



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

**State Narrative for
Wyoming**

**Application for 2014
Annual Report for 2012**



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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 Manager. 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//

//2014/MCH is partnering with Uplift to gather input from PLTI alumni and parents of Children and Youth with Special Health Care Needs (CYSHCN). Gift cards will be offered as an incentive to respond to survey questions (are you familiar with services, how did you learn about those services, are there services you aren't aware of, etc.). Gift cards, purchased by MCH, were offered as incentives. Uplift, using a survey created by MCH, distributed the survey; gathered and analyzed input from the survey; and created a final report for MCH. This year 17 responded to the survey, which was an increase of 10 individuals. Of this year's 17 respondents, ten were self-identified as parents of children with special health care needs. MCH will be reviewing the comments and, in combination with a suggestion at the Title V review, will work to make the survey more reader-friendly.

MCH provided 12 Wyoming school and public health nurses with registration scholarships to the 2013 Community and School Health Pediatric Conference. The scholarship applications required the nurses to demonstrate knowledge of MCH/WDH programs and MCH state health priorities. Out of 14 programs, the nurses were only aware of three. The majority of nurses recognized Wyoming MCH priorities. Nurses were also asked to identify helpful data to assist with their jobs. Children without health insurance; teens and substance use were two such requests. Nurses also suggested topics for future conferences which included behavioral health, positive strategies for teens, cleft lip/palate, school lunches/nutrition and injury prevention. MCH has contacted the President of the Wyoming School Nurse Association and will meet this fall to share information obtained from the scholarship applications and plan involvement in the October School Nurse Conference.

//2014//

II. Needs Assessment

In application year 2014, 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).

/2014/ To reduce confusion between the state program name of MFH and the MCH work performed throughout the state, Wyoming reverted to the title of MCH. The programs within MCH are Women and Infant Health, Child Health, and Adolescent Health. CYSHCN is considered a continuum throughout the three programs.

As MCH continued to review the nine priorities, it was decided to group the priorities into four categories: Decrease Infant Mortality, Decrease Obesity, Prevent Injury, and Promote Healthy Outcomes within CYSHCN Population. This has improved communication of the priorities within the Department, with stakeholders and especially within MCH as we assure our work is addressing the priorities.//2014//

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.

//2014//In 2012, significant work was done within the WDH HealthStat Initiative. MCH chose to divide itself into three programs based on the MCH populations: Women and Infant Health, Child Health, and Adolescent Health, which is a new program for MCH. Prior to these programs, MCH was divided into Women and Infant, Child and Adolescent and CYSHCN.

Suicide is the second leading cause of death of 15 to 24 year olds in Wyoming, following unintentional injury. Teen birth rates have been decreasing, but the Wyoming rate remains above the national rate. To provide more focus on adolescents, MCH is in process of hiring an Adolescent Health Program Manager.

CYSHCN will be a focus within all three programs. Currently, MCH has 3 Benefits and Eligibility Specialists assisting with the Children's Special Health (CSH) program. Each will be assigned to one of the 3 MCH programs to assure CYSHCN issues are addressed.

In May 2013, the program performance reports for Women and Infant Health, Child Health and Adolescent Health were presented to the Senior Leadership of WDH and guests from another state agency. Presentations included program purpose, outcomes, outputs, and efficiencies. The process is improving MCH staff's ability to share specifics of MCH. The HealthStat Initiative will assist MCH in monitoring performance measures on a consistent basis.//2014//

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//

//2014/The Colorado State Lab continues to run the Wyoming Newborn Screens. In FY12, the Colorado State Lab added Severe Combined Immunodeficiency to their list of Newborn Screens. Wyoming has approved the inclusion of SCID and is in the final steps necessary to begin screening on Wyoming infants.

