



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

**State Narrative for
Wyoming**

**Application for 2013
Annual Report for 2011**



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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. IA - Letter of Transmittal

B. Face Sheet

The Face Sheet (Form SF424) is submitted when it is submitted electronically in HRSA EHB. No hard copy is sent.

C. Assurances and Certifications

These documents are maintained in the director's office at the Wyoming Department of Health (WDH) and are available upon request.

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; published January 2012; expires January 31, 2015.

E. Public Input

During the Maternal and Child Health (MCH) needs assessment process, Maternal and Family Health (MFH) identified a large group of committed stakeholders willing to engage in bettering the MCH services in the state. These partners were asked to provide input on the Title V Block Grant application, as well as the five year needs assessment document. An e-mail was sent to all stakeholders inviting them to visit the MFH website to review both documents. An e-mail address was created MFH@health.wyo.gov to receive comments on the documents. Documents were also saved on the Share Point website shared by stakeholders during the needs assessment process. In addition, Wyoming Department of Health (WDH) sent a press release to Wyoming media outlets notifying the public about the Title V Block Grant application and inviting them to review it. Unfortunately, despite these efforts, no comments were received.

/2011/Strategic planning brought in key players with whom plans were initiated for the upcoming Title V cycle. Two new staff members are quickly learning their position duties as MFH Section Chief and CSH Program Manger. Issue briefs are being prepared with Community and Public Health Division (CPHD) Epidemiology Section and the Centers for Disease Control and Prevention (CDC) Epidemiology Assignee assisting. The plan is for these briefs to be shared with the public at various levels (professional and lay persons) seeking input as well as to inform.//2011//

/2013/ Previous attempts at public input have not elicited results. The issue overviews begun in 2011, a total of ten based on Wyoming's State Health Priorities, have made progress. Three (Folic Acid, Breastfeeding and Data Capacity for CSHCN) have been completed and placed on the MFH website. Of these three, the Folic Acid Issue Overview was disseminated via email to a variety of groups including Public Health Nurses (PHN), Women, Infant and Children (WIC) staff, School Nurses, Family Planning staff, and nursing instructor/administrator. A survey was devised to determine how the recipients would use the document in their work. Ninety-two responses were received through Survey Monkey. Over half the respondents were either PHN or school nurses. Almost 75% of these said they would use the overview to educate women of reproductive age, including mothers, 68% thought they could use it as a reference on the topic and 41% said they might share it

with other professionals and coworkers. Only 2% said they would not use the document.

Registration scholarships have been provided for four Wyoming school nurses to the 2012 Community School Health Pediatric Conference. In return, the nurses have agreed to review and provide input to what MFH has written for the National and State Performance Measures. These have been divided in three documents entitled Women and Infants, Children and Adolescents, and Children with Special Health Care Needs. Due to the end of school occurring at the same time as the conference and not requiring the nurses apply for the scholarship by responding to the Performance Measures, that input will arrive after school begins in the fall. This provided a lesson and we will revise the process the next time conference scholarships are offered.

Alumni of the Parent Leadership Training Institute (PLTI), parents involved with Family to Family (F2F) and student nurses were invited to review what MFH had written for the National and State Performance Measures. Gift cards were provided as incentive to respond to the survey of questions (are you familiar with services, are there services you aren't aware of, etc). At the time of this report, responses had not been analyzed.

//2013//

II. Needs Assessment

In application year 2013, Section IIC will be used to provide updates to the Needs Assessment if any updates occurred.

C. Needs Assessment Summary

During the current needs assessment process, MFH operated under the premise that the results of the needs assessment would guide the work of MFH from 2011-2015. Each step of the process narrowed MFH's focus to the areas of greatest need, which led to a final selection of priorities.

MFH focused on a life course perspective, which emphasizes the long-term impact early life events and exposures have on health, throughout the needs assessment process. Data books were provided to stakeholders. Population workgroups reviewed the data and developed a list of potential priorities. Key informant interviews provided qualitative data. Issue briefs for each of eighteen potential priorities were developed. These priorities were then narrowed to the final list by the steering committee, which was comprised not only of MFH staff members, but other key health leaders.

The strategic planning process assisted MFH in developing an action plan to address each of the priorities in a way that accounted for capacity and allowed resources to be allocated appropriately. The 2011- 2015 priorities are listed in life course order, since that was the lens used to determine the priorities.

Wyoming MCH Priorities 2011-2015

- Promote healthy nutrition and physical activity among women of reproductive age.
- Reduce the percentage of women who smoke during pregnancy.
- Reduce the rate of teen births.
- Support behaviors and environments that encourage initiation and extend duration of breastfeeding.
- Promote healthy nutrition and physical activity among children and adolescents.
- Design and implement initiatives that address sexual and dating violence.
- Build and strengthen capacity to collect, analyze and report on data for children and youth with special health care needs.
- Build and strengthen services for successful transitions for children and youth with special health care needs.

Preterm birth was identified as a priority during the needs assessment process. Upon further discussion, MFH decided to make preterm birth an outcome measure for women's nutrition, maternal smoking, and teen births (priorities 1, 2, and 3).

The capacity of MFH to address the MCH priorities has changed since 2011. As of June 30, 2012, MFH staff consists of nine personnel, rather than the staff of 12 in April of 2011. January 2011 to June 2012 has been a time of transition, slowing the work with stakeholders while staff acclimated to new positions, new supervisors, new director, and new procedures in the midst of reorganization within the Wyoming Department of Health.

In July 2011, MFH spent a day reviewing what had occurred since the 2010 Needs Assessment and what progress had been made regarding the strategic plans. The vision statement, Building Healthy Foundations for Wyoming Families, was created. The day of review, combined with the Title V Application Review in August 2011, brought to the forefront the concern regarding the number of state health priorities and shrinking staff.

As of May 2012, the MFH staff continued to fluctuate. Reorganization within the Wyoming Department of Health led to the development of the Public Health Division (PHD). This new division, whose Senior Administrator is also the State Health Officer, has combined the former divisions of Community and Public Health (where MFH resides), Preventive Health and Safety Division, Rural and Frontier Health Division, Emergency Medical Services, Public Health Emergency Preparedness Divisions and several prevention programs from the Behavioral Health Division.

In 2011 and 2012, changes in leadership, administration, and structure of WDH included a heightened focus on transparency and accountability. The Director of WDH committed to careful evaluation of programs and implemented two major internal processes to assist. The first internal process, Performance Management Initiative (PMI), assists the evaluation of employee performance. The second internal process, the Health Stat Initiative, provides WDH senior management a concise snapshot of WDH program expenditures, staffing, missions and outcomes, at a glance. Work on Health Stat continues and will be maintained to give leadership accurate and timely information.

The Director and senior management team have, additionally, committed to moving toward accreditation. The internal initiatives, PMI and Health Stat, and seeking accreditation, force all programs, including MFH, to carefully examine all aspects of our targeted work from asset allocation to contract management to the efficacy of our existing services.

An ongoing look at data, the continuing WDH reorganization, the journey toward accreditation and the stabilization of MFH staffing will guide the ongoing development of the strategic plans. Questions will continue to be asked regarding the appropriate direction to take regarding the MFH Priorities. Chronic Disease Integration has identified 3 priorities, physical activity, nutrition and tobacco use, which correspond with MFH Priorities. Public Health Division will begin work on developing strategic plans and MFH will be involved.

Despite all the changes, work continues to be accomplished in the area of life course. The MCH Epidemiology assignee has assisted the MFH program by increasing knowledge of the life course perspective among state partners. Over the past year she has presented trainings about the life course perspective (including preconception health) and social determinants of health to the State Chronic Disease Conference, the Multi-cultural Health Advisory Council, the Wyoming Cancer Resource Centers annual training and at the state Coordinated Chronic Disease Coalition Meeting.

Several of the Issue Overviews have been completed and placed on the MFH website. A survey was developed for the first one released, Folic Acid Issue Overview to seek how it might be used in the workplace.

Briefly summarizing the survey: ninety-two individuals reviewed the document. The respondents included PHN, school nurses, WIC providers, family planning providers and nursing instructors. Half of the reviewers read the entire document, while 13% did not read or receive it. Among those who did not read it half stated they did not have the time and the other half said it was not useful to them. The majority of readers thought they would use the overview to educate mothers and women of reproductive age or as a reference document for themselves.

The Folic Acid Issue Overview contained several sections. The PHN found "What is Folic Acid and Why is it Important?" to be extremely useful. PHN and school nurses found "Neural Tube Defects and Pregnancy Intention" to be extremely useful. The "Healthy People 2020 Website Resources and Sources of Folic Acid" section was considered extremely useful for School Nurses. The nursing educators and Family Planning providers found the "MFH Strategies to Improve Folic Acid Nutrition among Wyoming Women" to be extremely useful.

MFH and MCH Epidemiology will continue to seek ways to disseminate information and to assess effectiveness of activities.

III. State Overview

A. Overview

Geographically, Wyoming is the ninth largest state in the United States (U.S.) spanning 97,914 square miles. Wyoming's 23 counties and the Wind River Indian Reservation (WRIR) cover terrain ranging from semi-arid plains and rolling grasslands to snow-covered peaks. Each county is larger than many East Coast states. Six states border Wyoming: Montana, South Dakota, Nebraska, Colorado, Idaho, and Utah. These neighboring states play a significant role in the health of Wyoming's residents by providing tertiary care facilities, newborn metabolic screening, genetic counseling, and physicians for specialty care clinics.

/2013/ Newborn metabolic screening functions carried out by our neighboring state, Colorado, via numerous contractual relationships, include laboratory testing and follow-up services.

The University of Utah is contracted, for the 2012 calendar year, to conduct 25 outreach genetics clinics in Wyoming. //2013//

Wyoming is classified as a rural/frontier state with a population density of 5.5 persons per square mile (U.S. Census Bureau 2009). It is the least populous state in the U. S. with an estimated population of 544,270. The state's population increased 10.2% between April 2000 and July 2009 (Economic Analysis Division 2009). Between July 2008 and July 2009, Wyoming experienced its largest population growth (11,289 persons) since the oil boom ended in 1982. The largest population growth rate in the nation (2.1%) (Economic Analysis Division 2010) also occurred during that period.

*/2012/*Based on the 2010 Census, the population density is 5.8 persons per square mile with a state population of 563,626 persons. *//2012//*

The two largest cities in Wyoming with more than 50,000 people are Cheyenne and Casper (56,915 and 54,047 persons, respectively). The counties where these cities are located are considered urban. Seventeen of the remaining counties are considered frontier with fewer than six persons per square mile, and the remaining four counties are classified as rural.

*/2012/*The two largest cities remain Cheyenne and Casper (59,466 and 55,300 persons, respectively).*//2012//*

Wyoming's population is predominantly White (93.9%). Other racial groups including American Indian (2.5%), Black (1.3 %), Asian (0.7 %), and Native Hawaiian/Pacific Islander (0.1 %) make up less than 5 % of the population when combined. An estimated 7.7 % of Wyoming's population is Hispanic (U.S. Census Bureau 2009).

*/2012/*Per the 2010 census, Wyoming's population remains predominantly White (90.7%), with other racial groups including American Indian and Alaska Native alone (2.4%), African American alone (0.8%), Asian alone (0.8%), two or more races (2.2%), and "some other race alone" (3.0%).*//2012//*

Children under the age of 17 years made up 24% of Wyoming's population in 2008. Between 2008 and 2009, there were 7,952 births and 4,237 deaths in Wyoming (Economic Analysis Division 2009).

/2013/ In 2010, there were 7,541 births to Wyoming residents. //2013//

According to the American Community Survey, 19.6% of Wyoming residents speak a language other than English at home, and 8.6% speak English less than "very well" (U. S. Census Bureau 2006-2008). Some translation services are offered through Medicaid, and Wyoming Department

of Health (WDH) covers those services that are not covered by other programs. Kid Care CHIP, Wyoming's Children's Health Insurance Program, does not cover translation services.

/2012/Correction to previous entry. According to the American Community Survey (2005-2009 data set) 6.4% of Wyoming residents speak a language other than English at home and 1.8% speak English less than "very well."//2012//

In 2008, 9.1 % of Wyoming's population over the age of 25 had less than a high school education, 31.7 % had a high school or equivalent education, 36.0 % had a college level education (Associates degree), and 23.2 % had a Bachelor's degree or higher level of education (U.S. Census Bureau 2009).

/2012/The American Community Survey (2005-2009 data) reported 91.1% of Wyoming's population over the age of 25 had a high school or equivalent education. In that same age group, 23.2% had a Bachelor's degree or higher.//2012//

Economy

In 2008, Wyoming's median income for a household of four was \$53,207, which is slightly higher than the U.S. median household income of \$50,303 (U.S. Census Bureau 2009; Economic Analysis Division 2010). Wyoming's median income for female-headed households with no husband present was \$29,078. The Wyoming statewide unemployment rate in 2008 was 3.1 %, compared to 5.8 % nationally (U.S. Census Bureau 2009; Economic Analysis Division 2010). In 2008, 9.4 % of Wyoming residents had incomes below the Federal Poverty Level (FPL), which represents an 8.0 % increase from 2007; 13.2% of U.S. residents had incomes below the FPL (U.S. Census Bureau 2009). In addition, 16.1 % of Wyoming children ages 5 to 17 years were living below the poverty level in 2008, compared to 19.0 % in the U.S. (U.S. Census Bureau 2009; Economic Analysis Division 2010).

/2013/ The Wyoming statewide unemployment rate in 2010 was 7.0 %, more than double the rate of 3.1% in 2008. From 2006-2010, 9.8 % of Wyoming residents had incomes below the Federal Poverty Level (FPL). In addition, 12.0% of Wyoming children under the age of 18 years were living below the poverty level in 2010 (U.S. Census Bureau 2010; Economic Analysis Division 2010). //2013//

Health Care Access

In 2008, 86.4 % of Wyoming residents of all ages had health insurance coverage. Of these, 70.8% were covered by private health insurance and 28.5 % by government health insurance including Medicaid and Medicare. Among residents with insurance coverage, the majority of children (70.6 %) and adults 18 to 64 years of age (73.2 %) had employee-sponsored coverage. Children were more than twice as likely as adults 18 to 64 years of age to be enrolled in public coverage (29.7 % versus 13.4 %) (U.S. Census Bureau 2009). Pregnant women who are not U.S. citizens are not eligible for the Medicaid (Medicaid) Pregnant Women Program (PWP) and thus, are only eligible for emergency delivery services.

Wyoming has 26 local county hospitals (some provide only limited care), two Veteran's hospitals, one stand-alone mental health facility, one stand-alone rehabilitation facility, 19 rural health clinics, and four community health centers servicing the entire population. Of the county hospitals, five do not have maternity services, including Big Horn, Crook, Niobrara, and Weston counties. Both Cheyenne and Casper have access to University of Wyoming Family Practice residents, who see low-income clients as obstetrical and pediatric providers in those locations.

Community Public Health Nurses (PHN) are heavily utilized to administer WDH programs and as a referral source for WDH programs. Each county has at least one PHN office, with some counties having a satellite office. For example, Lincoln County has two PHN offices, one on each side of the Rocky Mountains that split the county roughly into two halves.

The Wyoming Health Council (WHC), a private non-profit healthcare administrative agency, assures access to comprehensive, high quality, voluntary family planning for both men and women, as well as other healthcare services in Wyoming. WHC manages the Wyoming Migrant Health Program (WMHP) and funds eight family planning clinics at 20 sites throughout the state, with federal reproductive health funding (Title X), and Title V supplemental funding. Clinics provide services to women including: gynecological exams and pap smears; breast and cervical cancer screening; anemia assessment; blood pressure evaluation; colorectal cancer screening in women over 40 years old; testing and treatment for sexually transmitted infection (STI) and Human Immunodeficiency Virus (HIV); the Preconception Health Project (PHP); pregnancy testing; and contraceptive supplies/methods on a sliding fee scale. Clinics provide the following services to men: reproductive health exams (including testicular exams); testing and treatment for STI and HIV; and information to support the national fatherhood initiative. Referrals, counseling, and education include all contraceptive methods, pregnancy diagnosis, and options counseling; genetic information and referral; infertility services; preconception and interconception care and education; nutritional counseling; health promotion and disease prevention. Adolescent service providers encourage parental involvement in any decision-making processes.

//2013/ In 2011, following an audit, it was decided to move Title V funds from use in the counties and use state general funds to better comply with Federal reporting requirements. Some of those Title V funds were used to support WHC's family planning work within Wyoming. Quarterly financial reports have raised concerns of the efficacy of this contract. The Preconception Health Project has not been well understood, not all counties are receiving family planning services, and PHNs need to be more included in the family planning services. As of May 2013, conversations between MFH, PHN and WHC have begun to devise a plan where all are working together to meet Wyoming's family planning needs. //2013//

The WMHP is supplemented with Title V funds, and provides year-round services to migrant and seasonal farm workers and their families in the Big Horn Basin, including Park, Washakie, Big Horn, and Fremont counties. The mission of the WMHP 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. The program offers primary healthcare, including diagnostic screening and testing; access to the PHP; pharmacy services; gynecological care; hearing, vision and nutritional services; prenatal vitamins with folic acid distribution; access to dental care and outreach services to approximately 800 workers and family members per year. WMHP collaborates closely with Maternal and Family Health (MFH), PHN, and Women Infants and Children (WIC) Sections, Department of Family Services (DFS), Head Start, Cent\$ible Nutrition, and other community service and civic organizations.

Wyoming is the only state with no tertiary care centers for mothers and babies. Therefore, those needing specialized services are referred to specialty clinics in neighboring states. The usual destinations for tertiary care access to specialty maternity and infant care include Denver, Colorado; Salt Lake City, Utah; Idaho Falls, Idaho; Billings, Montana; and Rapid City, South Dakota. The facilities are visited annually, and professional staff invited to learn about services available for Wyoming residents. Nurses, neonatal nurse practitioners, case managers, discharge planners, perinatologists, neonatologists, lactation coordinators, and admissions coordinators are invited to the scheduled meetings.

Each year, the Children with Special Health Care Needs (CSHCN) Program compiles a list of specialty clinics to be held in Wyoming. This list is distributed to general and private practices around the state. Most of the clinics are held independently of MFH, but a few specialists receive travel reimbursement from MFH funds, and genetics clinics are organized and paid for with Title V funds. Very few pediatric specialists practice in Wyoming, so clinics are staffed with specialists from other states. In-state clinics decrease travel time and costs associated with traveling out of state. The size and terrain of the state, however, mean that some people may still travel hours through blizzards or over mountain passes to receive necessary services.

/2012/Travel reimbursement for specialists was discontinued effective May 31, 2011. A needs assessment is being conducted in May and June of 2011, the results of which will help drive policy change regarding financial support of pediatric specialists.//2012//

/2013/ In April, 2012, a specialty clinic survey was distributed to health care professionals who serve children with special health care needs in Wyoming. The results are being analyzed and programmatic decisions will be based upon the data received. //2013//

Public transportation may be an option within certain city limits; however, services available vary by county. City governments in Casper, Cheyenne, Cody, and Jackson offer wheelchair accessible public transportation services for a fee. In addition, every county in Wyoming has at least one town with a senior citizens center. These centers offer wheelchair accessible public transportation free to individuals over 60 and for a fee for the general public. Each center operates differently; some provide transportation to the entire county, while others only travel within city limits. Fees vary between \$1.00 and \$4.00 per trip.

The Maternal High Risk (MHR) and Newborn Intensive Care (NBIC) programs provide financial support for eligible pregnant women and infants to be transported to high-risk care out of the state. Travel expenses are also covered for the newborn's father to visit mom and baby at the tertiary care facilities.

When longer travel to healthcare is required, MFH covers transportation for eligible individuals, using the same procedures as Medicaid reimbursing per mile and with a stipend. Medicaid, however, only covers one trip to the facility per admission, and for one parent to accompany a child. MFH reimburses the cost of remaining trips or expenses and allows both parents to travel as needed.

In addition to a lack of specialty services, 17 of Wyoming's 23 counties are designated Healthcare Provider Shortage Areas (HPSAs) for primary care. In these areas, the ratio of population to primary care physicians exceeds 3500:1. As a result, an estimated 200,000 Wyoming residents are underserved with access to primary care.

There are Obstetrics and Gynecological specialists (OB-Gyn) in the larger cities in Wyoming. Most frontier counties may only have family practice coverage, if at all. Additionally, there are some county hospitals that have limited ability to provide care, therefore, delivery of infants is not available in some rural hospitals.

There are 11 low-income and one geographic Dental Health Professional Shortage Areas (DHPSA) in Wyoming. In low-income shortage areas, there are not enough dentists serving the low-income population. The geographic shortage areas do not have enough dentists for the entire county. An estimated 205,000 Wyoming residents are underserved for dental care.

A Community Oral Health Coordinators (COHC) project was implemented in 2007. Four dental hygienists were hired to cover eight pilot counties within Wyoming to provide screening services to children. Currently, there are seven dental hygienists covering thirteen counties. In addition to providing prevention services for children, the dental hygienists also participate in prenatal classes throughout the state to discuss the importance of oral hygiene during pregnancy and in infancy.

/2013/ Two COHC's resigned in 2011 leaving five COHCs who provide services in ten of Wyoming's 23 counties.//2013//

In 2009, the entire state of Wyoming was designated a Mental Healthcare Provider Shortage Area (MHPSA), indicating that all 544,270 Wyoming residents are underserved for access to mental health services.

The Wyoming Health Resources Network (WHRN) focuses on recruitment of healthcare

providers to the state. There are multiple reasons providers give for not moving their practice to Wyoming. Some providers have financial reasons; some prefer not to live in such a rural state as Wyoming; and some are concerned at the lack of job opportunities for their spouses.

/2012/ The Rural and Frontier Health Division (RFHD), office of Rural Health (ORH), contracted with the WHRN for a two-year project to conduct a Community Recruitment and Retention study. The model was developed by a researcher and physician at Boise State University and uses a statistically valid model to help hospitals maximize physician recruiting and retention efforts. Researchers will visit each of the 16 critical access hospitals twice during the first year (2010-2011), to conduct a survey with the Chief Executive Officer (CEO) and a Family Practice physician; and again to present the results of the surveys to the CEO and board of trustees. The first hospitals visited were in Lovell, Worland, and Thermopolis in September 2010. Initial visits to the remaining 13 critical access hospitals will be conducted in early 2011 and results will be presented in fall 2011. During the second year of the project researchers will conduct a second round of site visits to assess whether the hospitals have improved their recruitment and retention efforts based on the first year's findings, and will again report the results to improve the recruitment and retention of providers.

MFH has worked with the Epidemiologist at the Montana-Wyoming Epidemiological Center (MWAEC) on several projects, including the Title V Needs Assessment, Pregnancy Risk Assessment Monitoring System (PRAMS) and Fetal Alcohol Spectrum Disorders (FASD). The MWAEC is sponsored by Indian Health Services (IHS) provided for both the Northern Arapaho and Eastern Shoshoni tribes in Wyoming. The Fort Washakie IHS clinic manager participated in the Title V Needs Assessment to assure the needs of the Northern Arapaho and Eastern Shoshoni tribes are presented. She has also worked with the tribes to improve responses to the PRAMS survey and to assure appropriate information is gathered. The IHS clinic also refers to the local PHN offices to access MFH services for mothers, infants, children, and adolescents, including Best Beginnings for Wyoming Babies Program (BB), Nurse Family Partnership (NFP), MHR and NBIC programs. //2012//

Determining Priorities

The importance, magnitude, and value of Wyoming's MFH priorities were identified through the five-year Title V Needs Assessment process initiated in 2009. Planning for the Needs Assessment included establishing a leadership team and steering committee, and engaging stakeholders from around the state. Data from key informant interviews were also utilized to gather information for the assessment process.

Once priorities were identified, a mission statement was developed to guide MFH staff and partners through the strategic planning process. Stakeholder input was a crucial element for engaging the community and ensuring that state values align with those of the population. More detailed information is provided in the Maternal and Child Health (MCH) Needs Assessment.

Current Priorities and Initiatives 2011-2015

MFH approaches its programs with a life course perspective. Healthy women can engage in healthy relationships leading to healthy babies and families. This principle governs the current programs offered and has led to the identification of nine guiding priorities.

- Promote healthy nutrition and physical activity among women of reproductive age.
- Reduce the percentage of women who smoke during pregnancy.
- Reduce the rate of teen births.
- Support behaviors and environments that encourage initiation and extend duration of breastfeeding.
- Promote healthy nutrition and physical activity among children and adolescents.
- Reduce the rate of unintentional injury among children and adolescents.
- Design and implement initiatives that address sexual and dating violence.
- Build and strengthen capacity to collect, analyze and report on data for children and youth with special health care needs.

- Build and strengthen services for successful transitions for children and youth with special health care needs.

Proper nutrition and weight gain, as well as smoking cessation, can improve pregnancy outcomes. Reducing the rate of teen birth offers infants better health outcomes. Increasing the initiation and duration of breastfeeding improves health of both the infant and the mother. Promoting physical activity and nutrition and focusing on injury prevention gives children and adolescents the opportunity to grow and to thrive. Increasing the data capacity for CSHCN provides structural support and will help to identify needs in the CSHCN population. Focus directed toward improving transition services for CSHCN will better prepare those children and adolescents for the demands they may face in life. Decreasing sexual and dating violence empowers women and allows them to form healthy relationships and healthy families. Each priority addresses an unmet need in Wyoming and strives to create a more healthy state.

/2013/ New management, new staff, and reorganization of WDH has slowed the process of developing strategic plans. During this past year, throughout WDH, programs have been scrutinized. Specifically in MFH, questions have been asked. What is a program? What should the program look like? Are the goals in line with the MFH mission? How are funds being used and how do we know the funds are being used in the best way? What determines the best use and who is involved in that process? How will increased unemployment affect available resources? Discussions will continue, stakeholders will be determined and strategic plans developed around the State Health Priorities with the mission of providing leadership to assure access of families to prevention services and public health programs.//2013//

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B. Agency Capacity

The MFH Section, housed within the Community and Public Health Division (CPHD) of the WDH, is responsible for the administration of the Title V Block Grant. The mission of the division is to assure development of health service systems for all Wyoming citizens which 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.

/2013/ In 2012, WDH began the process of reorganization. WDH also received a National Public Health Improvement Initiative (NPHII) grant. Working towards accreditation, the

Public Health Division was created by combining the Community and Public Health Division, Rural and Frontier Health Division, Preventive Health and Safety Division, Emergency Medical Services Division and Emergency Preparedness Division, along with the Tobacco, Suicide Prevention and Alcohol Programs. See Organizational Charts.

In 2011 and 2012, changes in leadership, administration, and structure of WDH included a heightened focus on transparency and accountability. The Director of WDH committed to careful evaluation of programs and implemented two major internal processes to assist. The first internal process, Performance Management Initiative (PMI), assists the evaluation of employee performance. The second internal process, the Health Stat Initiative, provides WDH senior management a concise snapshot of WDH program expenditures, staffing, missions and outcomes, at a glance. Work on Health Stat continues and will be maintained to give leadership accurate and timely information. //2013//

The Wyoming Legislature authorized WDH 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. Key to the operation of MFH, Wyoming's Title V agency is the network of PHN offices located in each of Wyoming's twenty-three counties. MFH provides grant funding, committing nearly the full amount of Wyoming's Title V allotment of \$1.2 million, to all 23 county PHN offices to provide MCH services. This fills a critical access gap ranging from family planning to care coordination for CSHCN.

/2012/ During 2011 counties demonstrated difficulty maintaining the 30% prevention and 30% CSHCN requirement for use of Title V funds. MFH chose to provide counties with state general funds rather than Title V. The Title V funds were distributed to other programs which included the Dental Sealant Program, SafeKids Wyoming, the Vision and Hearing Screening Program, and Children and youth with special health care needs(CYSHCN).//2012//

PHNs provide the majority of the local service delivery infrastructure by serving as the first contact for families who are in need of MFH services. They are involved in all stages of the life course, from perinatal care of mothers and infants to pre-admission screening for nursing home placement and a host of prevention and intervention activities in between. PHNs advocate for families by requesting services that families may be eligible for, but may not be aware of, such as MHR and NBIC programs, Children's Special Health Program (CSH), Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), and/or transportation reimbursement for medical appointments. PHNs are deeply embedded in their communities, including serving on interagency community councils and helping to build public health infrastructure at the local level.

On July 1, 2000, W. S. 35-27-101 through 35-27-104 became effective authorizing expansion of home visiting services to families with pregnant women and infants through age two. Other vulnerable populations were designated as also benefiting from home visits including premature infants, first time mothers, mothers who are incarcerated or have substance abuse problems, and women who experience violence/abuse. In order to comply with this legislation, MFH provides funding to local PHN offices to implement two perinatal home visitation programs.

BB provides care coordination and client-driven perinatal services, education, and referral to any pregnant or postpartum woman and is offered in all 23 counties. The NFP Program is an evidence-based program designed to help parents have a healthy pregnancy and baby and targets young, low income, first-time mothers. NFP is offered in 14 Wyoming counties.

//2013/ Home visitation is a legislatively-mandated service in Wyoming. NFP, an evidence-based HV program, is clearly defined. The PHN offices also provide HV to families not eligible for NFP. This latter program requires standardization and clearer definition. //2013//

WHC, the Title X designee, assures access to comprehensive, high quality, voluntary family

planning services for men and women. Clinics offer contraceptive supplies on a sliding fee scale to assist families in planning for an intended pregnancy. Clinics also offer pregnancy testing. Funding includes implementation of a PHP in which all women with a negative pregnancy test receive a packet of information on how to plan a pregnancy, condoms, and a three-month supply of prenatal vitamins with folic acid. MFH funds WHC to expand the availability of family planning clinics within Wyoming and provide a repository for family planning data. Through WHC, MFH provides supplemental funding to the federal funding received for the WMHP for translation, prenatal service support, and PHP to migrant and seasonal farm workers.

/2013/ Title V funds are used to support WHC's family planning (FP) work within Wyoming. Concerns regarding the contractor's ability to maintain necessary financial records, along with a need for more accessible FP in some counties has led to conversations between MFH, PHN and WHC to devise a plan to work together to meet Wyoming's FP needs. //2013//

Prenatal classes, offered through PHN offices, address the importance and value of early, appropriate, and consistent prenatal care; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain, use of prenatal vitamins with folic acid); and educate pregnant women on risks of substance use during pregnancy. MFH researched several different opportunities to provide evidence-based practice prenatal care teaching, including breastfeeding initiation, to Wyoming nurses. Lamaze International was ultimately chosen due to their inherent support of holistic breastfeeding with prenatal teaching. In April and May 2010, at two separate locations, Lamaze International trained more than 30 Wyoming Registered Nurses (RN) to provide prenatal classes in Wyoming. This training was the first step toward the RNs becoming Lamaze certified childbirth educators (CBE). MFH offered 30 registration-only scholarships for clinical nurses and PHNs to attend one of the training opportunities within the state.

/2012/ Of the more than 30 nurses who attended Lamaze training in 2010, two have become certified CBEs. The hope is that a majority of the prenatal classes taught in Wyoming, whether at a hospital or a PHN office, will be taught by a CBE, to assure an evidence based practice (EBP) is being presented to pregnant women and their families. The trained educators teach prenatal classes out of the PHN offices (individual and group classes) and at their local hospital. //2012//

PHNs promote proper weight gain during pregnancy for a healthy mother and baby through the Healthy Baby is Worth the Weight (HBWW) program. Educational materials are given to community providers to enable counseling on adequate maternal weight gain. The goal of the program is to decrease the number of low birth weight babies born in Wyoming due to inadequate maternal weight gain.

/2013/ The HBWW program has been neglected during the past year and will be examined by MFH. //2013//

The Happiest Baby on the Block (THB) empowers parents to soothe babies, thereby reducing parental stress. This program has demonstrated improved outcomes for breastfeeding, improvement of paternal bonding, father involvement, and a decrease in Shaken Baby Syndrome (SBS). During 2009, 52 THB certification kits were provided by MCH to Wyoming nurses and other entities, including IHS.

/2012/ During 2010, twelve certification kits were distributed for nurses to become trainers in various counties throughout the state. //2012//

/2013/ MFH provided THB certification kits to three individuals to increase THB trainings in the state. One of these trainers held her first class in Laramie in April 2012. //2013//

CPHD Epidemiology (EPI) and MFH sections managed the Wyoming PRAMS project. The survey provides current information related to experiences women have before, during, and after

pregnancy including healthy lifestyle management, accessing family planning, prenatal and postpartum care and breastfeeding initiation and continuation.

/2012/ Wyoming PRAMS is currently finishing data collection for birth year 2010. Based on current survey response rates, Wyoming PRAMS may be unable to reach the Centers for Disease Control (CDC) mandated minimum response rate of 65.0%. If Wyoming PRAMS does not reach an overall response rate of 65% for birth year 2010, then Wyoming PRAMS data will be unavailable for publication and dissemination. //2012//

/2013/ PRAMS met the 65% response threshold and received the 2010 data set in summer 2011. In order to improve response rates among all Wyoming women, Wyoming PRAMS redesigned the PRAMS survey cover.

In 2011, Wyoming PRAMS began to oversample all American Indian (AI) births. Wyoming PRAMS staff members are working with the MCH Epidemiology CDC Assignee, Eastern Shoshone Tribal Health, Northern Arapaho Tribal Health and the Rocky Mountain Tribal Epidemiology Center to increase AI response rates. These efforts have included the development of a Tribal PRAMS logo, an AI specific PRAMS survey cover, and seeking approval from the Tribal Institutional Review Board (IRB). //2013//

MFH contracts with the Healthy Children Project (HCP) to provide Certified Lactation Counselor (CLC) trainings. Advanced CLC training will be offered in March 2011. After completing the training and passing the certification exam, participants will earn the title of Advanced Certified Lactation Counselor (ACLCL) or Advanced Nurse Certified Lactation Counselor (ANCLC). The class includes time with mother-baby dyads experiencing various barriers to breastfeeding, and trainees will be tasked with making suggestions for breastfeeding success. Partial scholarships will be made available to PHN who are approved to attend.

/2012/ Twenty-five participants attended the ANCLC training offered in March 2011. MFH provided 12 partial scholarships to PHN office nurses from seven counties. Of those, all took the exam to become certified, however, the results have not been received indicating who has become ANCLC. The next CLC training in Wyoming will be a basic course in April 2012. //2012//

/2013/ The Basic CLC Course was offered in April 2012. Twenty-four participants, including 17 PHNs, represented 11 counties. HCP offered three free registrations to Wyoming in exchange for sponsoring the training. These registrations were provided to the first three county PHN offices without a CLC trained staff member in 2012. //2013//

A statewide Breastfeeding Coalition was established early in 2009 as a partnership between WIC, MFH, and local Wyoming facilities to support initiation and continuation of breastfeeding to meet the Healthy People 2020 goals. It was launched in Casper in September 2009 with a one-day workshop presented by the HCP, "Encourage Breastfeeding in Your Community and Make It a Successful Experience." MFH also provided "Recent Research and Best Practices," a one-day workshop in Sheridan to assist the local hospital move toward a Baby-Friendly distinction. Nineteen PHN staff members, ten WIC staff members, and twelve clinical nurses from local hospitals were in attendance.

/2012/ Powell Valley Hospital was the first Wyoming hospital to achieve the Baby-Friendly distinction. The merit of this United Nations Children's Fund (UNICEF) and World Health Organization (WHO) title is that the facility has implemented the 10 Steps to Successful Breastfeeding. The 10 Steps are:

- Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
- Train all healthcare staff in skills necessary to implement this policy.
- Inform all pregnant women about the benefits and management of breastfeeding.
- Help mothers initiate breastfeeding within one half-hour of birth.
- Show mothers how to breastfeed and maintain lactation, even if they should be separated from

their infants.

- Give newborn infants no food or drink other than breast milk, unless medically indicated.
- Practice rooming in - that is, allow mothers and infants to remain together 24 hours a day.
- Encourage breastfeeding on demand.
- Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Memorial Hospital of Sheridan County continues to work toward Baby-Friendly distinction. //2012//

/2013/ Memorial Hospital of Sheridan County is no longer working towards becoming a Baby-Friendly hospital. //2013//

A proposal was presented to the WDH Management Council in January 2010 to approve a Breastfeeding Support in the Workplace (BSW) project for WDH-wide implementation. WDH would be a leader in the promotion of support for breastfeeding in the workplace. The proposal was well received, and a final proposal was prepared for approval.

//2012/ Two Mother's Breastfeeding Rooms (MBR), located in one state building in Cheyenne, continue to be utilized by breastfeeding mothers in the building. The two-fold purpose of the proposal includes demonstration of WDH as a leader for the state, in both modeling the need for businesses to support breastfeeding women for the health of both the mother and infant and to decrease the infants' propensity for obesity. As of May 2011, the WDH Director has stated the health department will follow Section 7 of the Fair Labor Standards Act as amended on March 23, 2010. The BSW, as written, was denied by the director as infants are not allowed in the workplace.//2012//

/2013/ The BSW workgroup continues to meet. A website (wybreastfeedatwork.org) has been developed and currently links to existing information about BSW. The website contains information on federal legislation supporting BSW, as well as information to assist employers with providing adequate space and break time. //2013//

MFH will explore opportunities to partner with stakeholders to address the issue of childhood obesity in Wyoming. One opportunity will be to work with the "WY Outside" Initiative serving as the mechanism for communication and coordination among involved agencies to support the overall health and well-being of youth and their families. The vision is to foster the mind, body, and spirit of youth and families by inspiring a long-term appreciation of the Wyoming outdoors through education, interaction, and adventure. This group includes representation from Wyoming State Parks and Cultural Resources, National Parks Service, United States Forest Service, United States Fish and Wildlife Service, Wyoming Bureau of Land Management, Wyoming Game and Fish Service, Wyoming Agriculture in the Classroom, Wyoming Tourism, and Wyoming Recreation and Parks Association. The focus population will include those who reside in Wyoming as well as those who visit the State. The first steps identified are to increase awareness and support of various projects undertaken by the involved agencies and incorporate support into all programs that work with youth and families. It is MFHs goal to collaborate in the work of the WY Outside Initiative to support the needs of children and adolescents as they related to physical activity and nutrition.

//2012/ WY Outside and the Teton Science School published Our Children and the Outdoors: Wyoming Survey 2010 Final Report in April 2011. The data from the research conducted will be used during strategic planning around the physical activity and nutrition priority. //2012//

/2013/ The CAHC will work with partners to finalize the strategic planning process identifying strategies to address the priority. Data from the WYSAC Our Children and the Outdoors survey will be utilized. //2013//

MFH assists in coordinating care at the community level for CSHCN. Because there are few specialty providers in Wyoming, MFH compiles a list of specialty clinics that will be held in Wyoming, and distributes the list to general and private practices and PHN offices around the state. Most of the clinics are held independent of MFH, but a few specialists receive travel reimbursement from MFH and genetics clinics are organized and paid for with Title V funds. Because these services are available locally, parents' travel expenses and time away from work are decreased. To assist families who must travel for care, MFH provides travel benefits to include assistance to all families eligible for MHR, NBIC, and CSH programs.

/2012/ Financial support for several specialty clinics, in the form of travel reimbursement, has been suspended effective May 31, 2011. In May and June of 2011, a needs assessment is being conducted, the results of which will drive policy decisions surrounding monetary support of specialty clinics. Genetics clinics continue to be organized and paid for with Title V funds. //2012//

/2013/ A specialty clinic survey was distributed in April 2012 to health care professionals serving CSHCN in Wyoming. The results are being analyzed and programmatic decisions will be based upon the data received.

As a result of the Request for Proposal (RFP) process, the contract for 25 outreach genetics clinics for 2012 was awarded to the University of Utah. Significant cost savings have been realized. //2013//

CSH is a program for children with special health care needs requiring support beyond routine and basic care. CSH provides payment for specialty medical care and coordination of care for children with special health care needs who have at least one of the medically eligible conditions and meet financial eligibility. Covered services include diagnostic evaluation to determine diagnosis, care coordination, specialty medical care, some equipment and medications, lab/X-rays related to diagnosis, and support services.

The Newborn Metabolic Screening (NBMS) Program, mandated by Wyoming Statute (W.S.) 35-4-801, provides screening for inborn errors of metabolism as well as screening for newborn hearing. Hospitals are assessed a fee for each initial metabolic and hearing screen they perform. Legislation mandates that the NBMS program within MFH and Early Hearing Detection Intervention (EHDI) provide parent education on the testing procedures and the consequences of treatment or no treatment.

