens were completed for infants hospitalized out of state. Referrals are made for infants not screened prior to discharge.

Vital Records, Newborn Hearing, and Newborn Metabolic Screening collaborated to enhance quality of reports. As of Jan 2006, birth certificates were being submitted electronically, allowing for timelier reports. These reports included infant gender and whether the infant was one of a multiple birth. MFH collaborated with Vital Records to obtain death records of infants, to decrease the number of infants tracked for missing screens.

Measures continued to ensure Wyoming infants received a hearing screen or a waiver was signed.

MFH applied for an SSDI Grant to develop a birth defects surveillance plan for Wyoming and to link data between Vital Records and newborn metabolic screening to ensure all infants are screened in a timely manner.

Transportation and translation services were available for families who qualify for MFH programs to obtain additional screenings or to attend genetic/metabolic specialty clinics.

EHDI researched the need for educational workshops on hearing screenings for Wyoming providers.

MFH Capacity Grants continued to fund PHN staff to visit individual families and provide prenatal classes explaining the value and need for newborn screens.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. EHDI	X			
2. Vital Records				X
3. SSDI				X
4. WY Genetic Counseling Services				X
5. Support Data Systems				X
6. Transportation/Translation Services			X	
7. MFH Capacity Grant				X
8.				
9.				
10.				

b. Current Activities

MFH and partners continue to coordinate and educate tertiary care facility staff.

MFH continues to refer families of individuals with hearing loss for DDD/Child Development Centers, audiology, or genetic evaluations.

Vital Records, Newborn Hearing, and Metabolic Screening collaborate to enhance quality of reports. As of Jan 2006, birth certificates are being submitted electronically, allowing for timelier reports. These reports include infant gender and whether the infant was one of a multiple birth. MFH collaborates with Vital Records to obtain death records of infants, to decrease the number of infants tracked for missing screens. Computer linkage of Vital Records and Newborn Hearing Screening results is expected in late 2008.

Tracking systems ensure Wyoming infants receive a hearing screen or a waiver is signed. Starting in July 2007, legislation passed allowing for Newborn Hearing to bill hospitals for the screening charge.

MFH received an SSDI Grant to develop a birth defects surveillance plan for Wyoming and to link data between Vital Records and newborn metabolic screening.

c. Plan for the Coming Year

MFH, PHN, EqualityCare, and EHDI/Part C staff will continue to coordinate and educate tertiary care facility staff in line with WDH mandates to ensure referral of Wyoming families to applicable programs.

MFH will continue to refer families of individuals with hearing loss for DDD/Child Development Centers, audiology, or genetic evaluations.

DDD and MFH actively participate on the ECCS Committee. Newborn hearing data is used to measure progress in early screening.

EHDI, MFH, PHN, and APS assure hearing screens are completed for infants hospitalized out of state. Referrals are made for infants not screened prior to discharge.

Vital Records, Newborn Hearing, and Metabolic Screening collaborate to enhance quality of reports. As of Jan 2006, birth certificates are being submitted electronically, allowing for timelier reports. These reports include infant gender and whether the infant was one of a multiple birth. MFH collaborates with Vital Records to obtain death records of infants, to decrease the number of infants tracked for missing screens. Computer linkage of Vital Records and Newborn Hearing Screening results is expected in late 2008.

Tracking systems ensure Wyoming infants receive a hearing screen or a waiver is signed. Starting in July 2007, legislation passed allowing for Newborn Hearing to bill hospitals for the screening charge.

MFH bills providers for the hearing portion of the newborn screening on behalf of DDD.

MFH will continue to use SSDI funding to develop a birth defects surveillance plan for Wyoming and to link data between Vital Records and newborn metabolic screening to ensure all infants are screened in a timely manner.

Transportation and translation services will be available for families who qualify for MFH programs to obtain additional screenings or to attend genetic/metabolic specialty clinics.

EHDI will research the need for educational workshops on hearing screenings for Wyoming providers.

MFH Capacity Grants will fund PHN staff to visit individual families and provide prenatal classes explaining the value and need for newborn screens.

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	10	10	9	9	10.5
Annual Indicator	12.6	9.7	12.3	8.2	8.2
Numerator	15255	11342	14061	9987	9987
Denominator	121073	116932	114321	121794	121794
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	8	7.5	7.5	7	7

Notes - 2007

Indicator from 2006 US Census data.

Notes - 2006

Indicator from 2006 US Census data.

Notes - 2005

Indicator from 2005 US Census Table H105, denominator from 2005 Census estimates.

a. Last Year's Accomplishments

The objective for 2006 was to reduce the percent of children without health insurance to 9%. In 2006, 8.2% of Wyoming children less than 18 years of age were without health insurance. This represents a statistically significant decrease from 12.3% in 2005 and from 11.7% in 2001.

MFH participated on the ECCS committee to promote insurance coverage for the MFH population.

SCHIP proposed expansion of healthcare coverage for parents of children enrolled in this program; this would create an incentive for family enrollment.

MFH provided services that SCHIP did not provide.

Transportation and translation services for MFH clients continued. MFH and EqualityCare partnered to implement a policy for translation service reimbursement by EqualityCare.

Wyoming Genetic Counseling Services allowed individuals who did not have insurance or inadequate insurance to be seen for consultation.

MFH participated on the Governor's Planning Council on Development Disabilities in order to streamline services.

OHS participated on the SCHIP Coordination Committee to address dental needs.

Wyoming Health Insurance Program continued to be available for families to purchase insurance for their child who has a pre-existing condition.

Families were required to apply, utilizing the same application, for EqualityCare and SCHIP prior to becoming eligible for MFH services. This allowed families to have a more comprehensive healthcare coverage.

Families that applied for EqualityCare and SCHIP who had CSHCN were offered referral to MFH. Referrals continued to be shared amongst WDH programs and associated entities.

MFH and PHN staff followed-up with families who needed to reapply for WDH programs, assuring healthcare coverage was continued.

MFH and SCHIP provided outreach and education throughout the state.

MFH, PHN, EqualityCare, and Part C staff coordinated and educated tertiary care facility staff ensuring Wyoming families were referred to WDH programs.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. EqualityCare/SCHIP Application			X	
2. ECCS				X
3. Covering Kids Committee				X
4. WY Health Insurance Program (WHIP)			X	
5. Education of Providers/Families/Communities				X
6. Translation/Transportation Services		X		
7. MFH Capacity Grant				X
8.				

9.				
10.				

b. Current Activities

SCHIP is in the process of implementing healthcare coverage for parents of children eligible and enrolled in this program, this would create an incentive for family enrollment.

MFH provides services that SCHIP does not provide, i.e. hearing aids and newborns not eligible for SCHIP services during the first month of age.

MFH staff accesses the EPICS system, allowing for close follow-up for dually-eligible clients to compare geographical and program benefit information.

Genetic Counseling Services allows individuals who do not have insurance or inadequate insurance to be seen for consultation.

MFH participates on the Governor's Planning Council on Development Disabilities in order to streamline services.

OHS participates on the SCHIP Coordination Committee to address dental needs of the MFH population.

Families are required to apply, utilizing the same application, for EqualityCare and SCHIP prior to eligibility determination for MFH services.

Families that applied for EqualityCare and SCHIP who had CSHCN were offered referral to MFH services.

MFH and PHN staff followed-up with families who needed to reapply for WDH programs, assuring healthcare coverage was continued.

MFH participates with SCHIP in networking with communities throughout the state.

To ensure Wyoming families are referred to WDH programs, MFH, PHN, EqualityCare, and Part C staff coordinate with and educate tertiary care facility staff.

c. Plan for the Coming Year

SCHIP will continue the process of implementing healthcare coverage for parents of children eligible and enrolled in this program; this would create an incentive for family enrollment.

MFH will provide services that SCHIP does not provide, i.e. hearing aids and newborns not eligible for SCHIP services during the first month of age.

Transportation and translation services for eligible MFH clients will continue.

MFH staff will access the EPICS system, allowing for close follow-up for dually-eligible clients to compare geographical and program benefit information. Information will be shared amongst collaborating agencies to ensure healthcare coverage continues.

Genetic Counseling Services will allow individuals who do not have insurance or inadequate insurance to be seen for consultation.

MFH will participate on the Governor's Planning Council on Development Disabilities in order to streamline services.

OHS will participate on the SCHIP Coordination Committee to address dental needs of the MFH population.

Wyoming Health Insurance Program continues to be available for families to purchase insurance for their child who has a pre-existing condition.

Families will be required to apply, utilizing the same application, for EqualityCare and SCHIP prior to eligibility determination for MFH services. This will allow families to have a more comprehensive healthcare coverage.

Families that applied for EqualityCare and SCHIP who had CSHCN will be offered referral to MFH services. Referrals will be shared amongst WDH programs and associated entities.

MFH and PHN staff will follow-up with families who need to reapply for WDH programs, assuring healthcare coverage is continued.

MFH will participate with SCHIP in networking with communities throughout the state, allowing for Wyoming citizens to be informed about MFH and EqualityCare programs that are available. To ensure Wyoming families are referred to WDH programs, MFH, PHN, EqualityCare, and Part C staff will coordinate with and educate tertiary care facility staff.

Performance Measure 14: *Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				23	22
Annual Indicator		23.2	22.5	19.5	19.5
Numerator		1191	1191	1141	1141
Denominator		5135	5292	5850	5850
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	19	19	18.5	18.5	18

Notes - 2007

Data was not available from PedNss so was collected directly from the Wyoming WIC program. The Wyoming WIC program collects data for children with a BMI >95th percentile.

Notes - 2006

Data was not available from PedNss so was collected directly from the Wyoming WIC program. The Wyoming WIC program collects data for children with a BMI >95th percentile.

Notes - 2005

Denominator estimated from 2005 PEDNSS WY sample of 24-59 month olds. All WY participants are from WIC. Numerator estimated from denominator and indicator.

a. Last Year's Accomplishments

The 2007 objective was to reduce the number of children ages two to five years with a Body Mass Index (BMI) at or above the 85th percentile who were receiving WIC services to 22%. This objective was met in 2006 with a percentage of 19.5%, a slight decrease from the 2005 percentage of 22.5%.

The availability of care coordination and the NFP home visiting model was offered to pregnant women and families as a best practice strategy. The NFP home visiting model provided support to first time moms during and after pregnancy, until the second birthday of the infant.

WIC screened all children ages two-five years for weight, length (height) and Body Mass Index (BMI). A variety of nutrition and health questions were asked of the parent to identify patterns in nutrition/health practices and lifestyle behaviors that may lead to adverse health outcomes. During the WIC certification and follow-up appointments, nutritionists and nurses identified children at risk for overweight (>85) or who are overweight (>95th%). Once a child was identified as falling into one of these risk categories, answers to the nutrition/ health questions were reviewed to design a nutritional intervention plan. The nutritionist reviewed the child/family eating practices and discussed basic nutritional concepts. These ideas included the Food Guide Pyramid, a discussion of what foods came into the house, timing of meals/snacks, how much was eaten, types of food consumed, where foods are consumed (at the table vs. snacking), a discussion of current physical activity, and the nutritional needs of a growing child.

The parent was asked to set a goal for the child, such as less TV time, more physical activity, eating more fruit/vegetables, limiting concentrated sweets like juice and junk foods, and appropriate portion sizes. During follow-up appointments, a review of the goal was discussed.

MFH collaborated with WIC to assure EBP educational opportunities are available to address childhood obesity, including videotapes that run continuously in some WIC office waiting rooms.

PHN referred families to Cen\$ible Nutrition, as available in their community, for support and education related to purchasing and cooking nutritional food.

MFH encouraged PHN staff to take advantage of all opportunities to educate providers on the process of referring children to WIC when at or above the 85th BMI percentile. Examples included local health fairs, early intervention councils, community advisory boards, and local healthcare provider coalitions.

MFH provided capacity grants to PHN offices to increase capacity for communities to deliver and sustain services.

Translation services were available through PHN offices to assure minority populations receive the same information related to healthy lifestyle.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Care coordination services			X	
2. WIC collaboration				X
3. Cen\$ible Nutrition referral				X
4. Provider education				X
5. MFH Capacity Grants				X
6. Translation services		X		
7.				
8.				

9.				
10.				

b. Current Activities

The availability of care coordination and the NFP home visiting model is offered to pregnant women and families as a best practice strategy.

MFH and PHN staff collaborates with WIC to refer families when care coordination reveals a child under the age of five with a BMI at or above the 85th percentile.

PHN refers the families to Cen\$ible Nutrition, as available in their community, for support and education related to purchasing and cooking nutritional food.

MFH encourages PHN staff to take advantage of all opportunities to educate providers on referring children to WIC when at or above the 85th BMI percentile. Examples include local health fairs, early intervention councils, community advisory boards and, local healthcare provider coalitions.

MFH provides capacity grants to PHN offices to increase capacity for communities to deliver and sustain services.