The University of Utah contract for genetics clinics was extended for an additional year with an increase to cover two additional dates in Cody, Wyoming to meet the need.//2014//

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//

/2014/In 2011, there were 7341 births to Wyoming residents.//2014//

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//

/2014/According to the American Community Survey (2009-2011 estimates), 7% of Wyoming residents speak a language other than English at home. 1.8% of residents report not speaking English "very well".//2014//

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//

/2014/The American Community Survey (2007-2011 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, 24.2% had a Bachelor's degree or higher.//2014//

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, 14.3% 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//

/2014/The Wyoming statewide unemployment rate in 2011, according to the American Community Survey, was 5.1%. From 2007-2011, 10.8% of Wyoming residents had incomes below the Federal Poverty Level (FPL). In 2011, 15.6% of Wyoming children under the age of 18 years were living below the poverty level. (U.S. Census Bureau, 2011 American Community Survey)//2014//

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.

/2014/In 2011, 84.6% of Wyoming residents of all ages had health insurance coverage. Of these, 70.9% were covered by private health insurance, and 24.9% were covered by government health insurance (Medicare and/or Medicaid)./2014//

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//

/2014/The contract with WHC ended in 2012. MCH assisted six county PHN offices to continue providing contraception to their clients. In FY14, MCH will continue to assist the

six counties, while working with PHN in another eight counties to provide basic reproductive health services (condoms, pregnancy tests, prenatal or multivitamins, counseling, and emergency contraceptives where permitted). These counties are chosen based on having limited to no access to Title X clinics.//2014//

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//

/2014/MCH provides a listing of specialty clinics by county on the WDH website. MCH contracts with the University of Utah for genetics clinics offered 25 times during the year around the state.

The 2012 survey provides information regarding the most common clinics offered within Wyoming (cardiac, genetic, urology, and neurology/neurosurgery), the most common referrals made by Wyoming providers (cardiac, genetic, gastroenterology, developmental and ENT/Audiology), and reasons for out-of-state referrals (distance within Wyoming is too far, offered too infrequently to be of benefit to clients). A few providers stated they were unaware of clinics within Wyoming. MCH provided these individuals with packets pertaining to specialty clinics and MCH services.

Until a new manager for the Oral Health (OH) Unit is hired, MCH has assumed

responsibility for the Cleft Palate Clinics (October 2012 and April 2013). Discussion began regarding accreditation of the Cleft Palate team, along with the possibility of increasing the number of clinics. This was put on hold when the hiring process began for a new OH manager.//2014//

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 (HPSA) 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//

//2014/The five COHCs are now working in twelve counties. Services provided include fluoride rinses and varnishes, screenings and education. The Child Health Program Manager has been overseeing the COHCs and data collection is being improved with the help of MCH Epidemiology.

The Women and Infant Health Program Manager presented on infant nutrition and oral health care as part of the Wyoming Children's Action Alliance trainings for daycare providers at three locations (Cheyenne, Sheridan and Riverton, WY).//2014//

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//

/2014/Reorganization has continued throughout 2012 which encouraged grouping the nine priorities into four categories as was mentioned in the Needs Assessment Summary Update. The four categories have helped to focus the MCH work and facilitate concise reporting to WDH Leadership and community partners.//2014//

Economic Analysis Division. (2009). "Estimates of Wyoming and County Population: July 1, 2009 " Retrieved April 21, 2010, from <http://eativ.state.wy.us/>.

Economic Analysis Division (2010). Campbell County's Population Grew the Fastest in 2009. S. O. WYOMING, D. O. A. A. INFORMATION and E. A. DIVISION. Cheyenne, WY.

Economic Analysis Division (2010). Wyoming 2010- Just the Facts! Wyoming Department of Administration and Information. Cheyenne.

U. S. Census Bureau. (2006-2008). "American FactFinder, 2006-2008 American Community Survey 3-Year Estimates " Selected Social Characteristics in the United States: 2006-2008 Retrieved March 20, 2010, 2010, from http://factfinder.census.gov/servlet/ADPTable?_bm=y&-geo_id=04000US56&-qr_name=ACS_2008_3YR_G00_DP3YR2&-ds_name=ACS_2008_3YR_G00_&-_lang=en&-_sse=on.