/2012/ The addition of testing for Severe Combined Immunodeficiency (SCID) is currently being considered by MFH. The contracted laboratory that processes newborn metabolic screens for Wyoming has set a mid-summer to late fall 2011 timeline for being capable to process SCID tests. //2012//

/2013/ Wyoming is in process of adding Severe Combined Immunodeficiency (SCID) to the panel of tests performed. The group of physicians mandated by Wyoming Statute SS 35-4-801 and 35-4-802, convened in April 2012 and recommended SCID be added to the newborn metabolic screening panel. Full implementation of the recommendation is estimated before the end of 2012 as follow-up services must be contractually bound and training materials developed. The contract for laboratory services is in place. //2013//

MFH supports the Wyoming Lion's Early Childhood Vision Project with funds to purchase additional screening equipment and to continue screening activities. The purpose of vision screening is to prevent serious vision problems through early detection.

/2013/ MFH financially supports the Wyoming Lion's Early Childhood Vision Screening (WLECVS) Program. WLECVS coordinates efforts to ensure comprehensive vision

screenings, follow-up, diagnosis, and intervention processes are completed for children six months through five years of age in Wyoming. WLECVS contracts with eight of the 14 Regional Child Development Centers (CDC) to follow children failing the vision screening. Technical Assistance is provided to CDCs and participating Lions Clubs in Wyoming on the use of vision screening equipment and procedures.

In 2011, 4,183 children received vision screenings with 10% referred to professional eye care providers for a comprehensive eye examination. Of those children who failed the screening, 97% received follow-up and diagnosis of a vision problem. Eight children were identified with Amblyopia.

Early detection and treatment of vision problems is critical to minimize long-term effects on children and learning. MFH works with other partners to increase the screening and tracking of children's vision screening. WLECVS is working to add their data to a system which houses EHDl and Oral Health data collected by the COHC. MFH is facilitating meetings with Part B and C staff to increase access to the data from all Wyoming CDCs. //2013//

MFH partners with the Wyoming Early Childhood Partnership (WECP) and the WY Kids First Initiative to focus on the development of a comprehensive and collaborative early childhood system of quality-based early care and education, integrated family support services, and accessible and affordable healthcare. Three regional partnerships were formed with WECP grants in Natrona County, Sweetwater County, and the WRIR. The purpose of these partnerships is to conduct local/community early childhood care needs assessments; facilitate filling gaps, and eliminate redundancies at the local/community level; provide local/community coordination, collaboration, and support for public and private entities involved in early childhood care; serve as a local/community clearing house for the distribution of local/community early childhood care information; and act as a liaison between the WECP and the community.

/2012/ WECP hired a new executive director in the summer of 2010. The three regional partnerships completed their needs assessments and strategic planning and are working to secure the third year of funding. The WECP Executive Director has assisted each site to create a visual map of the local early childhood system allowing participants develop and share unique perspectives while considering their connections to each other and to the whole. The WECP will play an integral role in the Wyoming Home Visiting Plan.//2012//

//2013/ In 2011, the Elbogen Foundation continued funding the WECP contingent on multiple changes being made to the WECP Board structure. The required changes to the Bylaws reduced the 20-member board to a maximum of five voting members. Previous board members were asked to join an Advisory Board to provide information and recommendations on the overall direction and operations of WECP. One of the three regional Kids First partnerships, Natrona County, remains active and is funded by WECP. The WECP Executive Director is an active member of the Governor's Early Childhood State Advisory Council (ECSAC) and chairs several ECSAC committees. //2013//

In 2010, Wyoming applied for the Affordable Care Act (ACA) Maternal, Infant, Early Childhood Home Visiting Program (MIECHVP); submitted the required needs assessment, and was awarded the funding. However, with the change in the Governor's office in 2011, MFH (Lead Agency) has not been given clearance to draw down the funding. MFH and the Home Visiting Task Force (HVTF) continue to work on the required State Home Visiting Plan with the support and collaboration of many other partners, both public and private.

The goal of the MIECHVP is to have a continuum of Home Visiting (HV) services from prenatal to age five. The State HV Plan is to do an extensive system evaluation in four of Wyoming's at-risk counties. WECP will be contracted to complete the evaluations for the project. Parents as Teachers (PAT) exists in two of the four counties and is to be implemented in the other two to

extend the continuum of services to school entry. The State HV Plan will concentrate in this first year of the program on Carbon, Sweetwater, Albany and Natrona counties

NFP enrolls pregnant women into the program between 16 and 28 weeks gestation and visits the family until the child is two years old. PAT enrolls families during the pregnancy, and supports families through home visits until the child enters school. Sweetwater and Natrona counties currently have both NFP and PAT implemented, with Early Head Start (EHS) also available in Natrona county.

/2012/The State HV Plan for the MIECHVP is due to the Health Resources and Services Administration (HRSA) June 8th, and with the governor's approval, ACA funds will be released to implement the plan. //2012//

/2013/ Wyoming, never having drawn down any of the funds awarded, has returned the MIECHVP funds. The Governor and WDH Director had voiced concerns regarding the benchmark requirements and sustainability, and there was some confusion regarding the state plan's referral system. //2013//

MFH has identified a curriculum offering empowerment and civics skills to support parents and families in making desired changes for children. The curriculum, provided by Connecticut's Parent Leadership Training Institute (PLTI), is an evidence-based curriculum with proven positive outcomes for children, families, and the community. This 20-week class is designed to bolster family involvement and leadership skills, while promoting the lifelong health, safety, and learning of children. The cornerstones of the program are respect, validation, and a belief that when the tools of democracy are understood, the public will become active participants in communities. The initial pilot class in Laramie County will graduate in July 2010. MFH plans to continue limited support for the Laramie County initiative and implement PLTI in two additional counties in 2011.

/2012/ In July 2010, 16 participants graduated from the Laramie County PLTI pilot class. In September 2010, 18 individuals from Hot Springs, Laramie, and Sweetwater Counties and from the WRIR were trained as PLTI facilitators and civic design team members. As a result of the training, PLTI Civic Design Teams were established on the WRIR and in Hot Springs and Sweetwater Counties with plans to start classes by January 2012. Participants work on community projects often connecting them with other state agencies. One of the participants has been invited to sit on the state childcare licensing revisions team from DFS and another participant is partnering with the Preventive Health and Safety Division (PHSD) Comprehensive Cancer Control Program for a car show and basketball tournament fundraiser for cancer research.//2012//

/2013/ The PLTI Civic Design Teams in Hot Springs County and on WRIR worked to imbed the importance of parent leadership in their communities. Both of these communities piloted their first class and Laramie held its third PLTI class. In June 2012, 35 parent leaders having completed 20 weeks of class, a community project with no more than three absences, will graduate in the Rotunda of the Wyoming Capitol.

PLTI national research shows that parent's engagement improves school performance, overall community safety and health outcomes for children. MCHB has found that health care costs decrease significantly when parents are partners in their children's health. The general goals of PLTI focus on helping parents become the leaders they would like to be for their children; expand the capacity of parents as change agents for children; teach the tenets of democracy and the right to utilize the civic process; and improve children's policy and programs through parent engagement.

PLTI Community Projects combine over 60 hours of classroom learning with the individual parent leader's passion to create change for children. Community Projects create change at the grassroots level and fill gaps other services are unable to fulfill. The dollars

invested in parent leaders are extended into communities across Wyoming.

The CAHC has presented multiple times to the Federal Partners' Family & Community Engagement workgroup, on a Community Working Together for Better Health federal webinar, and for a break-out session at AMCHP to highlight the success of PLTI in Wyoming and the importance of parent engagement and leadership. //2013//

The Family 2 Family Health Information Center (F2FHIC) was funded in May 2009. One of their primary functions is to assist families of CSHCN in making informed choices about healthcare in order to promote good treatment decisions, cost effectiveness, and improved health outcomes. MFH partners with the Wyoming F2FHIC to promote medical home, build CSHCN service capacity, and improve family support. The F2FHIC is available as a resource for families of CSHCN in Wyoming.

/2012/ Staffing of the F2FHIC was unstable in 2010 and early 2011. We are proud to announce, however, that staff has been hired for the Cheyenne and Casper areas and plans are moving forward rapidly to support families of CSHCN. Projects that are currently high priority for the F2FHIC include transitions to adulthood and medical home initiatives. //2012//

/2013/ The Packaging Wisdom notebook, a tool to assist CSH families organize information necessary for the care of their child, was a joint project until F2FHIC staff were greatly reduced in 2011. Despite collaboration with MFH being halted, the final product was released in February 2012. MFH has reviewed the document published on the web and will be sharing their findings with the F2FHIC director. //2013//

MFH is constantly working to improve cultural competency in its service delivery. The CPHD Epidemiology section, which provides MCH epidemiology support to MFH, provides data with breakdowns by race, ethnicity, age, socioeconomic status, and population density. The PRAMS survey oversamples women who are Hispanic and/or of a race other than White, and collects data on their experiences before, during, and after pregnancy. This process ensures that data are available for minority populations, who comprise a small percentage of Wyoming's overall population.

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy," is an informational booklet created by the American Indian/Alaska Native Committee of the March of Dimes (MOD) West Region. Culturally sensitive information includes the role of the father during pregnancy and postpartum; the importance of early, consistent, and adequate prenatal care; nutrition during pregnancy; signs and symptoms of early labor; how substance use and domestic violence can negatively affect pregnancy outcomes; and the importance and value of breastfeeding.

/2013/ The current Wyoming MOD staff is searching for information regarding this project, how it's used, if it's used, and who is using it. //2013//

MFH seeks opportunities to collaborate with agencies, private organizations, families, and consumers who represent culturally diverse groups. During the MCH needs assessment, MFH included partners from the WRIR, the Wyoming Office of Multicultural Health (WOMH), the WHC, which houses the WMHP, and a multitude of other stakeholders who serve a varied population. These partners played a key role in choosing Wyoming's MCH priorities for the next five years.

The MFH and EPI Sections have taken initial steps toward working with the Rocky Mountain Tribal Epidemiology Center (RMTEC) and plan to build this relationship in hopes of sharing data and strategies to address American Indian populations in Wyoming.

Wyoming is unique in that our minority populations are primarily Hispanic (6.4%) and AI (2.1%). The majority of minority services are directed to Teton and Fremont counties where most of the Hispanic and AI population resides. Translation services have been added to Medicaid benefits.

/2012/ The WOMH sponsored Summer Cultural Sensitivity Training Series, in partnership with WDH, RMTEC and the Casper Community College Counseling and Student Development Center. The meetings were offered at no cost. Sessions included national and local presenters who discussed effects of historical trauma on addictions, violence and mental health and physical health; clinical presentation of non-Western approaches to healing; studies on difference, prejudice, privilege and cultural capacity; cultural orientation; communication, biases, respectful workplaces, inclusion and accountability; and how to recognize the effects of our own attitudes and personal experiences with people of different genders, social classes, religions and spiritual beliefs, sexual orientation, age and mental and physical disabilities. The sessions began in April and are scheduled monthly until July 2011.

One of the graduates of the PLTI training in the first Cheyenne class, a member of an AI tribe represented in Wyoming, created a survey to assess how being an AI affects daily lives. The data collection for the Tribal teen survey lasted approximately 16 weeks (October 2010 to January 2011) and was made available to students (13 to 19 years old) enrolled in public junior and senior high schools of Albany, Platte, Goshen, and Laramie counties who identified themselves as Native American. The CPH Epidemiology section compiled and analyzed the return surveys in February 2011, and supplied a brief summary of the results to the Survey partner (Southeastern Wyoming Inter-tribal Pow Wow Association).

"Closing the Disparity Gap" conference was held at Western Wyoming Community College in Rock Springs in August 2010. Thirty one providers, including victim advocates, victim/witness coordinators, attorneys, police officers and one Public Health outreach coordinator from 11 Wyoming communities attended, to better serve Latino immigrants, an under-served population. Funding was provided by the State Partnership Grant Program and the Wyoming Humanities Council, and facilitated by the Wyoming Coalition Against Domestic Violence and Sexual Assault (WCADVSA). Speakers addressed immigration basics from the perspective of the U.S. Citizenship and Naturalization office, immigrants' rights and challenges in serving them, competent interpretation needs and requirements, and public benefits eligibility for immigrants. //2012//

/2013/ In 2012, the Wyoming Office of Multicultural Health will release a state report on health disparities and develop a state plan to address disparities in Wyoming. //2013//

In addition to collaborating and coordinating with PHN, MFH has a long-standing history of networking and collaborating with state and local health and social service agencies. MFH utilizes a combination of federal and state funding in addition to fee collection for infrastructure development and capacity building at the community level to ensure local public health and safety net services are available for the MCH population.

Ongoing budget cuts to the Title V program, PHN shortages and shifting local priorities make expansion and strengthening of Title V programs difficult. Wyoming Title V has been flat-funded for a number of years. Efforts to meet local needs, purchasing additional materials/equipment useful to MFH programs and initiatives, and promotion of collaborative partnerships at the local level continue to be stressed. In addition, to static national funding, State funds have been cut by more than 10% adding additional financial stress to an already overburdened system.

/2012/ There is no word yet on what the cuts to Title V funding will look like for the upcoming years. It will not be just Title V funding that is decreased which will require the need to constantly re-evaluate how MFH will meet its state priorities. //2012//

/2013/ Federal budget cuts are still in process of being finalized. If sequestration occurs, there will be an 8% cut as of January 2013. Wyoming State funds have also been cut for WDH beginning July 1, 2012. MFH will be looking at the current cuts and the proposed cuts for the 2015 biennium and assuring strategies are appropriate. //2013//

The State of Wyoming instituted a hiring freeze in 2009. Four MFH positions have been vacant for a period of time ranging from March 2008 to the present. These positions include the MFH Section Chief, the CSH Program Manager, the Early Child and Adolescent Specialist and the CSH Administrative Assistant. This has significantly impacted MFH's ability to work effectively to change outcomes for women, children, and families in Wyoming.

/2012/ In December of 2010, the CSH Program Manager position was filled by Jody Yelton. As of December 2010, the former Interim CSH Program Manager, Charla Ricciardi, filled the Child and Adolescent Health Coordinator position. The MFH Section Chief position was staffed in January 2011 by Linda McElwain. The CSH administrative position, which had not been filled, was eliminated by the Legislature in February of 2011.//2012//

/2013/ In August 2011, the Women and Infant Health Coordinator position became vacant and in January 2012, the MFH Administrative Assistant position was empty. As of May 14, 2012, both positions are filled and MFH has a full staff. //2013//

As a result of these challenges, MFH has used the needs assessment process as an opportunity to be very focused regarding the efforts and initiatives undertaken to address priorities. MFH will engage in strategic planning from spring 2010 through fall 2010. This process will engage stakeholders in helping MFH to identify strategies to address the ten MCH priorities. Through this process, the work of MFH can be focused and efforts will be maximized in order to improve outcomes for the MCH population.

/2013/ Issue briefs addressing the state priorities began being developed in 2011. Each is related to one of Wyoming's state priorities. The purpose of each brief is to report on data pertinent to the age group and the priority and current strategies. The Folic Acid, Child Physical Activity and Nutrition, Breastfeeding, and Data Capacity for CYSHCN Issue Overviews have been completed and placed on the MFH website. Several others have been completed and are awaiting placement on the website. The issue briefs became overviews due to the length. One- to two-page information sheets will be developed to provide MFH partners with a snapshot of the issue and an opportunity to provide input. //2013//

C. Organizational Structure

The Governor provides oversight for WDH, which 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 136,000 children under the age of 19. WDH has 1,544 authorized positions statewide for Fiscal Year (FY) 2011; 163 of these positions are currently vacant, including four vacant positions in MFH. The WDH annual budget is over \$779 million, with the MCH Title V federal allocation at \$1.2 million.

/2012/ The annual WDH budget is over \$895 million, and Title V federal allocation remains at \$1.2 million. There are currently 1,526 authorized positions for the WDH, including full time equivalents (FTE), part time positions, At Will Employee Contracts (AWEC), and the subtraction of 28 Department-wide positions that were cut by the legislature.

As of January 2011, three of the four vacant MFH positions (Section Chief, CYSHCN Program Manager and the Child and Adolescent Health Coordinator) were filled. The fourth vacant position was one of the 28 Department-wide positions that were cut by the legislature.//2012//

/2013/ The WDH budget for 2013 will be over \$930 million, while the Title V federal allocation has decreased to less than \$1 million annually. Currently, WDH has 818 employees which includes full-time and part time employees and At Will Employee

Contracts (AWEC).

The Women and Infant Health Coordinator position was vacant from August 2011 through mid-May 2012. The required duties of this position were primarily filled by the Title V Director. From October 2011 through April 2012, the MFH Administrative Assistant position was also vacant. In fall 2011, all WDH fiscal staff were relocated to one location rather than spread out through the various divisions. WDH administration determined many of the duties fiscal staff conducted were actually more programmatic in nature. //2013//

WDH provides a wide scope of services, including public health and direct care functions. The Mental Health and Substance Abuse Services Division (MHSASD) administers mental health and substance abuse education and services system. MHSASD 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. MFH is participating in the current strategic planning process for the Tobacco Prevention Section to assure women, children, adolescents, and CSHCN are addressed in the plan.

The Developmental Disabilities Division (DDD) provides funding and guidance responsive to the needs of people with disabilities to live, work, enjoy, and learn in Wyoming communities with their families, friends, and chosen support service and support providers. Beginning with early intervention and preschool programs, DDD also has responsibilities associated with the intermediate education unit, the adult developmental disabilities programs, and the Wyoming Life Resource Center (WLRC). DDD has worked closely with stakeholders, including participants, guardians, advocacy groups, providers, the State Medicaid Agent, and Centers for Medicaid and Medicare Services (CMS), to address gaps in the current service delivery system. Over the past year, the DDD has been working on the Support Options Waiver and the Comprehensive Waiver. The Division will renew the Child Developmental Disability (DD) Waiver, by adding the option to self-direct services, and amend the existing Adult and Acquired Brain Injury (ABI) waivers to include self-direction. Within the waivers, there have been several changes to existing services and new services have been added.

The CPHD, which houses MFH, provides a variety of public health and direct care services. Other sections in the division include PHN, EPI, Immunization (IMM), Oral Health (OH), and WIC Programs. The EPI Section is funded by MFH and is utilized by all of CPHD.

The Preventive Health and Safety Division (PHSD) includes the emerging Disease/Health Statistics Section, the Chronic Disease Section, the Communicable Disease Section, Environmental Public Health, and the Public Health Lab.

Other divisions and offices within WDH include the Aging Division as well as the ORH Division; Healthcare Financing, which includes Medicaid and Kid Care CHIP, the Office of Emergency Medical Services, and Public Health Preparedness.

The State Health Officer (SHO), Brent Sherard, M.D., M.P.H., F.A.C.P., the State Medicaid Physician, James Bush, M.D., and the contract Interim State Dentist, Dr. James Bruce Whiting, D.D., serve all of WDH. Dr. Brent Sherard provides consultation to agency staff members regarding best practices, promotes and assists in establishing and maintaining standards of care, and provides consultation on needs and services to assist agency planning efforts. He also has legal responsibility to assure Public Health statutes are properly implemented throughout the state.

/2012/ In January 2011, Governor Matthew H. Mead (R) took office from the former Governor Dave Freudenthal (D). Dr. Brent Sherard was moved from the Director position to medical advisor for the Governor's office, and the new WDH Director, Thomas O. Forslund was appointed in March 2011. In April 2011, Dr. Tracy Murphy, the State Epidemiologist, was appointed to the

SHO position.//2012//

/2013/ In October 2011, Dr. Wendy Braund was hired as the State Health Officer and the Senior Administrator of the Public Health Division. The creation of this new division has been part of the WDH reorganization. Currently, WDH Divisions include Public Health, Healthcare Financing, Behavioral Health, Aging and Fiscal Services. The Public Health Division is comprised of Immunization, WIC, Oral Health, PHN, MFH, Preventive Health and Safety, Rural and Frontier Health, Emergency Medical Services, Public Health Emergency Preparedness and the State Epidemiologist. As of May 2012, the reorganization is not complete. //2013//

The Medicaid Medical Officer, Dr. James Bush, provides oversight for MFH programs and ensures appropriate policy development and service delivery for this population. Additionally, the position provides consultation to Medicaid and Kid Care CHIP regarding early childhood issues and provides guidance for the Governor's Council on Developmental Disabilities (GCDD) and the Early Intervention Council (EIC).

/2013/ The Medicaid Medical Officer, Dr. James Bush, also provides guidance for the EHDI program. Dr. Bush has been a driving force between establishing the Total Health Record and telehealth in Wyoming. //2013//

Dr. James Bruce Whiting, D.D.S., the Interim State Dentist, provides dental oversight and consultation for the Dental Sealant, Marginal Dental, Fluoride Mouth Rinse, and Severe Crippling Malocclusion programs. Dr. James Bruce Whiting consults on other dental issues for programs within the WDH and provides leadership to the Cleft Palate Clinics, although management of the Oral Health Section remains within CPHD. The expanded duties of the State Dentist include recruitment of dentists to the state, legislative committee regarding reimbursement issues; committee work for dental school loan repayment; and coordination with community coalitions, the Dental Board, and the Wyoming Dental Association (WyDA) to address access issues.

An attachment is included in this section. IIIC - Organizational Structure

D. Other MCH Capacity

The MFH Section of WDH consists of a network of state and local health and social service agencies. This network identifies 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 uses a combination of federal and state funding to offer public health and gap filling direct services for the MFH population.

The following staff changes occurred during the annual report/application period: Angela Crotsenberg continues to serve as the Interim MFH Section Chief, as well as the Epidemiology Section Chief. She has been in the interim position since January 2009. The Section Chief position has been posted, and interviews will be conducted in May and June of 2010.

/2012/ Angela Crotsenberg resigned the position of Interim MFH Section Chief in August, 2010, and Molly Bruner, CPHD Administrator covered as the Interim MFH Section Chief until Linda McElwain was hired for the position in January 2011. //2012//

/2013/ Dr Ashley Busacker is the CDC Assigned MCH epidemiologist. This assignment is intended to increase and build the MCH epidemiology capacity at the Wyoming Department of Health. The assignment is shared with the chronic disease programs which has increased the connection between the two programs. //2013//

Charla Ricciardi continues to serve as the Interim CSH Program Manager, as well as the CSH

Program Supervisor. She has served in the interim position since January 2009. She also has assumed the duties associated with the Early Childhood Comprehensive Systems (ECCS) grant.

/2012/ Jody Yelton was hired as the CSH Program Manager in December 2010. The CSH Program Supervisor position became the Child and Adolescent Health Coordinator position after the Wyoming Legislature eliminated the Early Child and Adolescent Program Specialist position. Charla Ricciardi moved to the Child and Adolescent Health Coordinator position. //2012//

The CSH Administrative Assistant position continues to be vacant. The position was frozen by the Wyoming Legislature in early 2010.

/2012/ In 2011, the Wyoming Legislature eliminated the CSH Administrative Assistant position. //2012//

Breanne Devilbiss left her position as CPHD Epidemiology Administrative Assistant in September 2009, and Robyn Fincher was hired as temporary staff to fill the position in October 2009.

/2012/ Robyn Fincher left her position in August 2010, and Jane Cramb was hired as temporary staff to fill the position. In April 2011, the temporary position ended, and the position is not expected to be filled at this time. //2012//

Linda Catlin resigned her position in August 2009, and Kari Fictum was hired into the PRAMS Data Manager position in September 2009.

/2012/ Cassandra Vargas was hired to job-share the PRAMS Data Manager position with Kari Fictum in late 2010. //2012//

/2013/Kari Fictum resigned her position as PRAMS Data Manager in January 2012, and Cassandra Vargas assumed the full-time position.//2013//

Liz Mikesell resigned as the Early Child and Adolescent Program Specialist in January 2010, and the position is currently vacant. Rose Wagner was hired as a temporary employee in February 2010 to help MFH with child and adolescent programs and projects.

/2012/ In 2011, the Wyoming Legislature permanently removed the Early Child and Adolescent Program Specialist position. Rose Wagner's temporary position to assist with child and adolescent programs ended in April 2011. //2012//

Sarah Hindman was hired as an MFH intern in February 2010 after completing her Bachelor's degree in Biomedical Sciences. She has been involved in various MFH and Epidemiology projects.

/2012/ Sarah Hindman's position as MFH intern ended in April 2011. //2012//

/2013/ Chonel LaPorte was hired through the Graduate Student Internship Program June 2012 to write a CYSHCN report for Wyoming. //2013//

Karen Ouzts resigned as a PHN Regional Supervisor in February 2010, and Linette Johnson, MCH Program Consultant, was promoted to the Interim PHN Regional Supervisor position in March 2010. Karen Meyer and Sue Smith, who were hired regionally to assist PHN staff with MCH issues, are both covering the MCH Program Consultant position.

/2012/ Karen Meyer was promoted to the MCH Program Consultant position and Sue Smith became the MCH Regional Coordinator during the summer of 2010. //2012//

Donna Griffin has announced her retirement as the Chief Nurse Executive and Section Chief of

the Public Health Section, effective July 2010.

/2012/ Karen Mahan was hired to the position of Chief Nurse Executive and Section Chief of the PHN Section in December 2010. //2012//

Dr. Grant Christensen left his position as the Medicaid Dental Officer/Staff Dentist in March 2010. The position is now the State Dentist, being filled by an interim contract dentist, Dr. James Bruce Whiting, D.D.S.

/2013/ At the current time, the contract with Dr. Whiting is still in effect. //2013//

WOMH Section Chief, Betty Sones, resigned in March 2010, to take a position in the Aging Division. Lillian Zuniga filled the Section Chief position in April 2010.

The CPHD Administrator took leave using the Family Medical Leave Act (FMLA) beginning in April 2010, and returned to part-time status in June. The OH Section Chief was the acting CPHD Administrator in her absence.

/2013/ Molly Bruner, CPHD Administrator left her position March 2012. The position remains vacant. Korin Schmit was hired as Public Health Division Deputy Administrator February 2012. She is currently supervising MFH and EPI. //2013//

There are currently two MFH staff who are parents of CSHCN.

MFH program staff and their duties are described below.

/2012/ Linda McElwain, R.N. serves as the MFH Section Chief. Ms. McElwain provides lead supervision, guidance, and direction to MFH staff and serves as the State Director for the MCH Services Block Grant (Title V). This position includes information processing, planning, policy development, directing administrative processes, managing personnel, overseeing the budget of state and federal funds of approximately \$7 million per biennium, evaluating programs, and coordinating with the PHN Chief Nurse Executive for statewide MFH services provided in all 23 county PHN offices. This position is also responsible for coordinating education and coalition activities of MCH stakeholders and providers across Wyoming. Ms. McElwain determines the technical direction of MFH programs, and formulates, recommends, and implements changes to integrate information technology (IT) within MFH programs. This position provides consultation to community stakeholders to improve and/or design services for MCH populations, and has responsibility for MFH programs to include Family Planning, Women's Health, MHR, NBIC, NBMS, Genetic Services, Maternal and Infant HV, ECCS, Children's Health, Adolescent Health, and CSH. //2012//

Debra Hamilton, MSN, RN, CCM, CRRN, CNLCP, CLC, serves as the Office on Women's Health Coordinator for the WDH and is the Women and Infant Health Coordinator. She is the central point of contact for medical and statistical information, expertise, and assistance in improving the health status of Wyoming's women. Ms. Hamilton implements learning opportunities to provide updated education on women's health issues in this federally mandated, unfunded position. In her role as Women and Infant Health Coordinator, Ms. Hamilton is responsible for the development of comprehensive, coordinated, community-based systems of perinatal services to assure access to prenatal care, including financial assistance for eligible mothers and newborns receiving care at tertiary care centers and coordinated services appropriate for pregnant women and their families during the critical perinatal period. She manages the BB, MHR, NBIC, and Family Planning Programs and provides medical review for MHR, NBIC, and CSH clients. Ms. Hamilton contracts with public and private partners through WHC, the assigned Title X agency, to ensure access to community-based family planning services in all counties, implement the national fatherhood initiative, and augment the state's Title X family planning grant. She manages the PHP implemented through family planning clinics and WMHP.

Ms. Hamilton serves as the Principal Investigator for the PRAMS Grant, and is the point of contact for Sudden Infant Death Syndrome (SIDS), SBS, HBWW, breastfeeding initiation and continuation, BSW, and fetal and infant loss. She is the coordinator for nurse professional contact hours and training, including CLC, THB and LaMaze, and serves on many regional and national committees to provide EBP educational opportunities in Wyoming. Ms. Hamilton is the Title V Block Grant Coordinator and conducts tertiary care visits to all surrounding states which are destinations for maternal and infant specialty care.

/2012/ Debra Hamilton is the Perinatal Program Consultant for the PRAMS project, as of April 2011, serves on the PHN Standards Development Committee, and is the MFH text4baby Coordinator. Ms. Hamilton is the Lead for the ACA MIECHVP.

Charla Ricciardi, B. Ed., serves as the Child and Adolescent Health Coordinator. This position is responsible for ensuring, planning, implementation, and evaluation of health programs for children and youth ages one to 24 years to ensure overall emerging health issues for these populations are incorporated into the activities of WDH. This includes writing grant applications and managing applicable cooperative agreements and grants focusing on child and adolescent health. These grants provide outside funding and support to enhance programming efforts for the focus population. This position also plans and implements programs to address national and state performance measures addressing child and adolescent health as outlined in the MCH Title V Block Grant. The position designs and implements technical assistance, outreach, and training for local agencies and organizations serving children and adolescents in Wyoming. Creating and sustaining successful and productive working relationships with other partners, agencies, and organizations that focus time and resources on children and adolescent health issues is also a key function of the position. Ms Ricciardi is also the ECCS Program Director/Principal Investigator, and works to develop a comprehensive statewide early childhood strategic plan to support young children, their families, and their communities. She leverages funding to develop infrastructure to support strategies under development including specific roles for parents, advocates, policy makers, and legislators.

Jody Yelton, M.S., serves as the CSH Program Manager. Ms. Yelton provides technical assistance to public and private sector efforts enhancing early screening and treatment for CYSHCN. She promotes infrastructure for the transition of adolescents with special healthcare needs into adult services and the workforce. She oversees a staff of four Benefits and Eligibility Specialists and supervises the coordination of care and services for the CSH Program, NBMS Program, and the Wyoming Genetic Services Program. //2012//

/2013/ Debra Hamilton resigned her position as Women and Infant Health Coordinator in August of 2011. The ability to hire was postponed during reorganization of the PHD till early 2012. Elizabeth DePrince Smith, RN, MSN, CPNP was hired in May 2012 for the position.

Charla Ricciardi now serves as Principle Investigator for the CDC funded RPE Grant and the Family and Youth Services Bureau funded PREP Grant.

Supervision of the NBIC and MHR is also under Ms. Yelton now. //2013//

Carleigh Soule serves as a Benefits and Eligibility Specialist and coordinates the Wyoming Newborn Metabolic Screening (NBMS) Program and the Wyoming Genetic Services Program. For NBMS, Ms. Soule coordinates the provision of metabolic screening materials to screening facilities; utilizes a data system to track testing, diagnosis, and interventions; and provides program quality assurance. For Genetic Services, she coordinates clinic logistics, schedules clients and performs other functions to assure that clients/families gain a clearer understanding of inherited/genetic conditions and other birth defects, as well as the risk of occurrence and recurrence.

Three Benefits and Eligibility Specialists, Vicky Garcia, Paula Ray, and Sheli Gonzales, provide care coordination for clients of the CSH program. They determine program eligibility and coordinate services for MHR, NBIC, and CSH.

Angela Crotsenberg, M.S., serves as the Epidemiology Section Chief. Ms. Crotsenberg coordinates the data portion of the MCH comprehensive needs assessment every five years to monitor health of 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; assists in the evaluation of all CPHD initiatives; and provides guidance to the Wyoming PRAMS Project.

/2013/ Angela Crotsenberg now serves as the Primary Investigator for Wyoming PRAMS. Chris Hill left his position, MCH Epidemiologist, January 2012. A new MCH Epidemiologist, Amy Spieker, was hired and will begin work in June 2012. Ms. Spieker will serve as the PRAMS Coordinator. //2013//

LaVerna Adame is the Fiscal Specialist for MFH. In addition to administering the Title V Block Grant funds, she provides fiscal management for all MFH programs.

/2013/ In November 2011, LaVerna Adame was reassigned to the newly created WDH Fiscal Services office. She continues to provide limited support to MFH. //2013//

Lynne Moore provides administrative support for MFH.

/2013/ Lynne Moore left her position as MFH Administrative Assistant in January 2012. As of April 2012, Nicole Beach filled the position which also serviced MCH Epidemiology. //2013//

/2013/ To plan for smooth transitions with succession planning, MFH staff worked collaboratively to develop three tiers of a desk manual. The first is a general desk manual for the Section comprised of WDH policies and procedures. The second tier required each MFH staff member create a duty-specific manual pertaining to their position and responsibilities. The third is the CSH data system instructional manual for the PHNs to help with submitting program applications and to view client information in real-time to allow for better coordination of care for clients. //2013//

Other programs supported with Title V funds include PHN and OH Sections. MFH funds annual CLC training for WIC, PHN and other Wyoming providers. MFH and WIC collaborate closely on the BSW project. MFH funds one-half of the salary for an MFH Program Coordinator in PHN, registration and travel expenses for nurses to attend trainings such as CLC, LaMaze and NFP training.

E. State Agency Coordination

MFH has a long-standing commitment to community-based systems development. County capacity grants include measurable outcomes and are based on a funding formula to allow more equitable distribution of Title V funds to local communities.

The MFH Section coordinates with many state, county, and local agencies and organizations to improve the health outcomes of the MFH populations. A few highlights of coordination within the CPHD include:

Women, Infants and Children Section: WIC is a key partner with MFH in the BSW initiative. WIC

is also partnering with MFH to publicize the text4baby program. 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 HV programs offered in Wyoming.

Oral Health Section: Collaboration with OH continues to strengthen EPSDT screenings, including dental exams and fluoride varnish applications. The Community OH Project was implemented in 2007. Four dental hygienists were hired to cover eight counties within Wyoming, to provide screening services to children within the eight pilot counties. Currently, there are seven dental hygienists covering thirteen counties. The hygienists also participate in statewide prenatal classes to discuss the importance of oral hygiene during pregnancy and in infancy.

MFH continues to provide support staff at Cleft Palate Clinics to interview families about their needs and the adequacy of resources. MFH collaborated with other CPHD sections to provide funding and other materials for the informational bags handed out to children participating in the 2008-2009 Oral Health Study of Wyoming third graders around the state.

//2012/The Oral Health Initiative (OHI) Study found that rural Wyoming schools were approximately three times more likely to have a higher prevalence of untreated decay than schools in higher population areas. This disparity may be attributed to the fact that rural areas tend to present more geographic barriers to access and communities may be too small to support a dental practice. Finally, schools in counties with fewer children per provider were approximately two times more likely to have a high prevalence of treated decay. Schools in counties with more children per provider were approximately two and a half times more likely to have a high prevalence of untreated decay. Schools in counties with fewer children per provider are approximately four times more likely to have a high prevalence of sealants. Presumably, with fewer children for a provider to see, appointments may be more readily available, allowing more children to receive dental care. These results demonstrate a clear link between access to providers and improved oral health in Wyoming's children.//2012//

Public Health Nursing Section: PHN implements quality assurance measures throughout the state in all PHN programs, evaluating the standards of care, documentation, and training needs of staff members. Results are analyzed by PHN, and a work group examines results to strengthen program implementation. Evidence-based standards of practice for MCH services at the individual, community, and system levels of care continue to be developed. The standards directly link to quality/outcome indicators, as well as the state and national performance standards. The first of the standards completed was the Premature Infant Standards. They were presented at a Premature Infant Training in Lander during April 2009. The preconception and prenatal standards are the next to be developed and implemented. PHN also coordinates PHN services delivered through local PHN offices across Wyoming. PHN advocates for families by requesting services for those who may be eligible for programs they are not aware of, such as EPSDT.

//2012/The Premature Infant Standard is being utilized to revise the MFH Premature Infant Follow-up program.//2012//

Immunization Section: The IMM Section will continue to strengthen collaborative efforts with MFH to improve immunization rates among Wyoming children and adolescents and to increase participation in the Wyoming Immunization Registry (WyIR).

//2013/ MFH supported influenza vaccination efforts in the fall of 2011 by purchasing 135 books entitled Felicity Floo Visits the Zoo which were distributed to 135 facilities with other health educational materials. //2013//

Coordination with other WDH divisions: MFH coordinates and collaborates with other divisions in WDH. PHSD staff members participated with MFH in the initial meeting of the physical activity

and nutrition work group. PHSD and other divisions including DDD (Parts B and C, and EIC), and the MHSAD participated in the MCH needs assessment.

/2013/ MFH participated in the Department of Family Services Child Care Licensing Rules Revision process by reviewing and offering suggestions on physical activity and nutrition in child care settings. The CAHC offered guidance and recommendations on such topics as the storage and use of expressed breast milk in child care settings and the newly mandated use of indoor and outdoor play spaces.

The MFH CAHC participates on the Wyoming Comprehensive Cancer Control (WCCC) Program's Nutrition Workgroup. The workgroup's focus is to implement education and collaboration strategies identified in Wyoming's Cancer Plan 2011-2015 that support physical activity and nutrition efforts for Wyoming youth. The workgroup decided to encourage schools around the state to participate in the American Cancer Society's Relay Recess. The CAHC contacted schools in Laramie County to introduce them to the curriculum which highlights the importance of nutrition and physical activity to decrease children's risk for diabetes and heart disease.

WDH sponsored a Chronic Disease Health Conference in 2012 with nutrition and physical activity and obesity breakout sessions. MFH participated on the conference planning team which will also include a Children's Health Track. //2013//

Medicaid: MFH and OH staff members have collaborated with Medicaid to address the low reimbursement rate for the preoperative planning time required for orthognathic surgery. Other discussions have ensued regarding the small number of dentists in Wyoming, especially dentists who care for Medicaid and special needs clients.

/2013/ MFH worked with Medicaid to reopen testing codes for children who wear hearing aids. MFH has kept informed of the development of the Total Health Record (THR) and telehealth.

MFH researched the Memorandum of Understanding between Title V and Medicaid and discovered it had not been updated since 1997. Discussions with Medicaid have begun to create a current MOU. //2013//

Beginning in July 2008, non-citizens were no longer eligible for the Pregnant Women Program (PWP), other than emergency delivery services. A project piloted in Teton County, where a large number of undocumented non-citizens work in the service industry, addressed this issue with a Centering Pregnancy type of model. The model uses a group prenatal visit curriculum in which pregnant women have individual time with the provider and develop a support group among themselves. A relevant gestational age topic is presented and discussed in the group at each meeting. This model is especially important in Teton County, where providers require a \$1,500 deposit in order to begin prenatal care.

/2012/The group prenatal class model continues to be offered in Teton County to women who are not eligible for Medicaid, or who do not have the ability to provide a \$1,500 deposit to the care provider for prenatal care. Both English and Spanish classes are available to pregnant women.//2012//

/2013/ In 2010, Teton County, home to the largest Hispanic population within Wyoming, provided seven prenatal groups with 39 attendees. Groups were held separately for English and Spanish speakers. Four groups, which were not bilingual, were attended by 28 women in 2011. For some, this group prenatal model provides the only prenatal education. //2013//

The Pregnant by Choice (PbC) waiver was approved by CMS for women ages 19 to 44. This

waiver requires women eligible for Medicaid to apply within 60 days of delivery to extend family planning services from six weeks to one year. Women must apply annually for PbC to continue access to FP services for as long as they are eligible for Medicaid.

Kid Care CHIP provides health insurance to uninsured children in families with income up to 200% of FPL. Families are required to apply for Medicaid and Kid Care CHIP prior to becoming eligible for MFH services. MFH and PHN staff follows up with families who need to reapply for Medicaid or Kid Care CHIP, assuring healthcare coverage is continued. Families applying for Medicaid and Kid Care CHIP who have a child with special health care needs are referred to MFH to determine eligibility for MFH services. Referrals continue to be shared among Medicaid Case Management contractor (APS), CHIP, and MFH. MFH participates with Kid Care CHIP in networking with communities throughout the state to inform residents about available MFH and Medicaid programs. Kid Care CHIP covers family planning services for eligible women up to age 19, as long as they remain eligible.