In March 2008, MFH wrote a letter of support on behalf of the state based Nutrition, Physical Activity, and Obesity Program for Wyoming. If the proposal is accepted, this is an opportunity to influence youth in making healthy lifestyle choices, influence policies that may change environments for children, youth, and families, and help build infrastructure to support these needed changes.

c. Plan for the Coming Year

The availability of care coordination and the NFP home visiting model will be offered to pregnant women, including first time moms and their families during and after pregnancy.

MFH and PHN staff will continue to collaborate with WIC to refer families when care coordination reveals a child under the age of five years with a BMI at or above the 85th percentile.

WIC will screens all children ages two-five years for weight, length (height) and BMI. A variety of nutrition and health questions will be asked of the parent to identify patterns in nutrition/health practices and lifestyle behaviors that may lead to adverse health outcomes. Nutritionists and nurses will identify children at risk for overweight (>85) or who are overweight (>95th%). Once a child is identified as falling into one of these risk categories, answers to the nutrition/health questions will be reviewed to design a nutritional intervention plan. The nutritionist will review the child/family eating practices and discusses basic nutritional concepts. These ideas will include the Food Guide Pyramid, a discussion of what foods come into the house, timing of meals/snacks, how much is eaten, types of food consumed, where foods are consumed, a discussion of current physical activity, and the nutritional needs of a growing child.

The parent will be asked to set a goal for the child, such as less TV time, more physical activity, eating more fruit/vegetables, limiting concentrated sweets like juice and junk foods, and appropriate portion sizes. During follow-up appointments, a review of the goal will be discussed.

MFH will collaborate with WIC to assure EBP educational opportunities are available to address childhood obesity, including videotapes that run continuously in some WIC office waiting rooms.

PHN will refer the families to Cen\$ible Nutrition, as available in their community, for support and education related to purchasing and cooking nutritional food.

MFH will continue to encourage PHN staff to take advantage of all opportunities to educate providers on referring children to WIC when at or above the 85th BMI percentile. Examples will include local health fairs, early intervention councils, community advisory boards and, local healthcare provider coalitions.

MFH will provide capacity grants to PHN offices to increase capacity for communities to deliver and sustain services.

If the State's proposal is accepted, MFH will participate in the planning and implementation of a state based Nutrition, Physical Activity, and Obesity Program for Wyoming. This will be an opportunity to influence youth in making healthy lifestyle choices, influence policies that may change environments for children, youth, and families, and help build infrastructure to support these needed changes.

Child and Adolescent Health Programs will continue to explore and take advantage of opportunities to partner with other state entities and local communities to address the issue of childhood obesity in Wyoming.

Performance Measure 15: *Percentage of women who smoke in the last three months of pregnancy.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				16.5	16.2
Annual Indicator	16.6	16.7		15.3	15.3
Numerator	1112	1136		1106	1106
Denominator	6700	6803		7231	7231
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	15	15	14.5	14.5	14

Notes - 2007

Indicator data is from the 2005 Maternal Outcome Monitoring System (MOMS) survey, which is Wyoming's PRAMS-like perinatal survey. Wyoming is now a PRAMS state and will have PRAMS data for this measure in 2009. There was no perinatal survey in Wyoming in 2006.

Notes - 2006

Indicator data is from the 2005 Maternal Outcome Monitoring System (MOMS) survey, which is Wyoming's PRAMS-like perinatal survey. Wyoming is now a PRAMS state and will have PRAMS data for this measure in 2009. There was no perinatal survey in Wyoming in 2006.

Notes - 2005

2005 data are not yet available.

a. Last Year's Accomplishments

NOTE: Due to the HPSA in Wyoming, not all communities have providers available to care for pregnant women. Additionally, with full case loads, some providers do not schedule prenatal

visits within the first trimester. Therefore, the need to be in contact with women through the PHN offices, as early during pregnancy as possible, becomes critical. Prenatal assessment, education, referral and nutritional support are then available prior to the first prenatal visit with the physician.

The objective for 2006 is 16.5%. In 2005, 15.3% of postpartum women reported smoking during the last three months of pregnancy. The percentage did not change significantly from 2003 with 16.7% of postpartum women reporting smoking during the last three months of pregnancy.

MFH provided Title V funding to WHC to supplement Title X funds, expanding the availability of family planning clinics within Wyoming. WHC, the Title X designee, assured access to comprehensive, high quality, voluntary family planning services. Clinics provided contraceptive supplies on a sliding scale, as well as pregnancy testing, to assist families in planning an intended pregnancy.

MFH provided Title V funding to supplement federal funds for Migrant Health services within Wyoming. WHC manages the Wyoming Migrant Health Program to provide translation and prenatal service support to migrant and seasonal farm workers.

EqualityCare, in collaboration with WHC and MFH, applied for an 1115(b) waiver to expand FP services to postpartum women for up to two years. Currently, FP services are only covered for six weeks postpartum.

Prenatal classes were offered through PHN offices on an individual, group, or family basis to highlight the risks of substance use during pregnancy (including tobacco).

Wyoming was awarded a PRAMS grant in April 2006. The first monthly sample was drawn in April 2007, and surveys were sent to postpartum women. Questions include maternal tobacco use before, during and after pregnancy, as well as how providers presented the need to quit smoking for optimal health of the infant.

MFH coordinated with MHSASD utilizing Tobacco Settlement funds to present "5As for Pregnant Women" workshop. An award was obtained from MOD to pay per diem and lodging for PHN staff to attend the CEU-approved training. As a result, trained PHN staff was better equipped to provide support to pregnant women and their families who chose to quit smoking during pregnancy. Additionally, several brochures were purchased through the Wyoming Quit Tobacco program for PHN use with pregnant women and their families. Examples are "Pregnancy and Second-hand Smoke", "Second-hand Smoke and Children", "Give a Gift to Your Baby" and "What Goes in You Goes in Your Baby".

"Depression During and After Pregnancy: A Resource for Women, Their Families and Friends", a booklet created by HRSA, was provided in volume to PHN offices to share with their pregnant and postpartum clients.

MFH supported the MOD Prematurity Campaign by participation in the Program Services Committee at the state, regional, and national level. Additionally, the Wyoming MOD chapter office has created a Nursing Module Library, which includes all of the twenty six Modules nurses which are not available online. Nurses can access the Modules for self-study and obtain contact hours for completion of the unit. Examples include "Abuse During Pregnancy" and "Tobacco, Alcohol and Drug Use in Childbearing Families".

A Women's Health Needs Assessment was conducted in conjunction with the 5-year Needs Assessment. The purpose of the document was to include issues such as health needs for women in the state, gaps in services, and how to address these gaps.

MFH capacity grants were provided to PHN offices to sustain delivery of services, including

tobacco cessation for pregnant women.

IHS continued to deliver primary health services to the Wind River Reservation population, supplementing services provided through the county PHN offices, including support and referral for smoking cessation.

Translation services continued to be provided throughout the state to assure that minority populations received the same consistent information and services.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Funding for reproductive health, PHP and MHP			X	
2. Perinatal education, referral and support			X	
3. Collaborate with other state agencies				X
4. PRAMS			X	
5. 5 A's training			X	
6. MOD collaboration				X
7. Women's Health Needs Assessment				X
8. MFH Capacity Grants				X
9. Promote American Indian health				X
10. Translation services		X		

b. Current Activities

MFH provided funding for WHC to implement a Preconception Health Project (PHP). Women who have a negative pregnancy test in a Wyoming family planning clinic will receive a packet including materials to encourage smoking cessation prior to pregnancy.

Care coordination and the NFP home visiting model are offered to pregnant women, and PHN staff provides prenatal assessment and referral for women as early as possible in their pregnancy. Prenatal classes are offered on an individual, group, or family basis to highlight the risks of substance use during pregnancy (including tobacco).

Wyoming PRAMS samples are drawn each month to gather information regarding risk behaviors women engage in during pregnancy, including smoking tobacco. Reports will be useful in future perinatal policy and program revision and development.

The Women's Health Needs Assessment is in the process of being finalized. The results will be used to plan policy and programs for women, such as smoking cessation and healthy lifestyle promotion.

Capacity grants are offered to PHN offices to fund enhancement and delivery of MFH services. IHS continues to deliver primary health services to the Wind River Reservation population, supplementing services provided through the county PHN offices, including support and referral for smoking cessation.

Translation services are available through each PHN office to assure minority populations receive the same information related to healthy lifestyle and prenatal care.

c. Plan for the Coming Year

MFH will continue to provide Title V funding to WHC to supplement Title X funds, thus expanding the availability of Family Planning Clinics within Wyoming, and the PHP. WHC, the Title X designee, will assure access to comprehensive, high quality, voluntary family planning services. Clinics will provide contraceptive supplies on a sliding scale, as well as pregnancy testing, to assist families in planning an intended pregnancy. Women who have a negative pregnancy test in a Wyoming family planning clinic will receive a preconception packet which includes 3 months of prenatal vitamins with folic acid, as well as condoms and educational materials.

MFH will provide Title V funding to supplement federal funds for Migrant Health services within Wyoming. WHC will manage the Wyoming Migrant Health Program to provide translation and prenatal service support to migrant and seasonal farm workers.

Care coordination and the NFP home visiting model will be offered to pregnant women and families as a best practice strategy. PHN staff will provide prenatal assessment and referral for women as early as possible in their pregnancy. PHN staff will assist pregnant women to fill out forms for PWP, with referrals made to SCHIP as appropriate.

MFH participates on the planning committee for the 31st Annual Perinatal Update conference, which will be held in October. EBP presentations include "Substance Abuse in Pregnancy and It's Effect on Families", "Maternal and Newborn Addiction: Collaborative Community Efforts" and "Identification of Newborn Addiction"

MFH will continue to collaborate with EqualityCare to enhance the referral system for pregnant women, increasing the percentage of women who access services and are offered care coordination.

Wyoming PRAMS samples will be drawn each month to gather information regarding risk behaviors women engage in during pregnancy, including smoking tobacco. Reports will be useful in future policy and program revision and development. Data from the survey will be available in 2009.

MFH will continue to support the MOD Prematurity Campaign by participating in the Program Services Committee at the state, regional, and national level. MFH will continue to remind nurses to access the MOD Nursing Modules to utilize for continuing education credits.

The Women's Health Needs Assessment will be finalized by late 2008. The results will be used to plan policy and programs for women, such as smoking cessation and disease management for healthy lifestyle promotion.

Capacity grants to PHN offices will continue to provide funding for enhancement and delivery of MFH services. IHS will deliver primary health services to the Wind River Reservation population, supplementing services provided through the county PHN offices, including support and referral for smoking cessation.

Translation services will be available through each PHN office to assure minority populations receive the same information related to healthy lifestyle and prenatal care.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	13.5	13.5	13.5	15	17

Annual Indicator	18.6	15.0	17.1	14.0	14.0
Numerator	23	18	20	16	16
Denominator	123879	120242	117279	114371	114371
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	13.5	13.5	13.5	13	13

Notes - 2007

Due to numerators <20, data are reported as three year rates (2003-2005).

Notes - 2006

Due to numerators <20, data are reported as three year rates (2003-2005).

Notes - 2005

Due to numerators less than 20, data are reported as 3 year rates (2003, 2004, 2005).

a. Last Year's Accomplishments

The objective for CY06 was 17 per 100,000. The three-year rate for 2004-2006 was 14 per 100,000. This represents a significant decrease from the 2003-2005 rate of 17.1 per 100,000. Three-year rates were used to improve data reliability in measuring this performance measure due to small numbers of annual suicide deaths.

MFH supported WDE with resources for the Summer Institute, where professionals (educators, nurses, PHNs, other school staff, community youth service providers, etc.) were invited to enhance their skills with updated health information. MFH sponsored a pre-session at the Summer Institute on services and programs available through WDH.

MFH participated in the SAGE Initiative, which strives to serve the mental health needs of youth in the state more effectively. Increased awareness regarding mental health concerns, improvement of referral systems in local communities, and efforts to successfully treat youth in the least restrictive environment have been priorities of this initiative.

MFH partnered with local agencies and providers to address local issues. An example of this partnership included coordination with a panel of experts who presented to parents of children who were currently serving time in juvenile detention. Parents of these children were court-ordered to attend a series of parenting classes, presented by experts from the Department of Criminal Investigation, Preventive Health and Safety Division, MHSASD, and MFH. During this event suicide prevention was an area of focus.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Comprehensive/Coordinated School Health Program (CSHP)			X	
2. Wyoming Youth Suicide Prevention Advisory Council				X
3. Youth Risk Behavioral Study (YRBS)			X	
4. Summer Institute			X	

5. SAGE Initiative local Systems of Care Committees				X
6. MFH Capacity Grants				X
7.				
8.				
9.				
10.				

b. Current Activities

MFH is a representative on the Wyoming Youth Suicide Prevention Advisory Council. This council is made up of representatives from WDH, WDE, and Corrections; Prevent Child Abuse Wyoming; the State Attorney General's office; as well as local community mental health providers. The council is working with a strategic plan that defines the focus and vision of the council's efforts as well as identifies opportunities and strengths on which to build a statewide youth suicide prevention program. The council is also focusing efforts on a culturally competent social marketing campaign and clinical competency programs.