U.S. Census Bureau. (2009). "Current Population Survey Annual Social and Economic Supplement." Retrieved March 24, 2010, from http://www.census.gov/hhes/www/cpstc/cps_table_creator.html.

B. Agency Capacity

MFH, housed within the Community and Public Health Division (CPHD) of the WDH, administers the Title V Block Grant. The division's mission is to assure health service systems are family-centered, coordinated, community-based, culturally appropriate, cost-effective, and efficient. The division has a goal of improving health outcomes throughout Wyoming.

/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.

Changes in leadership, administration, and structure of WDH have created 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, Performance Management Initiative (PMI), assists the evaluation of employee performance. The second, the Health Stat Initiative, provides WDH senior management a concise snapshot of WDH program expenditures, staffing, missions and outcomes, at a glance.//2013//

/2014/MFH is now titled MCH. The three MCH programs are Women and Infant Health, Child Health and Adolescent Health. CYSHCN activities and services are performed within the three programs.

The WDH Health Stat Initiative continues to evolve. On May 23, 2013, the three MCH programs presented program performance reports to Senior Leadership. Each report contains the program core purpose, outputs and efficiencies leading to the program's outcomes.//2014//

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.

/2012/ During 2011 counties had difficulty maintaining the 30% prevention and 30% CSHCN requirement for use of Title V funds. MFH replaced Title V funds with state general funds. 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 are often the first contact for families who are in need of MFH services. They 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 serve on interagency community councils and help 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. NFP 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/ 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//

/2014/MCH and PHN collaborated on the standardization of Best Beginnings (BB), an alternative to NFP. A curriculum, a required number of visits, and required trainings were established to assure consistency of BB within the state. Revision of the database will capture outcomes and information necessary for continuous program evaluation.//2014//

WHC, the Title X designee, assures access to comprehensive, high quality, voluntary family planning services for men and women. Clinics offer contraceptive supplies and pregnancy tests on a sliding fee scale to assist families in planning for an intended pregnancy. 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.

/2013/ Title V funds 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//

/2014/The contract with WHC was not renewed. MCH is working with six county PHN offices who are established providers of reproductive health care. PHN and MCH will work with county PHN offices to assure basic reproductive health care (pregnancy testing, condoms, multivitamins, counseling/education, and emergency contraceptives where permitted) is available five days a week in 14 counties where limited to no Title X services are available.

Fremont County PHN become a Title X clinic. MCH provided funding to assist with start-up costs during the first year. This county has both a high teen birth rate and high infant mortality rate.

In June 2013, MCH sponsored an Infant Mortality Summit in Fremont county. The CDC and Wyoming's CDC assignee presented national and county data while introducing information on the Fetal Infant Mortality Review (FIMR). Discussion followed regarding next steps. Attendees voiced interest in a follow-up meeting.//2014//

/2012/ Of the more than 30 nurses who attended Lamaze training in 2010, two have become certified CBEs. 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 program's

goal 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//

/2014/PHNs were updated on the most recent Institute of Medicine (IOM) guidelines for appropriate weight gain during pregnancy. Nine counties will report on this priority in the MCH County Block Grant beginning July1, 2013.//2014//

The Happiest Baby on the Block (THB) has demonstrated improved outcomes for breastfeeding, improvement of paternal bonding, father involvement, and a decrease in Shaken Baby Syndrome (SBS) by helping parents soothe their babies. 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//

/2014/Twelve county PHN offices have at least one certified THB instructor. The THB information is provided to the public through classes, home visits and trainings for daycare providers.//2014//

CPHD Epidemiology (EPI) and MFH sections manage the Wyoming PRAMS project which 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//