Rural and Frontier Health Division: The Division and the Wyoming Healthcare Provider Loan Repayment Program offer ways to recruit new providers to the state. The OMH, with a multi-disciplinary team of state and community partners, focuses on the improvement of healthcare services for Wyoming's underserved and minority populations.

Wyoming has no tertiary care centers for pregnant women or infants and few obstetric or pediatric specialists. Therefore, the following tertiary centers provide critical access to healthcare for our most at-risk families: The Children's Hospital, the 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 and Billings Clinic Hospital in Billings, Montana; Eastern Idaho Regional Medical Center in Idaho Falls, Idaho; and the Rapid City Regional Medical Center in Rapid City, South Dakota. Denver tertiary care providers also provide satellite clinics to Wyoming residents. MFH has established and maintains strong relationships with these tertiary care centers. MFH, PHN, and Part C staff members coordinate visits to tertiary care hospitals to educate facility staff about Wyoming programs.

/2013/ Tertiary care visits were conducted in Rapid City, South Dakota; Billings, Montana; Salt Lake City, Utah; Idaho Falls, Idaho in 2011; and at Presbyterian-St. Lukes Hospital in Colorado in 2012. The annual meetings for those visited in 2011 will occur late summer/fall of 2012. //2013//

MFH supports and markets specialty outreach clinics to provide awareness to families and Primary Care Providers (PCPs) needing these services. Bringing specialists to Wyoming provides much needed specialty care closer to home; saving parents time, travel, and expenses.

/2013/ Financial support of specialty outreach clinics has been suspended to most specialty clinic providers with the exception of cleft palate clinics and Wyoming Genetics clinics. Cleft palate clinics are held twice per year; one CSH Benefits and Eligibility Specialist provides assistance at each two-day clinic. Wyoming Genetics clinics are held 25 times per year in a number of Wyoming communities and are currently contracted through the University of Utah.

Marketing efforts of specialty outreach clinics continue as CSH researches, updates, and publishes listings of specialty providers, their locations, and contact information for PCPs in Wyoming.

In 2012, CSH conducted a survey regarding specialty clinics, the results of which are being analyzed currently.

Additionally, financial support, in the form of cameras and licenses for telehealth

initiatives was established in mid 2012. Specialty outreach clinics in genetics and diabetes have been conducted via telehealth. This helps to alleviate some families of the additional financial burden of travel. //2013//

MFH strives to empower and involve parents. Wyoming's F2FHIC assists families of CSHCN in making informed choices about healthcare in order to promote good treatment decisions, cost effectiveness, and improved health outcomes. MFH partners with the Wyoming F2FHIC to promote a medical home, to build CSHCN service capacity, and to improve family support. The F2FHIC is available as a resource for families of CSHCN in Wyoming.

MFH has implemented PLTI, a program that offers empowerment and civics skills to support parents and families in making desired changes for children. The evidence-based curriculum, provided by Connecticut's PLTI program, has proven positive outcomes for children, families, and the community. The cornerstones of the program are respect, validation, and a belief that when the tools of democracy are understood, the public will become active participants in communities. The initial pilot class in Laramie County will graduate in July 2010. MFH plans to continue limited support for the Laramie County initiative and implement PLTI in two additional counties in 2011.

*//2012/*In July 2010, 16 participants graduated from the Laramie County PLTI pilot class. In September 2010, 18 individuals from Hot Springs, Laramie, and Sweetwater Counties and from the WRIR were trained as PLTI facilitators and civic design team members. As a result of the training, PLTI Civic Design Teams were established on the WRIR and in Hot Springs and Sweetwater Counties with plans to start classes by January 2012. Participants work on community projects often connecting them with other state agencies. One of the participants has been invited to sit on the state childcare licensing revisions team from DFS and another participant is partnering with the PHSD Comprehensive Cancer Control Program for a car show and basketball tournament fundraiser for cancer research. In June 2011 an additional 25 individuals from Hot Springs, Laramie, Albany, and Natrona Counties and from the WRIR will be trained as PLTI facilitators and civic design team members at a National PLTI Training held in Cheyenne, Wyoming.*//2012//*

MFH emphasizes early screening and treatment to increase the child's ability to reach optimum health through promoting EPSDT. A part of the promotion of well-child checks is to educate the families on what to expect from a medical home. Some CSHCN do not receive regular well-child checks due to the number of specialty visits which are required. MFH emphasizes the importance of well-child checks in addition to specialty care visits. MFH and Medicaid-eligible clients, not accessing services or following through with treatment plans, are referred to PHN for intervention. PHN and MFH staff members use letters and intervention to encourage families to obtain well-child checks.

*//2012/*MFH is working cooperatively with F2FHIC staff and other interested community groups on medical home initiatives in Laramie County. Preliminary discussions regarding cooperative efforts began in May 2011. Also, in support of medical home, Wyoming MFH will partner with the University of Utah and Wyoming 2-1-1 to provide Wyoming-specific information on the Medical Home Portal as designed and implemented by the University of Utah. The medically peer-reviewed site may be accessed at <http://www.medicalhomeportal.org> and provides a wealth of information on conditions that many PCPs may have limited exposure to. Each PCP may download clinical information as well as client-centered information.*//2012//*

//2013/ Efforts to connect the Medical Home Portal and Wyoming 2-1-1 continue. Changes in key personnel at 2-1-1 slowed progress on forward movement. The 2-1-1 Board of Directors developed guidance for sharing information in April 2012. //2013//

MFH staff members have participated on the Wyoming Total Health Record (THR) Advisory Board for Medicaid's electronic medical record initiative. Wyoming has a contractor who is now working on the development and implementation phase of the THR. Once completed, the THR

will support the medical home model and provide tracking for EPSDT.

/2012/Participating doctors will put all of their patients' records in the THR, not just Medicaid recipients.//2012//

/2013/ The THR is now operational and currently is being used in 15 practices and 5 PHN offices. There are 34 providers and 140 Users (which includes doctors, nurses, schedulers, etc.). Additionally, there are approximately 31,000 patients whose records are in the THR. The Wyoming Immunization Registry (WylR) data from the Immunization Section (IMM) has been fully integrated into the THR; more WDH databases are planned for connections. //2013//

MFH staff members have participated in a work group to assist the DFS with the Foster Care Health Oversight and Coordination Plan. A subgroup has been working to streamline the referral and healthcare case management process for children and youth in DFS custody. This process included developing a referral process and assessment tool, which is consistent regardless of who is providing the nurse case management (MFH/CSH or APS Healthcare) and plan of care for children in foster care; EPSDT schedule was utilized to determine when children should have physical, dental, and mental health screenings/exams.

/2012/The Interim CSH Program Manager and a Benefit and Eligibility Specialist participated in multiple meetings of the foster care subgroup. Unfortunately the approval of the authorization of consent form spent the better part of the year in the Attorney General's office. With the consent finally approved, the subgroup began meeting again in April 2011. The foster care subgroup determined that utilizing the nurse case management through APS Healthcare was the best solution for tracking and ensuring well child and EPSDT appointments are current and scheduled if necessary. The referral form and process created by the subcommittee helps to ensure that referral to the CSH program is completed for any child with or at risk for a special health care need. The Child and Adolescent Health Coordinator will continue to participate on the work group assisting DFS with the Foster Care Health Oversight and Coordination Plan.

MFH participated on the newly created Wyoming Injury Prevention Planning Committee. The WDH Preventive Health and Safety Division convened this group to educate stakeholders about the burden of injury through comprehensive analysis of data. The committee is working to draft a statewide Injury Prevention Plan.

At the request of DFS, MFH and EPI staff reviewed and gave suggestions to committee rewriting the Childcare Licensing Rules and Regulations.//2012//

/2013/ Efforts with DFS on the Foster Care Health Oversight and Coordination Plan and have been handled by the CSH Program Manager and the MFH Benefits and Eligibility Specialists in the past year. Four counties in Wyoming including Goshen, Platte, Converse, and Niobrara have successfully implemented the Foster Care Health Oversight and Coordination Plan. //2013//

F. Health Systems Capacity Indicators

One way Wyoming is building health systems capacity is through the State Systems Development Initiative (SSDI). Since the current SSDI project began in December 2006, significant progress has been made to link data systems within WDH. Birth data from Wyoming Vital Statistics Services (VSS) were successfully linked with NBMS laboratory results in May 2008, and a data tracking system was implemented for these matched records in March 2010. This system provides reports identifying children who have a birth record but have not received a metabolic screen. Prior to the linkage and development of the tracking system, these functions were performed by hand matching most records. As of 2012, the NBMS project is complete and fully operational. These efforts have saved thousands of staff hours, which are now used to

improve the newborn metabolic screening processes.

The MFH Section also completed and implemented a new data system that combines data from four programs, CSH, Genetics, MHR, and NBIC. The system was launched statewide in April 2012 and can now be accessed by PHNs. Program applications are now received in real time allowing for shorter processing times and better access to program support.

The initial work toward a birth defects surveillance system is complete. Implementation has been placed on hold until resources can be found to allow implementation.

Data from WIC's current data system is only available as paper reports, and WIC data must be hand counted. A new WIC data system is scheduled to be implemented in the fall of 2012.

HSCI 01: In SFY 2011, Wyoming's rate of children hospitalized for asthma who are less than five years of age was 20.15 per 10,000. This was not a statistically significant change from the SFY2010 rate of 23.05 per 10,000. However, the rate in SFY2011 is significantly lower than the rate in SFY2009 of 26.7 per 10,000 ($p=0.0031$).

Wyoming currently does not have a program that addresses childhood asthma. Hospital discharge data are available from Wyoming's Hospital Discharge Database. Data for asthma prevalence in children are also available from the Wyoming Behavioral Risk Factor Surveillance System (BRFSS) childhood module conducted every other year.

The BRFSS is able to include the childhood module containing questions on asthma in children through financial support from MFH. Because of budget reductions in MFH as well as increased costs in the BRFSS program, MFH may not be able to continue to obtain these data.

The School Nurse Survey of Asthma Prevalence in Wyoming Public School Children was conducted in 2003, 2005, and 2007. This survey consists of a one-page form sent to the school nurse at each Wyoming public school. Nurses were 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. Each year, additional questions have been added regarding: pediatric diabetes, school 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 surveys assist in monitoring asthma prevalence and maintaining contact with school nurses to provide limited resources. There are plans to implement the survey in the fall of 2012, provided resources are available.

The Wyoming Asthma Website provides information on asthma, asthma management, and air pollution. This website is currently active at <http://asthma.wyoming.gov> and displays several links to resources and reports and was last updated in April 2012.

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

In Fiscal Year (FY) 2011, 94.6% of Medicaid enrollees less than one year of age received at least one initial periodic screen. This was a statistically significant increase from 90.68% of infants on Medicaid receiving a periodic screen in FY2009 ($p<0.001$).

Health Systems Capacity Indicators 03: The percent State Children's Health Insurance Program (CHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

In FY2011, 20.42% of Kid Care CHIP enrollees less than one year of age received at least one

initial periodic screen. This was a statistically significant change from 77.59% in FY2010 ($p < 0.0001$).

Families are required to apply for Medicaid and Kid Care CHIP prior to becoming eligible for MFH services. This allows families to have a payment source for well-child checks. Using letters and intervention by PHN and MFH staff, encourages families to obtain well-child checks. Qualified non-citizens continue to be eligible for services, while undocumented non-citizens are ineligible.

Kid Care CHIP provides health insurance to uninsured children in families with income up to 200% of the FPL. Eligibility for CHIP is determined by the WDH Kid Care CHIP Program.

MFH staff consulted with Kid Care CHIP staff to review the dramatic difference in FY2010 data to FY2011 data. Kid Care CHIP reported that they did not have an Outreach person for nearly seven months last year, but found it hard to believe that situation could make that much difference. The Outreach person is now back at work and will focus her efforts on EPSDT.

The Kid Care CHIP staff includes a letter to clients to remind them of the immunizations and well child visits. This letter is mailed by CHIP staff to all approved KCC recipients at the time their application is received.

Wyoming is now in the operational phase of the THR. The THR is now operational and currently is being used in 15 practices and five PHN offices. There are 34 providers and 140 Users (which includes doctors, nurses, schedulers, etc.). Additionally, there are approximately 31,000 patients whose records are in the THR. The Wyoming Immunization Registry (WyIR) data from the IMM has been fully integrated into the THR; more WDH databases are planned for connections. The connections for EPSDT will be built in and customized through the Children's Health Insurance Program Reauthorization Act (CHIPRA) grant sometime in the next year.

The THR supports the medical home model and provides tracking for EPSDT.

Health Systems Capacity Indicators 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.

In 2010, 69.3% of women ages 15 to 44 years with a live birth had an observed to expected prenatal care visits ratio greater than or equal to 80% on the Kotelchuck Index. This was a statistically significant increase from 66.2% in 2009.

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

A higher percentage of women (10.0%) who had their delivery paid by Medicaid had a low birth weight infant compared to 8.4% of women whose delivery paid for by another source in 2010. These percentages of low birth weight infants in 2010 were statistically different ($p = 0.0096$) based on delivery payer source.

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

Overall, there were 6.8 infant deaths per 1,000 live births in Wyoming in 2010. While nearly half of Wyoming deliveries are paid by Medicaid, no outcome data for infant deaths by Medicaid status is currently available through the Medicaid or VSS systems.

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

A significantly lower percentage of women (65.1%) who had their delivery paid by Medicaid received prenatal care in the first trimester compared to 80.4% of women whose delivery was paid by another source in 2010 ($p < 0.0001$). Overall, 74.2% of women received prenatal care in the first trimester in 2010.

Health Systems Capacity Indicators 05D: Percent of pregnant women with adequate prenatal

care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index]) In 2010, a significantly lower percentage (63.3%) of women who had their delivery paid by Medicaid received adequate prenatal care [Kotelchuck Index] compared to 73.4% of women whose delivery was paid by another source. Overall, 69.3% of women received adequate prenatal care in 2010.

Due to the shortage of providers in Wyoming, not all communities have providers available to care for pregnant women, and with full caseloads, prenatal visits are often not scheduled within the first trimester. As a result, the need to be in contact with women through the PHN offices as early during pregnancy as possible is critical.

PHN offers perinatal care coordination and the NFP home visiting model to pregnant women as a best practice strategy. These services provide prenatal assessment and referral for pregnant women. Pregnant women are provided assistance applying for Medicaid's PWP and Kid Care CHIP. MFH also purchases prenatal vitamins for PHN offices to offer to women preconceptually, prenatally or interconceptually who cannot afford vitamins.

The Public Health Nurses Infant Home Visitation Services legislation is currently being examined by PHN, MFH and the PHD Deputy Director to determine compliance with the legislation and standardization of the home visitation provided for women not eligible for NFP. Wyoming turned back the Maternal, Infant and Early Childhood Homevisiting Grant in early 2012 due to concerns regarding sustainability and the ability to accomplish the activities in the State Plan.

MFH provides financial assistance through the MHR and NBIC programs for eligible high-risk mothers and infants to access tertiary care outside of the state. Annual tertiary care visits are conducted in Denver, Colorado; Salt Lake City, Utah; Idaho Falls, Idaho; Billings, Montana; and Rapid City, South Dakota to ensure all Wyoming families who access tertiary care services are being referred to MFH for follow-up services.

MFH is the lead state agency for Safe Kids Worldwide (SKWW) and contracts with the Cheyenne Regional Medical Center (CRMC) to maintain the Safe Kids Wyoming (SKW) state office. The program focuses on development and support of coalitions to reduce unintentional injuries through a multifaceted approach of public awareness, education, public policy advocacy, and community action. MFH funds SKW to provide infant car seats and portable cribs to income eligible families.

PHN offices provide The Happiest Baby on the Block classes for groups and individuals.

CPH Epidemiology manages the PRAMS project, which provides current information related to pregnant women accessing prenatal care in Wyoming, including barriers.

PHN offices encourage the use of text4baby, an educational program that sends free weekly text messages to participants' cell phones to help them through their pregnancies and the baby's first year.

Beginning in 2012, various groups, including tobacco, PHN, WIC, MFH, EPI, substance abuse, within the Public Health Division of WDH have met to pool resources together for addressing maternal smoking within Wyoming. At this time, identified issues being addressed include ineffective use of the Quitline and the need for training on motivational interviewing, 5As and/or SBIRT.

Seven of the county PHN offices have chosen to promote healthy nutrition among women of reproductive age. As nutrition and exercise are addressed through the infant home visitation program, the counties sought and conducted a variety of activities to enroll pregnant women into those programs. Some counties distributed prenatal vitamins to pregnant women and others partnered with other community programs to publicize information regarding healthy nutrition

during pregnancy.

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

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

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

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

In 2010, 84.39% of Medicaid-eligible children ages 1-22 years received a Medicaid service. This was a statistically significant increase from the 2009 estimate of 83.9% ($p=0.0336$).

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

In 2011, 51.8% of EPSDT eligible children ages 6 to 9 years of age received a dental service. This percentage represents a statistically significant decrease from the 2010 estimate of 56.2% ($p<0.0001$). Previously, this percentage had consistently increased since 2004.

Eligibility levels for Medicaid and Kid Care CHIP have not changed in the past year. Medicaid provides coverage for infants (0 to 1 year) in families, for children one to five years of age in families, and pregnant women with up to 133% of FPL. Children, six through 18 years of age, may be covered in families up to 100% of the FPL. Kid Care CHIP provides health insurance to uninsured children, one through 18 years of age, in families with income up to 200% of the FPL (including pregnant women).

Families are required to apply for Medicaid and Kid Care CHIP prior to becoming eligible for MFH services. This policy allows families to have more comprehensive healthcare coverage. Families applying for Medicaid and Kid Care CHIP may do so with one application. Paper applications may be turned in to local DFS offices or may be mailed to Medicaid or Kid Care CHIP. Electronic applications may be found and submitted via <http://healthlink.wyo.gov>.

Referrals are shared confidentially among PHN, APS, Kid Care CHIP, DFS, and MFH.

MFH and PHN follow up with families who need to reapply for Medicaid or Kid Care CHIP, assuring healthcare coverage is continued. MFH participates with Kid Care CHIP in networking with communities throughout the state, allowing Wyoming citizens to be informed about MFH, Medicaid, and Kid Care CHIP programs.

DFS and WDH formed a team to develop a Foster Care Health Oversight and Coordination Plan to ensure a coordinated strategy to identify and respond to the healthcare needs of children in foster care. Team members from DFS and WDH first met in December 2008 to begin drafting the plan. Since then, other stakeholders have been identified and invited to participate in the development of the plan. Participants represent DFS, WDH, including the Office of Medicaid and other WDH experts in healthcare such as MFH; pediatricians, psychiatrists, pharmacists, dentists, community mental health agencies, public health nurses and other healthcare experts. Casey Family Programs, UPLIFT, and the Wyoming Guardians Ad Litem Program are experts in and represent recipients of child welfare services.

WDH contracts with XEROX to provide the Healthy Together! Program which was developed to assist individuals and families covered by Medicaid to maintain healthy lifestyles, manage chronic

illnesses, and seek healthcare services appropriately. Referrals are made to CSH whenever special health needs are indicated on the referral form as well as to any other programs administered by WDH for which the child may qualify. Since drafting the plan in 2008, the pilot program has been successfully implemented in four counties including Platte, Goshen, Converse, and Niobrara to ensure coordination of healthcare services for children in foster care. As of 2012, this program has been statewide for a number of years.

PHN offers perinatal care coordination and the NFP home visiting model to pregnant women as a best practice strategy. These services provide prenatal assessment and referral for pregnant women. Pregnant women are provided assistance with applying for Medicaid's PWP and Kid Care CHIP. PbC covers Family Planning services for women ages 19 to 44 years, as long as they are eligible for Medicaid

MFH provides assistance through the MHR and NBIC programs for eligible high-risk mothers and infants to access tertiary care outside of the state. Annual visits are conducted in Denver, Colorado; Salt Lake City, Utah; Idaho Falls, Idaho; Billings, Montana; and Rapid City, South Dakota to ensure all Wyoming families accessing tertiary care services are being referred to MFH for follow-up services. MFH is the payer of last resort, so the families are required to apply for Medicaid and KidCare CHIP services prior to applying for the MHR and NBIC programs.

In 2011 and 2012, 502 children received 2,565 dental sealants with funding provided through the Title V Block Grant. A total of 43 of the 502 children who received sealants were third graders. The sealant program was stopped from May 1, 2011 through January 25, 2012 due to decreased funding and the slow dispersal of Title V funds. The program was started again on January 26, 2012.

OH also provides dental screening materials to school nurses and recruits volunteer dentists to conduct dental screenings in schools located in areas not covered by the COHCs.

In 2011-2012, COHCs completed oral health education programs and dental screenings for 11,832 students. Of these, 2,730 were referred to a dentist for treatment. In addition, 4,637 children participated in a weekly fluoride rinse program or a fluoride varnish program (three times per year) administered by the COHCs.

Health Systems Capacity Indicators 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.

This indicator is zero percent because all Supplemental Security Income (SSI) beneficiaries qualify for Medicaid, which pays for all rehabilitative services.

Families are required to apply for Medicaid and Kid Care CHIP prior to becoming eligible for MFH services. Eligible families can then obtain rehabilitative services.

MFH and PHN staff refers families who may be medically eligible to apply for SSI and the DDD Children's waiver program. This allows families to have comprehensive healthcare coverage.

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

In December 2011, the statistician in Vital Statistics left WDH. A new statistician was hired in March 2012, but she is not yet able to link the birth and death data.

Obtaining access to any data from vital records currently entails completion of an extensive data request form for each data request. Work is occurring between Vital Statistical Services and WDH leadership to increase level of access available to MCH epidemiologists.

The NBMS system is complete and currently being used to link birth records to newborn screening lab results to ensure every baby born in Wyoming receives newborn metabolic screening, provided the parents do not opt out. In addition, the initial work required for a birth defects surveillance system is complete. However, the system will not be implemented until resources can be located to support the implementation.

The WDH has a working relationship with the Wyoming Hospital Association (WHA) to receive annual copies of hospital discharge data.

Wyoming has been conducting the PRAMS survey since 2007, and has received complete data sets for 2007, 2008, 2009, and 2010.

Health Systems Capacity Indicator 09B: The ability of States to monitor tobacco use by children and youth.

Tobacco use information is gathered through a Youth Risk Behavior Survey (YRBS) conducted biennially, every odd year by the WDH. A survey was conducted in 2011. MHSASD collects data on youth tobacco use through the Prevention Needs Assessment (PNA) survey of middle and high school students conducted in years the YRBS is not administered. The latest PNA was administered in 2010. The PNA measures students' self-reported substance use and participation in problem behaviors.

The Wyoming Department of Education (WDE) At-Risk Task Force finalized recommendations for a statewide plan to address needs of at-risk students, including tobacco use. Recommendations include a multi-agency service model. Work on Phase II of the project, which was underway in WDE, was delayed because of changes in WDE personnel and administration. MFH was not involved in this phase.

State infrastructure and capacity to address tobacco use by teens and young adults have been developed and supported through PHD prevention efforts at the county level. Local level prevention efforts focus on implementation of evidence-based strategies. One of the most effective strategies to address youth tobacco use and initiation is the adoption of tobacco-free policies.

WDH uses tobacco settlement funds to facilitate a comprehensive tobacco prevention and control program which includes: the Tobacco Free Wyoming Communities (TFWC) grants and the Wyoming Through with Tobacco (WTWT) program, which focus on local level prevention activities to implement tobacco-free policies; and the Wyoming Quit Tobacco Program (WQTP), which provides cessation services to Wyoming residents to help them quit tobacco use.

Wyoming law allows minors (12 years of age or older), who use tobacco products and wish to participate in a tobacco cessation program approved by WDH, to consent to healthcare treatment. The WQTP is implemented by PHD through a contract with Healthways, Inc. The program utilizes Quitline and Quitnet services. Counseling services are available to teens through knowledgeable counselors skilled in working with adolescents.

MFH staff participates in the Wyoming Tobacco Use Prevention Coalition to ensure prevention efforts include women of reproductive age, women who smoke during pregnancy, and youth.

Reducing the percentage of women who smoke during pregnancy is a priority for MFH for the next five years. Through a strategic planning process, MFH, MHSASD, and other partners identified strategies to reduce the number of women who smoke during pregnancy.

IV. Priorities, Performance and Program Activities

A. Background and Overview

A needs assessment is a systematic process for review of health issues facing a population that leads to agreement on priorities and resource allocation. The overall purpose of the needs assessment process is to support rational, data-driven allocation of resources, identify high-need areas, support planning, improve coordination of services, and assess the gap between need, resources, and capacity. The needs assessment process and the product generated are equally important.

Every five years, the WDH, CPHD, MFH Section, as the state's Title V agency, is required to conduct and submit a formal assessment of needs of our state's MCH population and of the capacity to address those needs. The results of this assessment determine the scope of the MFH's work for the next five years. The goals for the 2011-2015 needs assessment are to improve health outcomes and to strengthen partnerships between MFH and other organizations that address the health of the MCH population.

MCH health outcomes can only be improved by first determining the current needs and setting MFH priorities. Priorities align programs, policies, and resources to address the most important MCH issues in the state. National (NPM) and State (SPM) performance measures will be used to monitor progress toward each priority. The performance measures, combined with evidence-based practice, will guide the decisions made by MFH in implementing the most effective programs and policies to promote the health of women, children, adolescents, CSHCN recipients, and their families.

The needs assessment process is also designed to strengthen partnerships among MFH and other agencies, families, practitioners, stakeholders, and communities. Recognizing the value and importance of our partners and stakeholders, MFH involved these parties in the needs assessment process and sought opportunities to collaborate with them to shape the MCH-related work for the next five years.

//2013/ Due to turnover and changing vacancies, those partnerships need work. The value and importance of our partners and stakeholders is recognized and understood, but they have not been cultivated as needed. As of May 2012, MFH is fully staffed. Although we will continue to strengthen different areas such as the partnership between Medicaid/KidCare CHIP and Title V programs, MFH will also be working to develop new partners, such as Chronic Disease. Both Medicaid/KidCare CHIP and Chronic Disease are within the WDH. Relationships need to be developed with others in the state and local communities. //2013//

MFH focused on a life course perspective throughout the needs assessment process. The life course perspective emphasizes the long-term impact early life events and exposures have on health. It also highlights the interplay of biological, behavioral, psychological, and social protective/risk factors that contribute to health outcomes across the span of a person's life.

During the needs assessment process, MFH operated under the premise that the results of the needs assessment would guide the work of MFH from 2011-2015. Each step of the process allowed MFH to narrow the focus to the areas of greatest need, which led to a final selection of priorities.

//2012/As a result of the selection of priorities based on the needs assessment, stakeholder groups were once again engaged by the Maternal and Family Health Section to determine and refine strategic plans associated with the nine areas of emphasis. In addition, work began on a series of Issue Briefs highlighting available information on Wyoming's unique population, best practices in the area of focus, and current national research findings.//2012//

/2013/ The CPH EPI staff developed papers surrounding the MFH State priorities. What were originally titled "Issue Briefs" developed into "Issue Overviews" consisting of more than 10 pages. Each overview relates the importance of the topic, provides Wyoming and national statistics, and shares some of the strategies being carried out to address the priority. At this time, four Issue Overviews have been completed. They include Folic Acid, Breastfeeding, Data Capacity for CSHCN, and Children's Nutrition and Physical Activity. The Folic Acid Issue Overview was sent out to PHNs, School Nurses, WIC Providers, and Family Planning Providers followed by a survey which demonstrated interest in using the information as a resource and to educate women of reproductive age. //2013//

B. State Priorities

Priority 1: Promote healthy nutrition among women of reproductive age.

No NPMs.

SPM 1: Percent of women gaining adequate weight during pregnancy.

Inadequate weight gain is a risk factor related to preterm birth and low birth weight infants.

SPM 2: Percent of postpartum women reporting multivitamin use four or more times per week in the month before getting pregnant. (This continues previous SPM 9)

Women who take a multivitamin with folic acid daily, as folic acid not only decreases the incidence of neural tube defects for their infants, but may improve their heart health in women.

Capacity: There are several partners who are interested in this priority, and some programs in place to address healthy nutrition among women of reproductive age. There are few sources for the information currently being collected. PRAMS is one source for MFH. MFH staffing is limited; however, the WHC is a valuable partner in this venture.

/2013/ Seven of 23 Wyoming County PHN offices chose to focus their attention and efforts on promoting healthy nutrition among women of reproductive age. Choosing several measures to create plans for the year and obtain data to measure effectiveness has been a learning process.

An issue overview regarding folic acid use in Wyoming was developed and disseminated to partners for feedback. Seventy four percent of those who read the document said they would use the information to educate women.

With the Women and Infant Health Coordinator position filled after being vacant for nine and a half months, programs being used to address healthy nutrition will be reviewed to assure information is current and accurate. //2013//

Priority 2: Reduce the percentage of women who smoke during pregnancy.

NPM 15: Percentage of women who smoke in the last three months of pregnancy.

SPM 3: Percent of infants born to women who smoked during pregnancy. (This continues previous SPM 4).

Smoking is a risk factor for preterm birth and low birth weight infants; Wyoming has a very high percentage of pregnant women who smoke. Although NPM 15 addresses women who smoke in the last three months of pregnancy, Wyoming will concentrate efforts on women who smoke anytime during their pregnancy.

Capacity: Many partners throughout the state who have a vested interest in the tobacco cessation priority and are currently working with MFH on this issue, such as Wyoming Health Council and Mental Health and Substance Abuse Services. MFH is collecting data through PRAMS, birth certificates, and the Best Beginnings and Nurse Family Partnership data systems. MFH is an invited participant in the Tobacco Prevention Section Strategic Planning process to

assure pregnant women who smoke are included in the plan.

/2013/ Fourteen of 23 Wyoming County PHN offices chose to focus their attention on reducing the percentage of women who smoke during pregnancy. Many of the activities surrounded increasing referrals and providing information regarding maternal smoking during intake and on subsequent visits.

A Maternal Smoking Cessation Planning group formed in early 2012. It includes various groups from the PHD including WIC, MFH, PHN, and the Tobacco Prevention and Control Program and the Wind River Tobacco Prevention Program. The initial goals have been to increase networking/coordination of agencies, systems changes, and programming that will help increase tobacco cessation among pregnant women in Wyoming. //2013//

Priority 3: Reduce the rate of teen births.

NPM 8: The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

No SPMs.

Teens are more likely to smoke, less likely to receive early and regular prenatal care, and are at greater risk for pregnancy complications.

Capacity: MFH alone cannot provide sufficient resources to address this issue. However, MFH has access to current scientific information and evidence-based initiatives. Data collected at the WDH has helped to inform this issue. It is unclear what data is being collected by partners in this work and how it can be accessed and used. MFH has previously worked with other partners on this issue. Positive youth development, promoted by several organizations around the state, could be a key strategy in addressing this issue. In addition, MFH was awarded the Personal Responsibility and Education Program (PREP) grant to address the prevention teen pregnancy.

/2013/ Eight of 23 Wyoming County PHN offices chose to focus their attention on reducing the rate of teen births in their areas. Many of the strategies have encompassed looking at who the counties are reaching, how many teens are in that number and how to address the topic. Some counties are working with the local school system to provide classes for pregnant teens.

The Women and Infant Health Coordinator position has been vacant since August 2011. Without that position there has not been the assistance to the PHNs regarding evidence-based practices for addressing the reduction of teen births.

In 2010 Wyoming was awarded a PREP Grant. The purpose of the PREP grant is to fund evidence-based programs designed to educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections (STIs), including HIV/AIDS. Due to limited MFH staffing capacity, it was determined the best approach to meet the grant requirements was to pass through all funding to a Contractor. MFH released a Request for Proposals and negotiated several contracts but was ultimately unsuccessful in contracting with a provider.

In order to move forward after the failed RFP and contracts, the PHD determined the entire PREP plan would need to be rewritten to take a different approach. Considering budget reductions and the Division's effort to narrow its focus, the PHD decided that this grant no longer reflected the approach it wants to take in addressing rate of teen pregnancy and consequently all funding would be returned to the Family and Youth Services Bureau. Upon hearing that WDH was returning the PREP Grant, DOE staff began internal discussion to consider taking over as the lead agency for PREP. The Wyoming DOE met with MFH staff and have now moved discussion to the DOE Superintendent's Office to determine if PREP efforts will remain in Wyoming and be taken over by DOE staff. Reducing the rate of births to teens is still one of the MFH State Priorities for 2011-2015. MFH remains committed to partner in these efforts and would remain a stakeholder and

partner on the PREP Advisory Committee if Department of Education becomes the lead state agency for PREP. //2013//

//2013/ MFH has been supplementing Title X work in the state, but concern has grown over the past year with family planning not available throughout all counties and some counties have very limited availability. Discussions have begun between MFH, PHN and WHC to determine how this need can be better met. //2013//

Priority 4: Support behaviors and environments that encourage initiation and extend duration of breastfeeding.

NPM 11: The percent of mothers who breastfeed their infants at 6 months of age.

SPM 5: The percent of mothers who initiate breastfeeding their infants at hospital discharge.

The American Academy of Pediatrics (AAP) recommends infants be exclusively breastfed for the first 6 months of life, and that ideally breastfeeding be continued until one year of age. Although NPM 11 tracks the percent of women who are continuing to breastfeed at 6 months, Wyoming will also concentrate efforts on initiation of breastfeeding to improve our rate of breastfeeding at 6 months.

Capacity: MFH and WIC focus on breastfeeding. A Wyoming Breastfeeding Coalition has been formed to support continuation of breastfeeding. Both MFH and WIC collect data on women who begin breastfeeding and how long they continue to breastfeed. Over half of PHN staff nurses are CLC-trained, either at a minimal or secondary level. Many WIC staff members have become CLCs, and there are several International Breastfeeding CLCs. MFH has only one staff person who focuses on breastfeeding, although PHN and WIC offices in the counties also provide support for initiation and continuation of breastfeeding.

//2013/ Eighteen of 23 Wyoming County PHN offices chose to focus their efforts on supporting behaviors and environments that encourage initiation and extend duration of breastfeeding. A CLC training was held in April 2011 in which 17 PHNs were trained. In April 2012, a basic CLC class was offered. A total of 26 individuals, which included 17 PHNs from 11 counties, attended the training. An issue overview on breastfeeding which incorporates basic breastfeeding information with state and national data was written and placed on the website. A website specifically geared towards Breastfeeding Support in the Workplace has been established. It provides information to assist employers and employees with the information to encourage duration of breastfeeding when a new mother returns to work. //2013//

Priority 5: Increase physical activity and improve nutrition for Wyoming children and adolescents.

NPM 14: Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

SPM 6: Percent of Wyoming high school students who ate fruits and vegetables less than five times per day.

SPM 7: Percent of Wyoming high school students who were physically active for a total of at least 60 minutes per day.

Healthy nutrition and physical activity among children and adolescents will decrease their risk of being overweight/obese. Children who are overweight/obese are at an increased risk of developing several chronic diseases. Wyoming will concentrate strategies such as eating healthy to decrease the rate of obesity in young people.

Capacity: Many partners are already implementing initiatives around this issue. MFH's role would be one of coordination. The only current source of BMI data for elementary school children is from an oral health survey of third graders that is not consistently funded or conducted. By coordinating partners, expertise would be gained from collaborations with other organizations. A number of potential partners inside and outside WDH were identified.

/2013/ One Wyoming county PHN office chose to focus activities on the promotion of healthy nutrition and physical activity among children and adolescents. Their activities have included coordinating with the school to provide nutrition education and movement activities.

The MFH Child and Adolescent Health Coordinator participated in the DFS Child Care Licensing Revision process, offering suggestions on physical activity and nutrition in child care settings. The CAHC also participated on the WCCC Program's Nutrition Workgroup which focused on physical activity and nutrition efforts for Wyoming youth. //2013//

Priority 6: Reduce the rate of unintentional injury among Wyoming children and adolescents.
NPM 10: The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

SPM 8: Percent of deaths in children and youth ages 1 to 24 due to unintentional injuries.

Injuries are a leading cause of morbidity and mortality among children and adolescents in the U.S. In addition to addressing injuries and fatalities due to motor vehicle crashes, Wyoming will also concentrate on all unintentional injury in children ages 1 to 24.

Capacity: SKW provides the structural resources for many facets of this issue with chapters in nearly every county in the state. PHNs also play an important role at the community level. Epidemiology support is available, and some data are available through death certificates, hospital discharge data, and other injury databases. Safe Kids collects county and state data on prevention activities. Technical assistance is available from several national organizations. Many Wyoming partners have expertise needed to address different aspects of this issue. Partnerships with Safe Kids and PHN are critical. Other potential partners such as the Boys and Girls Club and the Department of Transportation (DOT) are open to collaboration.

/2013/ Four of 23 Wyoming County PHN offices chose to focus their attention on reducing the rate of unintentional injury in the 0-1 age category; one county is focusing on children ages 1-14; one additional county is focusing their efforts on reduction of unintentional injury in Wyoming youth ages 15-24. Activities included partnering with SafeKids Wyoming at the local level, providing education in home visits and classes offered with other programs, and the provision of bike helmets and cribs. MFH worked with SafeKids at the state level to provide a safe sleep display to be used in a variety of situations. //2013//

Priority 7: Design and implement initiatives that address dating violence and sexual violence.
No NPMs.

SPM 8: Percent of teens reporting they were hit, slapped, etc. by a boyfriend/girlfriend.

Victims of dating violence are at increased risk for injury and are more likely to engage in binge drinking, suicide attempts, and physical fights.

Capacity: Many partners implementing initiatives around this issue. Data are available from the YRBS survey as well as PRAMS. MFH will partner with the Rape Prevention and Education (RPE) Advisory Committee to determine appropriate strategies to implement.

/2013/ One Wyoming County PHN office chose to focus efforts and activities on designing and implementing initiatives that address sexual and dating violence in all age groups. This county has partnered with other local agencies to plan a Girls Empowerment Day and provided a presentation on respectful dating relationships to the Girls and Boys Club. //2013//

Priority 8: Increase capacity to collect, analyze and report on data for children and youth with

special health care needs.

No NPMs.

SPM 9: Five-part composite measure that addresses: Data sources for CSHCN and data analysis; creating a comprehensive report on CSHCN; identifying data gaps; assessing capacity to address data gaps; and creating a plan to address data gaps.

Building and strengthening capacity to collect, analyze and report on data for CSHCN is expected to increase MFH's understanding of the needs of CSHCN in the state. This information will drive programmatic decisions and allow CSHCN to receive the most appropriate care.

Capacity: Epidemiology support is available, but staff resources may not be sufficient to make rapid progress. The National Survey of CSHCN and the CSH program are the main sources of existing data. The new data system for the CSH program can now provide accurate client data. Other data sources may be identified or developed. PHN may be an untapped resource for data collection. There is a great potential to collaborate on this issue and to invite new partners to the table including insurance companies, Medicaid, and Kid Care CHIP.

//2013/ During the summer of 2012, an intern from the Graduate Student Intern Program (GSIP) has been assigned to CPH EPI to collect, analyze and report on data for children and youth with special health care needs in Wyoming. The resulting report will be modeled after a report from North Dakota created by the Data Resource Center for Child and Adolescent Health. //2013//

Priority 9: Build and strengthen services for successful transitions for children and youth with special health care needs.

NPM 6: The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life.

No SPMs.

A much higher percentage of CSHCN are living into adulthood, and many have complex ongoing healthcare needs. Lack of preparation from transitional services makes CSHCN less likely to complete high school, participate in continuing education, gain employment, or live independently.

Capacity: MFH offers some resources to families in a variety of formats. The National Healthy and Ready to Work Initiative provides technical assistance and transition resources to states. The National Survey of CSHCN is the main source of data. The new data system for the CSH program can now provide accurate client data. Other transition data sources should be identified or developed. Technical assistance is available from a national organization. MFH partners with the F2FHIC, Champions for Inclusive Communities, GCDD, and various family organizations. There is great potential to collaborate on this issue and to invite new partners to the table including WDE, Medicaid, and Kid Care CHIP.