MFH staff is serving in a "consultant" role to offer assistance to seven new Coordinated School Health Program participants as part of their 2008 Spring Booster where mental health and suicide prevention is a focus of their system building efforts.

MFH works to seek opportunities that influence youth in making healthy lifestyle choices, influence policies that may change environments for families and youth, and build infrastructure to support the needed changes.

MFH provides capacity grants to county PHN offices to assist in development, delivery, and quality evaluation of services. PHN service delivery plans emphasize child and youth safety and health concerns.

c. Plan for the Coming Year

MFH will participate in efforts of the SAGE Initiative, offering materials and PHN staff support to all training and local coalition building efforts. The Annual Children's Mental Health Conference, planned to be held in fall 2008, will focus on issues that impact youth suicide.

MFH will participate in a workgroup that will focus on special issues, including suicide, pertaining to the sexual orientation within the youth population.

MFH will continue to be an active member of the state and local collaboration of the Wyoming Youth Suicide Prevention Advisory Council to further statewide efforts focusing on youth suicide prevention.

MFH will continue to work with Coordinated School Health Programs to support the mental health and suicide prevention components of their system development efforts.

MFH will continue to work to seek opportunities that influence youth in making healthy lifestyle choices, influence policies that may change environments for families and youth, and build infrastructure to support the needed changes.

MFH will continue to provide capacity grants to county PHN offices to assist in development, delivery, and quality evaluation of services. PHN service delivery plans emphasize child and youth safety and health concerns.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	79	79	79	71	67
Annual Indicator	70.1	70.0	64.0	59.1	59.1
Numerator	54	70	57	52	52
Denominator	77	100	89	88	88
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	61	61	63	63	64

Notes - 2007

Wyoming has no tertiary care facilities. These data are from 2006 Vital Records.

Notes - 2006

Wyoming has no tertiary care facilities. These data are from 2006 Vital Records.

Notes - 2005

Based on indicator data, objectives for 2006-2010 were changed. Denominator for 2002 is incorrect; denominator=67 and the %=68.7%.

a. Last Year's Accomplishments

NOTE: Due to the HPSA in Wyoming, not all communities have providers available to care for pregnant women. Additionally, with full case loads, some providers do not schedule prenatal visits within the first trimester. Therefore, the need to be in contact with women through the PHN offices, as early during pregnancy as possible, becomes critical. Prenatal assessment, education, referral and nutritional support are then available prior to the first prenatal visit with the physician.

There are no tertiary care facilities for infants within the state of Wyoming.

The 2006 objective was 67%. In 2005, the percent of VLBW births born at high-risk facilities was 59.1% which is not a significant decrease from 2005 (64%).

The availability of care coordination and NFP home visiting model was offered to pregnant women and families as a best practice strategy to assist in identification of high-risk pregnancies. PHN staff provided prenatal assessment and referral for women as early as possible in pregnancy. They also assisted pregnant women in applying for PWP and referrals were made to SCHIP as appropriate.

Prenatal classes were offered through PHN offices. The classes addressed the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy.

MFH collaborated with EqualityCare to enhance the referral system for pregnant women, thereby increasing the percentage of pregnant women who are offered care coordination.

MFH provided limited financial assistance through the MHR and NBIC Programs for financially and medically eligible high-risk mothers and infants. MFH promoted family-centered services by providing per diem and mileage reimbursement for fathers or significant others to visit and support mother and baby. Genetic testing was provided to families who met medical and/or financial requirements.

Tertiary care visits were conducted in Salt Lake City, Billings, Rapid City, Denver, and Scottsbluff, destinations of pregnant women and infants in need of tertiary care. The purpose was to assure all Wyoming families were being referred to MFH for follow-up services.

HBWW was implemented through approximately twelve PHN offices and other community partners such as WMH, IHS, Cen\$ible Nutrition, Community Health Centers and local hospitals. The goal was to assure providers are aware of the risk of inadequate weight gain during pregnancy. Encouraging pregnant women to gain the recommended amount of weight during pregnancy may improve term delivery rates.

"Plan for the Unexpected When You are Expecting" placards were distributed to all PHN offices and other entities, such as EqualityCare, WIC, MOD and local hospitals. The placards were provided to BB clients and other pregnant women at approximately 20 weeks gestation. The placards were updated, as suggested by several PHN staff, to include space for important numbers, such as for their provider, and insurance/Medicaid numbers that will be useful in case of an emergency transport.

Wyoming MOD chapter office has created a Nursing Module Library, which includes all of the twenty six Modules which are not available online. Nurses can access the Modules for self-study and obtain contact hours for completion of the unit. Examples include "Abuse During Pregnancy", "Diabetes in Pregnancy", "Pregnancy: Psychosocial Perspectives", and 2 Modules on "Preterm Labor Prevention and Management".

Wyoming PRAMS funding was used for start-up activities, and the first sample was drawn in April 2007 by CDPHE. The PRAMS survey collects specific information on mothers who deliver their infants outside of the state of Wyoming, particularly at tertiary care facilities.

MFH provided the availability of capacity grants to county PHN offices to assist in development, delivery, and quality evaluation of services. This funding supplements IHS funding to enhance health services delivery to the Wind River Reservation population.

BB Supplemental Funding was available in select counties for prenatal care reimbursement for pregnant women who had no other source of reimbursement.

Translation services were provided for prenatal classes, as requested. Additionally, Spanish perinatal forms assure that minority populations receive the same consistent information and services.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Perinatal education, outreach and support			X	
2. EqualityCare collaboration				X
3. Maternal High Risk (MHR)/Newborn Intensive Care (NBIC) programs		X		
4. Tertiary facility visits				X
5. HBWW			X	
6. "Plan for the Unexpected When You are Expecting"			X	

7. PRAMS				X
8. MOD collaboration				X
9. Data Support System				X
10. MFH Capacity Grant				X

b. Current Activities

Prenatal classes offered through PHN offices address the importance/value of early, appropriate, and consistent prenatal care; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy.

MFH provides limited assistance for eligible mothers and infants transported to tertiary care facilities. MFH promotes family-centered services through MHR/NBIC by providing reimbursement for fathers or significant others to visit and support mother and baby.

To assure all WY families who access tertiary care are referred to MFH for follow-up services, annual visits are conducted in Denver, Salt Lake City, Billings, Rapid City, and Scottsbluff.

HBWW is implemented through PHN offices and other community partners to assure providers are aware of the risk of inadequate weight gain during pregnancy.

"Plan for the Unexpected When You are Expecting" placards are distributed to all PHN offices and other entities, providing to pregnant women at approximately 20 weeks gestation.

The MOD NICU Support project, places a Support Person within a NICU in each state. WY families transported out of state to tertiary care receive a NICU back pack. In the pack is a baby blanket; MFH, HBWW and "Plan for the Unexpected When You Are Expecting" materials; books for the parents to read to the baby; and various MOD materials. MOD materials include a NICU Guide/Glossary, You and Your Baby in the NICU and a NICU Keepsake Journal.

c. Plan for the Coming Year

The availability of care coordination and NFP home visiting model will be offered to pregnant women and families as a best practice strategy to assist in identification of high-risk pregnancies. PHN staff will provide prenatal assessment and referral for pregnant women as early as possible. Pregnant women will be assisted in applying for PWP and referrals will be made to SCHIP as appropriate. As of July 1, 2008, non-citizens will no longer be eligible for PWP. Discussions will continue to determine how to address the health needs of that population.

Prenatal classes will be offered through PHN offices. The classes will address the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy.

MFH will provide limited financial assistance through the MHR and NBIC Programs for financially and medically eligible high-risk mothers and infants. MFH will promote family-centered services by providing per diem and mileage reimbursement for fathers or significant others to visit and support mother and baby. Genetic testing will be offered to families who meet medical and/or financial requirements.

Tertiary care visits will be conducted in Denver, Salt Lake City, Billings, Rapid City, and Scottsbluff, destinations of pregnant women and infants in need of tertiary care. The purpose will be to assure all Wyoming families are being referred to MFH for follow-up services.

HBWW will be implemented through select PHN offices and other community partners, such as EqualityCare, TriCare, MOD, FPC, Community Health Centers, Sensible Nutrition and WIC, to assure providers are aware of the risk of inadequate weight gain during pregnancy. Encouraging

pregnant women to gain the recommended amount of weight during pregnancy may improve term delivery rates.

"Plan for the Unexpected When You are Expecting" placards will be distributed to all PHN offices and other entities, such as MOD, EqualityCare, WIC and local hospitals. The placards will be provided to BB clients and other pregnant women at approximately 20 weeks gestation.

Wyoming PRAMS will collect survey data and enter data into the system, which will include specific information on mothers who deliver their infants outside of the state of Wyoming, particularly at tertiary care facilities.

MOD will continue to provide Wyoming families transported out of state to tertiary care a NICU Support back pack. The pack will include a blanket for the baby; MFH, HBWW and "Plan for the Unexpected When You Are Expecting" materials; books for the parents to read to the baby; and various MOD materials. MOD materials will include a NICU Guide/Glossary, You and Your Baby in the NICU and a NICU Keepsake Journal.

MFH will provide capacity grants to county PHN offices to assist in development, delivery, and quality evaluation of services

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	89	86	89	85	85
Annual Indicator	85.8	84.8	81.4	60.2	64.9
Numerator	5746	5766	5886	4597	4957
Denominator	6700	6803	7231	7640	7640
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	65	65	66	66	67

Notes - 2007

Data reported for 2006 births. Wyoming began using the new birth certificate in 2006, which asks about prenatal care differently than the old birth certificate. Therefore, this indicator is not comparable to those for previous years.

Notes - 2006

Data reported for 2006 births. Wyoming began using the new birth certificate in 2006, which asks about prenatal care differently than the old birth certificate. Therefore, this indicator is not comparable to those for previous years.

a. Last Year's Accomplishments

NOTE: Due to the HPSA in Wyoming, not all communities have providers available to care for pregnant women. Additionally, with full case loads, some providers do not schedule prenatal visits within the first trimester. Therefore, the need to be in contact with women through the PHN offices, as early during pregnancy as possible, becomes critical. Prenatal assessment, education, referral and nutritional support are then available prior to the first prenatal visit with the

physician.

The 2006 objective was 85%. In 2006, 60.2% of infants were born to women receiving prenatal care in the first trimester. Wyoming began using the new 2003 birth certificate in 2006 so these data are not comparable to previous years.

MFH provided Title V funding to WHC to supplement Title X funds, expanding the availability of family planning clinics within Wyoming. WHC, the Title X designee, assured access to comprehensive, high quality, voluntary family planning services. Clinics provided contraceptive supplies on a sliding scale, as well as pregnancy testing, to assist families in planning for an intended pregnancy.

MFH provided Title V funding to supplement federal funds for Migrant Health services within Wyoming. WHC manages the Wyoming Migrant Health Program to provide translation and prenatal service support to migrant and seasonal farm workers.

Care coordination and the NFP home visiting model were offered to pregnant women as a best practice strategy. PHN staff provided prenatal assessment and referral for pregnant women as early as possible. PHN assisted pregnant women in applying for the PWP and referrals were made to SCHIP as appropriate.

EqualityCare, in collaboration with WHC and MFH, applied for an 1115(b) waiver to expand family planning (FP) services to postpartum women for up to 2 years. Currently, FP services are only covered for 6 weeks postpartum.

The HBWW project targeted providers to assure women gain appropriate weight during pregnancy. Project materials were distributed to numerous PHN and provider offices throughout the state, including EqualityCare, Family Planning Clinics, IHS, Community Health Centers, local hospitals, MOD and WIC.

"Plan for the Unexpected When You are Expecting" placards were distributed to all PHN offices and other entities. The placards offer suggestions on what to have prepared ahead of time in case of emergency transport to a tertiary care center out of the state. They were provided to clients at approximately 20 weeks gestation. The placards were updated, as suggested by several PHN staff, to include space for important numbers, such as for their provider, and insurance/Medicaid numbers that will be useful in case of an emergency transport.

"Depression During and After Pregnancy: A Resource for Women, Their Families and Friends", a booklet created by HRSA, was provided in volume to PHN offices to share with their pregnant and postpartum clients.

CPHD Epidemiology Section and MFH managed the Wyoming PRAMS project. First monthly samples were drawn by CDPHE beginning in April 2007. The survey provides current information related to accessing prenatal care in Wyoming, including barriers to seeking care.

The 29th Annual Perinatal Update was held in September 2006 in Fort Collins, Colorado and 22 Wyoming nurses attended either one or both days. The AWHONN conference was held in April 2007 in Cheyenne, Wyoming. MFH participated on both committees to ensure EBP was presented for professional audiences.