/2014/In 2012, the Tribal PRAMS Steering Committee oversaw the development of a new, culturally appropriate cover for the survey which was implemented in August 2012. The Tribal Institutional Review Board (IRB), and the WDH IRB, approved a baby bib from the Rocky Mountain Tribal Epidemiology Center as an incentive sent to every AI woman with the first survey mailing. Discussions have been ongoing with the Northern Arapaho and Eastern Shoshone Tribes and Indian Health Services about the PRAMS project. Discussions at the steering committee meeting in September 2012 included data dissemination, PRAMS promotion, and involvement of Indian Health Service (IHS) and WIC. Beginning in January 2013, all AI women who complete the survey receive a \$10

Wal-Mart gift card. Wyoming PRAMS staff will continue to work with Indian Health Services, the Eastern Shoshone, and Northern Arapaho Tribal Health Staff to increase AI response rates and provide perinatal data back to the tribes for priority setting, grant writing, program planning, and program evaluation.//2014//

MFH contracts with the Healthy Children Project (HCP) to provide Certified Lactation Counselor (CLC) trainings. Partial scholarships will be made available to PHN.

/2012/ Twenty-five participants attended the CLC training in March 2011. MFH provided 12 partial scholarships to PHN office nurses from seven counties. 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//

//2014/A basic CLC Course is planned for October 2013 in Wyoming. PHN, WIC and birthing hospitals within Wyoming have been notified.//2014//

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. 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//

//2014/Iverson Memorial Hospital in Laramie has begun first steps to becoming Baby Friendly.//2014//

A proposal, presented to the WDH Management Council in January 2010 for approval of a Breastfeeding Support in the Workplace (BSW) project for WDH-wide implementation was well received. A final proposal was prepared for approval.

/2012/ Two Mother's Breastfeeding Rooms (MBR), located in one state building in Cheyenne, are

utilized by breastfeeding mothers in the building. 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//

/2014/In July 2013, county PHN will begin to promote breastfeeding with local businesses to assist with increasing the duration of breastfeeding. According to Wyoming PRAMS data, returning to work was the fourth most common reason (22.5%) for discontinuing breastfeeding. 19.8% of women said they never initiated breastfeeding because of work or school.//2014//

MFH will explore opportunities to partner with stakeholders to address the issue of childhood obesity in Wyoming. The "WY Outside" Initiative serves as a mechanism for communication and coordination among involved agencies to support the overall health and well-being of youth and their families. 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. Goals 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. MFH will 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//

/2014/The WY Outside purpose is to network and communicate to help each other encourage families and communities outdoors. One project near completion is the WY Outside Resource Guide developed by Teton Science Schools and State Parks. This Guide will serve as a calendar of events to advertise events for youth and families statewide. The WY Outside committee adopted a logo, worked on website development and developed a Get Outdoors Month Proclamation Signing by the Governor to announce WY Outside as an official consortium working to foster the mind, body and spirit of youth and families through long-term appreciation of the Wyoming outdoors. MCH staff participate on the WY Outside committee and have helped recruit additional members, expanding partners to include other early childhood and youth focused groups. MCH will post a link to WY Outside calendar of events/website from the MCH website and also links to WY Quality Counts calendar.//2014//

Because there are few specialty providers in Wyoming, MFH compiles a list of specialty clinics held in Wyoming, and distributes the list to general and private practices and PHN offices around the state. Most clinics are held independent of MFH, but a few specialists receive travel reimbursement from MFH.

Genetics clinics are organized by MFH. Offering services locally decrease family travel expenses and time away from work. MFH provides travel benefits for families eligible for MHR, NBIC, and

CSH programs who must travel.