//2013/ In partnership with MSGRC, a Parent Partner Pilot Program, scheduled to begin in January 2013, will help parents and youth with issues of transitioning from pediatric care to adult care and identification of community resources. The CSH website has been updated to include new resources for transitioning to adulthood. //2013//

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	2007	2008	2009	2010	2011
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	15	14	13	16	16
Denominator	15	14	13	16	16
Data Source		Children's Special Health Program			
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
	2012	2013	2014	2015	2016
Annual Performance Objective	100	100	100	100	100

Notes - 2011

Timely follow-up has not been defined by CSH, as a result the numerator is defined as the number of confirmed cases who had a follow-up visit with their primary care doctor. Three years (2009-2011) are combined for a rolling three-year percentage since the numerator is <20. All data are reported for the current year with a notation of the year for which the data was obtained.

Notes - 2010

Timely follow-up has not been defined by CSH, as a result the numerator is defined as the number of confirmed cases who had a follow-up visit with their primary care doctor. Three years (2008-2010) are combined for a rolling three-year percentage since the numerator is <20. All data are reported for the current year with a notation of the year for which the data was obtained.

Notes - 2009

On July 1, 2006, NBMS expanded screening to 28 conditions. Timely follow-up has not been defined by CSH, as a result the numerator is defined as the number of confirmed cases who had a follow-up visit with their primary care doctor. Three years (2006-2008) are combined for a rolling three-year percentage since the numerator is <20. All data is reported for the current year with a notation of the year for which the data was obtained.

a. Last Year's Accomplishments

The objective for 2011 was 100%. In 2011, 100% of screen positive newborns received timely follow-up to determine a definitive diagnosis and clinical management for their conditions.

Wyoming NBMS continued to screen for 28 conditions. MFH contracted with Colorado Department of Public Health and Environment (CDPHE) for testing, tracking, and staff training for newborn screening. The Inherited Metabolic Diseases (IMD) Clinic at Children's Hospital (CH) Denver, Colorado, provided consultation and education on metabolic conditions for Wyoming

providers. Erica L. Wright, MS, Certified Genetic Counselor, Clinical Genetics and Metabolism, CH, served as a resource for questions regarding inherited metabolic diseases. In addition, hemoglobinopathy follow-up was provided by the University of Colorado School of Medicine.

CSH provided NBMS brochures to birth hospitals and providers.

Transportation and translation services were available for families who qualified for MFH and Medicaid programs to assist in obtaining additional screenings or to attend genetic/metabolic specialty clinics. In addition, MFH covered metabolic formula for children and youth who are eligible for the CSH program.

County Block grants continued to provide funding for PHN staff members to assist families who qualified for MFH services in obtaining needed care and referrals to appropriate community resources.

Wyoming continued sending out a "Submitter Report Card" to NBMS providers evaluating facilities on important specimen parameters, including submission time, specimen quality, and NBMS form completion. These reports, provided quarterly, improve the specimen submission process, accuracy of reports, and timeliness of follow-up.

In fall 2010, CSH participated in a quality improvement project aimed at decreasing the percentage of missing demographic information on the newborn metabolic screening cards by 10% at selected birthing facilities by December 2010. Of the two hospitals participating in the quality improvement project, Hospital A demonstrated a 17.4% reduction and Hospital B demonstrated a 66.6% reduction in missing demographic information. CSH will continue to monitor submitter report cards and help additional hospitals improve their performance as needed.

CSH participates with Colorado's NBMS Advisory Council. This group helps guide the NBMS process and assists MFH in defining timely follow-up for definitive diagnosis and clinical management. CSH staff continue to generate reports for primary care providers and birthing hospitals regarding babies with missed screens, and those that were screened less than 24 hours of age.

CSH personnel participate in the Mountain States Genetics Regional Collaborative (MSGRC) which is designed to support the development and coordination of collaborative projects to ensure that individuals with heritable disorders and their families have access to quality care and appropriate genetics expertise and information in the context of a medical home. The MSGRC includes the states of Arizona, Colorado, Montana, New Mexico, Nevada, Texas, Utah and Wyoming. Active participation in MSGRC's meetings twice yearly has provided tremendous opportunities for learning and collaboration. In June 2011, the CSH Program Manager was invited to become a member of the MSGRC Advisory Council.

CSH co-sponsors a booth with the Early Hearing Detection and Intervention (EHDI) program, annually, at the Wyoming Medical Society meeting.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Wyoming Newborn Metabolic Screening Program (NBMS)			X	
2. Inborn Metabolic Disorders (IMD) Clinic Consultations	X			
3. Vital Statistics Services (VSS)				X
4. Support Data Systems				X

5. Transportation/Translation Services		X		
6. MFH County Block grants				X
7. Care Coordination		X		
8. Metabolic formula coverage	X			
9. Genetic Counseling Services Program	X			
10.				

b. Current Activities

The data system which links birth records and newborn metabolic lab results and helps ensure timely tracking and reporting was completed in December 2011.

April 2012, the newborn metabolic screening panel committee, specified by Wyoming Statute, convened and added Severe Combined Immunodeficiency (SCID) to the newborn panel; a date for implementation has not been set.

Close monitoring of specimen handling and transportation revealed a number of anomalies with the contracted courier service; the problems have been resolved. Saturday pick-ups from Wyoming's birthing facilities are being considered to shorten transportation times.

The contract for newborn testing with CDPHE has been extended through June 2014 (includes SCID testing). A contract has also been executed for metabolic follow up through December 2013; the contract for hemoglobinopathy follow up has been extended through June 2014. Contract negotiations with a Colorado provider are ongoing for SCID follow up.

The Rules and Regulations which govern NBMS are undergoing the regular rules promulgation process beginning May, 2012.

The Newborn Metabolic Screening Program Coordinator attended the Association of Public Health Laboratories (APHL) Conference November 2011. She will attend a Tandem Mass Spectrometry course at Duke University put on by the National Newborn Screening and Genetics Resource Center (NNSGRC) in May 2012.

Confirmatory testing is now paid for through the Newborn Metabolic Screening Program.

c. Plan for the Coming Year

The data system which links birth certificates and lab results has undergone an enhancement which will allow for better data collection regarding the number of Wyoming babies whose families declined screening. We will be analyzing the data, after collecting it for a year, to ascertain if there is a difference in the declination rate of screening in Wyoming as compared to opt-in and opt-out states' rates. Wyoming families must signify their choice to screen or not to screen by signing consent or decline forms which makes us unique in the United States.

Telemedicine efforts will continue as contracted follow up providers attempt to make long-term follow up more convenient for Wyoming families.

Careful examination of billing data which result in identification of data entry errors at CDPHE will continue in the coming year. Data entry errors are shared with the laboratory in an attempt to minimize them. Evaluation of errors over time may provide valuable insights into processes and may also guide future contract negotiations.

CSH will be redesigning the educational materials to reflect the addition of SCID to the screening panel.

Through established quality improvement practices, CSH will continue to contact providers to request that infant information on the newborn screening laboratory slips be completed in their entirety. This helps ensure quality record matches and improves timeliness for follow-up of missed screenings.

VSS and CSH will educate birth hospitals on how to correctly report acceptance or rejection of newborn screening by parents on birth certificates.

CSH will continue to work closely with Colorado's NBMS Advisory Council and with the MSGRC.

Continuous monitoring of courier services for the transportation of blood spot specimens will continue and problems will be resolved as identified.

CSH will continue to determine the viability of adding further conditions to the testing panel including, but not limited to, Critical Congenital Heart Defects (CCHD). CSH plans to update the Provider Toolkit and CSH website with additional conditions and algorithms. These updates will be sent to Wyoming providers who will submit either an initial or a second screen.

MFH will continue to cover metabolic formula for children and youth who are eligible for the CSH program.

CSH and EHDl will continue to coordinate and educate Wyoming providers and tertiary care facility staff about the importance of newborn hearing and metabolic screenings and referrals for patients.

County Block grants 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.

CSH will, again, co-sponsor a booth with the EHDl program at the Wyoming Medical Society meeting.

Form 6, Number and Percentage of Newborns and Others Screened, Cases Confirmed, and Treated

The newborn screening data reported on Form 6 is provided to assist the reviewer analyze NPM01.

Total Births by Occurrence:	6538					
Reporting Year:	2011					
Type of Screening Tests:	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%	No.	No.	No.	%
Phenylketonuria (Classical)	6538	100.0	0	0	0	
Congenital Hypothyroidism (Classical)	6538	100.0	1	1	1	100.0

Galactosemia (Classical)	6538	100.0	1	1	1	100.0
Sickle Cell Disease	6538	100.0	0	0	0	
Biotinidase Deficiency	6538	100.0	0	0	0	
Cystic Fibrosis	6538	100.0	1	1	1	100.0
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	6538	100.0	1	1	1	100.0
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	6538	100.0	0	0	0	

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	2007	2008	2009	2010	2011
Annual Performance Objective	60	58	58	58	60
Annual Indicator	57.5	57.5	57.5	57.5	70
Numerator					
Denominator					
Data Source		2005/2006 National Survey of CSHCN	2005/2006 National Survey of CSHCN	2005/2006 National Survey of CSHCN	2009/2010 National Survey of CSHCN
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
	2012	2013	2014	2015	2016
Annual Performance Objective	70	70	75	75	75

Notes - 2011

For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and

the U.S. Centers for Disease Control and Prevention in 2009-2010. This survey was first conducted in 2001. The same questions were used to generate this indicator for both the 2001 and the 2005-06 CSHCN survey. However, in 2009-2010 there were wording changes and additions to the questions used to generate this indicator. The data for 2009-2010 are NOT comparable to earlier versions of the survey.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

Notes - 2010

Indicator data come 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 - 2009

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.

a. Last Year's Accomplishments

Data from the 2009-2010 National Survey of CSHCN show that 70.0% of Wyoming CYSHCN ages 0 to 18 years have families who partner in decision making at all levels and are satisfied with the services they receive. Wyoming has met its 2011 objective of 60.0%

Collaboration with Medicaid and Kid Care CHIP focused on coordinating services for the MFH population and assisting families in navigating program coverage and eligibility requirements.

Medicaid continued translation reimbursement policy for eligible clients.

MFH travel benefits include travel assistance to all families eligible for MHR, NBIC, and CSH programs. Transportation and translation services for eligible MFH clients continued to be reimbursed at Medicaid rates. Identified barriers were addressed through a variety of partnerships to ensure adequate services continue.

County Block grants to PHN offices provided funding to local county offices. These funds allowed PHNs to work with CYSHCN families in order to maximize services. MFH promoted well-child checks. CSH tracked and notified CSH clients' families of recommended periodic well-child checks via personal letter correspondence.

One of F2FHIC's primary functions is to assist families of CYSHCN in making informed choices about healthcare in order to promote good treatment decisions, cost effectiveness, and improved health outcomes. The F2FHIC is available as a resource for families of CYSHCN in Wyoming.

MFH has identified a curriculum that offers empowerment and civics skills to support parents and families in making desired changes for children. PLTI is an evidence-based curriculum with proven positive outcomes for children, families, and the community. This 20-week class is designed to bolster family involvement and leadership skills, while promoting the lifelong health, safety, and learning of children. Along with 68 hours of class time, PLTI participants each select and work on a community project addressing a need they identify in their community. This allows participants to put the skills they are learning on a weekly basis into practice and enhances the learning experience. Throughout PLTI, parents acquire a 'toolkit' of skills which support their efforts to improve systems of care at the family, community, and state levels. PLTI was successfully piloted in Laramie County in 2010 and 2011.

MFH enhanced education and promotion of MFH programs through conferences, webcasts,

seminars, and trainings. MFH reviewed, revised, and updated brochures in early 2011. Some MFH brochures are targeted at providers and include a simple overview of all programs available, while others provide detailed program information for consumers and families. As new providers enroll in CSH, MFH sends brochures to be distributed to staff and patients at their clinics.

CSH funded a dietitian/nutritionist to complete the Jackson diabetes clinic team to work with patients and their families.

CSH funded a nutritionist to attend the First Step Diagnostic Clinic biannually. This funding ceased May 31, 2011 pending a comprehensive needs assessment regarding specialty clinics. The CSH staff and a master's degree candidate intern developed a survey for providers to establish providers' needs for specialty clinics in May and June of 2011.

The CSH Program Manager was a member of the Governor's Early Intervention Council (GEIC), which provides input to WDH and Wyoming Department of Education (WDE) on the Part C population (0 to 2 years). In addition, she served on the GCDD. Each council meets quarterly in various sites throughout the state. Parent advisory boards are invited to attend and provide input.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Specialty Outreach Clinic Support				X
2. Early Intervention Council (EIC)				X
3. Governor's Council on Developmental Disabilities (GCDD)				X
4. Support Data Systems				X
5. Translation/Transportation Services Support		X		
6. MFH County Block grants				X
7. Family 2 Family Health Information Center (F2FHIC)		X		
8. Parent Leadership Training Institute (PLTI)				X
9.				
10.				

b. Current Activities

MFH's long-standing tool called Packaging Wisdom was handed over to Wyoming's F2FHIC for updates/revisions. F2FHIC's "final" product is available through their website. Unfortunately, the final product was released to the public without MFH having the opportunity to review it. It included misinformation regarding CSH and was not the same product CSH had worked on with F2FHIC. Discussion has led to some changes.

The Specialty Clinic Survey was finalized in early 2012 and sent to healthcare professionals enrolled as CSH providers. A significant number of surveys have been received in response and analysis of the survey findings is underway to determine how specialty clinics services can be enhanced in the state.

The MFH Section Chief has been appointed to serve on the GEIC in place of the CSH Program Manager effective April 2012.

CSH are active members in planning and execution of the GCDD's MEGA conference that is held annually.

PLTI in Laramie County celebrated 28 graduates having acquired the skills to lead intentionally on behalf of Wyoming children. PLTI classes were piloted in Hot Springs County and on the WRIR. Community projects include, but are not limited to, support for families and their children

with dyslexia, a children's playground built in a low-income trailer park, and expansion of a gross motor play area at a child development center. Roughly 25% of Wyoming PLTI participants report having a child with a "special need," though not necessarily a CSHCN.

c. Plan for the Coming Year

MFH will continue to promote well-child checks and develop educational materials. MFH will continue to distribute materials throughout Wyoming.

In an effort to integrate child healthcare records, MFH will continue to collaborate with WDH programs such as Medicaid and DDD. Recent efforts include the development of the Total Health Record (THR) and a data warehouse called the Common Client Index (CCI). These efforts will help to reduce duplication of services.

The CSH Program Manager will continue to serve as a member of the GCDD. The Council will meet quarterly in various sites throughout the state, and parent advisory boards from the local child development centers 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 Medicaid, Kid Care CHIP, IMM, DDD, Childcare Licensing, DFS, MHSASD, WIC, OH, WOMH, ORH, and PHN.

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 travel benefits will continue to include travel assistance to all families eligible for MHR, NBIC, and CSH programs. MFH travel assistance is also available for families attending the biannual Cleft Palate Clinic held in Casper as well as Shriners hospitals.

MFH will continue to enhance education and promotion of MFH programs through conferences, webcasts, seminars, and trainings to assist families' abilities to be involved in decision making.

Partnership efforts with Family Voices at the regional and national level will be augmented through ongoing communication and guidance. This should help to encourage development of a Wyoming's Family Voices Chapter, which should, in turn, strengthen family involvement.

County Block grants to Wyoming counties will continue to provide funding for PHN to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources, encouraging their involvement with their child's care decisions.

MFH will continue to partner with the Wyoming F2FHIC as they support families of CYSHCN in Wyoming.

MFH will continue to support the expansion of PLTI through a second year pilot in both Hot Springs County and on the WRIR, including continued technical assistance for Laramie County PLTI. Each county must establish and maintain a local civic design team to work from the onset to guide the local initiative and secure funding to sustain PLTI. Campbell, Natrona, and Albany counties continue discussions around establishing PLTI pilot classes in their communities. Parents and families, including those with CYSHCN, who are equipped with a 'tool kit' of leadership skills through PLTI, are able to lead effectively at the family, community, and state level to ensure positive health and safety outcomes for all Wyoming children.

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	2007	2008	2009	2010	2011
Annual Performance Objective	58	50	50	50	50
Annual Indicator	49.1	49.1	49.1	49.1	44.6
Numerator					
Denominator					
Data Source		2005/2006 National Survey of CSHCN	2005/2006 National Survey of CSHCN	2005/2006 National Survey of CSHCN	2009/2010 National Survey of CSHCN
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
	2012	2013	2014	2015	2016
Annual Performance Objective	44.6	44.6	50	50	50

Notes - 2011

For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate this indicator for the 2005-06 CSHCN survey. The data for the 2001 and 2005-2006 surveys are not comparable for NPM 3. However, the same questions were used to generate the NPM 3 indicator for both the 2005-2006 and 2009-2010, therefore these two surveys are comparable.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

Notes - 2010

Indicator data come 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 - 2009

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.

a. Last Year's Accomplishments

Data from the 2009-2010 National Survey of CSHCN show that 44.6% of Wyoming CYSHCN ages 0 to 18 years receive coordinated, ongoing, comprehensive care within a medical home. This is less than the objective for Wyoming (50.0%), but does not represent a statistically significant decrease from the 2005-2006 percentage of 49.1%

MFH emphasized the importance of obtaining a medical home for all children. This is especially important for CYSHCN whose conditions may be complex and requires more of the provider's time but who benefit most from a central point of care coordination.

Clients eligible for MFH who may also be eligible for Medicaid or Kid Care CHIP, but who did not access services or follow through with treatment plans, were referred to PHN and APS for intervention.

Cooperation among MFH, PHN, and APS for complex cases ensured that clients received needed services. Efforts continued to be directed towards coordinating care between pediatric specialists and the Primary Care Physician (PCP) by obtaining medical records and assuring that a copy is available for the PCP and PHN staff. PHN worked with the PCP in case management and assisted with care coordination.

MFH emphasized early screening and treatment to increase the child's ability to reach optimum health through promoting EPSDT. A part of the promotion of well-child checks is to educate the families about what to expect from a medical home. Some CYSHCN do not receive regular well-child checks due to the number of specialty visits that are required.

County Block grants to PHN offices continued allowing PHNs to be an entry point for CSH programs.

To assist PCPs in identifying resources available for their CYSHCN patients, MFH staff updated a pediatric specialty clinic directory and distributed it to PHN and Wyoming providers. In March 2011, a final paper distribution of the specialty clinic directory was mailed. From quarter one 2011 forward, the specialty clinic directory will be updated continuously and posted exclusively on the CSH website. This will reduce postage costs and should provide interested parties with the most up to date information available.

MFH expanded travel benefits include travel assistance to all families eligible for MHR, NBIC, and CSH programs.

MFH has access to the electronic medical records of MFH clients who are seen at CH, in Colorado. This has greatly enhanced MFH's ability to provide effective care coordination and to assist the PHN staff and providers as they support MFH clients.

Wyoming is in the implementation phase of the THR. The first of four releases have been approved and the THR is up and running in one provider office. Providers will be added one at a time with five providers in line to implement the THR. The connections for EPSDT will be built in and customized through the CHIPRA grant sometime in the next year. Once completed, the THR will support the medical home model and provide tracking for EPSDT.

CSH partners with OH in Cleft Palate clinics that are held twice per year in Casper, Wyoming, by providing staffing support. The services received by patients are free of charge.

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 Outreach Clinic Support			X	
6. Translation/Transportation Services Support		X		
7. MFH County Block grants				X
8. Family 2 Family Health Information Center (F2FHIC)		X		
9.				
10.				

b. Current Activities

WDH is working to increase the number of Wyoming children who have a medical home, but the process is challenging. Pediatricians are unevenly distributed throughout the state and family practice physicians have high caseloads. Families are encouraged to have one PCP with PHNs and other community resources helping to carry out some of the functions of a medical home.

CSH is exploring a pilot opportunity, with MSGRC funding, to provide parent partners in PCP offices who would assist families of CYSHCN in linking up with community resources and dealing with unique education and transition issues.

Continuous updates to the specialty clinic directory continue; the directory is available on the CSH website.

MFH continues to assist in coordinating care between pediatric specialists, the PCP, and PHN.

The THR is now operational and currently is being used in 15 practices and 5 PHN offices. That involves 34 providers and 140 users (including doctors, nurses, schedulers, etc.). There are approximately 31,000 patients whose records are in the THR.

CSH supported OH's Cleft Palate clinics by providing clinic staffing in October 2011 and April 2012.

CSH supported the Wyoming Telehealth Consortium, which is lead by the Department of Health and the Office of Chief Information Officer (OCIO) financially by providing funding for 111 cameras and 100 licenses. PHN offices and private practices will be able to connect to specialists at a distance for individual patient consultations.

c. Plan for the Coming Year

MFH will continue current activities and work to enhance the partnership with the F2FHIC in an effort to promote the importance of establishing a medical home.

CSH will continue to explore opportunities to partner with MSGRC in development of a parent partner program for PCPs offices in Wyoming.

Coordination will continue as needed among MFH, PHN, and APS. This type of coordination is especially important for children hospitalized out-of-state and in need of care coordination as they return to the local community. MFH emphasizes the importance of well-child checks in addition to specialty care visits. Clients will be encouraged to visit their PCP and specialist on a regular basis.

MFH will continue to emphasize early screening and treatment to increase each child's ability to reach optimum health through promoting EPSDT and educating families and providers on the benefits of a medical home.

MFH will collaborate with other partners and direct efforts towards furthering the medical home initiative in Wyoming.

County Block 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.

MFH will continue to partner with the University of Utah and Wyoming 2-1-1 in establishing a Wyoming presence on the Medical Home Portal (<http://www.medicalhomeportal.org>)
 CSH will continue to support OH's Cleft Palate clinics by providing in-kind staffing twice per year. Each clinic session lasts two days.

IMM records from the WylR have been integrated into the THR and more WDH databases are planned for connections.

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	2007	2008	2009	2010	2011
Annual Performance Objective	52	65	65	65	65
Annual Indicator	60	60	60	60	58.2
Numerator					
Denominator					
Data Source		2005/2006 National Survey of CSHCN	2005/2006 National Survey of CSHCN	2005/2006 National Survey of CSHCN	2009/2010 National Survey of CSHCN
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
	2012	2013	2014	2015	2016
Annual Performance Objective	58.2	58.2	60	60	60

Notes - 2011

For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. This survey was first conducted in 2001. The same questions were used to generate the NPM 4 indicator for the 2001, 2005-06, and 2009-2010 CSHCN surveys.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

Notes - 2010

Indicator data come 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 - 2009

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.

a. Last Year's Accomplishments

Data from the 2009-2010 National Survey of CSHCN show that 58.0% of the families of Wyoming CYSHCN ages 0 to 18 years have adequate private and/or public insurance to pay for the services they need. This is less than the objective for 2011 (65%), but does not represent a statistically significant decrease from the 2005-2006 percentage of 59.9%.

Medicaid and Kid Care CHIP utilized the same application, streamlining the eligibility process. Families were required to apply for Medicaid and Kid Care CHIP prior to becoming eligible for MFH services. This policy allows families to have more comprehensive healthcare coverage. Qualified non-citizens continued to be eligible for services, while illegal non-citizens were ineligible. In a reciprocal agreement, families applying for Medicaid and Kid Care CHIP who have a CYSHCN were referred to MFH to determine eligibility for MFH services. Referrals continued to be shared among APS, Kid Care CHIP, DFS, and MFH.

MFH provided coverage for services Kid Care CHIP did not cover, such as hearing aids, therapy

vests, orthognathic surgery, translation services, genetic testing, travel assistance, and additional vision follow-up appointments.

MFH provided follow-up of dual-eligible clients through the EPICS data system utilized by DFS. Local services and program benefit information were examined for each client.

For complex cases, a plan of treatment was agreed upon among MFH, PHN, and APS. These cases have included children hospitalized out-of-state in need of care coordination to return to their local community. Treatment plans usually included recommending clients visit their PCP or specialist on a regular basis.

MFH and PHN staff contacted CSH families needing to reapply for Medicaid or Kid Care CHIP, assuring healthcare coverage continued.

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

The Wyoming Genetic Counseling Services Program, allowed individuals, who have inadequate insurance, or no insurance, to obtain consultation services at no cost.

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

Because there are no tertiary care facilities within Wyoming, MFH, PHN, Medicaid, EHDl and Part C staff members continued to coordinate visits to hospitals in surrounding states to educate tertiary care facility staff regarding services available in Wyoming when families return home. Annual tertiary care facility visits included meeting with hospital staff members and reviewing Wyoming programs that support Wyoming families. This helped to ensure Wyoming families are referred to WDH programs.

CSH partners with OH in Cleft Palate clinics that are held twice per year in Casper, Wyoming, by providing staffing support. The services received by patients are free of charge.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Kid Care CHIP Coordination Committee				X
2. Medicaid/Kid Care CHIP Application			X	
3. Gap Filling Services	X			
4. Support Data Systems				X
5. Wyoming Genetic Counseling Services Program	X			
6. MFH County Block grants				X
7. Tertiary Care Facility Visits				X
8.				
9.				
10.				

b. Current Activities

Referrals continue to be shared among APS, Medicaid and Kid Care CHIP, DFS, and MFH. MFH also collaborates with Kid Care CHIP to provide gap-filling services to dual-eligible clients.

MFH and PHN continue to follow-up with CSH families who need to reapply for Medicaid or Kid Care CHIP, assuring healthcare coverage is continued.

MFH provides services, such as care coordination and appointment reminders, that Medicaid or Kid Care CHIP do not provide.

Medicaid and Kid Care CHIP utilize the same application, streamlining the eligibility process. Families are now able to apply for Kid Care CHIP online at <http://healthlink.wyo.gov>.

As a result of the Request for Proposal (RFP) process, Wyoming Genetic Counseling Services are now being provided by the University of Utah. Beginning January 1, 2012, under new contract terms, the providers will no longer bill insurance companies or Medicaid for consultations. Families continue to receive consultations at no out of pocket cost.

CSH supported OH's Cleft Palate clinics by providing clinic staffing in October 2011 and April 2012.

c. Plan for the Coming Year

Referrals will continue to be shared among APS, Kid Care CHIP, DFS, and MFH.

MFH will collaborate with Medicaid and KidCare CHIP to provide gap-filling services to dual-eligible clients.

MFH will continue to access EPICS (Department of Family Services computer system for dual eligibility) to enhance service coordination to determine local services and program benefit information. Information will be shared among collaborating agencies, and MFH and PHN will continue follow-up with families to reapply for WDH programs and other associated entities to ensure healthcare coverage continues.

Coordination will continue among MFH, PHN, and APS for complex cases, and MFH will continue to recommend clients visit their PCP or specialist on a regular basis.

MFH will continue to participate with Kid Care CHIP in networking with communities throughout the state. This will allow Wyoming citizens to be informed about MFH, Kid Care CHIP and Medicaid programs.

MFH will continue to advocate for travel reimbursement for out-of-state pediatric specialist appointments for dual-eligible clients. This helps families maintain the rapport they have built with specialists and encourages compliance with the treatment plan.

Medicaid and Kid Care CHIP will continue to utilize the same application, streamlining the eligibility process. Families are able to apply for Kid Care CHIP online at <http://healthlink.wyo.gov>.

Wyoming Genetic Counseling Services will continue to allow individuals, regardless of insurance status, to be seen for consultation at no cost.

County Block 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.

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

CSH will continue to support OH's Cleft Palate clinics by providing in-kind staffing twice per year. Each clinic session lasts two days.

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	2007	2008	2009	2010	2011
Annual Performance Objective	84	90	90	90	90
Annual Indicator	88.8	88.8	88.8	88.8	63.9
Numerator					
Denominator					
Data Source		2005/2006 National Survey of CSHCN	2005/2006 National Survey of CSHCN	2005/2006 National Survey of CSHCN	2009/2010 National Survey of CSHCN
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
	2012	2013	2014	2015	2016
Annual	63.9	63.9	65	65	65

Performance Objective					
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Notes - 2011

For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. Compared to the 2001 CSHCN survey, there were revisions to the wording, order, and number of questions used to generate this indicator for the 2005-06 CSHCN survey. The questions were also revised extensively for the 2009-2010 CSHCN survey. Therefore, none of the three rounds of the surveys are comparable.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

Notes - 2010

Indicator data come 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 - 2009

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.

a. Last Year's Accomplishments

Data from the 2009-2010 National Survey of CSHCN show 63.9% of the families of Wyoming CYSHCN ages 0 to 18 years report that community-based service systems are organized so they can use them easily. This is less than the objective for 2011 of 90.0%.

MFH updated a specialty clinic directory and distributed it to PHN and Wyoming providers to provide awareness to PCPs and families needing these services.

MFH contracted with CDPHE for testing, tracking, and staff training for newborn metabolic screening. The IMD Clinic at CH Colorado provided consultation and education on metabolic conditions for Wyoming providers and families. The University of Colorado School of Medicine is contracted to provide follow up for children identified on newborn screening as having a hemoglobinopathy. MFH continued to enhance education and promotion of newborn screening through conferences, webcasts, seminars, and trainings for staff and other associated entities.

Families applying for Medicaid and Kid Care CHIP who have a CYSHCN were referred to MFH to determine eligibility for MFH services. Referrals continued to be shared among APS, Kid Care CHIP, DFS, PHN, and MFH.

For complex cases, a plan of treatment was agreed upon among MFH, PHN, and APS. Treatment plans include recommending clients visit their PCP or specialist regularly.

MFH, PHN, EHDI, and Part C continued to coordinate and educate tertiary care facilities in surrounding states about programs available to Wyoming families. This ensures families are referred to WDH programs upon discharge from the hospital.

County Block grants to Wyoming counties continued to provide funding for PHN to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community

resources.

Numerous pediatric specialty clinics were conducted state-wide to assist families and reduce travel time and expense. However, suspension of the CSH program financial assistance for specialty clinics took place on May 31, 2011 as a result of an audit of historical practices. CSH and a master's degree candidate intern developed a survey for providers to establish providers' needs for specialty clinics in May and June of 2011.

MFH expanded travel benefits to include travel assistance to all families eligible for MHR, NBIC, and CSH programs.

Diagnosis information sheets were distributed to parents of children who are affected by the following conditions: Autism/Pervasive Developmental Disorder (PDD), Cerebral Palsy, Clotting Disorders, Convulsive Disorders, Cystic Fibrosis, Developmental Delay, Type 1 Diabetes Mellitus, Esotropia/Exotropia, Juvenile Idiopathic Arthritis, Neurofibromatosis, Osteogenesis Imperfecta, Retinopathy of Prematurity (ROP), and/or Tympanostomy Tubes as an insert with the initial CSH eligibility letter and annually at renewal.

MFH updated brochures in early 2011. Some MFH brochures are targeted at providers and include a simple overview of all programs available, while others provide detailed program information for consumers. As new providers enroll, MFH sends brochures to be distributed to staff members and patients at their clinics.

MFH held a strategic planning meeting of stakeholders to address the new MFH State Priority to build and strengthen services for successful transitions for children and youth with special health care needs and work on an issue brief regarding this topic began.

MFH has identified a curriculum that offers empowerment and civics skills to support parents and families in making desired changes for children. PLTI is an evidence-based curriculum with proven positive outcomes for children, families, and the community. This 20-week class is designed to bolster family involvement and leadership skills, while promoting lifelong health, safety, and learning of children. In addition to class time, participants each select and work on a community project addressing a need they identify in their community. This allows participants to apply their new skills. Throughout PLTI, parents acquire a 'toolkit' of skills which support their efforts to improve systems of care at both the community and state level.

CSH partners with OH in Cleft Palate clinics that are held twice per year in Casper, Wyoming, by providing staffing support. The services received by patients are free of charge.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Specialty Outreach Clinics				X
2. Translation/Transportation Services Support		X		
3. MFH County Block grants				X
4. Family 2 Family Health Information Center (F2FHIC)		X		
5. Transition Planning				X
6. Social Marketing		X		
7. Parent Leadership Training Institute (PLTI)				X
8.				
9.				
10.				

b. Current Activities

MFH's long-standing tool called Packaging Wisdom was handed over to Wyoming's F2FHIC for updates/revisions. F2FHIC's "final" product is available through their website at http://www.wpic.org/WYF2FHIC/PDF/PackagingWisdom/PackagingWisdom_0112.pdf Unfortunately, the final product was released to the public without MFH having the opportunity to review it. It included misinformation regarding CSH and was not the same product CSH had worked on with F2FHIC. Discussion has led to some changes.

Work on the issue brief addressing the MFH State Priority to build and strengthen services for successful transition for children and youth with special health care needs is still in progress.

The Specialty Clinic Survey was finalized in early 2012 and sent to PCPs. A significant number of surveys have been received in response and analysis of the survey findings is underway to determine how specialty clinics services can be enhanced in the state.

PLTI in Laramie County celebrated 28 graduates having acquired the skills to lead intentionally on behalf of Wyoming children. PLTI classes were piloted in Hot Springs County and on the WRIR.

CSH supported OH's Cleft Palate clinics by providing clinic staffing in October 2011 and April 2012.

CSH is exploring a pilot opportunity, with MSGRC funding, to provide parent partners in PCP offices who would assist families of CYSHCN in linking up with community resources and dealing with unique education and transition issues.

c. Plan for the Coming Year

CSH will continue support of the Wyoming Telehealth Consortium, lead by the Department of Health and the OCIO, following financial support in summer 2012 which provided funding for 111 cameras and 100 licenses, enabling PHN offices and private practices to connect to specialists at a distance for individual patient consultations.

Diagnosis information sheets continue to be distributed to parents of children who are affected by various conditions with both the initial eligibility letters and at renewal.

Work with the F2FHIC will continue regarding Packaging Wisdom. In addition, MFH will continue current activities and work to enhance the partnership with the F2FHIC in their efforts to ensure that the community-based service systems are organized so that families of CYSHCN can use them easily.

Work on the issue brief addressing the MFH State Priority to build and strengthen services for successful transition for children and youth with special health care needs will be completed and disseminated.

Transportation and translation services will continue to be available for families who qualify for MFH programs.

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 will continue to participate with Kid Care CHIP in networking with communities throughout the state. This allows Wyoming citizens to be informed about MFH, Medicaid and Kid Care CHIP programs. Families applying for Medicaid and Kid Care CHIP who have a CYSHCN will continue

to be offered a referral to MFH programs.

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

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

The CSH website will be updated to include additional information on transitions for families who have a child with special health care needs.

MFH and PHN staff contact CSH families to reapply for WDH programs and other associated entities, assuring healthcare coverage is continued.

MFH will support a second year pilot of PLTI in both Hot Springs County and on the WRIR.

CSH will continue to support OH's Cleft Palate clinics by providing in-kind staffing twice per year. Each clinic session lasts two days.

MFH will collaborate with other partners and direct efforts towards furthering the medical home initiative in Wyoming including the MSGRC parent partner program.

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	2007	2008	2009	2010	2011
Annual Performance Objective	6	50	50	50	50
Annual Indicator	47	47	47	47	47.4
Numerator					
Denominator					
Data Source		2005/2006 National Survey of CSHCN	2005/2006 National Survey of CSHCN	2005/2006 National Survey of CSHCN	2009/2010 National Survey of CSHCN
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
	2012	2013	2014	2015	2016
Annual Performance Objective	47.4	47.4	50	50	50

Notes - 2011

For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate this indicator for the 2005-06 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the 2 surveys are not comparable for NPM 6, and findings from the 2005-06 survey may be considered baseline data. However, the same questions were used to generate the NPM 6 indicator for the 2009-2010 survey. Therefore, the 2005-2006 and 2009-2010 surveys can be compared.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

Notes - 2010

Indicator data come 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 - 2009

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 concerning 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.

a. Last Year's Accomplishments

Data from the 2009-2010 National Survey of CSHCN show that 47.4% of youth with special health care needs received the services necessary to make transitions to all aspects of adult life, including adult healthcare, work, and independence. This is similar to the percent reported last year (47.0%).

MFH collaborated with the GCDD and Vocational Rehabilitation to assure efforts were made for CYSHCN transitioning to all aspects of adult life. The CSH Program manager serves on the Employment subcommittee for the GCDD.

As a resource, MFH provided families and clients who are transitioning from youth to adult services with a document listing available resources and suggested topics that need to be addressed prior to transition. In addition, MFH provided a tool for families to use for transitioning called Packaging Wisdom. Packaging Wisdom is available on the WDH website. It was offered through some PHN offices.

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

County Block grants to counties continued to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources including available transition services.

Through the needs assessment process, MFH chose to build and strengthen services for successful transitions for children and youth with special health care needs as a priority for the next five years.

MFH held a strategic planning meeting of stakeholders to address the new MFH State Priority to build and strengthen services for successful transitions for CYSHCN.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Parent Advocacy Groups		X		
2. Family 2 Family Health Information Center (F2FHIC)		X		
3. Governor's Council on Developmental Disabilities (GCDD)				X
4. Translation/Transportation Services Support		X		
5. MFH County Block Grants				X
6. Parent Information Center/Parent Education Network (PIC/PEN)		X		
7. Transition tools for families		X		
8.				
9.				
10.				

b. Current Activities

MFH continues to collaborate with the GCDD, Wyoming Protection and Advocacy System, Inc., and Vocational Rehabilitation to assure efforts are being made for CYSHCN transitioning to all aspects of adult life.

MFH continues to provide families and clients who are transitioning from youth to adult services with a document listing available resources and suggested topics that need to be addressed prior to transition. We are including the Department of Workforce Services (DWS) Transition brochure with these mailings.

County Block 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 them to appropriate community resources, including available transition services.

The CSH Program Manager worked with the Wyoming Institute for Disabilities (WIND) on the Think College initiative to identify opportunities for young people with DD to attend college.

CSH supported the Wyoming Telehealth Consortium, lead by the Department of Health and the OCIO, financially by providing funding for 111 cameras and 100 licenses. PHN offices and private practices will be able to connect to specialists at a distance for individual patient consultations. These telehealth connections will also allow for transition appointments with specialists and young adult and adult PCPs.

MFH enhanced the tools provided for families to use for transitioning including updating and enhancing our webpage information.

c. Plan for the Coming Year

MFH will continue current activities and work to enhance the partnership with the F2FHIC in their efforts to ensure CYSHCN receive the services necessary to make transitions to all aspects of adult life, including adult healthcare, work, and independence.

MFH will hold additional strategic planning sessions with partners and stakeholders around transition to ensure that CYSHCN have the supports necessary for successful transitions in all aspects of their lives.

MFH will strengthen collaborative relationships with other advocacy agencies providing services to the MCH population in Wyoming including Parent Information Center/Parent Information Network (PIC/PEN) and UPLIFT.

MFH will endeavor to strengthen Family Voices locally through collaboration at the national level.

MFH will continue to attend, participate, and fund conferences provided for the MFH population. MFH staff will staff booths at these conferences to ensure information is disseminated about MFH programs.

MFH will continue County Block grants to Wyoming counties to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referring them to appropriate community resources including available transition services.

MFH will continue to enhance the tools provided for families to use for transitioning including updating and enhancing our webpage information.

The CSH Program Manager will continue to work with WIND on the Think College initiative to identify opportunities for young people with DD to attend college.

CSH will continue to support the Wyoming Telehealth Consortium and will encourage the use of telehealth appointments to help bridge the gaps between young adult and adult healthcare.

In partnership with MSGRC, a Parent Partner Pilot Program, scheduled to begin in January 2013, will help parents and youth with issues of transitioning from pediatric care to adult care and identification of 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	2007	2008	2009	2010	2011
Annual Performance Objective	80	77	77	72	70
Annual Indicator	75.4	76.8	65.9	69.4	74.6
Numerator	12908	12718	10058	10644	14083
Denominator	17119	16560	15262	15337	18878
Data Source		National Immunization Survey	National Immunization Survey	National Immunization Survey	National Immunization Survey
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	Final
	2012	2013	2014	2015	2016
Annual Performance Objective	75	75.5	76	76.5	77

Notes - 2011

4 or more doses of DTaP, 3 or more doses of poliovirus vaccine, 1 or more doses of any MMR vaccine, 3 or more doses of Haemophilus influenzae type b (Hib) vaccine, and 3 or more doses of hepatitis B vaccine. 4:3:1:3:3 series coverage is based on the original definition for this series. It is not recommended for comparison to years prior to 2009 because of the changes made in the way the Hib vaccine is now measured and the vaccine shortage that affected a large percent of children that were included in the 2009 and 2010 samples.