The Wyoming MOD chapter office has created a Nursing Module Library, which includes all of the twenty six Modules which are not available online. Nurses can access the Modules for self-study and obtain contact hours for completion of the unit. Examples include "Abuse During Pregnancy", "Diabetes in Pregnancy", "Pregnancy: Psychosocial Perspectives", and 2 Modules on "Preterm Labor Prevention and Management".

Translation services were available through each PHN office to assure minority populations receive the same information related to healthy lifestyle and prenatal care.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Funding for reproductive health, PHP and WMH			X	
2. Perinatal education, support, referral/care coordination			X	
3. HBWW			X	
4. "Plan for the Unexpected When You are Expecting"			X	
5. PRAMS			X	
6. Professional education collaboration				X
7. Collaboration with other entities who serve the perinatal population				X
8. MFH Capacity Grant				X
9. Promote American Indian health				X
10. Translation services		X		

b. Current Activities

MFH provides funding to WHC to supplement Title X funds, thus expanding the availability of FP clinics within Wyoming. WHC, the Title X designee, assures access to comprehensive, high quality, voluntary family planning services. Clinics provide contraceptive supplies on a sliding scale, as well as pregnancy testing, to assist families in planning for an intended pregnancy. MFH provided funding for WHC to implement a PHP. Women who have a negative pregnancy test in a Wyoming family planning clinic will receive a packet including 3 months of prenatal vitamins with folic acid, condoms and preconception educational materials.

MFH collaborates with EqualityCare and WHC to provide support for the 1115(b) waiver to expand FP services to postpartum women to up to 2 years.

HBWW is implemented through PHN offices and other community partners to assure providers are aware of the risk of inadequate weight gain during pregnancy.

"Plan for the Unexpected When You are Expecting" placards are distributed to all PHN offices, offering suggestions on what to have prepared ahead of time in case of the need for transport to a tertiary care center.

MFH provides limited financial support and planning of the Annual Perinatal Conference, in partnership with TCH in Denver, CO; Iverson Memorial Hospital and UW School of Nursing in Laramie, WY; and PVH in Fort Collins, CO.

BB Supplemental Funding is available in select counties for women who have no other source of reimbursement of prenatal care

c. Plan for the Coming Year

MFH will continue to provide Title V funding to supplement Title X funds, thus expanding the availability of FP clinics within Wyoming. WHC will assure access to comprehensive, high quality, voluntary family planning services, by providing contraceptive supplies and pregnancy test on a sliding scale, to assist families in planning an intended pregnancy. Women with a negative pregnancy test will receive 3 months of prenatal vitamins with folic acid, condoms and educational materials.

MFH will provide funding to expand Migrant Health services within Wyoming, providing translation and prenatal service support to migrant and seasonal farm workers.

PHN will offer care coordination to pregnant women, with prenatal assessment/referrals as early as possible in pregnancy, and assist in applying for PWP. As of July 1, 2008, non-citizens will no longer be eligible for PWP. Discussions are ongoing to address the health needs of that population.

MFH will continue to work with EqualityCare and WHC to provide support for the 1115(b) waiver.

MFH will continue to collaborate with EqualityCare to enhance the referral system for pregnant women, increasing the percentage of pregnant women offered care coordination.

HBWW will be implemented through PHN offices and other entities having contact with pregnant women, such as WIC, MHP, IHS, local hospitals and Community Health Centers. The purpose of the project is to assure providers and pregnant women are aware of the risk of preterm delivery with inadequate weight gain during pregnancy.

"Plan for the Unexpected When You are Expecting" placards will be distributed to all PHN offices and other entities, and will be provided to pregnant women at approximately 20 weeks gestation.

Wyoming PRAMS data samples will be drawn each month by the Wyoming Epidemiology Section, gathering information regarding risk behaviors, such as access to prenatal care and folic acid intake.

MFH will provide limited financial assistance and planning of the Annual Perinatal Update Conference. Partners will include TCH in Denver, Colorado; Iverson Memorial Hospital and UW School of Nursing in Laramie, Wyoming; and PVH in Fort Collins, Colorado.

MOD will provide funding to begin a "Cub House" project in WY and will locate them in several communities throughout the state. The first locations will be Rock Springs, Jackson and Gillette, WY. The Cub Houses will provide low income parents the opportunity to purchase new baby items with points earned from attending prenatal visits, WIC appointments, parent educational programs and other community services. The educational opportunities will vary according to what partners are involved in each community. Examples may include prenatal classes, refresher classes, sibling classes and/or breastfeeding support groups or classes.

Translation services will be available through PHN offices to assure minority populations receive the same information related to healthy lifestyle and prenatal care.

D. State Performance Measures

State Performance Measure 1: *Percent of deaths in children and youth ages 1-24 due to non-motor vehicle related unintentional injuries.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	19	19	18.7	15	14
Annual Indicator	16.8	14.4	14.3	15.3	15.3
Numerator	56	47	44	46	46
Denominator	334	326	307	301	301
Is the Data Provisional or Final?				Final	Final

	2008	2009	2010	2011	2012
Annual Performance Objective	13.5	13.5	13	13	13

Notes - 2007

Data are three year averages (2004-2006) due to numerators <20 for single years.

Notes - 2006

Data are three year averages (2004-2006) due to numerators <20 for single years.

Notes - 2005

Data are 3-year averages (2002, 2003, 2004) due to single year numerators <20.

a. Last Year's Accomplishments

The 2006 objective of 15% was nearly met with 15.3% of 2006 deaths to children and youth ages 1 to 24 due to non-motor vehicle related unintentional injuries. The rate increased slightly from 2005, although the increase is not statistically significant.

MFH recruited for an Adolescent Health Program Specialist to focus on these populations and program promotion.

MFH worked to build infrastructure to reduce preventable injuries.

MFH and SKW collaborated to reduce child and adolescent preventable injuries through targeted efforts of SKW Chapters.

MFH worked to identify opportunities that influenced youth in making healthy lifestyle choices, influenced policies that may change environments for families and youth, and built infrastructure to support these needed changes.

MFH provided capacity grants to county PHN offices to assist communities in development, delivery, and quality evaluation of services.

An MFH representative served on the Child Major Injury and Fatality Review Team.

MFH provided eight nurses the opportunity to become Happiest Baby on the Block trainers. The Happiest Baby on the Block approach has several program goals, including paternal bonding and participation as well as a decrease in abuse including shaken baby syndrome.

Two PHN staff certified as Happiest Baby on the Block trainers presented the principles of the program at the 2007 Annual MFH meeting. They also included lessons learned in providing community classes. One of the barriers identified was the lack of funding to purchase parent kits required to be distributed to the participants of each class. As a result of this presentation, 21 more PHN expressed an interest in becoming trainers. MFH provided funding to train those nurses, and included at least 10 parent kits for all of the nurses who are now trained. Additionally, swaddle blankets were provided for the trainers to utilize in training and to give to parents.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Happiest Baby on the Block training			X	
2. Safe Kids Wyoming (SKW)				X
3. Child Major Injury and Fatality Review Team				X

4. MHSASD and WDE				X
5. MFH Capacity Grants				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

An individual was hired for the Adolescent Health Programs in January 2008, to focus on children and adolescent populations and program promotion. This position is an imperative link in the continual system building efforts within CPHD.

The ECCS Grant allows for increased attention to child and adolescent populations, as it relates to child safety. With funding specific projects, at the local level, WDH leadership hopes that safety messages are improved and programs for this population are strengthened.

MFH provided brochures from the National Center for Shaken Baby Syndrome, as well as flyers and posters on shaken baby prevention to PHN offices, IHS clinics and to local hospitals. One local hospital implemented a Shaken Baby Prevention Expo for pregnant and parenting families.

MFH provided funding to SKW to sponsor promotional billboards focusing on child safety statewide.

MFH provides capacity grants to county PHN offices to assist communities in development, delivery, and quality evaluation of services.

Legislation was introduced in the 2008 legislature to expand child fatality review to include preventable deaths and major injury due to all causes rather than just those due to abuse and neglect. Unfortunately, this bill did not pass introduction.

c. Plan for the Coming Year

The Adolescent Health Programs Specialist will focus on these populations and program promotion and will continue to be an imperative link in the continual system building efforts within CPHD.

At the Annual MFH Meeting in August, Dr. Harvey Karp, the founder of the Happiest Baby on the Block and Happiest Toddler on the Block programs will present how to operationalize the programs through PHN offices. The program is linked with improved bonding and paternal participation. PHN staff, who have become certified trainers for Happiest Baby on the Block, has been asked to present at monthly Parent Education Network support groups. MFH will provide Happiest Baby Parent kits for certified PHN trainers to distribute at parent classes.

MFH will provide items for hands on teaching during the MFH/PHN Annual Conference pertaining to unintentional injuries. Such items include the shaken baby demonstration model and ID tags that provide education on shaken baby syndrome prevention. Personnel from Department of Family Services, law enforcement, Head Start and developmental preschool providers are invited to the training.

MFH will continue to provide capacity grants to county PHN offices to assist communities in development, delivery, and quality evaluation of services.

MFH will continue to partner with SKW and WDE Coordinated School Health Programs to support youth safety and prevention of unintentional injuries as part of their systems development efforts.

MFH will continue to seek opportunities that influence youth in making safe and healthy lifestyle choices, influence policies that may change environments for youth and families, and build infrastructure to support identified changes.

MFH will research and propose options for the development of an internal Department of Health review process for child fatalities to focus on preventable deaths and major injuries due to all causes.

State Performance Measure 2: *Percent of high school students using alcohol in the past 30 days.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	40	48	46	45.4	43
Annual Indicator	49.0	49.0	45.4	45.4	42.4
Numerator	13389	13389	12271	12261	11490
Denominator	27325	27325	27029	27007	27098
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	42.4	40	40	38	38

Notes - 2007

Data are from the Youth Risk Behavior Surveillance System (YRBS), which is conducted every other year. These data are from the 2007 survey for high school students. Denominator is the total population of Wyoming 9th-12th grade students for the 2006-2007 academic year. The numerator is estimated from the indicator and the denominator.

Notes - 2006

YRBS Survey is done only every other year. 2005 indicator data reported for 2005 and 2006. Denominator is the total population of 9th-12th graders for Academic Year 2005-2006 in Wyoming. Numerator is estimated from indicator and denominator data.

Notes - 2005

Data are from the 2005 Wyoming Youth Risk Behavior Survey. Denominator is the total population of 9th-12th graders for Academic Year 2004-2005 in Wyoming. Numerator is estimated from indicator and denominator data.

a. Last Year's Accomplishments

The 2007 objective (43%) was met with only 42.4% of high school students reporting alcohol use in the past 30 days. From 2001 to 2006 there was a statistically significant decrease in the percent of high school students using alcohol.

MFH partnered with MHSASD and WDE to leverage funding/resources for a social marketing plan directed at youth, linking alcohol and drug use with sexual activity. Results of the 2005 YRBS indicated that students who reported being sexually active, a large number reported using alcohol or other drugs prior to sexual activity.

MFH served at the Governor's request on statewide collaborative efforts and councils focused on behavior that threatens to endanger Wyoming's youth. Efforts during legislation received the successful passages of several pieces intended to address impaired driving conditions in Wyoming, including driving under the influence (DUI) child endangerment, as well as Time of Test Law that strengthens the prosecution's ability to submit blood alcohol level test results differently

than in past years.

The 23rd Annual Community and School Health Pediatric Conference was co-sponsored by MFH, in conjunction with TCH. A Video Conferencing site was set up in Casper, Wyoming, where approximately twenty five PHN and school nurses attended the 2-day conference. Presentations included helping nurses to differentiate between at-risk and high-risk behavior in adolescents. Additionally, a session described effective interventions when working with children and adolescents with Fetal Alcohol Spectrum Disorders.

Capacity Grants to counties continued to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referring to appropriate community resources. PHN service delivery plans emphasize child and youth safety and health concerns, including messages targeted to the adolescent population regarding alcohol and substance use.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Wyoming Health Council				X
2. YRBS			X	
3. Governor's Planning Council on Impaired Driving				X
4. MFH Capacity Grants			X	
5. First Lady's Initiative			X	
6.				
7.				
8.				
9.				
10.				

b. Current Activities

MFH continues to demonstrate ways PHN offices play an integral role in prevention messages to the adolescent population regarding alcohol and substance use. Examples include participation on local committees, councils or task forces focused on the reduction of underage drinking.

MFH works to seek opportunities that encourage youth to make healthy lifestyle choices, influence policies that may change environments for families and youth, and build infrastructure to support changes.

MFH serves at the Governor's request on statewide collaborative efforts and councils on behavior that threatens Wyoming youth. The Governor's Council on Impaired Driving is a major driving force to discourage alcohol consumption and improve prevention efforts, especially as it relates to youth.