/2012/ Financial support for several specialty clinics, in the form of travel reimbursement, was suspended in 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//

/2014/MCH continues to provide a listing of specialty clinics by county on the WDH website.//2014//

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 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 NBMS 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//

/2014/SCID testing went into effect in July 2013.//2014//

MFH supports the Wyoming Lion's Early Childhood Vision Screening (WLECVS) 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 WLECVS Program which coordinates efforts to ensure comprehensive vision screenings, follow-up, diagnosis, and intervention processes 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. 10% were referred for a professional 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 EHCI 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//

/2014/In 2012, 4495 children received vision screenings. 482 were referred for a comprehensive eye examination. 199 completed examinations diagnosed a vision problem. 23 children were identified with Amblyopia.

MCH provided funding for two PlusOptix Mobile Vision Screeners for the Weston County Children's Center (WCCC)/Region III Developmental Services. The Center serves birth to school age children with special needs in Crook and Weston Counties. The two screeners were purchased with prevention funds of the Block Grant and presented to the Center at no charge.

The WLECVS program provides data analysis of vision equipment options; offers recommendations for appropriate screeners for children ages 6 months through age five; and provides training for use of the equipment to assure referrals for comprehensive evaluations and treatment occur as early as possible. Every region is now using digital devices providing increased efficiency and accuracy.//2014//

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 partnerships 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/ The three regional partnerships completed their needs assessments and strategic planning and worked to secure the third year of funding. The WECP Executive Director assisted each site to create a visual map of the local early childhood system allowing participants to 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 to the WECP Board structure. The required changes 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//

/2014/Currently, WECP is working with the following communities: Albany County, Fremont County SD #2 (Dubois), Fremont County SD #6 (Pavillion), Goshen County, Natrona County SD #1 (Casper), Platte County, Weston County SD #1 (Newcastle) and Wyoming Child and Family located in multiple counties. WECP shares information about early childhood systems and family support; strengthens programs and initiatives; and

helps identify, prioritize, implement and follow-up with actions toward a comprehensive early childhood vision. Ultimately, this will provide community leaders with opportunities to connect with others from across the state and share approaches, actions, challenges and successes as they work toward a comprehensive early childhood vision. The Child Health Program Manager continues to sit on the WECF Advisory Committee which meets at least twice a year.//2014//

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. With the change in the Governor's office in 2011, MFH (Lead Agency) was not 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, public and private.

The MIECHVP goal is to have a continuum of Home Visiting (HV) services from prenatal to age five. An extensive system evaluation will be done in four of Wyoming's at-risk counties will be completed by WECF. 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 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 awarded funds, has returned the MIECHVP funds. The Governor and WDH Director voiced concerns regarding the benchmark requirements and sustainability, and there was some confusion regarding the state plan's referral system.//2013//

/2014/In the summer of 2012, a non-profit MIECHV FOA was released for Wyoming and North Dakota. Wyoming's sole applicant was not awarded.

In November 2012, a second non-profit FOA was released for Florida and Wyoming. It was awarded in April 2013 to Parents As Teachers (national model developer) in partnership with the Wyoming Citizen's Review Panel (WCRP).

In May 2013, Parents As Teachers (PAT) staff and WCRP Executive Director held the first Wyoming MIECHV stakeholder meeting. PAT programming will be implemented for birth-three year olds in Albany, Sweetwater, Fremont, and Natrona Counties and the Wyoming Home Visiting Network will provide a way for all home visitors to obtain training in benchmark areas regardless of their model affiliations.//2014//

MFH 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 evidence-based with proven positive outcomes for children, families, and the community. The 20-week class is designed to bolster family involvement and leadership skills, while promoting the lifelong health, safety, and learning of children. The program cornerstones 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 classes to start by January 2012. One participant has been invited to sit on the state DFS childcare licensing revisions team. Another 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 communities piloted their first class and Laramie held its third PLTI class. In June 2012, 35 parent leaders completed 20 weeks of class, a community project with no more than three absences and will graduate in the Rotunda of the Wyoming Capitol.

Parent engagement, per PLTI national research, improves school performance, overall community safety and health outcomes for children. MCHB states that health care costs decrease significantly when parents are partners in their child's health. PLTI goals focus on helping parents become leaders; expand their capacity 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.