Notes - 2010

Indicator data for this measure are from the National Immunization Survey (NIS).

Notes - 2009

Indicator data for this measure is from the 2006 National Immunization Survey (NIS). In 2006, NIS changed the demoninator 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 of previous years.

a. Last Year's Accomplishments

The Healthy People 2020 objective is to immunize at least 80% of children ages 19 to 35 months for Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B, also known as 4:3:1:3:3. Wyoming's objective for 2011 was that 70% of children ages 19 to 35 months be immunized for 4:3:1:3:3. Data for 2011 from the 2009-2010 National Immunization Survey (NIS) show that 74.6% of children 19-35 months of age were immunized for 4:3:1:3:3. Data from this survey are not comparable to years prior because of the changes made in the way the Hib vaccine is now measured and the vaccine shortage that affected a large percent of children that were included in the 2009 and 2010 samples.

Care coordination through PHN was utilized as an opportunity to provide community education regarding immunizations, as well as referral to healthcare providers for well child care, including immunizations.

MFH and the IMM worked together to revise informational immunization folders. Provider offices, PHNs, and other partners received the folders, and utilized them to organize additional appropriate educational materials for pregnant women.

IMM was primarily funded through a federal Childhood Immunization Grant. Vaccines available through the Grant were supplemented through a state appropriation. Because Wyoming is a Universal Vaccine state for children, state funds provided all vaccines to children of Wyoming residents who did not qualify for free, federally purchased vaccines through the Vaccines for Children (VFC) Program. Providers may charge a fee for administering the vaccination, but the vaccine is provided for free.

The Wyoming Immunization Registry (WylR) continued to be functional in all PHN offices. The focus of WylR is to facilitate timely, age appropriate delivery of immunizations, highlighting the benefits of gathering and interpreting data.

IMM collaborated with MFH to add WylR to the laptops purchased by MFH for PHNs. This expansion allowed WylR users access to the Registry in real time to ensure Wyoming citizens received the recommended immunizations in a timely manner.

Additional efforts of IMM included gathering data and promoting a healthy lifestyle, focusing on preventing disease and illness through participation in the Immunization Registry. Connections were made with providers to encourage families to maintain immunization schedules for children with IMM providing ongoing technical assistance.

MFH emphasized early screening and treatment to increase the child's ability to reach optimum health through promoting EPSDT. As part of our effort to promote the importance of keeping up with age appropriate immunization, letters are sent to the families of children on CSH as a reminder.

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. Wyoming Immunization Registry (WylR)				X
4. Vaccine For Children (VFC) Program			X	
5. MFH laptop project				X
6. Technical Assistance Program				X
7. Vaccine Advisory Board				X
8.				

9.				
10.				

b. Current Activities

Beginning in 2012, some PHN offices have adopted the WebChart electronic medical record system offered at no cost by the Medicaid THR initiative. Utilization of this system will ultimately result in seamless data interface between WebChart and the WyIR.

IMM, MFH, and Wyoming CDCs collaborate to improve communication to clients and parents about the protective health benefits of timely childhood immunizations within home daycare centers, childcare facilities, and developmental preschool programs.

Due to budget shortfalls, IMM became Universal-Select for some vaccines. All VFC eligible children in Wyoming still qualify for all Advisory Committee on Immunization Practice (ACIP) recommended vaccines at no cost for the vaccines; however, the human papilloma virus vaccine, hepatitis A vaccine, meningococcal vaccine and influenza vaccines are no longer provided free to insured children.

MFH supported influenza vaccination efforts in the fall of 2011 by purchasing books entitled Felicity Floo Visits the Zoo which were distributed to 135 facilities with other health educational materials.

c. Plan for the Coming Year

IMM will continue to promote and expand the functionality of the WyIR to ensure that all residents of Wyoming receive the recommended immunizations. Although CDC focuses on the importance of having 95% of children under the age of six registered in an Immunization Information System, IMM has committed to ensuring that all individuals in Wyoming have the opportunity to become part of the WyIR.

IMM will continue to monitor Wyoming Vaccinates Important People (WyVIP) providers to ensure they comply with vaccine storage and handling policies. This ensures the safety and viability of all vaccines and reduces the number of re-vaccinations required. As of April 2012, there are 134 WyVIP providers in the state including PHN offices and private providers.

IMM will continue to facilitate Vaccine Advisory Board meetings to ensure the 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 the State Health Officer (SHO) on which vaccines should be offered through the WyVIP program in order to provide the most effective mix of vaccines within budgetary limitations. Members of the Vaccine Advisory Board include the WDH SHO; a PHN; a representative from the School Nurse Association, the Wyoming Medical Society, the McKenzie Meningitis Foundation; and the President of the AAP. The Immunization Section Chief, CDC Public Health Advisor for Wyoming, and the Vaccine Program Specialist serve as resource staff to the Vaccine Advisory Board.

IMM will continue to make immunization schedules available to WyVIP providers to ensure targeted populations receive the recommended vaccinations.

Provider education is planned for topics including registry use, new vaccines, vaccine storage and handling, and vaccine distribution. MFH assists with these efforts in conjunction with PHN staff members using WyIR.

MFH will continue to emphasize early screening and treatment to increase each child's ability to reach optimum health through promoting EPSDT. Letters will continue to be sent to the families of children on CSH, as a reminder of the importance of keeping up with age appropriate

immunizations.

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	2007	2008	2009	2010	2011
Annual Performance Objective	18	17	21	21	19
Annual Indicator	17.7	21.9	21.9	19.4	17.1
Numerator	192	237	234	206	182
Denominator	10873	10839	10678	10622	10632
Data Source		Wyoming Vital Statistics Services			
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
	2012	2013	2014	2015	2016
Annual Performance Objective	17	16	15	14	13

Notes - 2011

Data reported for 2010 births from the Wyoming Vital Statistics Service.

Notes - 2010

Data reported for 2009 births from the Wyoming Vital Statistics Service.

Notes - 2009

Data reported for 2008 births.

a. Last Year's Accomplishments

The objective for CY 2011 was 19.0 births per 1,000 women ages 15 to 17 years. The 2011 observed rate (data from CY2010) was 17.1 per 1,000. This rate is not significantly different from 19.4 births per 1,000 women ages 15 to 17 years in 2010 (data from CY2009).

PHN offices played a critical role in the healthy development of babies born to teens in Wyoming and the efforts to decrease repeat pregnancies to teens. As indicated by the HPSA designations in Wyoming, not all communities have providers or hospitals available to care for pregnant women or deliver infants. Additionally, some providers with full caseloads do not schedule prenatal visits within the first trimester. To cover this shortage area, PHN offices offered prenatal

assessment, education, and referral for smoking cessation, and nutritional support prior to the first prenatal visit with a physician. Nutritional support included free prenatal vitamins for women who could not afford them. These vitamins were provided to PHN by MFH.

Teens ages 15 to 17 years were old enough to access family planning services at locations across Wyoming. Family planning clinics were operated by the WHC, Wyoming's Title X agency, with supplemental funding from MFH. WHC ensured access to comprehensive, high quality, voluntary family planning services for both men and women. Funding was provided for a family planning data repository, PHP, and prenatal support to WMHP families. The PHP provided all women who received a negative pregnancy result from a Title X family planning clinic with information on planning an intended pregnancy, several condoms, and a three-month supply of prenatal vitamins with folic acid.

BB, a collection of perinatal PHN home visiting services, offered care coordination and the NFP home visiting model to first time pregnant teens and families as a best practice strategy to assist in identifying high-risk pregnancies. NFP also advocates for optimal birth spacing to decrease subsequent teen births.

The MOD state chapter office compiled a library of learning modules for Registered Nurses to review and earn continuing education credits. One of the modules is entitled "Teen Pregnancy Prevention."

MFH partnered with The National Campaign to Prevent Teen and Unplanned Pregnancy to receive information about teen and unplanned pregnancies, including funding opportunities for teen pregnancy prevention initiatives.

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy," is an informational booklet created by the American Indian/Alaska Native Committee of the MOD West Region, including both major tribes represented in Wyoming. Culturally sensitive information includes healthy lifestyle (not smoking prior to, during or after pregnancy) and planning an intended pregnancy. Booklets were distributed through IHS and local county PHN offices to American Indian clients including teens.

MFH and the CPH Epidemiology Section co-managed the PRAMS project, which surveys postpartum women about their experiences before, during, and after pregnancy.

MFH promoted text4baby, sponsored by the National Healthy Mothers, Healthy Babies Coalition, and AAP. Text4baby provided free, weekly text messages to help participants through pregnancy and their baby's first year. MFH furnished text4baby materials to PHN, WIC, dental offices, and FP clinics, to encourage teens to sign up for the program. The messages not only support the current pregnancy, they also relate to interconception health.

MFH, WHC, and other partners submitted a Tier I Teenage Pregnancy Prevention: Replication of Evidence-based Programs application to fund prevention programs, however, the request was not funded.

MFH received a PREP grant to fund EBP teen pregnancy prevention models. A state plan was submitted and conditionally accepted. Carbon, Fremont, and Natrona Counties were selected for initial delivery of the plan.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Supplemental funding for reproductive health, data repository,				X

Preconception Health Project (PHP) and Wyoming Migrant Health Program (WMHP)				
2. Perinatal education, referral and support			X	
3. Maternal High Risk (MHR) and Newborn Intensive Care (NBIC) Programs/ Translation services		X		
4. Collaboration with March of Dimes (MOD)/ National Campaign to Prevent Teen and Unplanned Pregnancy				X
5. Wyoming Healthy Student Success Model (WHSSM) Coordinated School Health Programs			X	
6. Promote American Indian Health			X	
7. Personal Responsibility Education Program (PREP)			X	
8. Pregnancy Risk Assessment Monitoring System (PRAMS)			X	
9. Life Are U Ready/text4baby			X	
10. MFH County Block grants				X

b. Current Activities

MFH provides funds to WHC to ensure teens have access to family planning and preconception health services.

BB offers services to pregnant and postpartum teens, providing limited financial assistance for accessing specialized care to eligible high-risk mothers and infants. MFH provides prenatal vitamins for PHN staff to give preconceptually, prenatally or interconceptually to teens without resources to purchase them.

IHS and county PHN offices continue to distribute "The Coming of the Blessing, a Pathway to a Healthy Pregnancy" to encourage intended pregnancies.

In March 2012, Wyoming PHD determined that WDH would not keep the PREP grant and that all funding would be returned to the Family and Youth Services Bureau. The WDE is meeting with MFH staff to determine if PREP efforts will remain in Wyoming and be taken over by DOE staff.

PHN staff in Gillette, Ten Sleep, and Worland offer "Life R U Ready?" to middle school students. The real life simulation program increases awareness of consequences of risky behavior, including use of substances and unprotected sex.

c. Plan for the Coming Year

MFH has been supplementing Title X work in the state through WHC, but concern has grown over the past year with family planning not available throughout all counties and some counties have very limited availability. Discussions have begun between MFH, PHN and WHC to determine how this need can be better met and ensure access to comprehensive, high quality, voluntary family planning services for men and women. Clinics should provide contraceptive supplies on a sliding scale, pregnancy testing, and PHP.

MFH will offer County Block grants to PHN offices to assist in development, delivery, and evaluation of MFH services and translation services for MFH families. Services offered through PHN will include BB care coordination, NFP home visiting model, prenatal classes, and assistance in filling out forms for PWP and applications for the MHR and NBIC programs.

CPH Epidemiology Section will manage the PRAMS project. The PRAMS survey gathers information regarding postpartum women (including teens) and their experiences before, during, and after pregnancy. Questions regarding use of contraception at the time they became pregnant will also be included. MFH and the CPHD Epidemiology Section will examine the PRAMS data for use with the Wyoming state priority of reducing the rate of teen births.

MFH will continue to promote text4baby to ensure pregnant teens are provided information on healthy lifestyle promotion and interconceptual health.

If the WDE decides to keep the PREP grant in Wyoming by taking over as the lead agency responsible for PREP, the CAHC will continue to partner in these efforts as a member of the PREP Advisory Committee.

The Wyoming Sexually Transmitted Diseases (STD) program is located in the PHD. After attending several national meetings, it has come to the attention of the STD Program that some substantial grant changes are expected by the Program beginning in January 2014. Although change can be challenging and frustrating the STD Program believes that this is an opportunity to capitalize on both internal and external partnerships to create a strong and sustainable program in 2014 designed to address comprehensive sexual health and disease prevention.

The STD Program has invited partners and stakeholders to participate in the 2012/2013 Cooperative Agreement Process. MFH staff will participate in this process as the STD Program prepares to adapt to upcoming changes and begin to set new goals and objectives for the 2013/2014.

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	2007	2008	2009	2010	2011
Annual Performance Objective	75	75	56.6	55	55
Annual Indicator	71.3	56.6	49.1	49.1	49.1
Numerator	4411	2788	2570	2570	2570
Denominator	6187	4923	5230	5230	5230
Data Source		2008/2009 Wyoming Third Grade Oral Health Survey	2009/2010 Wyoming Third Grade Oral Health Survey	2009/2010 Wyoming Third Grade Oral Health Survey	2009/2010 Wyoming Third Grade Oral Health Survey
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
	2012	2013	2014	2015	2016
Annual Performance Objective	50	50	50	50	50

Notes - 2011

An oral health survey, including BMI data, was conducted during school year 2009/2010. A baseline survey was conducted in 2000 and showed that 71.3% of Wyoming third graders had protective sealants. The oral health program did not have the staffing to conduct another survey until 2008/2009 and again in 2009/2010. The current survey was developed to estimate the percentage of third graders who have received sealants.

Notes - 2010

An oral health survey, including BMI data, was conducted during school year 2009/2010. A baseline survey was conducted in 2000 and showed that 71.3% of Wyoming third graders had protective sealants. The oral health program did not have the staffing to conduct another survey until 2008/2009 and again in 2009/2010. The current survey was developed to estimate the percentage of third graders who have received sealants.

Notes - 2009

An oral health survey, including BMI data, was conducted during school year 2009/2010. A baseline survey was conducted in 2000 and showed that 71.3% of Wyoming third graders had protective sealants. The oral health program did not have the staffing to conduct another survey until 2008/2009 and again in 2009/2010. The current survey was developed to estimate the percentage of third graders who have received sealants.

a. Last Year's Accomplishments

The results of the 2009-2010 OH Survey indicate that 49.1% of Wyoming third graders have dental sealants on at least one permanent molar. Due to survey methodology, data from 2009-2010 survey are not comparable to data from previous years. The survey was not repeated in 2011.

OH worked with Medicaid to provide fluoride varnish to children ages 6 months to 5 years of age. In 2010-2011, 73 providers, both physicians and dentists, applied fluoride varnish for 3,833 Medicaid clients. COHCs also apply fluoride varnish for children in preschools, Head Start, and a few elementary schools.

In 2010-2011, Medicaid provided dental sealants on both primary second molars and permanent molars for 3,838 children, 580 of these children were third graders. The partnership between MFH and OH provided dental sealants for 1,805 children, 160 were third graders.

OH provided preventive services to children through oral health education programs, fluoride mouth rinse programs, dental screenings, and referrals.

Children not eligible for Medicaid received treatment through the Severe Crippling Malocclusion Program. This program provides funding to treat children with a malocclusion severe enough to create a medical necessity for correction. MFH also funded surgical procedures related to cleft lip/cleft palate repair and facial anomalies for eligible clients.

OH has five COHCs that provide services to 13 of Wyoming's 23 counties. The COHCs apply provide dental screenings, including referrals to treatment, and fluoride varnish and fluoride rinse programs for children in preschools, Head Start, and school districts.

OH partnered with the WyDA and Wyoming hospitals to develop and distribute "Healthy Mouth/Healthy Me" packets to new mothers before they leave the hospital. Packets include a pamphlet on oral health, a Tender Touch, and an infant toothbrush.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Dental screening		X		
2. Medicaid Dental Program		X		
3. Crippling Malocclusion Program		X		
4. Community Oral Health Coordinators (COHC)		X		
5. WY Oral Health Coalition				X
6. Dental sealant survey				X
7. Oral Health Study			X	
8. Oral Health Summit				X
9.				
10.				

b. Current Activities

In 2011-2012, COHCs completed oral health education programs and dental screenings for 11,832 students. Of these, 2,730 were referred to a dentist for treatment. In addition, 4,637 children participated in a weekly fluoride rinse program or a fluoride varnish program (three times per year) administered by the COHCs

In 2011 and 2012, 502 children received 2,565 dental sealants with funding provided through the Title V Block Grant. A total of 43 of the 502 children who received sealants were third graders. The sealant program was stopped from May 1, 2011 through January 25, 2012 due to decreased funding and the slow dispersal of Title V funds from the federal level.

In partnership with the WyDA, OH continued to provide hospitals with Healthy Mouth/Healthy Me packets for new mothers. Each packet contains a pamphlet on oral health, a Tender Touch, and an infant toothbrush. Approximately 8,000 packets are distributed annually.

c. Plan for the Coming Year

Collaboration between MFH and OH will continue, focusing on the oral health of Wyoming children and families.

COHCs will continue to conduct oral health screenings in preschool and elementary school children and apply fluoride varnish for children in preschools, Head Start, and a few elementary schools.

Beginning in the summer of 2012, COHCs will begin entering screening and treatment data into a new OH data system, which was built as part of the existing web-based EHDI System. This effort will provide real time data monitoring of oral health of Wyoming children.

OH plans to partner with the WyDA and community organizations to implement recommendations made in the OH Initiative, OH in Wyoming report.

OH will work with the Head Start State Collaborative Office and Head Starts in Wyoming to find dental homes for Head Start children.

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	2007	2008	2009	2010	2011
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Performance Data					
Annual Performance Objective	6.4	4.5	4.5	4	3
Annual Indicator	4.9	4.8	4.5	3.4	3.0
Numerator	14	14	14	11	10
Denominator	286385	294462	308232	318986	329735
Data Source		Wyoming Vital Statistics Services			
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
	2012	2013	2014	2015	2016
Annual Performance Objective	2.5	2.5	2	2	2

Notes - 2011

Data from Wyoming Vital Statistics Services provided as three-year rolling rates (2008-2010) due to small numbers.

Notes - 2010

Data provided as three-year rolling rates (2007-2009) due to small numbers.

Notes - 2009

Data provided as three-year rolling rates (2006-2008) due to small numbers.

a. Last Year's Accomplishments

The 2011 objective was 3.0 deaths per 100,000 children ages 14 years and younger. The rate for 2011 (a three year average rate for 2008 to 2010) met this objective at 3.0 deaths per 100,000. This does not represent a statistically significant change from the rate of 3.4 deaths in 2010 (data from 2007-2009). The rate of deaths per 100,000 children aged 14 years and younger has decreased in a linear fashion since 2001 ($p < 0.0001$). Three-year averages were utilized due to the small number of deaths each year.

MFH continued as the lead State agency partnering with Safe Kids USA (SKUSA) and contracted with Cheyenne Regional Medical Center (CRMC) to maintain the Safe Kids Wyoming (SKW) State office. This program is focused on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach of public awareness, education, public policy advocacy, and community action. Local chapter activities are reported to the State office monthly, and reviewed by the SKW leadership team on a quarterly basis.

MFH supported the SKW change in the structure of the state coalition to the State office-based model, which requires previously established chapters within the state to meet requirements to transfer to coalition status. SKW chapters completed a self assessment that led to the change

over from chapters to partners and coalitions. The results of the assessment concluded SKW has ten partners and six coalitions. Every region of the state now has a local coalition or partner able to call upon the State office or other partners for the latest information on preventing unintentional childhood injuries.

MFH served on the SKW Leadership Team to provide financial and programmatic support to statewide efforts of the State office and local chapters of SKW. MFH funding supported seatbelt safety message billboards across the state and purchased infant, preemie, and special needs car seats. In 2010, SKW, through its chapters and programs, inspected 1,662 car seats and distributed 616 car seats. SKW reached 52,239 people, or almost 1 out of every 10 Wyomingites, with information about SKW.

MFH had a booth at SKW's Safe Kids Day in May 2011 at the Cheyenne YMCA. Children participated in a booth activity to win a Frisbee if they correctly answered a question that tested their knowledge in the area of safety, physical activity, or nutrition. Parents were offered America's Youth PASSPORT, a booklet which can be used to schedule and record visits with healthcare providers, maintain important health information such as immunization dates, and prevent accidents, illnesses, injuries and abuse.

MFH Financial Specialist and the CAHC attended the Annual Safe Kids (SK) Chapter Coordinators meeting in June 2011.

The SKW action plan for 2008-2009 identified a goal for decreasing the number of fatalities and injuries due to motor vehicle crashes. This was addressed through supporting enforcement of child restraint laws. Educational opportunities were offered for law enforcement offices in counties without a SK chapter. Child passenger safety certification classes were held to increase and maintain the number of certified technicians throughout the state. The goal to increase seatbelt and child restraint usage in Wyoming was addressed through funded billboards in strategic locations throughout the state and collaborative work with the Wyoming Seatbelt Coalition.

MFH hosted a strategic planning meeting with stakeholders to begin work on the strategic plan for the new MFH priority of reducing the rate of unintentional injury among Wyoming children and adolescents. An issue brief is being created to update stakeholders of Wyoming information related to this topic.

MFH provided County Block grants to county PHN offices to assist communities in development, delivery, and quality evaluation of services. PHN staff members in some county offices have been involved in local SKW chapters and are certified as child passenger safety technicians to increase manpower needed to support SKW efforts at the local level.

SKW's website provides information on a variety of child safety issues, including child passenger, pedestrian, and bike safety. MFH provides a link to SKW's website from the WDH website.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Safe Kids Wyoming (SKW)				X
2. SKW Coordinator Conference				X
3. MFH County Block grants				X
4. Child Passenger Safety Training			X	
5.				
6.				

7.				
8.				
9.				
10.				

b. Current Activities

MFH continues to serve on the SKW Leadership Team to provide financial and programmatic support to statewide efforts of the State office and local chapters of SKW. MFH funding continues to support seatbelt safety message billboards across the state and purchased infant, preemie, and special needs car seats. In 2011, SKW, through its chapters and programs, inspected 1901 car seats and distributed 704 car seats. SKW reached 31,731 people with information about SKW.

Using MFH funding, 15,000 SKW brochures were created and ordered through the CRMC Communications Department and will be distributed to the Safe Kids Coalitions and Partners in the state of Wyoming. The brochures will also be used during the statewide event "tour" in the month of May and used during the events held in the communities of Sheridan County, Campbell County, Big Horn Basin, Albany County and Laramie County. The brochures explain the need for SKW as the leader in a comprehensive solution to unintentional injuries. The epidemiologists of MFH were instrumental in the creation of the charts used on the brochures to show the breakdown of unintentional injuries in Wyoming and the decrease in unintentional injury deaths since 2004.

MFH assisted in the funding for the SK State Events in May, 2012. The locations of the events include Albany County, Hot Springs County, Park County, and Campbell County. We are also sending materials to Sheridan County for the event they are holding.

c. Plan for the Coming Year

MFH and SKW will continue to support local chapters and coalitions to reduce child and adolescent deaths caused by motor vehicle crashes through targeted efforts. MFH will continue to participate on the SKW leadership team and contribute to future training efforts for SKW chapter and coalition coordinators.

MFH hopes to participate in SKW's Safe Kids Day in May 2013 at the Cheyenne YMCA, with a booth and activities for children to participate in that stress the importance of safety first.

MFH will continue to provide County Block grants to county PHN offices to assist communities in the development, delivery, and quality evaluation of services to support local SKW chapter and coalition efforts.

MFH will begin implementation of strategies identified during its strategic planning process to reduce the rate of unintentional injury among children and adolescents focusing on: performing comprehensive analysis of child and adolescent injury mortality and morbidity data; strengthening the partnership with SKW to implement injury prevention efforts in Wyoming; developing contractual language specifying how MFH funds will be used to address mutually determined priorities and specify which SKW activities are supported by MFH; and developing and implementing evaluation plans for Safe Kids injury prevention efforts supported by MFH.

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	2007	2008	2009	2010	2011
Annual Performance Objective	47	44	47	48	53
Annual Indicator	42.9	46.6	52.8	52.5	48.2
Numerator	2918	3370	3930	4134	3635
Denominator	6803	7231	7443	7874	7541
Data Source		National Immunization Survey	National Immunization Survey	National Immunization Survey	National Immunization Survey
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
	2012	2013	2014	2015	2016
Annual Performance Objective	50	50	50	50	50

Notes - 2011

The National Immunization Survey (NIS) reports breastfeeding percentages based on the year of birth. The denominator is the number of live births in 2010. The numerator is estimated by using the percentage reported by NIS for the 2008 birth cohort.

Notes - 2010

As of 2004, the National Immunization Survey (NIS) now reports breastfeeding percentage based on the year of birth. The denominator is the number of live births in 2009. The numerator is estimated by using the percentage reported by NIS for the 2009 survey.

Notes - 2009

As of 2004, the National Immunization Survey (NIS) now reports breastfeeding percentage based on the year of birth. The denominator is the number of live births in 2005. The numerator is estimated by using the percentage reported by NIS for the 2005 survey.

a. Last Year's Accomplishments

The Healthy People 2020 objective is for 60.6% of mothers to breastfeed their infants at six months of age. Wyoming's objective for 2011 was for 53% of mothers to breastfeed their infants at 6 months of age. Data for 2011 (from the 2010 NIS) show 48.2% of Wyoming mothers breastfeed their infants at 6 months of age. This was a statistically significant decrease ($p < 0.0001$) from 52.5% in 2010 (data from 2009 NIS).

Perinatal support services through PHN offices, including the EBP NFP home visitation model, provided breastfeeding education and support. PHN staff members trained as CLC encouraged

and supported initiation and continuation of breastfeeding.

Access to breast pumps for Medicaid recipients was supported at the local and state level, and reimbursement was facilitated by MFH assistance. Baby scales were available for reassuring moms of breastfeeding success by demonstrating the amount of breast milk infants received during a breastfeeding session.

Referrals between WIC, MFH and PHN were encouraged for pregnant women. WIC focused on providing food prenatally and postpartum, with more robust food options for breastfeeding women. WIC staff also encouraged and supported initiation and continuation of breastfeeding.

MFH contracted with HCP to offer CLC training in March 2010, and provided twelve PHN registration scholarships. The attendees included WIC staff members, as well as clinical nurses from Wyoming and other states.

The BSW continued as a limited CPH project, with two MBRs in a Cheyenne state office building, to support three breastfeeding employees located within the building. The rooms were equipped with hospital-grade breast pumps, refrigerators, and rocking chairs, for mothers' breastfeeding and pumping comfort. A proposal was presented to WDH Management Council in January 2010, and revisions have been made as requested and approval has not yet been received.

The Wyoming Breastfeeding Coalition was established in 2009 as a partnership between WIC, MFH, and local facilities. The purpose was to support both initiation and continuation of breastfeeding to meet the 2010 Healthy People goals. The coalition was launched in Casper in September 2009 with a one-day workshop presented by the HCP, "Encourage Breastfeeding in Your Community and Make It a Successful Experience." MFH also funded "Recent Research and Best Practices," a one-day workshop in Sheridan to assist the local hospital move toward Baby-Friendly distinction. Nineteen PHN staff, 10 WIC staff, and 12 clinical nurses from local hospitals were in attendance. All evaluations rated the workshops as excellent.

PRAMS data provided current information related to initiation and continuation of breastfeeding in Wyoming.

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy," is an informational booklet created by the American Indian/Alaska Native Committee of the MOD West Region. The culturally sensitive information includes the role of the father during pregnancy and postpartum and the importance of his support in encouraging the mother to begin and continue to breastfeed.

Lamaze International was contracted to provide CBE training, related to their inherent support of holistic breastfeeding. MFH provided 30 registration scholarships for clinical nurses and PHN staff to attend the training opportunities in either Gillette or Thermopolis during spring 2010.

Copies of the AAP fact sheet, "Infant Nutrition during a Disaster: Breastfeeding and Other Options" were made available by MFH to PHN offices to assist perinatal clients in developing crisis strategies.

THB is a program that empowers parents to soothe babies and reduce parental stress. This program has several proven outcomes including improved breastfeeding rates. The approach is used throughout the country, since crying babies can lead to poor let down of milk, which can increase stress and lead to fussiness of the infant. Crying and fussiness can pressure the mom to stop nursing if she believes her milk is not satisfying to the infant. Other outcomes include improvement of paternal bonding and participation of the dad, which is linked to a decrease in SBS. During the CY2010, MFH provided 12 THB certification kits to Wyoming nurses and other entities, including IHS.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Perinatal education, outreach, and support			X	
2. WIC partnership				X
3. Healthy Children Project collaboration/ Certified Lactation Counselor (CLC) training				X
4. Breastfeeding Support in the Workplace (BSW), Wyoming Breastfeeding Coalition (WBC)/Baby-Friendly designation				X
5. Pregnancy Risk Assessment Monitoring System (PRAMS)			X	
6. Professional education/MFH Strategic Planning process				X
7. American Academy of Pediatrics (AAP)/Happiest Baby on the Block (THB)			X	
8. Promote American Indian health			X	
9. Translation services		X		
10. MFH County Block grants				X

b. Current Activities

In April 2012, a basic CLC class was offered. A total of 26 individuals, which included 17 PHNs from 11 counties, attended the training.

The BSW workgroup within WDH developed a website with information for employers and lactating women regarding breastfeeding support in the workplace.

The Wyoming Breastfeeding Coalition (WBC) is developing a website for members and individuals to access breastfeeding information including support for breastfeeding initiation and continuation. In partnership with the Communities Putting Prevention to Work funding, WBC hosted a conference in 2012 which included a presentation of Wyoming breastfeeding data given by CPH EPI staff.

Memorial Hospital of Sheridan County is no longer working towards becoming a Baby-Friendly Hospital. Powell Valley Healthcare remains the only one in Wyoming.

The April 2011 Association of Women's Health and Obstetrical and Neonatal Nurses (AWHONN) conference included a presentation on Baby-Friendly status and the EBP related to donor milk use for infants.

As of March 2012, 18 county PHN offices have a certified THB instructor. The information is passed on to the public through home visits, parenting classes, prenatal classes and trainings for daycare providers.

An issue overview about breastfeeding in Wyoming has been developed and is available on the MFH website.

c. Plan for the Coming Year

PHN and WIC staff members who are CLC, ACLC, or ANCLC will encourage and support initiation and continuation of breastfeeding.

Collaboration and referral will continue between MFH and WIC in support of initiation and continuation of breastfeeding. WIC will provide breast pumps to moms, with Medicaid reimbursing for Medicaid-eligible recipients needing hospital-grade breast pump rental. Medicaid will continue to make available to eligible recipients a personal breast pump.

MFH will investigate continuing work with HCP for the provision of CLC trainings to ensure continued availability of up-to-date breastfeeding knowledge within the counties.

The BSW workgroup will continue to disseminate information regarding breastfeeding in the workplace. Publicizing the lactation rooms within WDH, publicizing the BSW website and providing information regarding the establishment of a lactation room in the workplace are some of the activities yet to accomplish.

MFH will connect with hospitals to explore the encouragement of Baby-Friendly hospitals.

PRAMS data will provide current information related to breastfeeding in Wyoming, including barriers to initiation and continuation, to assist in revising programs, and then determining how initiatives are affecting the breastfeeding rates. A two page fact sheet will also be developed from the existing issue overview and will be shared with stakeholders.

MFH will continue to encourage the use of THB for its relation to breastfeeding.

How best to provide translation services for home visits, clinics and classes will be examined in the upcoming year. The previous translation contract expired.

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	2007	2008	2009	2010	2011
Annual Performance Objective	97	97	98	98.5	95
Annual Indicator	96.4	97.6	97.0	94.9	99.5
Numerator	7046	7262	7223	6556	6676
Denominator	7310	7438	7443	6907	6710
Data Source		Wyoming Newborn Hearing program/ Wyoming Vital Rec	Wyoming Newborn Hearing program/ Wyoming Vital Rec	Wyoming Newborn Hearing program/ Wyoming Vital Rec	Wyoming Newborn Hearing program/Vital Stats
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	Final

	2012	2013	2014	2015	2016
Annual Performance Objective	99.5	99.5	99.5	99.5	99.5

Notes - 2011

Data are from 2011 hearing screening data Wyoming births with occurrent births as the denominator.

Notes - 2010

Data are from 2010 Wyoming births with occurrent births as the denominator.

Notes - 2009

This data is from 2009 Wyoming births with occurrent births as the denominator.

a. Last Year's Accomplishments

The 2011 objective for percent of newborns who have been screened for hearing before hospital discharge in Wyoming was 98.5%. This objective was met with 99.49% of newborns screened 2011. This is a statistically significant increase from 94.92% in 2010.

There are 21 birthing hospitals in Wyoming. Each of these hospitals participated in the EHDI program and has equipment available on-site to perform newborn hearing screening.

MFH and EHDI continued to coordinate and educate Wyoming providers and tertiary care facility staff on the importance of newborn hearing and metabolic screenings and referrals for patients through early site visits. Child Development Centers and PHNs continued to refer families to MFH for Wyoming Genetic Counseling Services.

MFH and EHDI continued to refer families of individuals with hearing loss to DDD/Child Development Centers for audiology evaluations and/or to Wyoming Genetic Counseling Services clinics for genetic evaluations.

EHDI's tracking system ensured infants born in Wyoming received a hearing screen or had a signed waiver refusing the screening.

VSS, EHDI, and NBMS collaborated to enhance the quality of screening reports. MFH collaborated with VSS to obtain death records of infants, decreasing the number of deceased infants tracked for missing screens.

The CSH Program Manager participated as a member of the EHDI Advisory Board.

MFH and EHDI worked to rewrite sections of the provider manual for midwives regarding newborn hearing and metabolic screenings.

MFH used SSDI funding to develop a state birth defects surveillance plan for Wyoming in 2010-2011.

CSH co-sponsored a booth with the EHDI program at the Wyoming Medical Society meeting in Laramie, Wyoming.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Early Hearing Detection and Intervention (EHDI)			X	
2. Vital Statistics Services (VSS)				X

3. Support Data Systems				X
4. Wyoming Genetic Counseling Services Program	X			
5. Transportation/Translation Services Support		X		
6. MFH County Block grants				X
7. Birth Defects Surveillance Plan				X
8.				
9.				
10.				

b. Current Activities

MFH and EHDI continue to refer families of individuals with hearing loss to DDD/Child Development Centers for audiology or genetic evaluations. EHDI's tracking system ensures infants born in Wyoming receive a hearing screen or have a signed waiver. 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 hospital discharge.

Transportation and translation services are available for families who qualify for MFH and Medicaid programs to assist in obtaining additional screenings or to attend specialty clinics.

In collaboration with the University of Wyoming (UW), EHDI holds Pediatric Audiology Specialty Clinics in Casper and Laramie.

Speech/language evaluation is available when appropriate. Clinics are held eight to ten times a year and include a team approach. The team consists of two audiologists, a speech/language therapist, a teacher for the Deaf/Hard of Hearing (D/HH), a parent advocate, and an Ear, Nose and Throat (ENT) Specialist.

CSH supported EHDI's telehealth outreach efforts by granting telemedicine audiology equipment this year.

The CSH Program Manager participates as a member of the EHDI Advisory Board.

CSH co-sponsored a booth with the EHDI program at the Wyoming Medical Society meeting in Jackson Hole, Wyoming, June 2011.

c. Plan for the Coming Year

MFH, PHN, Medicaid, EHDI, and Part C will continue to coordinate and educate tertiary care facility staff to ensure referral of Wyoming families to all applicable programs.

MFH and EHDI will continue to refer families of individuals with hearing loss to DDD/Child Development Centers for audiology evaluations and/or to Wyoming Genetic Counseling Services clinics for genetic evaluations.

EHDI's tracking system will ensure infants born in Wyoming receive a hearing screen or have a signed waiver refusing screening.

EHDI, MFH, PHN, and APS will assure hearing screens are completed for infants hospitalized out-of-state. Referrals will be made for infants not screened prior to discharge.

MFH will continue to bill providers for newborn hearing screening on behalf of DDD.

MFH County Block grants will continue to fund PHN perinatal services, which include providing information to families relating to the importance of all newborn screenings.

MFH will continue to participate on the EHDl Advisory Board.

Transportation and translation services will be available for families who qualify for MFH and Medicaid programs to assist in obtaining additional screenings or to attend specialty clinics.

EHDl will provide educational workshops on hearing screenings for Wyoming providers as needed.

In collaboration with UW, EHDl will continue to hold Pediatric Audiology Specialty Clinics in Casper and Laramie with plans to add additional clinics in Lander and Rock Springs. Speech/language evaluation will be available when appropriate. Clinics will be held eight to ten times a year and will include a team approach. The team will consist of two audiologists, a speech/language therapist, a teacher for the D/HH, a parent advocate, and an ENT.

VSS will educate birth hospitals on correct reporting of parents' choice to waive or accept newborn metabolic screening and newborn hearing results on birth certificates.

CSH will, again, co-sponsor a booth with the EHDl program at the Wyoming Medical Society meeting.

CSH will continue to support audiology-specific telehealth projects.

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	2007	2008	2009	2010	2011
Annual Performance Objective	10.5	8	9	8.8	9
Annual Indicator	8.2	9.2	8.8	9.4	7.9
Numerator	9987	11488	11664	11497	10768
Denominator	121794	125365	132542	122479	136229
Data Source		United States Census Bureau Table H105	United States Census Bureau Table H105	United States Census Bureau	United States Census Bureau
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
	2012	2013	2014	2015	2016
Annual Performance Objective	7.5	7.5	7.5	7	7

Notes - 2011

Indicator from 2010 US Census.

Notes - 2010

Indicator from 2009 US Census (American Community Survey) estimates.

Notes - 2009

Indicator is from 2008 US Census data.

a. Last Year's Accomplishments

The objective for 2011 was to reduce the percent of children without health insurance to 9%. This objective was met in 2011 (data from 2010) with 7.9% of Wyoming children less than 18 years of age without health insurance. This represents a statistically significant decrease from 9.4% in 2010 (data from 2009).

Wyoming Genetic Counseling Services allowed individuals who did not have insurance or had inadequate insurance to be seen for consultation at no cost.

MFH participated on the GCDD in order to streamline services for CYSHCN.

Wyoming Health Insurance Program (WHIP) was 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 Medicaid and Kid Care CHIP prior to becoming eligible for MFH services. This allowed families to have more comprehensive healthcare coverage. In addition, families who applied for Medicaid and Kid Care CHIP and had a CYSHCN were offered a 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 continued.

MFH, PHN, Medicaid, EHDI, and Part C staff coordinated visits to tertiary care facilities to educate staff on Wyoming programs. This helped to ensure that Wyoming families were referred to WDH programs on discharge from tertiary care facilities.

County Block grants to Wyoming counties provided funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.

To help identify and enroll children eligible for the Kid Care CHIP program, the "Healthy Kids, Healthy Communities" initiative has partnered Wyoming cities, towns and municipalities with Kid Care CHIP, Blue Cross Blue Shield, and Delta Dental to find and enroll eligible children into the program. Under this initiative, program partners were involved at three different levels: sharing program information; assisting in completion of program applications; and/or serving as an enrollment site, which includes the above activities and sending completed applications directly to the Kid Care CHIP program.

Kid Care CHIP's "Covering Wyoming Kids" created outreach and enrollment sites at PHN offices in nine counties and a partnership with the Community Health and Wellness Center (CHWC). The ten enrollment sites will facilitate enrollment through a "Health Front Door" concept and allow families to apply for health coverage through the online system.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Medicaid/Kid Care CHIP Application			X	
2. Early Childhood Comprehensive System (ECCS)				X
3. CHIP Coordination Committee				X
4. WY Health Insurance Program (WHIP)			X	
5. Education of Providers/Families/Communities				X
6. Translation/Transportation Services		X		
7. MFH County Block grants				X
8. Wyoming Genetic Counseling Services	X			
9. Governor's Council on Developmental Disabilities (GCDD)				X
10.				

b. Current Activities

Families continue to be required to apply for Medicaid and Kid Care CHIP prior to becoming eligible for MFH services. Referrals are shared among APS, Kid Care CHIP, DFS, and MFH.