MFH serves as a consultant to offer assistance to seven new CSHP participants as part of their 2008 Spring Booster where student alcohol use is a focus of their system building efforts. YRBS data for 2007 identifies alcohol use as a continuing challenge to be addressed.

MFH partners with WHC to submit a proposal for a Robert Wood Johnson Foundation grant for Building Healthy Teen Relationships. This work is being undertaken in response to data from the 2007 YRBS question about physical violence from a boyfriend/girlfriend in the past 12 months and related sexual coercion questions.

MFH collaborates with the Youth Advocate for Prevention within the MHSASD to design and

implement a Youth Advisory Board.

c. Plan for the Coming Year

MFH will continue to demonstrate ways local PHN offices can play an integral role in prevention messages to the adolescent population regarding alcohol and substance use.

MFH will continue to seek opportunities that influence youth in making healthy lifestyle choices, influence policies that may change environments for families and youth, and build infrastructure to support the needed changes.

MFH will continue to serve at the Governor's request on statewide collaborative efforts and councils focused on behavior that threatens to endanger Wyoming's youth, including the Governor's Council on Impaired Driving and the First Lady's Initiative to reduce underage drinking.

MFH will provide capacity grants to county PHN offices to assist communities in development, delivery, and quality evaluation of services.

MFH will continue to work with Coordinated School Health Programs to support the prevention components of their system development efforts, especially as their relate to teen alcohol use in hopes of impacting the 2009 YRBS data relating to this issue.

If invited to apply for and awarded the Building Healthy Teen Relationships grant, MFH will partner with the WHC to create and evaluate a comprehensive community-based model of prevention that aims to decrease relationship violence and increase positive, protective relationship skills as well as address the areas that negatively impact healthy teen relationships.

MFH will continue work with Department of Health partners to implement a Youth Advisory Board to facilitate discussions with youth and to elicit and implement their ideas about prevention messages that will make a difference.

State Performance Measure 3: *Percent of high school students who report tobacco smoking in the past 30 days.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	26	26	24	22.5	22
Annual Indicator	26.0	26.0	22.5	22.5	20.8
Numerator	7105	7105	6082	6077	5636
Denominator	27325	27325	27029	27007	27098
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	20.8	19.5	19.5	19	19

Notes - 2007

Data are from the Youth Risk Behavior Surveillance System (YRBS), which is conducted every other year. These data are from the 2007 survey for high school students. Denominator is the total population of Wyoming 9th-12th grade students for the 2006-2007 academic year. The numerator is estimated from the indicator and the denominator

Notes - 2006

YRBS Survey is done only every other year. 2005 indicator data reported for 2005 and 2006. Denominator is the total population of 9th-12th graders for Academic Year 2005-2006 in Wyoming. Numerator is estimated from indicator and denominator data.

Notes - 2005

a. Last Year's Accomplishments

The 2007 objective (22%) was met. In 2007, 20.8% of high school students reported tobacco smoking in the past 30 days. From 2001 to 2006, there was a statistically significant decrease in the percent of high school students who smoke.

MFH recruited for a Child and Adolescent Health Coordinator, to focus on children and adolescent populations and program promotion. Efforts addressing adolescent tobacco use to date have been in collaboration with the WDE Coordinated School Health and Drug Free Schools programs.

The 23rd Annual Community and School Health Pediatric Conference was co-sponsored by MFH, in conjunction with TCH. A Video Conferencing site was set up in Casper, Wyoming, where approximately twenty-five PHN and school nurses attended the two-day conference. Presentations included helping nurses to differentiate between at-risk and high-risk behavior in adolescents.

MFH provided capacity grants to county PHN offices to assist in development, delivery, and quality evaluation of services. PHN service delivery plans emphasize child and youth health promotion. MFH has collaborated with local offices to offer expansion and social marketing ideas intended to increase interest in programs which focus on prevention efforts.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. YRBS			X	
2. Mental Health and Substance Abuse Services Division				X
3. MFH Capacity Grants				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

MFH provides capacity grants to PHN offices to assist in development, delivery, and quality evaluation of services. PHN service delivery plans emphasize child and youth health promotion. MFH collaborates with offices to offer expansion and social marketing ideas to increase interest in prevention programs.

MFH seeks opportunities to influence youth in making healthy choices, influence policy that may change the environment for families and youth, and build infrastructure to support changes. MFH partners with the Drug Free Schools Program to enhance the health and safety of Wyoming children and youth.

The MHSASD administers Master Settlement Funds through programs including the Tobacco Awareness Program, an educational program for teens who currently report tobacco use. The Child and Adolescent Health Programs Specialist partners with the Youth Advocate for Prevention position within the MHSASD to collaborate and support current efforts.

MFH serves as a consultant to offer assistance to seven new Coordinated School Health Program participants as part of their 2008 Spring Booster where tobacco cessation is a focus of their system building efforts.

MFH collaborates with the Youth Advocate for Prevention position within the MHSASD to design and implement a Youth Advisory Board. This board will serve as a mechanism for dialogue with youth on issues that are of most concern and to elicit ideas on the best tools to share prevention messages.

c. Plan for the Coming Year

MFH will provide capacity grants to county PHN offices to assist in development, delivery, and quality evaluation of services. PHN service delivery plans emphasize child and youth health promotion. MFH will continue to support local offices to offer expansion and social marketing ideas intended to increase interest in programs which focus on prevention efforts.

MFH will continue to seek opportunities to influence youth in making healthy lifestyle choices, influence policy that may change the environment for families and youth, and build infrastructure to support the needed changes. MFH will partner with the Drug Free Schools Program to enhance the health and safety of Wyoming children and youth.

The Child and Adolescent Health Programs Specialist will continue the partnership with the MHSASD Youth Advocate for Prevention to collaborate and support the efforts of the Tobacco Awareness Programs.

MFH will continue to work with Coordinated School Health Programs to support the prevention components of their system development efforts as they relate to teen tobacco use in hopes of impacting the 2009 YRBS data relating to this issue.

MFH will continue work with Department of Health partners to implement a Youth Advisory Board to facilitate discussions with youth and to elicit and implement their ideas about prevention messages that will make a difference.

State Performance Measure 4: *Percent of infants born to women who smoked during pregnancy.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	18	18	18	19	18
Annual Indicator	19.2	19.5	18.6	20.4	20.4
Numerator	1288	1328	1344	1558	1558
Denominator	6700	6803	7231	7640	7640
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	18	18	17	17	17

Notes - 2007

These data are from 2006 Vital Records. Wyoming began using the new birth certificate in 2006, which collects smoking data differently than the old birth certificate. Therefore, this indicator is not comparable to indicators reported before 2006.

Notes - 2006

These data are from 2006 Vital Records. Wyoming began using the new birth certificate in 2006, which collects smoking data differently than the old birth certificate. Therefore, this indicator is not comparable to indicators reported before 2006.

a. Last Year's Accomplishments

NOTE: Due to the health provider shortage area (HPSA) in Wyoming, not all communities have providers available to care for pregnant women. Additionally, with full case loads, some providers do not schedule prenatal visits within the first trimester. Therefore, the need to be in contact with women through the PHN offices, as early during pregnancy as possible, becomes critical. Prenatal assessment, education, referral and nutritional support are then available prior to the first prenatal visit with the physician.

The 2006 objective of 19% was not met. In 2006, 20.4% of Wyoming women reported smoking during pregnancy. Wyoming began using the new 2003 birth certificate in 2006, and data for this measure are not comparable to data from previous years. Therefore, new objectives must be set for future years.

MFH provided Title V funding to WHC to supplement Title X funds, expanding the availability of family planning clinics within Wyoming. WHC, the Title X designee, assured access to comprehensive, high quality, voluntary family planning services. Clinics provided contraceptive supplies on a sliding scale, as well as pregnancy testing, to assist families in planning an intended pregnancy.

MFH provided Title V funding to supplement federal funds for Migrant Health services within Wyoming. WHC manages the Wyoming Migrant Health Program to provide translation and prenatal service support to migrant and seasonal farm workers.

Prenatal classes were offered through PHN offices on an individual, group, or family basis to highlight the risks of substance use during pregnancy (including tobacco).

EqualityCare, in collaboration with WHC and MFH, applied for an 1115(b) waiver to expand FP services to postpartum women for up to two years. This will increase support available to postpartum women for smoking cessation.

Wyoming was awarded a PRAMS grant in April 2006. The first monthly sample was drawn in April 2007, and surveys were sent to postpartum women. Questions include maternal tobacco use before, during and after pregnancy, as well as how providers presented the need to quit smoking for optimal health of the infant.

MFH coordinated with MHSASD utilizing Master Settlement funds to present "5As for Pregnant Women" workshop. An award was obtained from MOD to pay per diem and lodging for PHN staff to attend the CEU-approved training. As a result, trained PHN staff was better equipped to provide support to pregnant women and their families who chose to quit smoking during pregnancy. Additionally, several brochures were purchased through the Wyoming Quit Tobacco program for PHN use with pregnant women and their families. Examples are "Pregnancy and Second-hand Smoke", "Second-hand Smoke and Children", "Give a Gift to Your Baby" and "What Goes in You Goes in Your Baby".

"Depression During and After Pregnancy: A Resource for Women, Their Families and Friends", a booklet created by HRSA, was provided in volume to PHN offices to share with their pregnant

and postpartum clients.

MFH supported the MOD Prematurity Campaign by participation in the Program Services Committee at the state, regional, and national level. Additionally, the Wyoming MOD chapter office has created a Nursing Module Library, which includes all of the twenty six Modules nurses which are not available online. Nurses can access the Modules for self-study and obtain contact hours for completion of the unit. Examples include "Abuse During Pregnancy" and "Tobacco, Alcohol and Drug Use in Chidbearing Families".

A Women's Health Needs Assessment was conducted in conjunction with the 5-year Needs Assessment. The purpose of the document was to include issues such as health needs for women in the state, gaps in services, and how to address these gaps.

MFH capacity grants were provided to PHN offices to sustain delivery of services, including tobacco cessation for pregnant women.

IHS continued to deliver primary health services to the Wind River Reservation population, supplementing services provided through the county PHN offices, including support and referral for smoking cessation.

Translation services continued to be provided throughout the state to assure that minority populations received the same consistent information and services.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Funding for reproductive health, PHP and MHP			X	
2. Perinatal education, referral and support			X	
3. Collaborate with other state agencies				X
4. PRAMS			X	
5. 5 A's training			X	
6. MOD collaboration				X
7. Women's Health Needs Assessment				X
8. MFH Capacity Grants				X
9. Promote American Indian health				X
10. Translation services		X		

b. Current Activities

MFH provided funding for WHC to implement a Preconception Health Project. Women who have a negative pregnancy test in a Wyoming family planning clinic will receive a packet including materials to encourage smoking cessation prior to pregnancy.

Care coordination and the NFP home visiting model are offered to pregnant women, and PHN staff provides prenatal assessment and referral for women as early as possible in their pregnancy. Prenatal classes are offered on an individual, group, or family basis to highlight the risks of substance use during pregnancy (including tobacco).

Wyoming PRAMS samples are drawn each month to gather information regarding risk behaviors women engage in during pregnancy, including smoking tobacco. Reports will be useful in future perinatal policy and program revision and development.

The Women's Health Needs Assessment is in the process of being finalized. The results will be used to plan policy and programs for women, such as smoking cessation and healthy lifestyle

promotion.

Capacity grants are offered to PHN offices to fund enhancement and delivery of MFH services. IHS continues to deliver primary health services to the Wind River Reservation population, supplementing services provided through the county PHN offices, including support and referral for smoking cessation.

Translation services are available through each PHN office to assure minority populations receive the same information related to healthy lifestyle and prenatal care.

c. Plan for the Coming Year

MFH will continue to provide funding to WHC to supplement Title X funds, thus expanding the availability of Family Planning Clinics within Wyoming, and the PHP. WHC, the Title X designee, will assure access to comprehensive, high quality, voluntary family planning services. Clinics provide contraceptive supplies on a sliding scale, and pregnancy testing to assist families in planning an intended pregnancy. Women who have a negative pregnancy test will receive a preconception packet including three months of prenatal vitamins with folic acid and condoms and educational materials.

MFH will provide Title V funding to supplement federal funds for Migrant Health services within Wyoming. WHC will manage the Wyoming Migrant Health Program to provide translation and prenatal service support to migrant and seasonal farm workers.

MFH will continue to collaborate with EqualityCare and WHC to provide support for the 1115(b) waiver to expand FP services to postpartum women.

Care coordination and the NFP home visiting model will be offered to pregnant women and families as a best practice strategy. PHN staff will provide prenatal assessment and referral for women as early as possible in their pregnancy. PHN staff will assist pregnant women to fill out forms for PWP, with referrals made to SCHIP as appropriate. As of July 1, 2008, non-citizens will no longer be eligible for PWP. Discussions will continue to determine how to address the health needs of that population.