Genetic Counseling Services allow individuals with inadequate or no insurance to be seen for genetic consultation at no charge.

MFH and PHN staff contact families who need to reapply for WDH programs, assuring healthcare coverage continues.

Through the DWS, Kid Care CHIP materials are given to families who become unemployed. Kid Care CHIP's HealthLink is an on-line application that offers an additional enrollment venue by allowing families to apply from any computer with internet access. HealthLink completed updates that allow families to renew enrollment or provide updated information from any computer with internet access.

WHIP is available for families to purchase insurance for children with pre-existing conditions.

Kid Care CHIP's "Covering Wyoming Kids" outreach and enrollment sites at PHN offices in nine counties and a partnership with the Community Health and Wellness Center (CHWC) was terminated at the end of the grant period it was provided through. Unfortunately, staff report they have not seen an increase in enrollment after computers were placed at sites to facilitate Kid Care CHIP enrollment by families.

c. Plan for the Coming Year

MFH will continue to provide services that Kid Care CHIP does not provide including hearing aids, transportation, translation, and Level III care for newborns not eligible for Kid Care CHIP services during the first month of age.

MFH staff will access Medicaid's EPICS system. This allows MFH staff to streamline the application process for CSH services for dual-eligible clients. Information will be shared with collaborating agencies to ensure healthcare coverage continues.

Genetic Counseling Services will continue to allow individuals who do not have insurance or inadequate insurance to be seen for genetic consultation at no cost.

WHIP will continue 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 Medicaid and Kid Care CHIP prior to eligibility determination for MFH services. This will allow families to have more

comprehensive healthcare coverage. Families who apply for Medicaid and Kid Care CHIP and have a CYSHCN will be offered referral to MFH services. Referrals will be shared among WDH programs and associated entities.

MFH and PHN staff will contact families who need to reapply for WDH programs, assuring healthcare coverage is continued.

MFH will participate with Kid Care CHIP in networking with communities throughout the state, allowing Wyoming citizens to be informed about available MFH, Kid Care CHIP, and Medicaid programs. County Block 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.

MFH, PHN, Medicaid, EHDI, and Part C staff will continue to coordinate tertiary care visits to ensure Wyoming families are referred to WDH programs when they return to Wyoming with their infants.

MFH will work with the Kid Care CHIP program, as staffing allows, to identify specific ways MFH can support the Teen CHIP program.

HealthLink will continue to provide families with the option of applying for enrollment from any computer with internet access and to renew or provide the program with updated information.

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	2007	2008	2009	2010	2011
Annual Performance Objective	22	19	32	39.8	48
Annual Indicator	19.5	32.9	39.9	50.6	16.8
Numerator	1141	1889	2798	3629	741
Denominator	5850	5747	7020	7171	4407
Data Source		Wyoming WIC Program Data			
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
	2012	2013	2014	2015	2016
Annual Performance Objective	16	16	16	16	16

Notes - 2011

Data from 2011 are NOT COMPARABLE to data from previous years. WIC IT staff worked to correct the data query used to collect these data, and the data for 2011 are accurate. Data from previous years are not reliable. Data were not available from Pediatric Nutrition Surveillance System (PedNss), so data were collected directly from the Wyoming WIC program. The Wyoming WIC program collects data for children with a BMI >95th percentile for age and gender. State level aggregate data were confirmed with the Wyoming WIC program.

Notes - 2010

Data were not available from Pediatric Nutrition Surveillance System (PedNss). Data were collected directly from the Wyoming WIC Program. The Wyoming WIC Program collects data for children with a BMI >95th percentile for age and gender. These data may not be reliable due to problems with the WIC data system. A new WIC data system will be implemented in 2012.

Notes - 2009

Data was not available from Pediatric Nutrition Surveillance System (PedNss), so data was collected directly from the Wyoming WIC program. The Wyoming WIC program collects data for children with a BMI >95th percentile.

a. Last Year's Accomplishments

The 2011 objective was to reduce the number of children, ages 2 to 5 years of age, receiving WIC services with a BMI at or above the 95th percentile to 48%. However, previous year's data may not be reliable due to problems with the WIC data system; therefore this year percentage should not be compared to earlier years. In 2011, 16.8% of WIC recipient's ages 2 to 5 years with a BMI at or above the 95th percentile. A new WIC data system will be implemented in 2012.

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 infant's second birthday. This program includes infant and child nutrition education.

WIC screened all children ages 2 to 5 years for Body Mass Index (BMI). Parents were asked a variety of nutrition and health questions to identify patterns in nutrition/health practices and lifestyle behaviors that may lead to adverse health outcomes. During WIC certification and follow-up appointments, nutritionists and nurses identified infants and children at risk for overweight (>85 percentile) or children who were overweight (>95 percentile). Those children at risk for overweight may be at risk based on a parental BMI of greater or equal to 30.

Once a child was identified as falling into one of these risk categories, answers to the nutrition/health questions were reviewed to design a nutrition intervention plan. The nutritionist reviewed the child/family eating practices and discussed basic nutrition interventions to enable the child to grow along a more moderate growth curve. These interventions included discussion of the Food Guide Pyramid, questions related to foods coming into the house, timing of meals/snacks and what was offered, how much and the types of food consumed, where foods were consumed (at the table vs. snacking), a discussion of current physical activity patterns, and the nutritional needs of a growing child. The parent was usually asked to set a goal for the child, such as less television time, more physical activity, eating more fruit/vegetables, focusing on non fat or low fat dairy products, limiting concentrated sweets like juice, and junk foods, and appropriate portion sizes. During follow-up appointments, a review of the goal was discussed, and revised, or a new more client-friendly goal was set.

In addition, the new WIC food packages, implemented October 1, 2009, provide healthier options for growing children including fresh fruit and vegetables; whole grain breads and cereals; brown rice; low, fat free, or reduced fat dairy; less juice; calcium--fortified orange juice; limited cheese; and enhanced incentives; and support of breastfeeding. WIC staff members believe these food package changes better supported WIC participants and their families who want to make changes toward healthier lifestyles. In addition, there was a more focused approach toward daily

physical activity reflecting the current recommendation of 60 minutes each day for encouraging child growth along more normal weight patterns.

MFH collaborated with WIC to assure evidence based educational opportunities are available to address childhood obesity, including videotapes which run continuously in some WIC office waiting rooms.

PHN referred families to Cent\$ible Nutrition, as available in their community, for support and education related to purchasing and cooking nutritional food.

MFH provided County Block grants to PHN offices to increase capacity for communities to deliver and sustain services. MFH encouraged PHN staff members 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 of referral sources included local health fairs, early intervention councils, community advisory boards, and local healthcare provider coalitions.

WDH promoted health in Wyoming families through the Commit to Your Health campaign.

Translation services were available through PHN and WIC offices to assure minority populations receive the same information related to healthy lifestyle.

A state based Nutrition, Physical Activity, and Obesity Program for Wyoming was not funded by CDC.

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. Cent\$ible Nutrition referral				X
4. Provider education				X
5. Commit to Your Health project			X	
6. MFH County Block grants				X
7. Translation Services Support		X		
8.				
9.				
10.				

b. Current Activities

MFH provides County Block grants to PHN offices to increase capacity for communities to deliver and sustain services. The availability of care coordination and the NFP home visiting model through PHN is offered to pregnant women and families as a best practice strategy.

MFH and PHN refer families to WIC when care coordination reveals a child under the age of 5 with a BMI at or above the 85th percentile. PHN refers families to Cent\$ible Nutrition, as available in their community, for support and education related to purchasing and cooking nutritional food.

MFH applied for and received a Home Visiting grant from Health Resources and Services Administration (HRSA) and prepared a state home visiting plan. NFP, which is proposed for strengthening under the state's plan, emphasizes infant and child nutrition. In the fall of 2011 it was determined that MFH would have no choice but to return the Home Visiting grant to HRSA.

WIC continues to work to build a new data system. Data from the current system are only available as paper reports, and WIC data must be hand counted.

During the MCH needs assessment, promoting healthy nutrition and physical activity among children and adolescents was chosen as a priority for MFH for the next five years. During the summer and fall of 2010, a strategic planning process identified strategies to address this priority. An issue brief is being created to update stakeholders on Wyoming information related to Physical Activity and Nutrition.

c. Plan for the Coming Year

MFH and PHN staff members will continue to refer families to WIC when care coordination reveals a child under the age of 5 years with a BMI at or above the 85th percentile. PHN will also refer families to Cent\$ible Nutrition, as available in their community, for support and education related to purchasing and cooking nutritional food.

WIC will screen all children ages 2 to 5 years for weight, height, and BMI. Nutritional and health questions will be asked of the parent to identify patterns in nutrition/health practices. Nutritionists and nurses will identify children at risk for overweight or children who are overweight. Once a child is identified, answers to the nutrition/ health questions will be reviewed to design a nutritional intervention and physical activity plan. Tailored food packages and health referrals to help those children grow in a more normal growth rate and pattern for age and height will be provided.

MFH will explore opportunities to partner with stakeholders to address the issue of childhood obesity in Wyoming and will implement strategies identified during the strategic planning process to address this priority.

It is anticipated that the HRSA Home Visiting will be released for competitive bid in Wyoming. MFH plans to offer assistance to and work collaboratively with whoever is awarded the Home Visiting Grant in an effort to improve and expand home visiting services 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	2007	2008	2009	2010	2011
Annual Performance Objective	16.2	15	17	16	16
Annual Indicator	15.3	17.9	16.1	16.2	14.8
Numerator	1106	1402	1316	1276	1113
Denominator	7231	7832	8176	7874	7541
Data Source		Wyoming Pregnancy Risk Assessment Monitoring Sys			
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
	2012	2013	2014	2015	2016
Annual Performance Objective	14.5	14	13.5	13	12.5

Notes - 2011

Indicator data are from the 2010 Wyoming Pregnancy Risk Assessment Monitoring System (PRAMS) survey. Data from years prior to 2008 (2007 PRAMS) may not be comparable.

Notes - 2010

Indicator data are from the 2009 Wyoming Pregnancy Risk Assessment Monitoring System (PRAMS) survey. Data from years prior to 2008 (2007 PRAMS) may not be comparable.

Notes - 2009

Indicator data are from the 2008 Pregnancy Risk Assessment Monitoring System (PRAMS) survey. Data from years prior to 2007 may not be comparable.

a. Last Year's Accomplishments

The objective for 2011 was to reduce the percentage of women who report smoking in the last three months of pregnancy to 16.0%. This objective was met in 2011 (data from 2010 PRAMS) with 14.8% of women reporting smoking during the last three months of pregnancy. This represents a statistically significant decrease from the 2010 percentage (data from 2009 PRAMS) of 16.2% ($p=0.0082$).

Due to the shortage of providers in Wyoming, not all communities have providers available to care for pregnant women or the hospitals to deliver them. Additionally, some providers with full caseloads 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 for smoking cessation, and nutritional support are then available prior to the first prenatal visit with the physician.

WHC, the Title X designee, assured access to comprehensive family planning services for men and women. Clinics provided contraceptive supplies on a sliding fee scale to assist families in planning an intended pregnancy. Pregnancy testing and smoking cessation referral were also provided. MFH supplemented Title X funding to expand the availability of family planning clinics throughout Wyoming, and provided a repository for family planning data. MFH funded a PHP where women testing negative on a pregnancy test received a packet of materials including smoking cessation support and referral.

MFH supplemented WHC with federal funds to expand the WMHP within Wyoming to provide translation, prenatal service support, and PHP to migrant and seasonal farm workers.

Perinatal care coordination and the NFP home visiting model were offered to pregnant women. PHN staff provided prenatal assessment and referral for women as early as possible in their

pregnancy. Prenatal classes were offered on an individual, group, or family basis to highlight the risks of substance use during pregnancy, including tobacco.

Medicaid, in collaboration with assistance from both WHC and MFH, received approval for an 1115(b) waiver PbC to expand Family Planning services to postpartum women from six weeks to one year, to include tobacco cessation support.

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." Quitline advertised in local community magazines, such as the "Guide to Cheyenne."

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 created a Nursing Module Library, which included the 26 nursing modules not available on the MOD website. Nurses accessed the modules for self-study and obtained contact hours for unit completion. Examples include "Abuse during Pregnancy" and "Tobacco, Alcohol and Drug Use in Childbearing Families."

CPH EPI Section managed the Wyoming PRAMS project, which surveyed postpartum women about their experiences before, during, and after pregnancy. Questions about maternal tobacco use were included, as well as questions on how providers presented the need to quit smoking for optimal health of the infant.

MFH participated in the Tobacco Unit Strategic Planning process to assure MFH populations are addressed in the final plan.

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy", is an informational booklet created by the American Indian/Alaska Native Committee of the MOD West Region, including both major tribes represented in Wyoming. Culturally sensitive information includes the risks of substance abuse before and during pregnancy (including smoking tobacco). Booklets were distributed through IHS and local county PHN offices to American Indian clients.

IHS continued to deliver primary health services to the WRIR population, supplementing services provided through the county PHN offices including support and referral for smoking cessation.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Supplemental funding for reproductive health, data repository, Preconception Health Project (PHP) and Wyoming Migrant Health Program (WMHP)			X	
2. Perinatal education, referral, and support			X	
3. Collaborate with other public and private agencies				X
4. March of Dimes (MOD) collaboration				X
5. Pregnancy Risk Assessment Monitory System (PRAMS)			X	
6. Professional education for Wyoming nurses				X
7. Tobacco Unit Strategic Planning/MFH strategic planning process				X
8. Promote American Indian health			X	
9. Translation services		X		
10. MFH County Block grants				X

b. Current Activities

PHNs screen clients for tobacco use, make referrals, and present the risks of substance use during pregnancy, including tobacco.

A Maternal Smoking Cessation Planning group formed in early 2012. It includes various groups from the PHD and the Wind River Tobacco Prevention Program with goals to increase networking/coordination of agencies, systems changes, and programming to help increase tobacco cessation among pregnant women in Wyoming.

Wyoming PRAMS surveys gather information regarding risk behaviors of pregnant women, including smoking tobacco, barriers to smoking cessation, and support. The MCH Epidemiology Assignee has completed extensive analysis of the PRAMS data on maternal smoking including prevalence, risk factors and associated stressors which have been included in reports, presentations and an issue overview.

IHS delivers primary health services to the WRIR population, including support and referral for smoking cessation.

Translation services are available as needed in PHN offices to assure minority populations receive the same information related to healthy lifestyle and prenatal care.

Fourteen county PHN offices chose to focus activities on reducing maternal smoking. Some of the activities include, participation in cessation coalitions, referrals to Quitline and Text4Baby, radio messages regarding smoking cessation, increased efforts regarding initial screening for tobacco use, and distribution of cessation materials to community partners.

c. Plan for the Coming Year

PHN home visitation 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 pregnancy and will assist pregnant women in applying for PWP as appropriate, with necessary referrals made to Kid Care CHIP.

MFH will proceed with developing an agreement with Medicaid to assure the two programs are complementing each other rather than duplicating.

A conclusion of the report on Maternal Smoking During Pregnancy in Wyoming showed several demographic factors associated with smoking cessation during pregnancy, including Medicaid enrollment. Because a large proportion of Wyoming women are receiving prenatal care paid by Medicaid, targeting cessation efforts towards women who are enrolled in Medicaid could significantly increase maternal smoking cessation.

MFH and CPH EPI will continue to analyze the data to determine programmatic direction to assist women with the reduction/cessation of smoking during pregnancy. An issue overview about maternal smoking during pregnancy is under development and will be distributed to stakeholders.

MFH will be a member of the March of Dimes Mission Committee beginning in May 2012. This should assist in a stronger relationship between the two entities for the health of Wyoming's women and infants.

One of the strategies identified in the strategic planning process was to work more closely with the Quitline and the state SBIRT program to assure PHN training needs are met, and how to best assist pregnant women to quit smoking. In early 2012, a Maternal Smoking Cessation Planning group formed. Developing a systematic and user-friendly method of providing this type of training will be one of the goals of the group. MFH will continue to participate in the planning group. A

question was added to the home visiting data system to determine which smoking cessation services are being provided by PHN in the field. A survey will be given to PHN, WIC and family planning staff to determine which cessation interventions are being used, if there are barriers to providing certain interventions and the providers self efficacy to address smoking cessation with pregnant women. Results will be used to help inform work group efforts.

IHS will deliver primary health services to the WRIR population, including support and referral for smoking cessation.

During the future period, July 1, 2012 through June 30, 2013, through MFH County Block grants, thirteen of Wyoming's 23 county PHN offices will focus efforts on reducing the percentage of women who smoke during pregnancy. Previous activities will be continued and additional strategies will be employed. Quarterly county data provided by CPH EPI allow the counties to gauge the success of their interventions.

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	2007	2008	2009	2010	2011
Annual Performance Objective	17	13.5	13.5	13.5	15
Annual Indicator	14.0	15.1	13.7	16.0	18.3
Numerator	16	17	16	19	22
Denominator	114371	112399	116952	118631	120546
Data Source		Wyoming Vital Statistics Services			
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
	2012	2013	2014	2015	2016
Annual Performance Objective	18	18	18	18	18

Notes - 2011

Due to small numerators, data are reported as three-year rates (2008-2010).

Notes - 2010

Due to numerators <20, data are reported as three-year rates (2007-2009).

Notes - 2009

Due to numerators <20, data are reported as three-year rates (2006-2008).

a. Last Year's Accomplishments

The objective for 2011 was 15.0 suicide deaths per 100,000 teenagers 15 to 19 years of age. The rate for 2011 (data from 2008-2010) was 18.3 per 100,000, which does not represent a statistically significant increase from 16.0 for 2010 (data from 2007-2009). Three-year rates were used to improve data reliability in measuring this performance measure due to the small numbers of annual suicide deaths.

The CAHC, the MHSASD Youth Advocate for Prevention, WDE, and DFS designed a proposal for a state youth council and gave a white paper to MHSASD's Deputy Director. MHSASD presented the paper to the Planning Team for At Risk Children, Youth, and Families (PTAC), which tabled the issue.

The Child and Adolescent Work Group identified suicide as a top priority issue and submitted a data brief to the MFH Needs Assessment Steering Committee, which did not select suicide as a final MFH priority issue.

Wyoming's Suicide Prevention Program provided an array of services in the prevention of suicidal behaviors across the lifespan. Components of this program include funding and oversight of county suicide prevention task forces; providing technical assistance and training to agencies, organizations and individuals; maintaining the state suicide prevention website and suicide prevention plan; collaboration with communities and other stakeholders in development, implementation and evaluation of suicide efforts; and carrying out the strategic plan for suicide prevention. The Department of Health's Suicide Prevention Team Leader received advice and counsel from the Wyoming Suicide Prevention State Task Force (WSPSTF).

One component of the Wyoming Youth Suicide Prevention Initiative (WYSPI) is "Well Aware," an initiative designed to inform education leaders and policy influencers about the link between emotional well-being and academic achievement. The program includes bulletins and webinars for school leaders, including school board members, superintendents, principals, and central office administration, which is available online and in print.

As part of WYSPI, the WDH continued to sponsor the interactive youth-centered website www.amillionmilesfromanywhere.com which is also found at www.justletitout.org. A 2010 video contest with the theme of showing "how you let it out" generated numerous Wyoming entries.

The WDE At-Risk Task Force finalized recommendations for a statewide plan to address needs of at-risk students, including teen suicide. Recommendations include a multi-agency service model. Work on Phase II of the project, which was underway in WDE, was delayed because of changes in WDE personnel and administration. MFH was not involved in this phase.

MFH provided County Block grants to county PHN offices to assist in development, delivery, and evaluation of services. Many PHN offices have been involved on suicide prevention coalitions to support this work at the local level.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Wyoming Youth Suicide Prevention Advisory Council				X
2. Well Aware Program				X
3. Sexual Minority Youth Advocates (SMYA) Task Force			X	
4. Wyoming Healthy Students Success Model (WHSSM)			X	

Coordinated School Health Program				
5. Wyoming Department of Education (WDE) At-Risk Task Force			X	
6. MFH County Block grants				X
7. Development of State Youth Council				X
8.				
9.				
10.				

b. Current Activities

A shortage of filled MFH staff positions precludes an MFH representative attending WYSPI Advisory Council and Sexual Minority Youth Advocates (SMYA) meetings.

The WDE resumed work on Phase II of an At-Risk Youth state plan project. MFH is not involved in this phase.

In April, WDH and WDE sponsored "Beyond Matthew Shepard," a workshop that addressed the critical issues of at-risk Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ) youth, teen suicide, and bullying. Workshop sessions focused on learning skills to advocate for youth and educate communities.

WYSPI continues to support community-based programs to reduce the risk of youth suicide. Park and Sheridan counties serve as pilot communities for establishing specific programs and processes for at-risk youth, including early intervention and assessment services, referrals, support, and programs. Training is provided for educators, mental health professionals, and providers of childcare services. Implementation of pilot community strategic plans began, with on-going technical assistance and evaluation of the two programs provided.

The "Well Aware" project and youth website remain active.

c. Plan for the Coming Year

It is expected that the state suicide prevention program, including its youth suicide prevention efforts, will continue to be funded in the current biennium.

MFH will support the efforts of the WYSPI Advisory Council and will send a representative to its meetings as staffing allows.

MFH will facilitate connections between the Suicide Prevention Team Leader and other program and organizational partners to promote and support suicide prevention training opportunities throughout the state.

MFH will support the efforts of the SMYA Task Force to implement sexual orientation policies and changes in all schools, and to develop system capacity building to make the "Safe Schools for All" training available statewide and, as staffing allows.

MFH will work with PHN staff to identify programs and methods to support statewide wraparound service provision.

MFH will continue to provide County Block grants to county PHN offices to support their ongoing involvement in local suicide prevention efforts.

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	2007	2008	2009	2010	2011
Annual Performance Objective	67	61	71	72	69
Annual Indicator	59.1	70.4	67.0	66.3	68.2
Numerator	52	57	61	61	58
Denominator	88	81	91	92	85
Data Source		Wyoming Vital Statistics Services			
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
	2012	2013	2014	2015	2016
Annual Performance Objective	70	70	70	70	70

Notes - 2011

There are no tertiary care facilities in Wyoming. These data are from Wyoming Vital Statistics Service for 2010 births.

Notes - 2010

There are no tertiary care facilities in Wyoming. These data are from Wyoming Vital Statistics Service for 2009 births.

Notes - 2009

Wyoming has no tertiary care facilities. These data are from 2008 Vital Records.

a. Last Year's Accomplishments

The 2011 objective of 69.0% was nearly met. In 2011 (data from 2010), 68.24% of very low birth weight (VLBW) infants were born at high-risk facilities. This does not represent a statistically significant change from 66.3% in 2010 (data from 2009).

Due to the shortage of providers in Wyoming, not all communities have providers available to care for pregnant women or hospitals to deliver their babies. 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 as possible during pregnancy becomes critical. Prenatal assessment, education, referral, and nutritional support are then available prior to the first prenatal visit with the physician.

MFH funded WHC to expand the availability of family planning clinics within Wyoming and assure access to comprehensive, high quality, voluntary family planning services for both men and women. MFH funded a PHP with all women who had a negative pregnancy test receiving a packet of information on planning an intended pregnancy, several condoms, and a supply of prenatal vitamins with folic acid. Supplemental funding included the expansion of WMHP services to provide prenatal service support and PHP to migrant and seasonal farm workers, to improve birth outcomes by encouraging intended pregnancy planning.

Public Health Nurses provided home visitation to pregnant women and families to assist in the identification of high-risk pregnancies. Prenatal classes, individual and group, were offered through PHN offices to 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.

To meet the need of non-citizens, Teton County developed a group model of prenatal education. From a nursing standpoint, the group sessions are important for providing prenatal education and monitoring to this vulnerable population. In 2010, Teton County provided seven prenatal groups with 39 attendees. Groups were held separately for English and Spanish speakers.

The MHR and NBIC programs provide financial and medical eligibility for high-risk mothers and infants to necessary specialty care. Family-centered services were promoted by per diem and mileage reimbursement for fathers or significant others to visit and support mother and baby.

"Plan for the Unexpected When You are Expecting" cards were updated and distributed to PHN offices and other entities to give to pregnant women at approximately 20 weeks gestation. The cards give a concise list of what is needed when a pregnant woman is transported to tertiary care, such as insurance/Medicaid numbers, phone numbers, a change of clothing, cash for food and medications needed for both the mom and whoever accompanies her to the facility.

The HBWW project targeted providers to assure women gained adequate weight during pregnancy. Project materials were distributed to PHN and provider offices throughout the state, including Cent\$ible Nutrition, Community Health Centers, Medicaid, FPC, IHS, local and tertiary care hospitals, WMHP, MOD, and WIC. Encouraging pregnant women to gain the recommended amount of weight during pregnancy was expected to improve term delivery rates. HBWW was implemented through nine PHN offices and other community partners to assure providers are aware of the risk of inadequate weight gain during pregnancy.

PRAMS provided current information related to pregnant women accessing prenatal care, including out-of-state specialty care, with Wyoming being the only state allowed to do so, since there are no tertiary care facilities for pregnant women and infants in Wyoming.

The MOD Newborn Intensive Care Unit (NICU) Support Project placed a support person within a NICU in each state except Wyoming. Wyoming families transported out-of-state to tertiary care received a NICU backpack. The pack included a baby blanket; MFH, HBWW, and "Plan for the Unexpected When You Are Expecting" materials; books to read to the baby; and various MOD materials.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. 1. Supplemental funding for reproductive health, data repository, Preconception Health Project, and Wyoming Migrant Health Program				X
2. Perinatal education, outreach, and support			X	

3. Maternal High Risk (MHR)/Newborn Intensive Care (NBIC) programs		X		X
4. Tertiary facility visits/Plan for the Unexpected When You are Expecting brochure				X
5. Lamaze Childbirth Education training				X
6. Group prenatal classes			X	
7. Healthy Baby is Worth the Weight (HBWW)/Pregnancy Risk Assessment Monitoring System (PRAMS)			X	
8. March of Dimes (MOD) collaboration				X
9. Translation services		X		
10. MFH County Block grants				X

b. Current Activities

Prenatal classes offered through PHN offices and some county hospitals address the importance and 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.

The PRAMS project collects and analyzes survey data on mothers who deliver their infants outside of Wyoming. Out-of-state birth data for Wyoming residents is included in the sample to ensure information is collected from women who deliver at tertiary care facilities, with those infants being at the highest risk for low birth weight.

Annual visits are conducted with facilities in Denver, Salt Lake City, Idaho Falls, Billings, and Rapid City to assure all Wyoming families who access tertiary care are referred to PHN offices for follow-up services. MOD is also making contact with these hospitals to assure the families receive MOD services. To assure Wyoming families in out-of-state facilities receive information regarding CSH, MOD is placing CSH brochures in their backpacks.

c. Plan for the Coming Year

PHN staff will provide prenatal assessment and referral for pregnant women, and assist them in applying for Medicaid's PWP and Kid Care CHIP. Home visitation will continue to be provided per WY statute and best practice.

Prenatal classes will be offered through PHN offices, addressing the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of preterm labor; nutritional issues; and risks of substance use during pregnancy.

MFH will provide limited financial assistance through the MHR and NBIC programs for financially and medically eligible high-risk mothers and infants to access necessary care outside of the state. Families who may be at risk for an inherited disease or an abnormal pregnancy outcome can apply for genetic services through the MHR program.

Tertiary care visits will continue to be conducted in Denver, Colorado; Salt Lake City, Utah; Idaho Falls, Idaho; Billings, Montana; and Rapid City, South Dakota to assure all Wyoming families accessing tertiary care services are being referred to county PHN offices for services families may be eligible for, including services necessary for optimal infant health upon transfer back to the state. Due to this past year's visits, MFH will consider increasing email contact with the tertiary care facilities to quarterly, while continuing the annual face-to-face visits.

Teton County will continue to offer, as needed group prenatal education for pregnant women who cannot access prenatal care. They will continue to work with the Hispanic population to assure access to prenatal care.

MOD will continue to provide a NICU support backpack to Wyoming families transported out of state to tertiary care. The project will expand to more hospitals to include all delivering hospitals during the next year.

MFH will offer County Block grants to county PHN offices to assist in development, delivery, and evaluation of MFH services, including translation.

PRAMS data was used to examine if there are differences in the obstacles to early prenatal care reported by Wyoming American Indian and non-Hispanic white women. The prevalence of not receiving prenatal care as early as desired was significantly higher among American Indian than non-Hispanic white women. Implications for future MFH plans should include access to prenatal care for those women living on the reservation.

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	2007	2008	2009	2010	2011
Annual Performance Objective	85	65	65	67.5	73
Annual Indicator	64.9	64.9	67.4	71.3	74.2
Numerator	4957	4957	5514	5612	5593
Denominator	7640	7640	8176	7874	7541
Data Source		Wyoming Vital Statistics Services			
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
	2012	2013	2014	2015	2016
Annual Performance Objective	74.2	74.2	75	75	75

Notes - 2011

Data are from the Wyoming Vital Statistics Service for 2010 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 prior to 2006.

Notes - 2010

Data are from the Wyoming Vital Statistics Service for 2009 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 prior to 2006.

Notes - 2009

Data reported for 2008 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

The 2011 objective was 73.0%. Wyoming met this objective in 2011 (data from 2010) with 74.2% of infants born to women receiving prenatal care in the first trimester. This represents a statistically significant increase ($p < 0.0001$) from the 2010 percentage (data from 2009) of 71.3%.

Due to the shortage of providers in Wyoming, not all communities have providers to care for pregnant women. Additionally, some providers with full caseloads do not schedule prenatal visits within the first trimester. The need to be in contact with women through PHN offices becomes critical for provision of prenatal assessment, education, referral, and nutritional support.

WHC, the Title X designee, assured access to comprehensive, high quality, voluntary family planning services for men and women. Clinics provided contraceptive supplies on a sliding fee scale, as well as pregnancy testing, to assist families in planning for an intended pregnancy. MFH funded WHC to expand the availability of family planning clinics, provided a repository for family planning data, PHP, and to supplement federal funding to assure WMHP provides perinatal support and referral to migrant families. Implementation of a PHP meant all women who had a negative pregnancy test received a packet of information on how to plan an intended pregnancy, several condoms, and a three-month supply of prenatal vitamins with folic acid. A goal of this project was to increase the percentage of intended pregnancies, which could increase the percentage of women accessing prenatal care in the first trimester.

Perinatal care coordination and the NFP home visiting model were offered to pregnant women as a best practice strategy. PHN staff members provided prenatal assessment and referral for pregnant women as early as possible. MFH purchased prenatal vitamins to be offered through PHN offices to supplement the PHP through FP clinics, for women who cannot afford vitamins, either preconceptually, prenatally or interconceptually. Pregnant women were assisted in applying for Medicaid's PWP and Kid Care CHIP.

Teton County has a large number of non-citizens eligible only for emergency delivery services through Medicaid's PWP. To provide some prenatal care to these women, Teton County developed a group model of prenatal education. Several groups within the community fund the St. John's Foundation to financially assist women unable to afford prenatal care; there are still women who do not qualify. The group sessions are important for education and monitoring from a nursing standpoint of this vulnerable population. In 2010, Teton County provided seven prenatal groups with 39 attendees. Groups were held separately for English and Spanish speakers.

MFH contracted with Lamaze International because of its holistic prenatal teaching philosophy. Training opportunities were provided in 2010 for Wyoming PHN and clinical nurses, as the first step to becoming Lamaze certified. MFH paid registration for 30 PHN and clinical nurses who teach prenatal classes in the state to attend and at least two have become certified as Lamaze instructors.

Inadequate maternal weight gain is a risk factor for low birth weight, so the HBWW project targeted providers to assure women gained adequate weight during pregnancy. Project materials were distributed to numerous PHN and provider offices throughout the state, including Cent\$ible Nutrition, Community Health Centers, Medicaid, family planning clinics, IHS, local and tertiary care hospitals, WMHP, MOD, and WIC. Encouraging pregnant women to gain the recommended

amount of weight during pregnancy was expected to improve term delivery rates.

The CPHD Epidemiology Section managed the Wyoming PRAMS project. The survey provides current information related to pregnant women accessing prenatal care in Wyoming, including barriers to seeking care. In April 2011, Wyoming PRAMS began oversampling all births to American Indian (AI) women in order to provide perinatal data, including information on prenatal care, to tribal health organizations on the Wind River Indian Reservation.

Translation services were available through each PHN office to assure minority populations received the same information related to healthy lifestyle and prenatal care.

County Block grants were offered to PHN offices to fund delivery and enhancement of MFH services.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Supplemental funding for reproductive health, data repository, Preconception Health Project and Wyoming Migrant Health Program				X
2. Perinatal education, support, referral/care coordination			X	
3. Medicaid Pregnant by Choice Program (PbC)/Kid Care CHIP		X		
4. Lamaze Childbirth Education Preparation training/Group prenatal classes			X	
5. Healthy Baby is Worth the Weight (HBWW)			X	
6. Pregnancy Risk Assessment Monitoring System (PRAMS)			X	
7. Collaboration with other entities who serve the perinatal population/professional education collaboration				X
8. Promote American Indian health			X	
9. Translation services		X		
10. MFH County Block grants				X

b. Current Activities

Twenty of Wyoming's 23 counties receive family planning services through the 14 clinics funded by WHC and MFH. MFH, PHN and WHC are meeting to discuss how to better assist all 23 counties in providing family planning services.

Teton County held four prenatal groups with 28 attendees in 2011. Many are not eligible for financial assistance during the pregnancy. Once delivered, a non U.S. citizen's infant is eligible for Medicaid.

In 2011, ten county PHN offices reported having no trained nurse to teach Lamaze. Two counties reported at least one nurse certified and five others had at least one trained nurse.

HBWW information has not been updated due to personnel shortage.

Wyoming PRAMS has worked to increase awareness of the PRAMS survey on the Wind River Indian Reservation in order to increase AI response rates. These efforts include creation of a Tribal PRAMS logo and survey cover and seeking approval of Tribal PRAMS activities through the Montana Wyoming Leaders Council Institutional Review Board.

An issue overview outlining the maternal weight gain and risk factors for not gaining adequate weight has been developed and distributed to stakeholders to increase awareness of the issue.

A survey revealed interest in using the information provided to educate professional staff as well as the public.

The MFH County Block grants have continued. Seven counties have focused on maternal weight gain this year. Fourteen counties chose reduction of maternal smoking.

c. Plan for the Coming Year

MFH will be developing a plan for how to best utilize funds to expand family planning services within Wyoming. The Preconception Health Project has not been well defined, not all counties are receiving family planning services, and PHNs need to be more involved in the family planning services. Based on conversations between MFH, PHN and WHC a plan will be developed to better meet Wyoming's family planning needs.

PHN staff members will offer care coordination to pregnant women, with prenatal assessment and referrals as early as possible in pregnancy, assistance in applying for PWP, and referral to Kid Care CHIP as needed.

Teton County will continue to offer, as needed group prenatal education for pregnant women who cannot access prenatal care. They will continue to work with the Hispanic population to assure access to prenatal care.

The HBWW program will be researched for possible re-implementation now that the Women and Infant position is no longer vacant.

PRAMS data will provide information regarding risk behaviors, access to prenatal care, and folic acid intake. The MFH Priority Overview on Folic Acid will be used to develop a simple two page fact sheet that can be distributed to women of reproductive age to educate them about folic acid.

D. State Performance Measures

State Performance Measure 1: *Percent of women gaining adequate weight during pregnancy.*

Tracking Performance Measures

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

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective					30
Annual Indicator				26.7	28.9
Numerator				2103	2180
Denominator				7874	7541
Data Source				Wyoming PRAMS	Wyoming PRAMS
Is the Data Provisional or Final?				Final	Final
	2012	2013	2014	2015	2016
Annual Performance Objective	28.9	29	29	30	30

Notes - 2011

Indicator data from 2010 Wyoming PRAMS and Wyoming Vital Statistics Service birth year 2010. The numerator is the number of women who gain adequate weight during their pregnancy based

on their prepregnancy BMI (Weighted). The denominator is the total number of Wyoming resident live births in reporting year.

Notes - 2010

Indicator data from 2009 Wyoming PRAMS and Wyoming Vital Statistics Service birth year 2009. The numerator is the number of women who gain adequate weight during their pregnancy based on their prepregnancy BMI (Weighted). The denominator is the total number of Wyoming resident live births in reporting year.

a. Last Year's Accomplishments

In 2010, 28.9% of women gained an adequate amount of weight during pregnancy, according to Institute of Medicine Guidelines. This represents a statistically significant increase ($p=0.0011$) from the 2009 percentage of 26.7%.

Due to the shortage of providers in Wyoming, not all communities have providers available to care for pregnant women. Additionally, some providers with full caseloads 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.

WHC, the Title X designee, assured access to comprehensive, high quality, voluntary family planning services for men and women. Clinics provided contraceptive supplies on a sliding fee scale, as well as pregnancy testing, to assist families in planning for an intended pregnancy. MFH funded WHC to expand the availability of family planning clinics, provided a repository for family planning data, PHP and to supplement federal funding to assure WMHP provides perinatal support and referral to migrant families. All women who had a negative pregnancy test were to receive a packet of information on how to plan an intended pregnancy, several condoms, and a three-month supply of prenatal vitamins with folic acid.

Perinatal care coordination and the NFP home visiting model were offered through public health nursing to pregnant women as a best practice strategy, which includes healthy lifestyle and adequate maternal weight gain. PHN staff members provided prenatal assessment and referral for pregnant women as early as possible. MFH purchased prenatal vitamins to be offered through PHN offices to supplement the PHP through family planning clinics, for women who cannot afford vitamins, either preconceptionally, prenatally, or interconceptionally. Pregnant women were assisted in applying for Medicaid's PWP and Kid Care CHIP.

Medicaid was granted an 1115(b) waiver to expand FP services from 6 weeks to one year for postpartum women. PbC covers women ages 19 to 44 to access family planning services, as long as they are eligible for Medicaid and re-apply on an annual basis. BB coordinators encourage application to this program to prevent unintended pregnancy.

The MHR and NBIC programs provided financially and medically eligible high-risk mothers and infants access to necessary specialty care. Family-centered services were promoted by per diem and mileage reimbursement for fathers or significant others to visit and support mother and baby.

MFH continued to research opportunities to provide EBP for prenatal care teaching. Ultimately, MFH contracted with Lamaze International because of its holistic prenatal teaching philosophy, and training opportunities were provided in 2010 for Wyoming PHN and clinical nurses, as the first step to becoming Lamaze certified. MFH offered 30 scholarships for nurses who teach prenatal classes in the state to attend.

Inadequate maternal weight gain is a risk factor for preterm delivery and low birth weight, so the HBWW project targeted providers to assure women gained adequate weight during pregnancy. Project materials were distributed to numerous PHN and provider offices throughout the state,

including Cent\$ible Nutrition, Community Health Centers, Medicaid, FPC, IHS, local and tertiary care hospitals, family planning clinics, WMHP, MOD, and WIC. Encouraging pregnant women to gain the recommended amount of weight during pregnancy was expected to improve term delivery rates.

CPHD Epidemiology and MFH managed the PRAMS project. The survey provided current information related to pregnant women accessing prenatal care including barriers, weight gain during pregnancy, and nutritional and exercise inquiries.

Translation services were available through each PHN office to assure minority populations received the same information related to healthy lifestyle and prenatal care.

County block grants were offered to PHN offices to fund delivery and enhancement of MFH services.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Supplemental funding for reproductive health, data repository, Preconception Health Project (PHP) and Wyoming Migrant Health Program (WMHP)				X
2. Perinatal education, support, referral/care coordination/Medicaid Pregnant by Choice (PbC) Program/Kid Care CHIP			X	
3. Maternal High Risk (MHR)/Newborn Intensive Care (NBIC) programs/Tertiary facility visits		X		
4. Healthy Baby is Worth the Weight (HBWW)			X	
5. Lamaze Childbirth Education Preparation training/Group prenatal classes			X	
6. Pregnancy Risk Assessment Monitoring System (PRAMS)			X	
7. Collaboration with other entities who serve the perinatal population/professional education collaboration				X
8. Promote American Indian health			X	
9. Translation services		X		
10. MFH County Block grants				X

b. Current Activities

Teton County held four prenatal education groups with 28 attendees in 2011. Many are not eligible for financial assistance during the pregnancy. Once delivered, a non U.S. citizen's infant is eligible for Medicaid.