MFH participates on the planning committee for the 31st Annual Perinatal Update conference, which will be held in October. EBP presentations include "Substance Abuse in Pregnancy and It's Effect on Families", "Maternal and Newborn Addiction: Collaborative Community Efforts" and "Identification of Newborn Addiction".

Wyoming PRAMS samples will be drawn each month to gather information regarding risk behaviors women engage in during pregnancy, including smoking tobacco. Reports will be useful in future policy and program revision and development.

MFH will continue to support the MOD Prematurity Campaign by participating in the Program Services Committee at the state, regional, and national level. MFH will continue to remind nurses to access the MOD Nursing Modules to utilize for continuing education credits.

The Women's Health Needs Assessment will be finalized by late 2008. The results will be used to plan policy and programs, such as smoking cessation and disease management for healthy lifestyle promotion.

Capacity grants to PHN offices will provide funding for enhancement and delivery of MFH services. IHS will deliver primary health services to the Wind River Reservation population, supplementing services provided through the county PHN offices, including support and referral

for smoking cessation.

Translation services will be available through each PHN office to assure minority populations receive the same information related to healthy lifestyle and prenatal care.

State Performance Measure 5: Percent of Wyoming high school students who are overweight.

Tracking Performance Measures

[Secs 485 (2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	6.3	7.2	5.9	8.4	8.3
Annual Indicator	7.2	7.2	8.4	8.4	9.3
Numerator	1967	1967	2270	2269	2520
Denominator	27325	27325	27029	27007	27098
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	9.3	8.5	8.5	8.3	8.3

Notes - 2007

Data are from the Youth Risk Behavior Surveillance System (YRBS), which is conducted every other year. These data are from the 2007 survey for high school students. Denominator is the total population of Wyoming 9th-12th grade students for the 2006-2007 academic year. The numerator is estimated from the indicator and the denominator.

Notes - 2006

YRBS Survey done only every other year. 2005 indicator data reported for 2005 and 2006. Denominator is the total population of 9th-12th graders for Academic Year 2005-2006 in Wyoming. Numerator is calculated from denominator and indicator data.

Notes - 2005

Data are from the 2005 Wyoming Youth Risk Behavior Survey. Denominator is the total population of 9th-12th graders for Academic Year 2004-2005 in Wyoming. Numerator is estimated from indicator and denominator data.

a. Last Year's Accomplishments

The 2007 objective (8.3%) was not met. The percent of Wyoming high school students who are overweight, which has been increasing steadily since 2001, increased again in 2007 to 9.3%. This represents a significant increase from 8.4% in 2005 as well as from 6.6% in 2001.

WDH continues to promote a public marketing campaign entitled "Commit to Your Health", which includes print and media advertisements and organized community activities with suggestions for general health improvement.

The 23rd Annual Community and School Health Pediatric Conference was co-sponsored by MFH, in conjunction with TCH. A Video Conferencing site was set up in Casper, Wyoming, where approximately twenty five PHN and school nurses attended the 2-day conference. Presentations included helping nurses to differentiate between at-risk and high-risk behavior in the pre-adolescent and adolescent years. Building on that knowledge, ways to identify and treat children with eating disorders received excellent evaluations.

MFH was involved with Action for Healthy Kids Program which intended to influence state and local policy to improve the school environment. Activities included the promotion of healthy food choices through school vending machines, as well as improved food choices offered by school

cafeterias.

MFH provided capacity grants to county PHN offices to assist in development, delivery, and quality evaluation of services. PHN service delivery plans included child and youth safety and health emphasis.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Action for Healthy Kids Program				X
2. MFH Capacity Grants				X
3. YRBS				X
4. WDH programs				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

MFH seeks opportunities that influence youth in making healthy choices and builds infrastructure to support changes. Efforts include continued partnerships with Action for Healthy Kids Program, promoting and distributing messages that focus on the fight against childhood obesity. Expansion of "Commit to Your Health" efforts includes education for parents regarding healthy food choices.

MFH provides capacity grants to PHN offices assisting in development, delivery, and evaluation of services. PHN delivery plans include child/youth safety and health emphasis.

In March 2008, MFH wrote a letter of support on behalf of the state based Nutrition, Physical Activity, and Obesity Program for Wyoming. If the proposal is accepted, this is an opportunity to influence youth in making healthy lifestyle choices, influence policies that may change environments for youth and families, and help build infrastructure to support the needed changes.

MFH serves as a consultant offering assistance to seven new CSHP participants as part of their Spring Booster which focuses on nutrition and obesity.

MFH collaborates with the Youth Advocate for Prevention position to design and implement a Youth Advisory Board. This board will serve as a mechanism for dialogue with youth on issues that are of most concern to them and to elicit their ideas on the best tools to share prevention messages.

c. Plan for the Coming Year

MFH will continue to seek opportunities that influence youth in making healthy lifestyle choices. Efforts include continued partnerships with Action for Healthy Kids Program, promoting and distributing messages that focus on the fight against childhood obesity. Expansion of "Commit to your health" efforts in the state includes education for parents regarding healthy food, exercise and lifestyle choices.

MFH will continue to provide capacity grants to county PHN offices to assist in development, delivery, and quality evaluation of services. PHN service delivery plans included child and youth

safety and health emphasis.

If the state's proposal is accepted, MFH will participate in the planning and implementation of a state based Nutrition, Physical Activity, and Obesity Program for Wyoming.

MFH will continue to work with Coordinated School Health Programs to support the prevention components of system development efforts as it relates to nutrition, healthy eating habits, physical activity, and youth obesity issues.

MFH will continue work with Department of Health partners to implement a Youth Advisory Board to facilitate discussions with youth and to elicit and implement their ideas about prevention messages that will make a difference.

Youth obesity is an emerging issue in Wyoming. The Adolescent Health Programs Specialist will continue to explore and take advantage of opportunities to partner with other state entities and local communities to address this important issue.

Laramie County has determined obesity to be their public health chronic disease focus. They will be using every opportunity to promote healthy lifestyles, including healthy eating, healthy weight, and target increased exercise. Many other counties have asked for any healthy lifestyle promotion materials to have available for numerous community opportunities coming up in the future, such as health fairs and school presentations.

State Performance Measure 6: *Percent of high school students using methamphetamines in the past 30 days.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				5	5
Annual Indicator			5.0	5.0	3.8
Numerator			1352	1350	1030
Denominator			27029	27007	27098
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	3.8	3.4	3.4	3	3

Notes - 2007

Data are from the Youth Risk Behavior Surveillance System (YRBS), which is conducted every other year. These data are from the 2007 survey for high school students. Denominator is the total population of Wyoming 9th-12th grade students for the 2006-2007 academic year. The numerator is estimated from the indicator and the denominator

Notes - 2006

YRBS Survey done only every other year. 2005 indicator data reported for 2006. Denominator is the total population of 9th-12th graders for Academic Year 2005-2006 in Wyoming.

Notes - 2005

Data are from the 2005 Wyoming Youth Risk Behavior Survey. Methamphetamine use among Wyoming high school students in the past 30 days was not available from YRBS until 2005. Denominator is the total population of 9th-12th graders for Academic Year 2004-2005 in Wyoming. Numerator is estimated from indicator and denominator data.

a. Last Year's Accomplishments

This was a new measure in 2005. The 2007 (5%) objective was met with 3.8% of Wyoming high school students reporting using methamphetamine in the past 30 days. This represents a statistically significant decrease in methamphetamine use from 5% in 2005.

Wyoming has suffered the effects of methamphetamine use among youth. Local PHN offices provide awareness of methamphetamine use and the toll it has taken on the younger generation and their families.

A WDH social marketing campaign, "Meth Kills Wyoming", has been widely promoted throughout Wyoming utilizing graphic television and radio advertisements, a comprehensive website (<http://methkillswyoming.com>), interactive posters, and other printed materials. The poster allows "pull away" parts of the picture, exposing the physical changes caused by methamphetamine use. Printed materials are distributed to schools and youth-serving agencies.

MFH assisted in panel presentations regarding methamphetamine usage among youth. MFH recognized that Wyoming citizens did not completely realize the magnitude of methamphetamine use, including resources that were available. Youth that engage in this type of behavior are more likely to participate in other risk taking behaviors, increasing the risk of morbidity and mortality.

The 23rd Annual Community and School Health Pediatric Conference was co-sponsored by MFH, in conjunction with TCH. A Video Conferencing site was set up in Casper, Wyoming, where approximately twenty five PHN and school nurses attended the two-day conference. Presentations included helping nurses to differentiate between at-risk and high-risk behavior in adolescents.

MFH provided capacity grants to county PHN offices to assist in efforts focused on methamphetamine prevention within the communities.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. YRBS			X	
2. Social Marketing Campaign				X
3. MFH Capacity Grants				X
4. MHSASD				X
5. Coordinated School Health			X	
6. Wyoming Meth Project				X
7.				
8.				
9.				
10.				

b. Current Activities

The reported decrease in use of methamphetamines may be from less acceptability of the drug, less self-divulging of use, and the increased law enforcement of use and possession. It is not known how much of the use has gone underground as a result of these factors. Meth continues to be a major focus of efforts within WDH. The Wyoming Meth Project is working to implement successfully used marketing strategies from Montana. Their efforts decreased meth use among teens by 45%.

MFH continues to seek opportunities that encourage youth to make healthy lifestyle choices. The

Casper Meth Initiative received Master Settlement Funds to be administrated for multi-agency support. That funding supported weekend and special events developed for Junior High and Senior High School students to address, prevent, educate and intervene in meth usage. These events were well attended and deemed successful.

MFH staff is serving in a "consultant" role to seven new Coordinated School Health Program participants where substance use is a focus of their system building efforts.

MFH is beginning discussions with the Youth Advocate for Prevention within the MHSASD to design and implement a Youth Advisory Council for the Department of Health. It is hoped that this board will serve as a mechanism for dialogue with youth on the issues that are of most importance to them and to elicit their ideas on the best tools to share prevention messages that will make a difference.

c. Plan for the Coming Year

MFH will continue to commit resources to "Meth Kills Wyoming", informing Wyoming citizens about the risks of methamphetamine use and the warning signs regarding manufacturing and distribution of methamphetamine.

MFH will continue to collaborate with special interest groups to identify available resources for communities to access treatment and referral services to address the intense need for treatment facilities within Wyoming for youth addicted to methamphetamine.

MFH will continue to seek opportunities that encourage youth to make healthy lifestyle choices, influence policies that may change environments for families and youth, and build infrastructure to support the needed changes.

MFH will support outreach efforts to Wyoming citizens through events such as panel presentations that highlight the magnitude of methamphetamine use, including the creation and distribution of resources.

MFH will continue to provide capacity grants to county PHN offices to assist in efforts focused on methamphetamine prevention within the communities.

MFH will continue to work with Coordinated School Health Programs to support the prevention components of their system development efforts. Data will continue to be gathered by YRBS on use of methamphetamines by high school students in Wyoming.

MFH will continue work with Department of Health partners to implement a Youth Advisory Board to facilitate discussions with youth and to elicit and implement their ideas about prevention messages that will make a difference.

State Performance Measure 7: *The percent of infants born preterm (before 37 weeks gestation)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	12	11.9	11.8	11.6	10.5
Annual Indicator	12.1	11.8	10.8	10.6	10.6
Numerator	809	802	781	812	812
Denominator	6700	6803	7231	7640	7640

Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	10	10	10	9.5	9.5

Notes - 2007

Data are from 2006 Vital Records.

Notes - 2006

Data are from 2006 Vital Records.

a. Last Year's Accomplishments

NOTE: Due to the HPSA in Wyoming, not all communities have providers available to care for pregnant women. Additionally, with full case loads, some providers do not schedule prenatal visits within the first trimester. Therefore, the need to be in contact with women through the PHN offices, as early during pregnancy as possible, becomes critical. Prenatal assessment, education, referral and nutritional support are then available prior to the first prenatal visit with the physician.

MFH provided Title V funding to WHC to supplement Title X funds, expanding the availability of Family Planning Clinics within Wyoming. WHC, the Title X designee, assured access to comprehensive, high quality, voluntary family planning services. Clinics provided contraceptive supplies on a sliding scale, as well as pregnancy testing, to assist families in planning an intended pregnancy.

MFH provided Title V funding to supplement federal funds for Migrant Health services within Wyoming. WHC managed the Wyoming Migrant Health Program to provide translation and prenatal service support to migrant and seasonal farm workers.

Care coordination and the NFP home visiting model were offered to pregnant women as a best practice strategy. PHN staff provided prenatal assessment and referral for women as early as possible in their pregnancy. PHN assisted pregnant women in applying for the PWP and referrals were made to SCHIP as appropriate.

EqualityCare, in collaboration with WHC and MFH, applied for an 1115(b) waiver to expand FP services to postpartum women for up to two years. Currently, FP services are only covered for 6 weeks postpartum.

MFH collaborated with EqualityCare to enhance the referral system, increasing the percentage of pregnant women who access care coordination services.