HBWW is implemented through nine PHN offices and other community partners to assure providers are aware of the risk of inadequate weight gain during pregnancy.

In 2011, despite 30 nurses receiving Lamaze training in 2010, ten county PHN offices had no trained nurse to teach Lamaze. Two counties reported at least one nurse certified and five others had at least one trained nurse.

Seven county PHN offices have focused on appropriate weight gain during pregnancy. Activities include a variety of ways to encourage enrollment in home visiting programs, prenatal classes, community events and one-on-one nutrition sessions during prenatal home visits.

c. Plan for the Coming Year

MFH will be developing a plan for how to best utilize funds to expand family planning services within Wyoming. The Preconception Health Project has not been well defined, not all counties are receiving family planning services, and PHNs need to be more involved in the family planning services. As of May 2012, conversations between MFH, PHN and WHC have begun to devise a plan to meet Wyoming's family planning needs. WHC is to provide a proposal for what they can offer to involve all 23 PHN offices by June 2012.

PHN staff members will offer care coordination to pregnant women, with prenatal assessment and referrals as early as possible in pregnancy. PHN will also assist in applying for PWP, and referral to Kid Care CHIP as needed. The PbC waiver will allow women access to birth control methods to support intended pregnancy. Kid Care CHIP will continue to cover family planning services for eligible recipients.

The HBWW project will be reconsidered in the upcoming year. The information on the brochure needs to be updated. With the Women and Infant Health Coordinator position vacant for most of the year, nothing was done to update the brochure or promote the program at the county level.

MFH will work with PHNs to determine EBP for prenatal teaching appropriate to county needs and capacity.

Discussions are ongoing to address health needs of women who are eligible for the Medicaid emergency delivery services only. Teton County will continue to offer a group prenatal model for pregnant women who cannot access prenatal care so they can receive the appropriate information while pregnant.

PRAMS data will provide information regarding risk behaviors, access to prenatal care, and folic acid intake. An issue overview and short fact sheet outlining the percent of women who gain adequate weight and risk factors for not gaining adequate weight will be developed and distributed to stakeholders to increase awareness of the issue.

State Performance Measure 2: *Percent of postpartum women reporting multivitamin use four or more times per week in the month before becoming pregnant.*

Tracking Performance Measures

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

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	38	38	32.5	33.5	40
Annual Indicator	37.4	31.6	36.3	38.6	38.9
Numerator	2704	2475	2968	3039	2936
Denominator	7231	7832	8176	7874	7541
Data Source		Wyoming Pregnancy Risk Assessment Monitori System	Wyoming Pregnancy Risk Assessment Monitori System	Wyoming Pregnancy Risk Assessment Monitorin System	Wyoming Pregnancy Risk Assessment Monitoring Sys
Is the Data				Final	Final

Provisional or Final?					
	2012	2013	2014	2015	2016
Annual Performance Objective	38.9	39	40	40	40

Notes - 2011

Indicator data is from the 2010 Wyoming Pregnancy Risk Assessment Monitoring System (PRAMS) survey.

Notes - 2010

Indicator data is from the 2009 Wyoming Pregnancy Risk Assessment Monitoring System (PRAMS) survey. There was no perinatal survey in Wyoming in 2006.

Notes - 2009

Indicator data is from the 2008 Pregnancy Risk Assessment Monitoring System (PRAMS) survey. There was no perinatal survey in Wyoming in 2006.

a. Last Year's Accomplishments

The 2011 objective of 40% of postpartum women reporting multivitamin use four or more times per week in the month before becoming pregnant was not met. The percent for 2010 was 38.9%. This was not statistically different from the 2009 prevalence of 38.6%. The 2011 percentage (38.9%) was, however, statistically higher than the 2008 percentage of 36.3% (p=0.0015).

WHC, the Title X designee, assured access to comprehensive, high quality, voluntary family planning services for both men and women. MFH provided Title V funding to supplement Title X funds, expanding the availability of family planning clinics within Wyoming. A PHP was begun through the family planning clinics where a woman with a negative pregnancy test received a PHP packet, which included three months of prenatal vitamins containing folic acid, several condoms, and informational materials related to planning an intended pregnancy.

MFH provided Title V funding to supplement federal funds for Migrant Health services within Wyoming to provide family planning services and PHP support. WHC manages the WMHP and assures prenatal service support, PHP and translation were available to migrant and seasonal farm workers and their families.

MFH purchased prenatal vitamins with folic acid to distribute through PHN offices to women who do not have access to prenatal vitamins, either preconceptually, prenatally or interconceptually.

The PRAMS survey included questions on multivitamin use prior to pregnancy and knowledge of the importance and value of folic acid consumption during pregnancy. These data, along with data from VSS, were used to create an MFH Priority Overview on Folic Acid. This overview describes the benefits of folic acid and includes information on folic acid use by various population groups. The overview is available at:
<http://www.health.wyo.gov/familyhealth/mchepi/index.html>.

IHS provided delivery of primary health services to the WRIR 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 County Block grants to PHN offices to increase delivery and sustainability of services.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Supplemental funding for reproductive health, data repository, Preconception Health Project (PHP) and Wyoming Migrant Health Program (WMHP)				X
2. Perinatal support, education, referral, care coordination			X	
3. Collaboration with WIC Program				X
4. Collaboration with March of Dimes (MOD)				X
5. Pregnancy Risk Assessment Monitoring System (PRAMS)			X	
6. Women Together for Health			X	
7. Promotion of American Indian Health			X	
8. MFH strategic planning process				X
9. Translation Services		X		
10. MFH County Block grants				X

b. Current Activities

PHN staff members provide prenatal assessment and referral for women as early as possible in pregnancy. Prenatal vitamins with folic acid are available for women who do not have resources to purchase prenatal vitamins, either preconceptually, prenatally or interconceptually.

WIC continues to screen and recommends the use of basic vitamins/supplements with folic acid for pregnant women. WIC refers to PHN for BB perinatal services.

Women Together for Health (WT4H) is a new best practice project, piloted through the faith-based nurses in two communities in Wyoming (Laramie and Teton Counties). The projects emphasize a healthy lifestyle by promotion of healthy nutrition, including vitamins with folic acid, among women of reproductive health age. With no plan of action for sustainability and lack of MFH staff to guide the process, nothing further happened after the pilot classes were completed.

The MFH Priority Overview on Folic Acid was posted to the WDH website and was distributed to stakeholders including OB/GYNs, school nurses, family planning clinic staff, public health nurses, and WIC staff. The stakeholders were surveyed to determine the usefulness of the document. Nearly 87% of providers who responded to the survey (92) indicated that they read all or part of the issue overview, and a majority said they would use the issue overview as a reference document or to educate women about folic acid.

c. Plan for the Coming Year

As a result of the recent MCH needs assessment, promoting healthy nutrition among women of reproductive age was chosen as an MFH priority for the next five years. MFH will work with partners through the strategic planning process to identify strategies to address this priority. Folic acid use will be an important component.

MFH will be developing a plan for how to best utilize funds to expand family planning services within Wyoming. It is a concern that some counties have little to no family planning services available and, often times, availability is minimal. This plan should include a defined preconception health program for healthy nutrition.

WIC will continue to refer pregnant women to PHN offices for BB and NFP services, as PHN offices refer to WIC services.

Keeping in mind the MFH State Priorities and funding, WT4H will be considered for further implementation. The projects emphasize a healthy lifestyle by promotion of healthy nutrition, including vitamins with folic acid, among women of reproductive health age.

The MFH Priority Overview on Folic Acid will be used to develop a simple two page fact sheet that can be distributed to women of reproductive age to educate them about folic acid.

A survey to determine how the Folic Acid Issue Overview might be used in the workplace was issued in the spring of 2012. The results will be used in the development of a fact sheet on Folic Acid. The survey questions will be reviewed to examine their usefulness in determining how different audiences may use the overview .

Briefly summarizing the survey: ninety-two individuals reviewed the document. The respondents included PHN, school nurses, WIC providers, family planning providers and nursing instructors. Half of the reviewers read the entire document, while 13% did not read or receive it. Among those who did not read it half stated they did not have the time and the other half said it was not useful to them. The majority of readers thought they would use the overview to educate mothers and women of reproductive age or as a reference document for themselves.

The Folic Acid Issue Overview contained several sections. The PHN found "What is Folic Acid and Why is it Important?" to be extremely useful. PHN and school nurses found "Neural Tube Defects and Pregnancy Intention" to be extremely useful. The "Healthy People 2020 Website Resources and Sources of Folic Acid" section was considered extremely useful for School Nurses. The nursing educators and Family Planning providers found the "MFH Strategies to Improve Folic Acid Nutrition among Wyoming Women" to be extremely useful.

State Performance Measure 3: *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	2007	2008	2009	2010	2011
Annual Performance Objective	18	18	18	17	17
Annual Indicator	20.4	20.3	18.2	18.4	16.6
Numerator	1558	1586	1485	1448	1250
Denominator	7640	7832	8176	7874	7541
Data Source		Wyoming Vital Statistics Services			
Is the Data Provisional or Final?				Final	Final
	2012	2013	2014	2015	2016
Annual Performance Objective	16.6	16.5	16.4	16.3	16.2

Notes - 2011

These data are from 2010 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 - 2010

These data are from 2009 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 - 2009

These data are from 2008 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

The 2011 objective of 17% was nearly met with 16.6% of Wyoming women reporting smoking during pregnancy in 2010. This is a statistically significant decrease from 18.4% in 2009 ($p=0.0017$).

Due to the shortage of providers in Wyoming, not all communities have providers available to care for pregnant women or the hospitals to deliver them. Additionally, some providers with full caseloads do not schedule prenatal visits within the first trimester. Therefore, the need to be in contact with pregnant women through the PHN offices as soon as possible becomes critical. Prenatal assessment, education, referral for smoking cessation, and nutritional support are then available prior to the first prenatal visit with the physician.

WHC, the Title X designee, assured access to comprehensive family planning services for men and women. Clinics provided contraceptive supplies on a sliding fee scale to assist families in planning an intended pregnancy. Pregnancy testing and smoking cessation referral were also provided. MFH supplemented Title X funding to expand the availability of family planning clinics throughout Wyoming, and provided a repository for family planning data. MFH funded a PHP where women testing negative on a pregnancy test received a packet of materials including smoking cessation support and referral.

Through WHC, MFH supplemented federal funds to expand the WMHP within Wyoming to provide translation, prenatal service support, referral for smoking cessation, and PHP to migrant and seasonal farm workers.

Perinatal care coordination and the NFP home visiting model were offered to pregnant women. PHN staff provided prenatal assessment and referral for women as early as possible in their pregnancy. Prenatal classes were offered on an individual, group, or family basis to highlight the risks of substance use during pregnancy, including tobacco.

Medicaid, in collaboration with WHC and MFH, received approval for an 1115(b) waiver Pregnant by Choice to expand family planning services to postpartum women from six weeks to one year, to include tobacco cessation support.

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."

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 created a Nursing Module Library, which included the 26 nursing modules not available on the MOD website. Nurses accessed the modules for self-study and obtained contact hours for unit completion. Examples include "Abuse during Pregnancy" and "Tobacco, Alcohol and Drug Use in Childbearing Families."

CPH EPI Section managed the Wyoming PRAMS project, which surveyed postpartum women about their experiences before, during, and after pregnancy. Questions about maternal tobacco use were included, as well as questions on how providers presented the need to quit smoking for optimal health of the infant.

MFH participated in the Tobacco Unit Strategic Planning process to assure MFH populations are addressed in the final plan. SBIRT and the 5As (Ask, Assess, Advise, Assist, Arrange) training will be offered to PHN to help pregnant women stop smoking, if they have not stopped prior to getting pregnant.

IHS continued to deliver primary health services to the WRIR population, including support and referral for smoking cessation.

During the MCH Needs Assessment process, reducing the percentage of women who smoke during pregnancy was chosen as a priority for MFH for the next five years. The MFH strategic planning process helped determine plans to implement in the future to decrease smoking and improve birth outcomes.

The MCH Epidemiology Assignee assessed state PRAMS data to create a report of maternal smoking during pregnancy in Wyoming. Conclusions state less than half of Wyoming women who were smoking prior to pregnancy reported quitting during pregnancy. Findings were reported to state tobacco and cancer stakeholders.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Funding for reproductive health, Preconception Health Project (PHP) and Wyoming Migrant Health Program (WMHP)			X	
2. Perinatal education, referral, and support			X	
3. Collaboration with other state agencies				X
4. March of Dimes (MOD) collaboration				X
5. Pregnancy Risk Assessment Monitoring System (PRAMS)				X
6. Professional education				X
7. Promote American Indian health			X	
8. MFH County Block grants				X
9. Translation services		X		
10.				

b. Current Activities

Home Visitation is offered to pregnant women through the NFP home visiting model in 13 counties and through a non-standardized program for pregnant and postpartum women not eligible for NFP. PHNs offer prenatal classes, to discuss the risks of substance use during pregnancy, including tobacco.

A Maternal Smoking Cessation Planning group formed in early 2012. It includes various groups from the PHD including WIC, MFH, PHN, the Tobacco Prevention and Control Program and the WRIR Tobacco Prevention Program. The initial goals have been to increase networking/coordination of agencies, systems changes, and programming that will help increase tobacco cessation among pregnant women.

The MCH Epidemiology Assignee has completed extensive analysis of the PRAMS data on maternal smoking including prevalence, risk factors and stressors associated with maternal

smoking. The information has been used in reports/presentations and will be included in an issue overview.

IHS delivers primary health services to the WRIR population, including support and referral for smoking cessation.

Fourteen of the 23 county PHN offices selected reduction in the percentage of women who smoke during pregnancy as a focus. Activities include, but are not limited to, participation in local cessation coalitions, referrals to the Quitline and Text4Baby, development and dissemination of media messages regarding smoking cessation, distribution of cessation materials to local partners, and PHN staff training.

c. Plan for the Coming Year

PHN home visitation 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 pregnancy and will assist pregnant women in applying for PWP as appropriate, with necessary referrals made to Kid Care CHIP.

MFH will proceed with developing an agreement with Medicaid to assure the two programs are complementing each other rather than duplicating.

A conclusion of the report on Maternal Smoking During Pregnancy in Wyoming showed several demographic factors associated with smoking cessation during pregnancy, including Medicaid enrollment. Because a large proportion of Wyoming women are receiving prenatal care paid by Medicaid, targeting cessation efforts towards women who are enrolled in Medicaid could significantly increase maternal smoking cessation.

MFH and CPH EPI will continue to analyze the data to determine programmatic direction to assist women with the reduction/cessation of smoking during pregnancy. An issue overview about maternal smoking during pregnancy is under development and will be distributed to stakeholders.

MFH will be a member of the March of Dimes Mission Committee beginning in May 2012. This should assist in a stronger relationship between the two entities for the health of Wyoming's women and infants.

One of the strategies identified in the strategic planning process was to work more closely with the Quitline and the state SBIRT program to assure PHN training needs are met, and how to best assist pregnant women to quit smoking. In early 2012 a Maternal Smoking Cessation Planning group formed. Developing a systematic and user-friendly method of providing this type of training will be one of the goals of the group.

A link to the Wyoming Quitline is on the WDH website. In the upcoming year, MFH will look at possibly inserting a link to the Wyoming Quitline directly from the MFH pages on the website.

A question was added to the home visiting data system to determine which smoking cessation services are being provided by PHN in the field. A survey will be given to PHN, WIC and family planning staff to determine which cessation interventions are being used, if there are barriers to providing certain interventions and the providers self efficacy to address smoking cessation with pregnant women. Results will be used to help inform work group efforts.

IHS will deliver primary health services to the WRIR population, including support and referral for smoking cessation.

During the future period, July 1, 2012 through June 30, 2013, through MFH County Block grants,

thirteen of Wyoming's 23 county PHN offices will focus efforts on reducing the percentage of women who smoke during pregnancy. Previous activities will be continued and additional strategies will be employed. Quarterly county data provided by MFH Epidemiology Section allow the counties to gauge the success of their interventions.

State Performance Measure 4: *The percent of mothers who initiate breastfeeding their infants at hospital discharge.*

Tracking Performance Measures

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

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective					75
Annual Indicator				74.2	81.6
Numerator				5844	6154
Denominator				7874	7541
Data Source				Wyoming Vital Statistics Services	Wyoming Vital Statistics Services
Is the Data Provisional or Final?				Final	Final
	2012	2013	2014	2015	2016
Annual Performance Objective	81.6	82	82	82	82

Notes - 2011

Data are from the Wyoming Vital Statistics Service for 2010 births. The numerator is the number of Wyoming mothers who initiate breastfeeding their infants at or before hospital discharge in the reporting year. The denominator is the total number of Wyoming resident live births in the reporting year.

Notes - 2010

Data is from the Wyoming Vital Statistics Service for 2009 births. The numerator is the number of Wyoming mothers who initiate breastfeeding their infants at or before hospital discharge in the reporting year. The denominator is the total number of Wyoming resident live births in the reporting year.

a. Last Year's Accomplishments

The 2011 objective of 75% was met with 81.6% of mothers initiating breastfeeding at hospital discharge (data for 2010 births). This represents a statistically significant increase from 74.2% in 2009 ($p < 0.0001$).

Perinatal support services through PHN offices, including the EBP NFP home visitation model, provided breastfeeding education and support. PHN staff members trained as CLCs encouraged and supported initiation and continuation of breastfeeding.

Breast pumps were available for rental through some PHN offices to supplement WIC breast pump rental. Access to breast pumps for Medicaid recipients is supported at the local and state level. Baby scales were available for reassuring moms of breastfeeding success by demonstrating the amount of breast milk infants received during a breastfeeding session.

Referrals between WIC and PHN staff were encouraged for pregnant women. WIC focused on providing food prenatally and postpartum, with more robust food options for breastfeeding women. WIC staff also encouraged and supported initiation and continuation of breastfeeding.

MFH contracted with the HCP to provide an Advanced CLC class in March 2011, which was the first class to have the opportunity to become an ANCLC. The class included time with mother-baby dyads experiencing various barriers to breastfeeding. Twelve registration scholarships were offered to PHN who wished to attend. One PHN has notified MFH that she is now an ANCLC, the highest level of certification for breastfeeding support.

The BSW continued as a limited CPHD project, with two MBRs in a Cheyenne state office building, to support three breastfeeding employees. The rooms were equipped with hospital-grade breast pumps, refrigerators, and rocking chairs, for mothers' breastfeeding and pumping comfort. A proposal was presented to WDH Management Council in January 2010, and revisions have been made as requested.

The WBC was established in 2009 as a partnership between WIC, MFH, and local facilities, such as CRMC in Cheyenne, Iverson Memorial Hospital in Laramie, and Memorial Hospital of Sheridan County. The purpose was to support both initiation and continuation of breastfeeding to meet the 2010 Healthy People goals. The coalition was launched in Casper in September 2009 with a one-day workshop presented by the HCP, "Encourage Breastfeeding in Your Community and Make It a Successful Experience." MFH also funded "Recent Research and Best Practices," a one-day workshop in Sheridan to assist the local hospital move toward their Baby-Friendly distinction. Nineteen PHN staff, 10 WIC staff, and 12 clinical nurses from local hospitals were in attendance. All evaluations rated the workshops as excellent.

PRAMS data provided current information related to initiation and continuation of breastfeeding in Wyoming.

Lamaze International was contracted to provide CBE training, related to their inherent support of holistic breastfeeding. MFH provided 30 registration scholarships for clinical nurses and PHN staff to attend the training opportunities in either Gillette or Thermopolis during spring 2010. Of the 30 scholarship recipients, no more than three have reported certification completion.

Copies of the AAP fact sheet, "Infant Nutrition during a Disaster: Breastfeeding and Other Options" were available to PHN offices to assist perinatal clients in developing crisis strategies.

THB is a program that empowers parents to soothe babies and reduce parental stress. This program has several proven outcomes including improved breastfeeding rates. The approach is used throughout the country, since crying babies can lead to poor let down of milk, which can increase stress and lead to fussiness of the infant. Crying and fussiness can pressure the mom to stop nursing if she believes her milk is not satisfying to the infant. Other outcomes include improvement of paternal bonding and participation of the dad, which is linked to a decrease in SBS. During the CY2010, 12 THB certification kits were provided to Wyoming nurses and other entities, including IHS.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Perinatal education, outreach, and support			X	
2. WIC partnership				X
3. Healthy Children Project collaboration/ Certified Lactation Counselor (CLC) training				X
4. Breastfeeding Support in the Workplace (BSW), Wyoming Breastfeeding Coalition (WBC)/Baby-Friendly designation				X
5. Pregnancy Risk Assessment Monitoring System (PRAMS)			X	

6. Professional education/MFH Strategic Planning process				X
7. American Academy of Pediatrics (AAP) /Happiest Baby on the Block (THB)			X	
8. Promote American Indian health			X	
9. Translation services		X		
10. MFH County Block grants				X

b. Current Activities

MFH contracted with HCP to provide a Basic CLC class in Lander, Wyoming in April 2012. A total of 26 individuals which included 17 PHNs from 11 counties attended the training.

The current BSW policy within WDH is the policy implemented by the Department of Administration and Information (A & I) which upholds the new Affordable Care Act legislation. As a result of the new healthcare law, the Fair Labor Standards Act (FLSA), Section 7, was amended to include specific language on Break Time for Nursing Mothers. A website has been developed by the BSW workgroup to provide information for employers and lactating women regarding breastfeeding support in the workplace.

Memorial Hospital of Sheridan County is no longer working to become the second Wyoming facility to be designated Baby-Friendly. Powell Valley Healthcare remains the only Baby Friendly hospital in Wyoming.

As of March 2012, 18 county PHN offices have a certified THB instructor. The information is passed on to the public through home visits, parenting classes, prenatal classes and trainings for daycare providers.

A conference was hosted by the Wyoming Breast Feeding Coalition in partnership with the Communities Putting Prevention to Work funding. The conference included a presentation of Wyoming breastfeeding data given by epidemiology staff.

An issue overview about breastfeeding in Wyoming has been developed and is available on the MFH website.

c. Plan for the Coming Year

PHN and WIC staff members who are CLC, ACLC, or ANCLC will encourage and support initiation and continuation of breastfeeding.

Collaboration and referral will continue between MFH and WIC in support of initiation and continuation of breastfeeding. WIC will provide breast pumps to moms, with Medicaid reimbursing for Medicaid-eligible recipients needing hospital-grade breast pump rental. Medicaid will continue to make available to eligible recipients a personal breast pump.

MFH will investigate continuing work with HCP for the provision of CLC trainings to ensure continued availability of up-to-date breastfeeding knowledge within the counties.

The BSW workgroup will continue to disseminate information regarding breastfeeding in the workplace. Publicizing the lactation rooms within WDH, publicizing the BSW website and providing information to employers on how to establish a lactation room in the workplace are some of the activities yet to accomplish.

MFH will connect with hospitals to determine how to help the development of Baby Friendly hospitals.

PRAMS data will provide current information related to breastfeeding in Wyoming, including

barriers to initiation and continuation, to assist in revising programs, and then determining how initiatives are affecting the breastfeeding rates. A two page fact sheet will also be developed from the existing issue overview and will be shared with stakeholders.

MFH will continue to encourage the use of THB for its relation to breastfeeding.

How best to provide translation services for home visits, clinics and classes will be examined in the upcoming year. The previous translation contract expired.

State Performance Measure 5: *Percent of Wyoming high school (grades 9-12) students who ate fruits and vegetables less than five times per day.*

Tracking Performance Measures

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

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective					18
Annual Indicator				80.9	80.9
Numerator				21355	21355
Denominator				26397	26397
Data Source				2009 Wyoming Youth Risk Behavior Survey	2009 Wyoming Youth Risk Behavior Survey
Is the Data Provisional or Final?				Final	Final
	2012	2013	2014	2015	2016
Annual Performance Objective	80	79	78	77	76

Notes - 2011

Data for this measure were reported incorrectly in the 2012 application and the objective for 2011 should be disregarded. Data are from the Wyoming Youth Risk Behavior Surveillance Survey (YRBS), which is conducted every other year. These data are from the 2009 survey of Wyoming high school students. Denominator is the total population of Wyoming 9th through 12th grade students for the 2008-2009 academic year. The numerator is estimated from the indicator and the denominator. Data for this measure are not yet available for the 2011 survey.

Notes - 2010

Data for this measure were reported incorrectly in the 2012 application and have been changed here. Data are from the Wyoming Youth Risk Behavior Surveillance Survey (YRBS), which is conducted every other year. These data are from the 2009 survey of Wyoming high school students. Denominator is the total population of Wyoming 9th through 12th grade students for the 2008-2009 academic year. The numerator is estimated from the indicator and the denominator.

a. Last Year's Accomplishments

Data from the 2009 YRBS show that 80.90% of Wyoming high school students ate fruits and vegetables less than five times per day. Data from the 2011 YRBS survey were not yet available for this measure.

WDH continued to promote "Commit to your health," a public marketing campaign that includes print and media advertisements, organized community activities, and suggestions for general health improvement.

The CAHC worked with WHSSM programs to support efforts related to nutrition and physical

activity through December 2010.

The CAHC worked with the Healthier Laramie County Physical Activity and Obesity Action Team through December 2010 and shared information about We Can!, a national program aimed to help children ages eight to 13 years of age maintain a healthy weight.

The MCH Needs Assessment identified promoting healthy nutrition and physical activity among children and adolescents as an MFH priority for the next five years. Through the strategic planning process, MFH worked with partners to identify two strategies to address this priority: to identify and share resources for improving physical activity and nutrition for children and adolescents and for WDH to provide statewide leadership for physical activity and nutrition. An issue overview is being developed to use with the public.

WY Outside and the Teton Science School hosted a Youth Congress that brought together 70 eighth graders for a discussion on how youth view the outdoors and what can be done to encourage a greater connection. The data from the research conducted will be used during strategic planning around this priority.

A representative of MFH completed a train-the-trainer program for Bodyworks, a program designed to help parents and caregivers of adolescents improve family eating and activity habits. Available in English and Spanish, the program focuses on parents as role models and provides them with hands-on tools to make small, specific behavior changes to prevent obesity and help maintain a healthy weight.

MFH provided County Block grants to county PHN offices to assist in development, delivery, and quality evaluation of services with a health emphasis and focus on good nutrition and physical activity.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Wyoming Department of Health (WDH) "Commit to your health" Campaign				X
2. Wyoming Healthy Student Success Model (WHSSM) Coordinated School Health Program			X	
3. Physical Activity and Nutrition Steering Committee				X
4. MFH County Block grants				X
5. Wyoming Comprehensive Cancer Control Program's Nutrition Workgroup				X
6. WY Outside Initiative				X
7. Healthier Laramie County Action Team for Physical Activity and Obesity				X
8. Wyoming Department of Education (WDE) School Nutrition Conference			X	
9.				
10.				

b. Current Activities

MFH participated in the DFS Child Care Licensing Rules Revision process by reviewing and offering suggestions on physical activity and nutrition in child care settings. The CAHC offered guidance and recommendations on such topics as the storage and use of expressed breast milk in child care settings and the newly mandated use of indoor and outdoor play spaces.

The MFH CAHC participates on the WCCC Program's Nutrition Workgroup. The workgroup's focus is to implement education and collaboration strategies identified in Wyoming's Cancer Plan 2011-2015 that support physical activity and nutrition efforts for Wyoming youth. The workgroup decided to encourage schools around the state to participate in the American Cancer Society's Relay Recess. The CAHC contacted schools in Laramie County to introduce them to the curriculum which highlights the importance of nutrition and physical activity to decrease children's risk for diabetes and heart disease.

WDH sponsored a Chronic Disease Health Conference in 2012 with nutrition and physical activity and obesity breakout sessions and a Children's Health Track.

One Wyoming county PHN office chose to focus activities on the promotion of healthy nutrition and physical activity among children and adolescents. Their activities included coordinating with the school to provide nutrition education and movement activities.

The Child Physical Activity and Nutrition Issue Overview was completed and is on the MFH website.

c. Plan for the Coming Year

As a result of the MCH needs assessment, promoting healthy nutrition and physical activity among children and adolescents was chosen as an MFH priority for the next five years, but the strategic planning process has not been completed. The CAHC will work with partners to finalize the strategic planning process and identify strategies to address this priority.

MFH will identify and share resources and provide statewide leadership for improving physical activity and nutrition for children and adolescent.

The CAHC will continue to participate on the WCCC Program's Nutrition Workgroup and their efforts to encourage schools around the state to participate in the American Cancer Society's Relay Recess and utilize the curriculum which highlights the importance of nutrition and physical activity to decrease children's risk for diabetes and heart disease.

The WDE is in the process of implementing the Healthy, Hunger Free Kids Act with new, healthier meal pattern requirements.

The CAHC will work with WDE programs to support the prevention components of system development efforts as it relates to nutrition, healthy eating habits, and physical activity.

MFH will continue to provide County Block grants to county PHN offices to assist in development, delivery, and quality evaluation of services relating to child and adolescent health as it is supported by physical activity and good nutrition.

The Child Physical Activity and Nutrition issue brief developed into 15 pages which became more of an overview of the topic which included strategies. From these overviews, one- to two-page information sheets will be developed for educational purposes.

State Performance Measure 6: *Percent of Wyoming high school (grades 9-12) students who were physically active for at least 60 minutes per day.*

Tracking Performance Measures

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

Annual Objective and Performance Data	2007	2008	2009	2010	2011

Annual Performance Objective					50
Annual Indicator				48.9	49.7
Numerator				12908	12995
Denominator				26397	26146
Data Source				2009 Wyoming Youth Risk Behavior Survey	2011 Wyoming Youth Risk Behavior Survey
Is the Data Provisional or Final?				Final	Final
	2012	2013	2014	2015	2016
Annual Performance Objective	50	50	50	50	50

Notes - 2011

Data are from the Wyoming Youth Risk Behavior Surveillance Survey (YRBS), which is conducted every other year. These data are from the 2011 survey of Wyoming high school students. Denominator is the total population of Wyoming 9th through 12th grade students for the 2010-2011 academic year. The numerator is estimated from the indicator and the denominator.

Notes - 2010

Data are from the Wyoming Youth Risk Behavior Surveillance Survey (YRBS), which is conducted every other year. These data are from the 2009 survey of Wyoming high school students. Denominator is the total population of Wyoming 9th through 12th grade students for the 2008-2009 academic year. The numerator is estimated from the indicator and the denominator.

a. Last Year's Accomplishments

Wyoming was very close to meeting its objective of 50% of high school students who were physically active at least 60 minutes per day with 49.7% in 2011. This represents a statistically significant increase from 48.9% in 2009 (p=0.0336). This measure is assessed every other year.

WDH continued to promote "Commit to Your Health," a public marketing campaign that includes print and media advertisements, organized community activities, and suggestions for general health improvement.

The CAHC worked with WHSSM programs to support efforts related to nutrition and physical activity through December 2010.

The CAHC worked with the Healthier Laramie County Physical Activity and Obesity Action Team through December 2010 and shared information about We Can!, a national program aimed to help children ages eight to 13 years of age maintain a healthy weight.

The MCH Needs Assessment identified promoting healthy nutrition and physical activity among children and adolescents as an MFH priority for the next five years. Through the strategic planning process, MFH worked with partners to identify two strategies to address this priority: to identify and share resources for improving physical activity and nutrition for children and adolescents and for WDH to provide statewide leadership for physical activity and nutrition. An issue overview is being developed to use with the public.

WY Outside and the Teton Science School hosted a Youth Congress that brought together 70 eighth graders for a discussion on how youth view the outdoors and what can be done to encourage a greater connection. The data from the research conducted will be used during strategic planning around this priority.

A representative of MFH completed a train-the-trainer program for Bodyworks, a program designed to help parents and caregivers of adolescents improve family eating and activity habits.

Available in English and Spanish, the program focuses on parents as role models and provides them with hands-on tools to make small, specific behavior changes to prevent obesity and help maintain a healthy weight.

MFH provided County Block grants to county PHN offices to assist in development, delivery, and quality evaluation of services with a health emphasis and focus on good nutrition and physical activity.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. MFH priority from Title V Needs Assessment/MFH Strategic Planning process				X
2. Wyoming Healthy Student Success Model (WHSSM) Coordinated School Health Program			X	
3. Physical Activity and Nutrition Steering Committee				X
4. MFH County Block grants				X
5. Wyoming Action for Healthy Kids				X
6. WY Outside Initiative				X
7. Healthier Laramie County Action Team for Physical Activity and Obesity				X
8.				
9.				
10.				

b. Current Activities

MFH participated in the DFS Child Care Licensing Rules Revision process by reviewing and offering suggestions on physical activity and nutrition in child care settings. The CAHC offered guidance and recommendations on such topics as the storage and use of expressed breast milk in child care settings and the newly mandated use of indoor and outdoor play spaces.

The MFH CAHC participates on the WCCC Program's Nutrition Workgroup. The workgroup's focus is to implement education and collaboration strategies identified in Wyoming's Cancer Plan 2011-2015 that support physical activity and nutrition efforts for Wyoming youth. The workgroup decided to encourage schools around the state to participate in the American Cancer Society's Relay Recess. The CAHC contacted schools in Laramie County to introduce them to the curriculum which highlights the importance of nutrition and physical activity to decrease children's risk for diabetes and heart disease.

WDH sponsored a Chronic Disease Health Conference in 2012 with nutrition and physical activity and obesity breakout sessions and a Children's Health Track.

One Wyoming county PHN office chose to focus activities on the promotion of healthy nutrition and physical activity among children and adolescents. They provide classes for after-school programs including nutrition education and activities like Zumba, unicycle, karate, and dance.

The Child Physical Activity and Nutrition Issue Overview was completed and is on the MFH website.

c. Plan for the Coming Year

MFH will purchase Triad Flyers, 7" flying discs to hand out at community events. These discs will have the MFH name and website on them and encourage people to get outside and exercise.

As a result of the MCH needs assessment, promoting healthy nutrition and physical activity among children and adolescents was chosen as an MFH priority for the next five years, but the strategic planning process has not been completed. The CAHC will work with partners to finalize the strategic planning process and identify strategies to address this priority.

MFH will identify and share resources and provide statewide leadership for improving physical activity and nutrition for children and adolescent.

The CAHC will continue to participate on the WCCC Program's Nutrition Workgroup and their efforts to encourage schools around the state to participate in the American Cancer Society's Relay Recess and utilize the curriculum which highlights the importance of nutrition and physical activity to decrease children's risk for diabetes and heart disease.

The WDE is in the process of implementing the Healthy, Hunger Free Kids Act with new, healthier meal pattern requirements.

The CAHC will work with WDE programs to support the prevention components of system development efforts as it relates to nutrition, healthy eating habits, and physical activity.

MFH will continue to provide County Block grants to county PHN offices to assist in development, delivery, and quality evaluation of services relating to child and adolescent health as it is supported by physical activity and good nutrition.

The Child Physical Activity and Nutrition issue brief developed into 15 pages which became more of an overview of the topic which included strategies. From these overviews, one- to two-page information sheets will be developed for educational purposes.

State Performance Measure 7: *Rate of deaths (per 100,000) to children and youth ages 0-24 due to unintentional injuries.*

Tracking Performance Measures

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

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective					27.5
Annual Indicator				28.0	26.8
Numerator				53	49
Denominator				189235	182539
Data Source				Vital Statistics and Census	Vital Statistics and Census
Is the Data Provisional or Final?				Final	Final
	2012	2013	2014	2015	2016
Annual Performance Objective	26.8	26	25.5	25	24.5

Notes - 2011

Indicator data are from Wyoming Vital Statistics Services and the US Census. The numerator is the number of deaths in children ages 1-24 years due to unintentional injuries. The denominator is the total number of Wyoming children 1-24 years of age.

Notes - 2010

Indicator data is from Wyoming Vital Statistics Services and the US Census. The numerator is the number of deaths in children ages 1-24 years due to unintentional injuries. The denominator is the total number of Wyoming children 1-24 years of age.

a. Last Year's Accomplishments

In 2010, Wyoming met the objective of 27.5 for the rate of deaths to children ages 0 to 24 years with 26.8 per 100,000. This does not represent a statistically significant decrease from 28.0 per 100,000 in 2009.

MFH continued as the lead state agency for SKUSA and contracted with CRMC to maintain the SKW state office. This program is focused on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach of public awareness, education, public policy advocacy, and community action. Local chapter activities were reported to the SKW state office monthly and reviewed by the SKW leadership team on a quarterly basis. SKW continued to grow and expand its program, reaching 52,239 Wyomingites, or approximately one in ten people living in the state, during CY 2010.

MFH supported the SKW change in structure to the state office-based model, which requires previously established chapters within the state to meet requirements to transfer to coalition status. Safe Kids Big Horn County, led by Big Horn Healthy Families in Basin, Wyoming, became a SKW partner. SKW chapters completed a self assessment that led to the change over from chapters to partners and coalitions. The results of the assessment concluded SKW has ten partners and six coalitions. Every region of the state now has a local coalition or partner able to call upon the state office or other partners for the latest information on preventing unintentional childhood injuries.

MFH served on the SKW leadership team to provide financial and programmatic support to statewide efforts of the state office and local chapters of SKW.

MFH participated in SKW's preparation of a 2010-2012 action plan. Action plan goals focus on decreasing the number of fatalities and injuries due to unintentional injuries; improving child injury prevention messages through effective use of the data; educating legislators and government officials to take actions to reduce child unintentional injuries and deaths; developing the state coalition sustainability plan; developing, supporting and providing growth opportunities for chapters; and conducting an annual assessment of programs to evaluate effectiveness.

MFH sponsored a booth at the May 2010 Safe Kids Day in Cheyenne. MFH asked children who visited the booth a variety of questions highlighting safety and prevention. Teachable moments were seized to reinforce safe behavior and activities. Parents were given Youth Health Passports as a place to keep their child's health information and reminded of the Consumer Product Safety Commission's new crib standards which had been recently released.

MFH Financial Specialist and the CAHC attended the Annual Safe Kids Chapter Coordinators meeting in June 2011 and presented to the group on the Wyoming MCH program, the needs assessment results including priorities selected and strategic planning for the next 5 years.

MFH provided funds from the Preventive Health and Health Services Block Grant to SKW to provide car seats, bike helmets, and portable cribs to families who cannot afford these items. The portable cribs helped families avoid injuries associated with co-sleeping.

The Wyoming Fire Marshal's office completed a website to dissuade people from using novelty lighters shaped like children's toys. The site contains recall notices, links, current news, and downloadable posters.

The WDH PHSD coordinated a State Technical Assessment Team visit, a first step required before Wyoming may receive funding for an injury program.

MFH provided brochures from the National Center for SBS, as well as flyers and posters on shaken baby prevention, to PHN offices, IHS clinics and to local hospitals.

During CY 2010, 12 THB certification kits were provided to Wyoming nurses and parents. The THB approach improves paternal bonding and participation of the dad, which is linked to a decrease in SBS.

MFH provided County Block grants to county PHN offices to assist communities in development, delivery, and quality evaluation of services focused on prevention of unintentional injuries. PHN were also involved in local child fatality review teams.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Safe Kids Wyoming (SKW)				X
2. Wyoming Child Major Injury and Fatality Review Team (WCMIFRT)				X
3. Happiest Baby on the Block (THB)			X	
4. MFH County Block grants				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

MFH continues to serve on the SKW Leadership Team to provide financial and programmatic support to statewide efforts of the state office and local chapters of SKW. In 2011, SKW, through its chapters and programs, inspected 1901 car seats and distributed 704 car seats. SKW reached 31,731 people with information about SKW.

MFH assisted in the funding of SKW State Events in May 2012. The locations of the events include Albany, Hot Springs, Park, and Campbell Counties with materials sent to Sheridan County for their event.

SKW is partnering with MFH to create a Safe Sleep Display to be taken to the SKW state Events. The display will focus on Safe Sleep Education and Sleep Sacks.

Two Poison Safety billboards to be displayed in Cheyenne during May are being funded by Emergency Medical Services for Children (EMSC). The billboards will stress the importance of giving the correct dosage of medication to children as well as storing the medications through the message, "Safe Storage, Safe Dosage, Safe Kids."

MFH provided THB certification kits to three individuals to increase THB trainings in the state. One of these trainers held her first class in Laramie in April 2012.