The HBWW project targeted providers to assure women gain appropriate weight during pregnancy. Project materials were distributed to numerous PHN and provider offices throughout the state, as well as EqualityCare, MOD and WIC.

"Plan for the Unexpected When You are Expecting" placards were distributed to all PHN offices and other entities, such as EqualityCare, WIC, MOD and local hospitals. The placard offers suggestions on what to have prepared ahead of time in case of emergency transport to a tertiary care center out of the state. They were provided to BB clients and other pregnant women at approximately 20 weeks gestation.

"Depression During and After Pregnancy: A Resource for Women, Their Families and Friends", a booklet created by HRSA, was provided in volume to PHN offices to share with their pregnant and postpartum clients.

The Wyoming MOD chapter office has created a Nursing Module Library, which includes all of the twenty six Modules which are not available online. Nurses can access the Modules for self-study

and obtain contact hours for completion of the unit. Examples include "Abuse During Pregnancy", "Diabetes in Pregnancy", "Pregnancy: Psychosocial Perspectives", and 2 Modules on "Preterm Labor Prevention and Management".

CPHD Epidemiology Section and MFH managed the Wyoming PRAMS project. First monthly samples were drawn by CDPHE beginning in April 2007. The survey provides current information related to pregnant women accessing prenatal care in Wyoming, including barriers to seeking care. The first reports will be available in 2009 to direct revision of perinatal programs and enhance access to prenatal care.

The 29th Annual Perinatal Update was held in September 2006 in Fort Collins, CO and was attended by twenty two Wyoming nurses. The AWHONN conference was held in April 2007 in Cheyenne, Wyoming. MFH participated on both committees to ensure EBP was presented for professional audiences.

MFH provided capacity grants to county PHN offices to assist in development, delivery, and quality evaluation of services, including promotion of early, consistent, and adequate prenatal care. This funding supplements IHS funding to enhance health services delivery to the Wind River Reservation population. BB Supplemental Funding was available in select counties for prenatal care reimbursement for mothers who had no other source of reimbursement.

Translation services were available through each PHN office to assure minority populations receive the same information related to healthy lifestyle and prenatal care.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Funding for reproductive health, PHP and MH			X	
2. Perinatal education, support, referral/care coordination			X	
3. HBWW			X	
4. "Plan for the Unexpected When You Are Expecting"			X	
5. MHR/NBIC		X		
6. Collaborate with other entities that serve the perinatal population				X
7. PRAMS			X	
8. Data Support System				X
9. MFH Capacity Grant/promote Native American health				X
10. Translation services		X		

b. Current Activities

MFH provides funding to supplement Title X funds, expanding the availability of Family Planning Clinics. MFH funded implementation of a Preconception Health Project. Women who have a negative pregnancy test will receive a packet including 3 months of prenatal vitamins with folic acid, condoms and educational materials.

MFH supplements federal funds for Migrant Health to provide translation and prenatal service support to migrant and seasonal farm workers.

Care coordination is offered to pregnant women, and PHN staff provides prenatal assessment and referral for women as early as possible in pregnancy, assisting in PWP application.

HBWW is implemented through PHN offices and other community partners to assure providers

are aware of the risk of inadequate weight gain during pregnancy.

"Plan for the Unexpected When You are Expecting" placards are distributed to all PHN offices and other entities, and are provided to pregnant women at approximately 20 weeks gestation.

Translation services are available through each PHN office to assure minority populations receive the same information related to healthy lifestyle and prenatal care.

MFH provides capacity grants to county PHN offices to assist in development, delivery, and quality evaluation of services, including promotion of early, consistent, and adequate prenatal care. BB Supplemental Funding is available in select counties for women who have no other sources of reimbursement.

c. Plan for the Coming Year

MFH will fund WHC to expand the availability of FP Clinics. WHC will assure access to comprehensive, high quality, voluntary family planning services. Clinics will provide contraceptive supplies and pregnancy testing on a sliding scale, to assist families in planning an intended pregnancy. The PHP will provide a packet including 3 months of prenatal vitamins with folic acid, condoms and educational materials to all women who have a negative pregnancy test. MFH will provide funding to supplement federal funds for MHP services, providing translation and prenatal service support to migrant and seasonal farm workers.

Care coordination will be offered to pregnant women, with PHN providing prenatal assessment and referral for women as early as possible in pregnancy. As of July 1, 2008, non-citizens will no longer be eligible for PWP. Discussions will continue to determine how to address the health needs of that population.

MFH will continue to collaborate with EqualityCare and WHC to provide support for the 1115(b) waiver to expand FP services to postpartum women.

HBWW will be implemented through PHN offices as well as other entities having contact with pregnant women. The purpose of the project is to assure providers are aware of the risk of preterm delivery with inadequate weight gain during pregnancy,

PRAMS samples will be drawn each month by the Wyoming Epidemiology Section, gathering information regarding risk behaviors women engage in during and after pregnancy. Data will be available for perinatal policy and program development and revision in 2009.

"Plan for the Unexpected When You are Expecting" placards will be distributed to all PHN offices and other entities. They will be provided to pregnant women at approximately 20 weeks gestation.

MFH will provide limited financial assistance and planning of the Annual Perinatal Update Conference. Partners will include TCH in Denver, Iverson Memorial Hospital and UW School of Nursing in Laramie, Wyoming; and PVH in Fort Collins, Colorado.

The MOD-sponsored "Cub Houses" will provide low income parents the opportunity to purchase new baby items with points earned from attending prenatal visits, WIC appointments, parent educational programs and other community services. The educational opportunities will vary according to what partners are involved in each community. Examples may include prenatal classes, refresher classes, sibling classes and/or breastfeeding support groups/classes.

MFH will provide capacity grants to county PHN offices to assist in development, delivery, and quality evaluation of services, including promotion of early, consistent, and adequate prenatal

care. This funding will supplement IHS funding to enhance health services delivery to the Wind River Reservation population.

Translation services will be available through PHN offices to assure minority populations receive the same information related to healthy lifestyle and prenatal care.

State Performance Measure 8: Percent of infants identified at birth with a congenital anomaly.

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				1	1
Annual Indicator		1.2	1.6	0.5	0.5
Numerator		82	117	36	36
Denominator		6803	7231	7640	7640
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	0.4	0.4	0.3	0.3	0.3

Notes - 2007

Data are from 2006 Vital Records. Wyoming began using the new birth certificate in 2006, which collects data for congenital anomalies differently than the old birth certificate. Therefore, this indicator is not comparable to indicators from previous years (before 2006).

Notes - 2006

Data are from 2006 Vital Records. Wyoming began using the new birth certificate in 2006, which collects data for congenital anomalies differently than the old birth certificate. Therefore, this indicator is not comparable to indicators from previous years (before 2006).

a. Last Year's Accomplishments

The 2006 objective is 1.0%. In 2006, 0.5% of infants were born with a congenital anomaly. Wyoming began using the new 2003 birth certificate in 2006. Data from this measure is not comparable to data from previous years, and new objectives must be set.

Wyoming currently does not have a birth defects surveillance system. Applications to create a surveillance system over the last several years have not been funded. However, SSDI funding awarded in December 2006 is being used to link data systems within the WDH. The resulting linked data will support Wyoming in building a birth defects surveillance system.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. SSDI Grant Application				X
2. Vital Records				X
3. Collaboration with Newborn Metabolic Screening and EHDI				X
4.				
5.				
6.				
7.				

8.				
9.				
10.				

b. Current Activities

SSDI funding was used to link data from Vital Records and Newborn Metabolic Screening. This linkage was completed in May 2008. The primary purpose of the linkages is to build a foundation for birth defects surveillance. Additionally, a linked data system will be useful in providing pertinent information for MFH populations.

c. Plan for the Coming Year

SSDI funding was used to link data from Vital Records, Newborn Metabolic Screening, EHDI, and BB. Additional linkages are planned through 2011.

In the summer of 2008, a contract employee will be hired to develop a state birth defects surveillance plan. The contractor will involve stakeholders in this effort, and will likely lead efforts to implement the birth defects surveillance plan for Wyoming.

State Performance Measure 9: *Percent of postpartum women reporting multivitamin use four or more times per week in the month before getting pregnant.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				35	38
Annual Indicator	34.5	37.6	37.6	37.4	37.4
Numerator	1762	2558	2558	2704	2704
Denominator	5107	6803	6803	7231	7231
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	38	38.5	39	39	40

Notes - 2007

Indicator data is from the 2005 Maternal Outcome Monitoring System (MOMS) survey, which is Wyoming's PRAMS-like perinatal survey. Wyoming is now a PRAMS state and will have PRAMS data for this measure in 2009. There was no perinatal survey in Wyoming in 2006.

Notes - 2006

Indicator data is from the 2005 Maternal Outcome Monitoring System (MOMS) survey, which is Wyoming's PRAMS-like perinatal survey. Wyoming is now a PRAMS state and will have PRAMS data for this measure in 2009. There was no perinatal survey in Wyoming in 2006.

Notes - 2005

Indicator data is from the 2004 Maternal Outcome Monitoring System (MOMS) survey, which is Wyoming's PRAMS-like perinatal survey.

a. Last Year's Accomplishments

NOTE: Due to the HPSA in Wyoming, not all communities have providers available to care for pregnant women. Additionally, with full case loads, some providers do not schedule prenatal visits within the first trimester. It therefore becomes critical to be in contact with women, through the PHN office, as early in the pregnancy as possible. Prenatal assessment, education, referral and nutritional support are then available prior to the first prenatal visit with the physician.

The 2006 objective is 35%. In 2005, 37.4% of Wyoming women reported taking multivitamin four or more times per week in the month before getting pregnant. This did not change significantly from 37.6% in 2004.

MFH provided Title V funding to WHC to supplement Title X funds, expanding the availability of family planning clinics within Wyoming. WHC, the Title X designee, assured access to comprehensive, high quality, voluntary family planning services. Clinics provided contraceptive supplies on a sliding scale, as well as pregnancy testing, to assist families in planning for an intended pregnancy.

MFH provided Title V funding to supplement federal funds for Migrant Health services within Wyoming. WHC manages the MHP to provide translation and prenatal service support to migrant and seasonal farm workers.

Care coordination and the NFP home visiting model were offered to pregnant women as a best practice strategy. PHN staff provided prenatal assessment and referral for women as early as possible in their pregnancy. PHN assisted pregnant women in applying for the PWP and referrals were made to SCHIP as appropriate.

Referrals were made to WIC as appropriate. WIC screened and recommended the use of basic vitamins/supplements with folic acid. WIC recommended increased consumption of foods high in folic acid like orange juice, milk, beans, wheat bran, and eggs. Beginning in September 2007, WIC benefits provided fresh fruit/vegetable coupons to purchase other folic acid foods such as spinach, bananas, oranges, broccoli, romaine, and cabbage.

EqualityCare, in collaboration with WHC and MFH, applied for an 1115(b) waiver to expand FP services to postpartum women for up to two years. Currently, FP services are only covered for 6 weeks postpartum.

The Wyoming MOD chapter office has created a Nursing Module Library, which includes all of the twenty six Modules which are not available online. Nurses can access the Modules for self-study and obtain contact hours for completion of the unit. Examples include "Preconception Health Promotion: A Focus for Women's Wellness". The PHN staff has been informed of the availability of the units and that they are free of charge.

Wyoming PRAMS funding was used for start-up activities, and the first sample was drawn in April 2007 by CDPHE. Survey questions include knowledge of the importance and value of folic acid consumption during pregnancy.

MFH partnered with MOD to assure messages regarding the need for folic acid consumption continued to be available for pregnant women.

IHS provided delivery of primary health services to the Wind River Reservation population to supplement services provided through county PHN offices, including folic acid promotion.

Translation services were available through each PHN office to assure minority populations receive the same information related to healthy lifestyle and prenatal care.

MFH provided capacity grants to PHN offices to increase delivery and sustainability of services.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service
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	DHC	ES	PBS	IB
1. Funding for reproductive health, PHP and WMH			X	
2. Perinatal support, education, referral/care coordination			X	
3. Collaboration with WIC and other partners that work with the perinatal population				X
4. PRAMS			X	
5. Partner with MOD				X
6. MFH Capacity Grants				X
7. Promote American Indian health			X	
8. Translation services		X		
9.				
10.				

b. Current Activities

MFH funds WHC to expand the availability of family planning clinics and assures access to comprehensive, high quality, voluntary family planning services. Clinics provide contraceptive supplies on a sliding scale, as well as pregnancy testing, to assist families in planning for an intended pregnancy. MFH funded WHC to begin a Preconception Health Project. Women who have a negative pregnancy test receive a packet which includes three months of prenatal vitamins with folic acid, condoms and educational materials.

MFH funding supplements federal funds for Migrant Health services to provide translation and prenatal service support for migrant and seasonal farm workers.

Care coordination and the NFP home visiting model is offered to pregnant women and families as a best practice strategy. PHN staff provides prenatal assessment and referral for women as early as possible in pregnancy.

Referrals are made to WIC as appropriate. WIC screens and recommends the use of basic vitamins/supplements with folic acid. WIC recommends increased consumption of foods high in folic acid like orange juice, milk, beans, wheat bran, and eggs.

PRAMS samples are drawn each month to gather information regarding risk behaviors women engage in during pregnancy, including folic acid intake.

c. Plan for the Coming Year

MFH will provide Title V funding to WHC to supplement Title X funds, expanding the availability of Family Planning Clinics within Wyoming. WHC, the Title X designee, will assure access to comprehensive, high quality, voluntary family planning services. Clinics will provide contraceptive supplies on a sliding scale, as well as pregnancy testing, to assist families in planning an intended pregnancy. Additional funding will be maintained for the Preconception Health Project. Women who have a negative pregnancy test in a FPC will receive a preconception packet which includes three months of prenatal vitamins with folic acid, as well as condoms and educational materials.

MFH will supplement federal Migrant Health funds for services within Wyoming, providing translation and prenatal service support, including folic acid consumption, to migrant and seasonal farm workers.

Care coordination and the NFP home visiting model will be offered to pregnant women as a best practice strategy. PHN will provide prenatal assessment and referral for women as early as possible in their pregnancy. PHN will assist pregnant women in applying for the PWP and referrals will be made to SCHIP as appropriate. As of July 1, 2008, non-citizens will no longer be

eligible for PWP. Discussions will continue to determine how to address the health needs of this population.

Referrals will be made to WIC as appropriate. WIC will screen and recommend the use of basic vitamins/supplements with folic acid. WIC recommends increased consumption of foods high in folic acid like orange juice, milk, beans, wheat bran, and eggs. WIC benefits will also include fresh fruit/vegetable coupons to purchase other folic acid foods such as spinach, bananas, oranges, broccoli, romaine, and cabbage.

MFH will collaborate with EqualityCare and WHC providing support for the 1115(b) waiver. This will extend FP services for postpartum women up to two years.

PRAMS samples will be drawn each month to gather information regarding risk behaviors women engage in during pregnancy, including folic acid intake. Reports will be useful in future perinatal policy and program revision and development. Data will be available in 2009.

MFH will partner with MOD to assure messages regarding the need for folic acid consumption continue to be available for pregnant women.

MFH will provide capacity grants to PHN offices increasing delivery and sustainability of services.

IHS will provide delivery of primary health services to the Wind River Reservation population to supplement services provided through county PHN offices, including folic acid promotion.

Translation services will continue to be available through each PHN office to assure minority populations receive the same information related to healthy lifestyle and prenatal care.

E. Health Status Indicators

1 A-B, 2 A-B, 5 A-B, 6 A-B, 7 A-B, 8 A-B, 10:

MFH provides Title V funding to WHC to supplement Title X funds, expanding the availability of Family Planning Clinics within WY. WHC, the Title X designee, assures access to comprehensive, high quality, voluntary family planning services, as well as screening for Sexually Transmitted Infections. Clinics provide supplies on a sliding scale, as well as pregnancy testing, to assist families in planning an intended pregnancy.

MFH provided funding for WHC to implement a Preconception Health Program. Women who have a negative pregnancy test in a WY Family Planning Clinic will receive a packet including 3 months of prenatal vitamins with folic acid, condoms and preconception educational materials.

MFH collaborates with EqualityCare and WHC to support the 1115(b) waiver, to expand FP services for postpartum women from six weeks to two years postpartum.

MFH provides Title V funding to supplement federal funds for Migrant Health services within WY. WHC will manage the WY Migrant Health Program to provide translation and prenatal services and support to migrant and seasonal farm workers.

Care coordination services through NFP home visiting model are offered to pregnant women and families as a best practice strategy. Referrals from APS and DFS enhance the percentage of pregnant women contacted and offered perinatal support and services.

Prenatal classes are provided on an individual and group basis through PHN offices and in

partnership with local facilities. Prenatal classes specifically address the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; risks of preterm labor (untreated sexually transmitted infection); signs and symptoms of preterm labor; nutritional issues (appropriate weight gain, folic acid supplement); risk of substance use during pregnancy; birth spacing issues; pregnancy planning (intendedness); and breastfeeding promotion.

As of July 1, 2008, non-citizens will no longer be eligible for the Presumptive Eligibility Program for the PWP. One county is implementing a pilot group prenatal care model for women who will not be eligible for prenatal care through EqualityCare. The hope is that this model can be replicated in other counties in the future.

In some counties, Obstetrician-Gynecologist providers are now requiring a substantial downpayment be made by the pregnant woman prior to receiving any prenatal services. This development results in an increased number of pregnant women not able to receive any prenatal care.

"Depression During and After Pregnancy: A Resource for Women, Their Families and Friends", a booklet created by HRSA, was provided in volume to PHN offices to share with their pregnant and postpartum clients. MFH provides limited assistance for eligible high-risk mothers and infants to be transported to tertiary care facilities. MFH promotes family-centered services by providing per diem and mileage reimbursement for fathers or significant others to visit and support mother and baby. Genetic testing is provided to families who meet medical and financial requirements.

To assure all WY families who access tertiary care are referred to MFH for follow-up services, annual visits are conducted in Denver, Salt Lake City, Billings, Rapid City, and Scottsbluff. The message is to refer all Wyoming families for MFH services.

HBWW is being implemented through PHN offices to assure providers are aware of the risk of inadequate weight gain during pregnancy. Encouraging pregnant women to gain the recommended amount of weight during pregnancy will work toward improving term delivery rates within the state.

"Plan for the Unexpected When You Are Expecting" placards are distributed to all PHN offices and other entities, such as WIC and local hospitals. They are provided to BB clients and other pregnant women at approximately 20 weeks gestation in case of being transferred to a tertiary care center.

The 29th Annual Perinatal Update was held in September 2006 in Fort Collins, Colorado and 22 Wyoming nurses attended either one or both days. The AWHONN conference was held in April 2007 in Cheyenne, WY. MFH participated on both committees to ensure EBP was presented for professional audiences.

The WY MOD chapter office has created a Nursing Module Library, which includes all of the twenty six Modules which are not available online. Nurses can access the Modules for self-study and obtain contact hours for completion of the unit. Examples include "Abuse During Pregnancy", "Diabetes in Pregnancy", "Pregnancy: Psychosocial Perspectives", and 2 Modules on "Preterm Labor Prevention and Management".

MOD has provided funding to begin a "Cub House" project in WY and will locate them in several communities throughout the state. The first locations will be Rock Springs, Jackson and Gillette. The Cub Houses will provide low income parents the opportunity to purchase new baby items with points earned from attending prenatal visits, WIC appointments, parent educational programs and other community services. The educational opportunities will vary according to what partners are involved in each community. Examples may include prenatal classes, refresher classes, sibling classes and/or breastfeeding support groups or classes.

Wyoming PRAMS samples are drawn each month to gather information regarding the risk

behaviors women engage in during pregnancy, including smoking during pregnancy. Reports will be useful in future perinatal policy and program revision and development. Data will be available in 2009.

In early 2008, the state launched a comprehensive BB database which allows local PHN to input data relating to client services directly on-site. The project, slated for expansion in 2009, will serve as a mechanism to stabilize programs and streamline the process of data collection.

MFH provides the availability of capacity grants to county PHN offices to assist in development, delivery, and quality evaluation of services. IHS delivers primary health services to the Wind River Reservation population, supplementing services provided through county PHN offices.

Translation services are available through each PHN office to assure minority populations receive the same information related to healthy lifestyle and prenatal care.

HSI:

3 A-C, 4 A-C, 6 A-B, 8 A-B, 9 A-B, 10, 11, 12:

The Child and Adolescent Health Coordinator is an imperative link in the continual system building efforts within CPHD, strengthening the programs for children and adolescents.

The ECCS grant allows for increased attention to the child and adolescent populations, specifically related to child safety. With funding specific projects, at the local level, WDH leadership is hopeful that safety messages will be improved and programs for this population will be strengthened.

MFH builds infrastructure to reduce child and adolescent preventable injuries through targeted efforts of Safe Kids Wyoming chapters. Training of SKW Chapter coordinators will be held in August 2007, which will focus on chapter building, use of the media, and results-based planning.

MFH partners with a sub-committee of the Wyoming Seatbelt Coalition targeting the "tweener" (children 9-15) population. This Coalition is committed to increasing the proper use of all passenger safety restraints. Legislation will be introduced in 2008 to expand child fatality review to include preventable deaths and major injury to due to all causes rather than just those due to abuse and neglect.

MFH partners with Wyoming Department of Education (WDE) for the administration of the 2007 Youth Risk Behavior Survey. Findings from this survey will direct many of the projects, initiatives set forth to target this population.

Premature infant car seats are obtained and distributed to PHN offices to assure premature infants are transported safely, since it is difficult to find car seats for infants less than 5 pounds. Currently, this project is in collaboration with the Wyoming department of Transportation (WYDOT).

F. Other Program Activities

During the reporting year MFH has collaborated with various partners to present cultural competency training. One of the presenters at the annual MFH/PHN meeting in August 2006 was a former midwife in Mexico. The focus of that presentation was to identify specific barriers to healthcare for immigrant/migrant populations and specific healthcare concerns of local (Wyoming) Latino populations. Additionally, training on the topics of poverty, underserved populations, communication differences and addressing specific cultural concerns of specific populations was offered at the annual conference.

The annual MFH/PHN conference in September 2007 will include a presentation by Orlando

Gonzales from the Emory University School of Medicine entitled "Harnessing Hispanic Health: Culturally and Linguistically Appropriate Services for Latino Patients".

G. Technical Assistance

Technical assistance requested continues to focus on emerging issues within the State of Wyoming. The Governor of Wyoming completed a comprehensive statewide survey of families within Wyoming. Results of that survey revealed the disproportionate level of families within the state are struggling with issues of poverty, underemployment, and the need for many families to work multiple jobs in order to maintain a minimal level of existence. Wyoming's unemployment rates are low; however, the reality of underemployment, underinsurance, and access to health care among many of Wyoming's families is becoming an area of grave concern. MFH conducted a series of statewide events entitled "Bridges Out of Poverty", which were met with much enthusiasm in the State. We are requesting continued assistance in providing guidance, leadership, technical assistance and/or educational materials to service providers around the state that are faced with the challenge of assisting these families that are in absolute crisis.

Wyoming is currently ranked at the very top of the lists for both suicide and unintentional deaths due to motor vehicle accidents. These numbers are most alarming in our younger aged populations, especially ages 15-24 years old.

Eighteen out of the twenty-three counties in Wyoming have been completely or partially designated as Health Professional Shortage Areas (HPSA) for primary care, and all twenty-three have been classified as Mental Health HPSA's. Wyoming continues to be in desperate need of assistance to bolster training and professional development of providers who work with and may be able to identify risk behaviors among Wyoming's residence prior to tragedy.

//2009/ MFH staff retention continues to be a challenge; efforts are focused on recruiting and retaining for current vacant positions. Assistance with recruiting and retention of MFH employees would benefit consistency within the program and would allow for improvement of services delivered to the MFH population. Specific areas that would improve with the assistance include transition from MFH programs into adult programs, as well as the referral process for accessing other programs and services.

Diversity takes on several meanings such as poverty level, race, ethnicity, and family culture, which is magnified by the fact that Wyoming is a frontier/rural state. MFH is challenged in serving diverse populations through the programs offered. With assistance in cultural competency, Wyoming citizens being served would benefit from improved services focused on family-centered and person driven care. Providing family-centered and person driven care allows for a sense of respect towards the culture expressed by the individual/family.

MFH and collaborative partners are challenged with soliciting input from children and youth for programs developed that encompass this population. For these programs to be most successful, children and youth need to be involved in the planning, implementing, and evaluation process. Identifying and accessing representative individuals within this population is challenging due to Wyoming's frontier/rural composition. //2009//

V. Budget Narrative

A. Expenditures

FY2005 expenditures of MCH Block Grant funds and state funds were used as planned for in the budget. However, in the "other federal funds," we spent less in one area. The TANF funds were to be distributed to local Health Departments for nurse salaries. Vacancies due to the national nurse shortage are the reason for not spending the full amount budgeted.

B. Budget

Wyoming budgets on a two year cycle. This is the second year of the two year period. The 2007 budget is nearly a clone of the 2006 budget.

VI. Reporting Forms-General Information

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. Performance and Outcome Measure Detail Sheets

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. Glossary

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. Technical Note

Please refer to Section IX of the Guidance.

X. Appendices and State Supporting documents

A. Needs Assessment

Please refer to Section II attachments, if provided.

B. All Reporting Forms

Please refer to Forms 2-21 completed as part of the online application.

C. Organizational Charts and All Other State Supporting Documents

Please refer to Section III, C "Organizational Structure".

D. Annual Report Data

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.