The CAHC and CPH EPI serve on the Wyoming Injury and Violence Prevention planning committee which is drafting the first statewide injury prevention plan. The MCH epidemiology assignee is co-authoring the first statewide burden of injury report.

c. Plan for the Coming Year

MFH will continue to participate in the state Injury Planning committee.

Using MFH funding, 15,000 Safe Kids Wyoming brochures were created and ordered through the CRMC Communications Department and will be distributed to the Safe Kids Coalitions and Partners in the state of Wyoming. The brochures will also be used during the statewide event "tour" in the month of May and used during the events held in the communities of Sheridan County, Campbell County, Big Horn Basin, Albany County and Laramie County. The brochures explain the need for Safe Kids Wyoming as the leader in a comprehensive solution to unintentional injuries. The epidemiologists of MCH were instrumental in the creation of the charts used on the brochures to show the breakdown of unintentional injuries in Wyoming and the decrease in unintentional injury deaths since 2004.

MFH will continue to participate on the SKW leadership team and contribute to future training efforts for SKW chapter and coalition coordinators.

MFH will continue to support SKW 2010-2012 action plan goals by partnering as opportunities arise.

MFH will begin implementation of strategies identified during its strategic planning process to reduce the rate of unintentional injury among children and adolescents focusing on: performing comprehensive analysis of child and adolescent injury mortality and morbidity data; strengthening the partnership with SKW to implement injury prevention efforts in Wyoming; developing contractual language specifying how MFH funds will be used to address mutually determined priorities and specify which SKW activities are supported by MFH; and developing and implement evaluation plans for Safe Kids injury prevention efforts supported by MFH.

MFH will continue to provide County Block grants to county PHN offices to assist communities in development, delivery, and evaluation of services to support local SKW chapter and coalition efforts focusing on the prevention of unintentional injuries. PHN staff will continue their involvement in local child fatality review teams.

MFH identified reducing unintentional injuries among Wyoming children and adolescents as a priority for the next five years and developed strategies to reduce the rate of unintentional injury among children and adolescents. An issue overview is being developed for use with the public.

The Title V Director has been appointed to the Wyoming Child Major Injury and Fatality Review Team (WCMIFRT) and will begin attending meetings in the summer of 2012.

State Performance Measure 8: *Percent of teens reporting that they were hit, slapped, or physically hurt by boyfriend/girlfriend.*

Tracking Performance Measures

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

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective					14.5
Annual Indicator				15.0	14.2
Numerator				3960	3713
Denominator				26397	26146
Data Source				2009 Wyoming Youth Risk Behavior Survey	2011 Wyoming Youth Risk Behavior Survey

Is the Data Provisional or Final?				Final	Final
	2012	2013	2014	2015	2016
Annual Performance Objective	14	13.5	13	12.5	12

Notes - 2011

Data are from the Wyoming Youth Risk Behavior Surveillance Survey (YRBS), which is conducted every other year. these data are from the 2011 survey of Wyoming high school students. Denominator is the total population of Wyoming 9th through 12th grade students for the 2010-2011 academic year. The numerator is estimated from the indicator and the denominator.

Notes - 2010

Data are from the Wyoming Youth Risk Behavior Surveillance Survey (YRBS), which is conducted every other year. these data are from the 2009 survey of Wyoming high school students. Denominator is the total population of Wyoming 9th through 12th grade students for the 2008-2009 academic year. The numerator is estimated from the indicator and the denominator.

a. Last Year's Accomplishments

In 2011, Wyoming met the objective of 15.0% with 14.20% of high school students that reported that they were hit, slapped, or physically hurt by their boyfriend/girlfriend. There was no significant change from 15.0% in 2009. Data for this indicator is collected every other year.

Following the completion of the Title V Needs Assessment, MFH began a Strategic Planning process in early 2010, to determine strategies for each of nine priorities. The seventh MFH priority is to design and implement initiatives that address sexual and dating violence, since there are few initiatives available within the state currently. The process included a discussion with partners working toward decreasing sexual and dating violence in the MFH population. The Attorney General, Victims Services Administrator was closely involved in the strategic planning conversations, as well as WCADVSA.

The RPE grant was managed through the WDH, CPH Administrator. The RPE funding is distributed on a 5-year cycle with all states receiving funding based on a population- driven formula. WCADVSA steering committee is the "action arm" of the CDC-funded grant, and has developed a strategic plan complete through 2017 for prevention strategies within Wyoming. The steering committee also partners with Wyoming Survey and Analysis Center (WYSAC) for data collection and analysis.

PRAMS collects data from postpartum women on risk behaviors before, during, and after pregnancy, including questions related to domestic violence and sexual assault. Survey questions include asking if during the 12 months before you got pregnant, were you physically hurt in any way by your husband or partner, or did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way. During the pregnancy, questions include during any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about physical abuse to women by their husbands or partners; and during your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way, or were you physically hurt in any way by your husband or partner. The PRAMS steering committee and planning project included the Attorney General Division of Victims Services and WCADVSA representation to determine the most effective questions to include in updates to the PRAMS questionnaire.

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy," is an informational booklet created by the American Indian/Alaska Native Committee of the MOD West Region. Twelve tribes were included on the planning committee, including both major tribes represented in Wyoming, and were distributed through IHS and local county PHN offices to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and

postpartum; the importance of early, consistent, and adequate prenatal care; nutrition during pregnancy; signs and symptoms of early labor; how substance use and domestic violence can negatively affect pregnancy outcomes, and the importance and value of breastfeeding.

Senate Bill # 30, entitled the Wyoming Safe Homes Act, was proposed in the 2011 Legislative Session. It was presented as a supplement to the federal law, Violence Against Women, which prohibits discrimination against victims of domestic violence in federal and Section 8 housing. The Bill would extend the same protection to families in private housing. The Bill did not pass out of Committee by the deadline date.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. MFH priority from Title V Needs Assessment/MFH Strategic Planning process (WCADVSA)				X
2. CAHC management of the CDC Rape Prevention and Education (RPE)				X
3. Attorney General Division of Victims Services partnership				X
4. Wyoming Coalition Against Domestic Violence and Sexual Assault				X
5. Pregnancy Risk Assessment Monitoring System (PRAMS)			X	
6. Senate Bill Number 30- Wyoming Safe Homes Act 2010				X
7.				
8.				
9.				
10.				

b. Current Activities

As of February 2012, the RPE grant is managed by the CAHC. The CAHC will participate as a member of the WCADVSA steering committee and the WSVPC.

Wyoming's Sexual Violence Prevention and Education Project supports the work on primary prevention of sexual violence among adolescents 12-24 years of age through Wyoming's Comprehensive Sexual Violence Primary Prevention Plan. The Plan identifies specific goals, objectives, and strategies that will decrease first time sexual violence perpetration and victimization through primary prevention. RPE funds are used to contract with the WCADVSA for a full-time Sexual Prevention Coordinator and for a part-time Outreach Program Manager to guide the work of the WSVPC and the pilot communities and to facilitate progress on the statewide prevention plan.

One Wyoming county's PHN office chose to focus efforts and activities on designing and implementing initiatives that address sexual and dating violence in all age groups. This county has partnered with other local agencies to plan a Girls Empowerment Day and provided a presentation on respectful dating relationships to the Girls and Boys Club.

c. Plan for the Coming Year

Permanent management of the RPE grant will be determined by PHD Administrators. If the RPE grant is moved to a different section within PHD, the CAHC will continue to participate as a member of the WSVPC.

The PRAMS project will continue to collect data from postpartum women on risk behaviors

before, during, and after pregnancy, including questions related to domestic violence and sexual assault. The data will assist in revising programs to meet the needs of the community. PRAMS data and YRBS data will be used to create an issue overview detailing the burden of dating violence in Wyoming. The document will be distributed to stakeholders to increase awareness of the issue.

"The Coming of the Blessing, a Pathway to a Healthy Pregnancy," will continue to be distributed through IHS and local county PHN offices to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum; the importance of early, consistent, and adequate prenatal care; nutrition during pregnancy; signs and symptoms of early labor; how substance use and domestic violence can negatively affect pregnancy outcomes, and the importance and value of breastfeeding.

State Performance Measure 9: *The capacity to collect, analyze and report on data for children and youth with special health care needs (CYSHCN).*

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

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective					4
Annual Indicator				0	1
Numerator					
Denominator					
Data Source				Maternal and Family Health	Maternal and Family Health
Is the Data Provisional or Final?				Final	Final
	2012	2013	2014	2015	2016
Annual Performance Objective	4	6	8	11	13

Notes - 2011

The numerator for this measure is a score of 1 and there is no denominator. Therefore the indicator is 1 for 2011.

Notes - 2010

The numerator for this measure is a score of 0 and there is no denominator. Therefore the indicator is 0 for 2010.

a. Last Year's Accomplishments

State Performance Measure 9 is a process measure that tracks progress in five areas including identifying data sources for CYSHCN and analyzing existing data, creating a comprehensive report on CYSHCN, identifying data gaps, assessing capacity to address data gaps, and creating a plan to address data gaps. Each area is scored, and the scores are totaled. In 2011, the overall score increased to 1 from 0 in 2010.

In 2011, the CPHD Epidemiology Section and MFH collaborated on a priority overview document which provides a comprehensive summary of Building and Strengthening Data Capacity for Children and Youth with Special Health Care Needs. The priority overview is available at <http://www.health.wyo.gov/familyhealth/mcheper/index.html>.

A data system linking newborn metabolic screening results, as processed by the Colorado Department of Public Health Laboratory, to birth records was completed. This system assists in ensuring timely follow-up for children identified as having metabolic disorders and identifies

infants who did not receive a newborn metabolic screen.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. CPHD Epidemiology (EPI) Section				X
2. Oral Health (OH) Section				X
3. Public Health Nursing (PHN)		X		
4. Vital Statistics Services (VSS)				X
5. Wyoming Genetic Counseling Services	X			
6. Colorado Department of Public Health			X	
7. Support Data Systems				X
8. MFH County Block grants				X
9.				
10.				

b. Current Activities

The CSH data system was expanded to allow PHNs statewide to enter applications and supporting documentation for the CSH program in real time. The system was launched in April 2012.

The CSH program began conducting a needs assessment related to specialty clinics in Wyoming which will help determine the need for specific specialty clinics and may drive choices for appropriate locations for the clinics to be held. In April 2012, surveys were sent to all Wyoming providers who treat pediatric patients. Providers are asked about their referral practices with regard to Wyoming specialty clinics and their opinions on the specialties offered.

MFH collaborated with Epidemiology to apply for the Graduate Student Intern Program. The proposed project is to create a comprehensive report on Wyoming CYSHCN to address one of the five goals being used to measure progress in addressing this priority. Wyoming was selected to have an intern and was matched with a student in April 2012. Beginning in June 2012, the intern will create a report on CYSHCN in Wyoming using data from the National Survey of Children with Special Health Care Needs (NS-CSHCN) based on an example from North Dakota. The majority of the data will be obtained from the Data Resource Center for Child and Adolescent Health (www.childhealthdata.org). Additional analyses of the NS-CSHCN data set will be conducted locally using SAS and SUDAAN. The final product will be a report on Wyoming's CYSHCN.

c. Plan for the Coming Year

The expanded CSH data system, which was launched in April 2012, allows PHNs to submit program applications. Client information is available real-time for viewing which allows PHNs to utilize the system to better coordinate care for CSH clients.

The Genetic Clinic services contract was awarded to the University of Utah for calendar year 2012. Data required from the Contractor after each clinic date for each patient includes: if they attended their scheduled appointment, diagnosis/diagnoses, when follow-up is needed, and the tests that were ordered/obtained. Also, semi-annually, the Contractor will submit a written report which will detail patient demographics, race/ethnicity, and primary care providers.

As a result of the specialty clinic needs assessment, the CSH program will make programmatic decisions concerning future specialty clinics.

Data on CYSHCN will continue to be utilized from the NS-CSHCN and the WDH CSH data system.

The CSH Program will partner with F2FHIC to conduct a survey of parents of CYSHCN.

MFH will assemble an advisory committee to review the CYSHCN report and identify data gaps.

E. Health Status Indicators

The most significant barriers to maintaining and improving the Health Status Indicators (HSIs) are staffing changes and budget cuts. In August 2011, the Women and Infant Health Coordinator retired. The position remained vacant until May 2012. In January 2012, the MFH Administrative Assistant position became vacant and was also filled in May 2012. A Community and Public Health Epidemiology position was also vacant as of January 2012. A replacement has been hired and will begin June 2012. The CPH EPI Section Chief position will become vacant during the summer of 2012. PHNs have also had a large turnover with an unexpected number of County Nurse Managers retiring in 2012.

Reorganization of WDH has led to the formation of the Public Health Division (PHD). The PHD includes CPH, PHS, RFHD, EMS, and PHEP. This change will assist in better coordination of public health efforts, but has resulted in a steep learning curve for established staff, as well as new staff.

Title V has remained flat funded and will undergo reduction if the budget goes to sequestration. Wyoming's MFH general fund budget will be cut another 4% and is having to plan for an 8% reduction for the 2015/16 binennium.

Service provision often is a barrier to improvement. Some of Wyoming's 23 hospitals provide only limited care, and only 19 rural health clinics and four community health centers service the state's residents. Long travel distances to services for some residents, a shortage of specialty services, and the absence of any tertiary care centers in the state are all challenges to improving the HSIs.

Health Status Indicator 01A:

The percent of live births weighing less than 2,500 grams.

In 2010, 9.0% of live infants born to Wyoming residents weighed less than 2,500 grams. This was an increase from 8.4% in 2009, although the change is not statistically significant.

Health Status Indicator 01B:

The percent of live singleton births weighing less than 2,500 grams.

In 2010, 7.3% of live singleton births weighed less than 2,500 grams. This was an increase from 6.9% in 2009, although the change is not statistically significant.

Health Status Indicator 02A:

The percent of live births weighing less than 1,500 grams. -- 3,000 Characters

In 2010, 1.1% of live infants born in Wyoming weighed less than 1,500 grams. This was a decrease from 1.2% in 2009, although the change is not statistically significant.

Health Status Indicator 02B:

The percent of live singleton births weighing less than 1,500 grams. -- 3,000 Characters

In 2010, 0.16% of singleton live infants born in Wyoming weighed less than 1,500 grams. This

was a significant decrease from 0.92% in 2009 ($p < 0.0001$).

Due to the shortage of providers in Wyoming, not all communities have providers available to care for pregnant women, and with full caseloads prenatal visits are often not scheduled within the first trimester. As a result, the need to be in contact with women through the PHN offices as early during pregnancy as possible is critical.

Annual visits are conducted with facilities in Denver, Salt Lake City, Idaho Falls, Billings, and Rapid City to make certain that all Wyoming families who access tertiary care are referred to PHN offices for follow-up services. MOD is also making contact with these hospitals to assure the families receive MOD services. To guarantee Wyoming families in out-of-state facilities receive information regarding CSH, MOD is placing CSH brochures in their support backpacks and assuring these backpacks are available to the women delivering out-of-state due to high risk needs. Contact with the tertiary facilities is planned to be increased to quarterly to guarantee they have the necessary information to support a successful return home for the infant and family.

WHC, the Title X designee, assures access to comprehensive, voluntary family planning services for men and women. All women who have a negative pregnancy test receive a packet of information on planning pregnancy, condoms, and a three-month supply of prenatal vitamins with folic acid. Only 20 of Wyoming's 23 counties receive family planning services through the nine Title X and five non-Title X clinics. MFH, PHN and WHC have begun to examine how better to assist the counties. WHC is to provide a proposal for how they can involve all 23 PHN offices by June 2012.

PHN staff provide prenatal assessments and referrals for pregnant women as early as possible. Home visitation services, including NFP, are also offered to pregnant women. Pregnant women are assisted in applying for Medicaid's PWP and Kid Care CHIP. PbC covers FP services for women ages 19 to 44, who are eligible for Medicaid.

CPH Epidemiology manages the PRAMS project, which provides current information related to pregnant women accessing prenatal care, including barriers. Wyoming PRAMS surveys gather information regarding risk behaviors women engage in related to pregnancy, including smoking tobacco and barriers to smoking cessation and support. The MCH Epidemiology Assignee has completed extensive analysis of the PRAMS data on maternal smoking including prevalence, risk factors and stressors associated with maternal smoking. This information has been utilized in reports/presentations this year and will be included in an issue overview.

PHNs encourage text4baby in the counties. Until the WIHC position was filled in May 2012, there was no state lead for encouraging text4baby for nearly a year. However, Wyoming is in second place for number of unique users per live births.

Fourteen of Wyoming's 23 county PHN offices selected reduction in the percentage of women who smoke during pregnancy as a focus. Activities include, but are not limited to, participation in local cessation coalitions, referrals to the Quitline and Text4Baby, development and dissemination of media messages regarding smoking cessation, increased efforts regarding initial screening for tobacco use, distribution of cessation materials to community partners, and PHN staff training.

A Maternal Smoking Cessation Planning group formed in early 2012. It includes various groups from the PHD including WIC, MFH, PHN, Epi, and the Tobacco Prevention and Control Program and the Wind River Tobacco Prevention Program. The initial goals have been to increase networking/coordination of agencies, systems changes, and programming that will help increase tobacco cessation among pregnant women in Wyoming.

Seven counties chose to focus on the priority of healthy nutrition for women of reproductive age. The measure being used is appropriate weight gain during pregnancy. Activities chosen included

a variety of ways to encourage enrollment in NFP and local home visiting programs, prenatal classes, community events and one-on-one nutrition sessions during prenatal home visits.

The death rate due to unintentional injuries among children ages 14 years and younger was 8.2 per 100,000 in 2010. This does not represent a statistically significant change from the 2009 death rate of 6.9 per 100,000.

In 2010, the death rate from unintentional injuries due to motor vehicle crashes among children ages 14 years and younger was 3.0 per 100,000. Although this does not represent a statistically significant change from 2009 (3.45 per 100,000), there has been a significant decreasing trend since 2003 ($p=0.0002$).

The death rate from unintentional injuries due to motor vehicle crashes among youth ages 15 through 24 years was 28.0 per 100,000 in 2010. This was not a statistically significant change from the 2009 rate of 33.1 per 100,000.

The rate of all nonfatal injuries among children ages zero to 14 years was 165.6 per 100,000 in 2011. This represents a statistically significant decrease from the 2010 rate of 200.9 per 100,000 ($p=0.0256$).

The rate of all nonfatal injuries due to motor vehicle crashes among children ages zero to 14 years was 21.1 per 100,000 in 2011. There was no statistical difference between the rate for 2011, and that for 2010 (23.6 per 100,000).

The rate of nonfatal injuries due to motor vehicle crashes among youth ages 15 to 24 years was 134.9 per 100,000 in 2011. This does not represent a statistically significant decrease from the 2010 rate of 162.9 per 100,000.

MFH is the lead state agency for SKW, which focuses on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach of public awareness, education, public policy advocacy, and community action. MFH contracts with CRMC to maintain the SKW state office, serves on the SKW leadership team, and provides financial and programmatic support for SKW. The SKW Program Coordinator participated in the 2010 Needs Assessment process.

MFH assisted in the funding for the SKW State Events in May, 2012 and worked with SKW on the creation of a Safe Sleep Display for the events. The locations of the events include Albany, Hot Springs, Park, and Campbell Counties with materials sent to Sheridan County for their event. In 2011, SKW, through its chapters and programs, inspected 1901 car seats and distributed 704 car seats. SKW reached 31,731 people with information about SKW.

Two Poison Safety billboards to be displayed in Cheyenne during May 2012 were funded by EMSC a member of the SKW Leadership Team. The billboards will stress the importance of giving the correct dosage of medication to children as well as storing the medications through the message, "Safe Storage, Safe Dosage, Safe Kids."

MFH provided THB certification kits to three individuals to increase THB trainings in the state. One of these trainers held her first class in Laramie in April 2012.

MFH and CPH EPI participate on the Child Death Review Prevention Team which was recently revived.

Six county PHN offices chose to focus on reducing the rate of unintentional injury among children and adolescents. Activities included health fairs, issuing bike helmets and car seat safety.

Health Status Indicator 05A:

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia. ~3000 characters

The rate of women ages 15 through 19 years with a reported case of chlamydia was 28.0 per 1,000 in 2011. Although this does not represent a statistically significant increase from 2010 (27.5 per 1,000), there is a significant increasing trend since 2001 ($p<0.0001$).

Health Status Indicator 05B:

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia. ~3000 characters

The rate of women ages 20 to 44 years of age with a reported case of chlamydia was 9.93 per 1,000 in 2011. This represents a statistically significant increase from the 2010 rate of 5.85 per 1,000 ($p < 0.0001$).

There are only nine Title X and five non-Title X clinics serving all of Wyoming. Due to the distances the clinics are required to cover, family planning services are only available to some communities a couple times a month. MFH and PHN are looking at how to assure PHN offices are able to offer at least a basic family planning service to complement the Title X clinics.

PHN offices provide prenatal assessment and referral for pregnant women as early as possible. Pregnant women were assisted in applying for Medicaid's PWP and Kid Care CHIP.

In March 2012, Wyoming PHD determined that WDH would not keep the PREP grant and all funding would be returned to the Family and Youth Services Bureau. The Wyoming DOE is meeting with MFH staff to determine if PREP efforts will remain in Wyoming and be taken over by DOE staff.

The Wyoming STD program is located in the PHD. The current grant is divided into two sections: Comprehensive STD Prevention Systems which can be used for comprehensive STD related prevention activities (STD, HIV, Hepatitis B) and Infertility Prevention which is targeted at Chlamydia and gonorrhea prevention. After attending several national meetings, it has come to the attention of the STD Program that some substantial grant changes are expected by the Program beginning in January 2014. Although change can be challenging and frustrating the STD Program believes that this is an opportunity to capitalize on both internal and external partnerships to create a strong and sustainable program in 2014 designed to address comprehensive sexual health and disease prevention.

The STD Program has invited partners and stakeholders to participate in the 2012/2013 Cooperative Agreement Process. MFH staff will participate in this process as the STD Program prepares to adapt to upcoming changes and begin to set new goals and objectives for the 2013/2014.

HSI 06A: Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race.

In 2010, nearly 87% of Wyoming children zero to 24 years of age are White, while 3.3% are American Indian, and 3.9% report more than one race.

HSI 07A: Live births to women (of all ages) enumerated by maternal age and race.

In 2010, 89.1% of Wyoming live births occurred to White women, and 3.5% occurred to American Indian women. Among women of all races, 81.2% of live births occurred among women ages 20 to 34 years, 9.2% occurred to women ages 35 years or older, 7.2% occurred to women ages 18 to 19 years, and 2.4% occurred to women under the age of 18 years.

HSI 08A: Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and race.

Of children zero to 24 years of age, 82.1% of deaths occurred among White children, and 9.0% of deaths occurred among American Indian children, although American Indian children only comprise 0.8% of the population of Wyoming children. For children of all races, 31.7% of deaths occurred among those 20 through 24 years of age, 35.2% of deaths occurred among infants less than one year of age, 17.9% of deaths occurred among children 15 through 19 years of age, and 15.2% of deaths occurred among children one to 14 years of age.

HSI 08B: Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and Hispanic ethnicity. Among children 0 to 24 years of age, 10.3% of deaths occurred among Hispanic children, while these children comprise 9.5% of Wyoming's child population.

HSI 09A: Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)~3000 characters
Enrollees in service programs such as Medicaid, Kid Care CHIP, SNAP, and WIC are also predominantly White. The percentage of high school (grades 9 through 12) dropouts for all races was 5.6% in 2009-2010. The percentage of high school dropouts among American Indians students was 16.0% compared to 4.3% among White students in 2009-2010.

HSI 09B: Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by Hispanic ethnicity. Enrollees in service programs such as Medicaid, Kid Care CHIP, Food Stamps, and WIC are also predominantly non-Hispanic. The percentage of high school (grade 9 through 12) dropouts for Hispanic youth was 7.4% in 2009-2010.

HSI 10: Geographic living area for all children aged 0 through 19 years.

HSI 11: Percent of the State population at various levels of the federal poverty level.~3000 characters
In 2010, the percent of people living in Wyoming at or below 200% FPL was 28.6%; this was not statistically different than the percent for 2009 (28.5%). The percent of people living below 100% FPL increased significantly in 2010 to 9.6% from 9.2% in 2009 ($p < 0.0001$). The percent of Wyoming's population living below 50% FPL increased significantly from 3.0% in 2009 to 3.8% in 2010.

HSI 12: Percent of the State population aged 0 through 19 years at various levels of the federal poverty level.
There were significant changes in the percent of Wyoming's population, ages zero to 19 years, living below various levels of the FPL. The percent of children ages zero to 19 years living at or below 200% FPL increased from 35.6% in 2009 to 36.4% in 2010. The percent of Wyoming's children living below 100% FPL increased from 10.9% in 2009 to 12.7% in 2010, and the percent of Wyoming's children living below 50% FPL increased from 3.5% in 2009 to 5.1% in 2010. These all represent statistically significant increases from the 2009 percentages ($p < 0.0001$).

Wyoming is geographically the ninth largest state in the U.S. with 97,914 square miles. Wyoming is bordered by six other states: South Dakota, Nebraska, Montana, Idaho, Utah, and Colorado. The 23 Wyoming counties, in addition to the Wind River Indian Reservation, cover terrain ranging from semi-arid plains and rolling grasslands to snow-covered peaks along the Continental Divide, with each county larger than many East Coast states. In 2010, 62.3% of Wyoming's population of children ages 0-19 resided in urban areas, while 32.7% lived in rural and frontier areas of the state.

Wyoming is the least populous state with an estimated population of 151,513 children ages 0-19 in 2010. The population density of 5.6 persons per square mile categorizes Wyoming as a frontier state. The size and rural nature of the state, coupled with the sparse population, present barriers to healthcare access.

The largest city averages slightly over 50,000 people and 70% of Wyoming's population lives in counties considered rural or frontier. Most people must travel for healthcare services. MFH provides travel assistance to all families eligible for MHR, NBIC, and CSH programs. MFH also partners with Medicaid to assure the continued development of a telehealth program to aid with providing easier access to healthcare.

Wyoming's population is primarily White, non-Hispanic. The state is unique in that minority populations are primarily Hispanic and American Indian. Therefore, most of the minority services are directed to the two counties in which most of the minority population reside, Teton (Hispanic) and Fremont (American Indian) Counties.

The WRIR is located mostly in Fremont County, with a very small portion in Hot Springs County. PHN offices, primarily in Fremont County, supplement the healthcare provided through IHS and tribal health on the WRIR.

The MCH CDC EPI assignee is leading the way with establishing relationships between state programs and WRIR. A variety of cultures are involved which include race (American Indian and White), gender (male and female) and government (county, state, federal, and tribal).

F. Other Program Activities

MFH provides seed grants for evidence-based conferences that are offered to nurses to keep up with current MCH research. Examples include the annual Butterfield Perinatal Update conference held in October, in Laramie, Wyoming or Fort Collins, Colorado; and the annual Community and School Health Pediatric conference, held in Denver, Colorado, with a video conference site in Casper, Wyoming. Scholarships are also offered to PHN and school nurses to encourage attendance at the conferences and/or video conference.

/2013/ To assure the availability of continuing education regarding Maternal and Child Health, MFH provided seed money to the Perinatal Update conference and the Community and School Health conference sponsored by Children's Hospital Colorado. For the 2012 Community and School Health conference, four registration scholarships have been provided to school nurses within Wyoming. In return, they have agreed to provide feedback to the 2013 Wyoming Title V application. //2013//

MFH staff attends community educational events, advisory groups, and state association meetings at various locations throughout the state during the year. Examples include Safe Kids Day in Cheyenne, the Stand and Celebrate childcare provider conference, and the School Nutrition Conference in Casper, the Wyoming Medical Society Annual Meeting, Wyoming Special Quest, Laramie County Head Start, and the MEGA Conference for adults and children with physical and intellectual disabilities, and their families held at different locations around the state. MFH staff have presented at various conferences and otherwise utilize these opportunities to network with other agencies and provide educational materials to families.

/2013/ As of 2012, there will be no Stand and Celebrate conference. Instead, the Children's Action Alliance will sponsor a smaller training in several places around the state. The MFH WIHC will provide a training on nutrition and oral health.

MFH will be participating in the strategic planning of Chronic Disease Integration. The major themes, tobacco use, physical activity and nutrition, tie in with the MFH State Priorities.//2013//

After a very successful PLTI pilot class held in Laramie County, MFH through the Wyoming Early Childhood Comprehensive Systems (WECCS) grant continues to build the PLTI initiative in Wyoming. Through the PLTI retreat, 20 week curriculum, and community project, participants gain the tools necessary to emerge as more effective civic leaders committed to making lasting change happen in their communities on behalf of children. PLTI enables a diversity of parents, across class and culture, to become leading advocates for children. Through the development of a local civic design team, steps are made to meet any and all parents where they are by providing a unique and free leadership development program. Family meals and child care are provided as

parents from every walk of life learn from each other, the facilitators, and the evidence based curriculum. Family leadership, a critical component and key element in early childhood systems building, is about democracy. Once parents understand and practice the skills of public policy, budgets, prevention, public speaking, and outcome analysis, they are natural and elegant leaders for the young. PLTI is a grass-roots driven initiative bringing individuals together who are committed to improving their communities and making positive change happen for their children.

WECCS funding will continue to be used to support counties in a three phase PLTI development process. Once a county has established a civic design team and community buy in, they are able to apply to become an official Wyoming PLTI site. Wyoming PLTI sites receive full funding along with national and state technical assistance (TA) to help establish their pilot class. In the second phase, sites continue to receive TA and partial funding for their second class, requiring the civic design team to also secure local funding. In the third phase, sites continue to receive TA to ensure that the initiative has been properly imbedded in their community but are expected to be fully funded through local partnerships and in-kind donations.

WECCS is supporting civic design teams in Sweetwater County and the WRIR, both Wyoming Kids First/WECP Regional Partnerships, and in Hot Springs and Albany counties. All four sites plan to host their pilot classes in fall 2011. WECCS is also working with the WRIR PLTI Civic Design Team and the Connecticut Commission on Children's Executive Director to align the PLTI curriculum that will be used by the WRIR. The WRIR is extremely interested in the PLTI model of empowering parents. This will be the first time that PLTI is hosted within the boundaries of two sovereign nations providing the opportunity to enhance the civic piece of the curriculum to reflect Wyoming law and both federally recognized tribes which have a unique nation-to-nation relationship with the U.S. Federal Government.

/2012/A second PLTI class was held in Cheyenne during the first half of 2011. The graduation was held the night before the second national PLTI Training in Cheyenne. Wyoming, Florida, Michigan, and Colorado attendees participated. One Wyoming site is ready to start a class this fall and the WRIR continues to work towards having a class. Included in the recent graduate efforts were projects pertaining to Wyoming MFH State Priorities. One graduate assisted a neighborhood to provide a safe playground for their children to play (physical activity) and another is developing a program to work with youth to increase involvement with agricultural sustainability (nutrition for children and adolescents).//2012//

/2013/ Laramie County held a third PLTI class this spring. Two other sites, Hot Springs County and the Wind River Indian Reservation, held their first PLTI classes this spring. Hot Springs was the smallest community to ever sponsor PLTI and WRIR was the first Reservation to sponsor a class. A State graduation was held at the Capitol in Cheyenne. The president of the State Senate identified PLTI as the program he has been searching for to assist parents to be advocates for their children. A number of other state agencies and foundations are voicing interest in the program. //2013//

G. Technical Assistance

MFH will be involved in strategic planning from spring 2010 through the fall of 2010. Barbara Ritchen and Joan Eden, retired MCH professionals from Colorado, are leading the process. Wyoming may request technical assistance for implementation of the strategic plan. With very limited staff, implementation of the work plan must be focused and strategic. As good stewards of the resources that have been devoted to this process since 2009, MFH wants to ensure the implementation process is successful.

SPM 10

Technical Assistance to help MFH in their efforts around building and strengthening capacity to collect, analyze, and report on data for CYSHCN is expected to increase MFH's understanding of

the needs of CYSHCN in the state. This information will drive programmatic decisions and allow CYSHCN to receive the most appropriate care. Dr. Michael Kogan

NPM 6

Wyoming State Priority 9 is to build and strengthen services for successful transitions for children and youth with special health care needs. MFH offers some resources to families in a variety of formats, but other transition data sources should be identified or developed. A much higher percentage of CYSHCN are living into adulthood, and many have complex ongoing healthcare needs. Lack of preparation from transitional services makes CYSHCN less likely to complete high school, participate in continuing education, gain employment, or live independently. Bonnie Strickland PhD

//2012/Financial Technical Assistance was approved for the previous year, but due to changes in interim leadership, it was not utilized. As of January 1, 2011, both the Title V and CYSHCN Director positions were filled. It is imperative that the Wyoming Title V program understand the state and federal funding to assure the program is efficient and effective. To be fiscally responsible, both positions need to understand the Title V requirements and the Wyoming state requirements to create responsible budgets and assure accurate and appropriate expenditures.//2012//

//2013/ Financial Technical Assistance was approved in the past and requested again in the 2012 application. However, learning the use of the appropriate forms was neglected. It is still imperative that the Wyoming Title V program understand the state and federal funding to assure the program is efficient and effective. To be fiscally responsible, both positions need to understand the Title V requirements and the Wyoming state requirements to create responsible budgets and assure accurate and appropriate expenditures. There has been increased knowledge during this current year with many questions answered and the MFH program coordinators have received training in federal grants management. Assistance would still be extremely helpful.

Assistance with strategic planning would help MFH move forward the plans that were created after the 2010 Needs Assessment and slowed with new staff and agency reorganization.

Flipping the Pyramid is a term that has been mentioned frequently in the past year, especially with dwindling funds. In connection to this, it was discovered that the Wyoming Title V program and the Medicaid/CHIP programs do not have an interagency agreement. With the assistance of our federal project officer and the tutorial produced by Catalyst, we have begun studying what this agreement should look like. It would seem that getting this agreement in place would assist with flipping the pyramid in the future and provide a road map. //2013//

V. Budget Narrative

Budget and expenditure data from Forms 3, 4, and 5 are provided for the application year, interim year, and reporting year to assist the reviewer in analysis of the budget and expenditure narrative. For complete financial data, refer to all the financial data reported on Forms 2-5, especially when reviewing the federal allocation on Form 2 for the 30%/30%/10% breakdown for the budgets planned for primary and preventive care for children, children with special health care needs, and administrative costs.

Form 3, State MCH Funding Profile

	FY 2011		FY 2012		FY 2013	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
1. Federal Allocation <i>(Line1, Form 2)</i>	1256233	1205510	1254457		1164966	
2. Unobligated Balance <i>(Line2, Form 2)</i>	0	0	0		0	
3. State Funds <i>(Line3, Form 2)</i>	2572032	1917462	2572032		1917462	
4. Local MCH Funds <i>(Line4, Form 2)</i>	0	0	0		0	
5. Other Funds <i>(Line5, Form 2)</i>	0	458129	0		458129	
6. Program Income <i>(Line6, Form 2)</i>	0	0	0		0	
7. Subtotal	3828265	3581101	3826489		3540557	
8. Other Federal Funds <i>(Line10, Form 2)</i>	2145185	2197663	2127254		2135729	
9. Total <i>(Line11, Form 2)</i>	5973450	5778764	5953743		5676286	

Form 4, Budget Details By Types of Individuals Served (I) and Sources of Other Federal Funds

	FY 2011		FY 2012		FY 2013	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	1355308	1466224	1515127		1451628	
b. Infants < 1 year old	280389	331337	307337		318651	
c. Children 1 to 22 years old	377025	493169	414078		495678	
d. Children with	1060653	960546	1083086		955950	

Special Healthcare Needs						
e. Others	218836	0	0		0	
f. Administration	536054	329825	506861		318650	
g. SUBTOTAL	3828265	3581101	3826489		3540557	
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	0		0		0	
b. SSDI	94644		93713		97260	
c. CISS	140000		140000		150000	
d. Abstinence Education	0		0		0	
e. Healthy Start	0		0		0	
f. EMSC	0		0		0	
g. WIC	0		0		0	
h. AIDS	0		0		0	
i. CDC	0		0		0	
j. Education	0		0		0	
k. Home Visiting	0		0		0	
k. Other						
PRAMS	149791		132791		130219	
RPE	0		0		0	
TANF	1760750		1760750		1758250	

Form 5, State Title V Program Budget and Expenditures by Types of Services (II)

	FY 2011		FY 2012		FY 2013	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
I. Direct Health Care Services	762395	764173	1248210		761220	
II. Enabling Services	112497	184172	102363		177028	
III. Population-Based Services	724879	805874	479859		796625	
IV. Infrastructure Building Services	2228494	1826882	1996057		1805684	
V. Federal-State Title V Block Grant Partnership Total	3828265	3581101	3826489		3540557	

A. Expenditures

After the HRSA Performance Review, FY2009 expenses were realigned to comply with federal funding guidance. Budget amounts prior to FY2009 were based on estimated expenses. Therefore, figures reported prior to FY2009 will not be comparable to FY2009. From FY2009 forward, financial reports will include actual expenses with MFH maintaining extensive documentation.

Availability of actual PHN hours provided the opportunity to allocate funds more effectively reflecting the actual activity of nursing staff.

/2012/FY2010 expenses continued with the realignment begun in FY2009 to comply with federal funding guidance. Financial reports continue to include actual expenses and reflect federal and

state expenses by population and pyramid level. FY2011 reports will show a more accurate budgeted amount and expenses will not appear so extremely different.

Work continues with PHN's data entry in the PHNI system to more accurately reflect their MCH work in Wyoming's county health departments.//2012//

/2013/ In the process of increasing accuracy, it was noticed the category entitled "Others" on Form 4 had included budget amounts for epidemiology. According to the glossary in the grant guidance, "others" is "women of childbearing age, over age 21, and any others defined by the State and not otherwise included in any of the other listed classes of individuals." Epidemiology is not a class of individuals Title V serves, but rather part of the infrastructure.

Some expenditures still differ more than 10% from the budgeted amounts due to the lack of accurate reporting of the fiscal data prior to the 2010 audit. By 2013 the budgeted and expenditures should resemble each other much closer.

The MOE has been more clearly defined as State general funds received by MFH and the NBMS funds which cover the costs of the newborn metabolic screening and follow-up testing. //2013//

B. Budget

After the 2009 HRSA Performance Review, Wyoming's budgets were realigned to more accurately reflect federal and state expenses, expenses by population group, and expenses by pyramid level. Title V funds are currently spent with 41.5% spent for CYSHCN, 30% spent for preventive and primary care for children, 18.5% spent on perinatal services, and 10% spent for administration. Administrative funds are primarily spent on salaries related to program administration. The state funds required for maintenance of effort come from a mixture of state general funds and nursing services paid through the state.

Budget amounts prior to FY2009 were based on estimated expenses. Therefore, figures reported prior to FY2009 will not be comparable to FY2009. From FY2009 forward, financial reports will include actual expenses with MFH maintaining extensive documentation.

/2012/The FY2010 budget was set prior to the 2009 HRSA Performance Review, therefore the budget and expenditures do not align correctly. However, Wyoming's budget does accurately reflect federal and state expenses and expenses by population and pyramid level. The FY2011 budget set after the 2009 Performance Review will be more accurately aligned.

Title V funds are currently spent with 30% spent for preventive and primary care for children, 38.7% spent for CYSHCN, 25.21% spent on perinatal services and 6.09% spent for administration. Administrative funds were primarily for salaries related to program administration, IT enhancements which included laptop computers for PHNs and new charges from the state for use of desktop computers. State funds required for maintenance of effort come from a combination of state general funds and nursing services paid through the state.//2012//

/2013/ Title V funds were spent for FY11 as follows: 40.05% spent for CYSHCN, 31.67% for preventive and primary care for children and 3.12% for administration. Perinatal expenditures accounted for 25.15%. The MOE is a combination of the general funds budgeted for MFH and the NBMS account.

Planning for FY2013 and taking into consideration at that time the potential for reduction of Title V funds, the budget was based on a 7% reduction of the grant. By 2014, there will be reduction of the State general funds which will necessitate using infant-related immunizations for the MOE, as well as NBMS.

MFH will also be looking for a much clearer definition of what exactly should be included in administrative costs to provide consistency in planning and evaluation of costs. //2013//

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.