The CAHC 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//

/2014/In 2012, a new PLTI site was established in Albany County. Classes began in October 2012.

In June 2013, 19 parent leaders graduated in the Capitol Rotunda after completing 20 weeks of class, a community project and over 60 hours of classroom learning. They represented Albany County, Hot Springs County, and the Wind River Indian Reservation. Each of the nine parent leaders from the WRIR class received 5 college credits through Central Wyoming College for their completion of the PLTI class.

Over the 4 years of PLTI classes in Wyoming, 76 parent leaders have graduated, with 55% of the community projects focused on improving individual or population health and safety, 25% of community projects focused on improving some area of school involvement or literacy and 20% of community projects focused on improving social and community support areas that impact families. The Child Health Program Manager has continued to be invited update the Federal Partners' Family & Community Engagement workgroup on the progress of PLTI in Wyoming.//2014//

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. Staff has now been hired for the Cheyenne and Casper areas and plans are moving forward rapidly to support families of CSHCN. Projects of 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. The final product was released in February 2012.//2013//

/2014/The F2FHIC grant was awarded in 2012 to a partnership of WIND and Uplift. MCH meets quarterly with them to keep CYSHCN issues in the forefront. Fact sheets and videos are being produced on topics including, but not limited to, breastfeeding, physical activity, nutrition, medical homes and transition using University personnel partnering with parents of CYSHCN.//2014//

MFH is constantly working to improve cultural competency in its service delivery. The CPHD Epidemiology section provides data to MFH 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//

/2014/"The Coming of the Blessing, a Pathway to a Healthy Pregnancy," is offered by National MOD. MCH will make this and other MOD publications available to Wyoming providers. The other items include "Why the Last Weeks of Pregnancy Count" and the "Late Preterm Brain Development Flyer/Card". This is in support of the Association of State and Territorial Health Officials/March of Dimes partnership to reduce the rate of preterm birth by 8%.

Related to the 8% Challenge, WDH and MOD are coordinating with the WMS, WHA, and the Wyoming Business Coalition on Health. Each group has expressed interest in collecting data or providing education to promote best practices to eliminate early elective deliveries (EED). The group meets once a month. A survey of hospitals will be used to collect information regarding hospital policies regarding EED.

In April 2013, the Wyoming State Health Officer (SHO) received a letter from MOD stating Wyoming reduced its rated of preterm birth from a rate of 11.2% in 2009 to 10.2% in 2011--an 8.9% reduction.//2014//

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.

/2012/ The WOMH sponsored Summer Cultural Sensitivity Training Series, in partnership with WDH, RMTEC and the Casper Community College Counseling and Student Development Center. Free of charge, the 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.

A PLTI graduated of the first Cheyenne class, 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 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//

/2014/WOMH released the Health Disparity State Plan. Goals include 1) connecting underserved populations in Wyoming to available resources at local, state, regional and national levels and 2) reducing health disparities for underserved populations in Wyoming. The report is on the WDH website.//2014//

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/ 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//

/2014/MCH prepared for sequestration by planning the budget at 7% less than what was expected. FY 2014 state general funds will be the same as FY13. Preparations are beginning for the FY15/16 Biennium which may have additional SGF cuts to the budget. MCH is looking closely at how to work with others to utilize funds with greater efficiency.//2014//

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. 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//

/2014/As of December 14, 2012, the CYSHCN Program Manager position was vacated. This presented the opportunity to build upon the Life Course concept and incorporate CYSHCN across all MCH populations. This allowed the creation of a position devoted to Adolescent Health, including those with special health care needs, which will assist with teen pregnancy and suicide.//2014//

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/ Development of issue briefs addressing state priorities began in 2011. The purpose of each brief is to report on pertinent data regarding the priority and current strategies. The Folic Acid, Child Physical Activity and Nutrition, Breastfeeding, and Data Capacity for CYSHCN Issue Overviews are completed and on the MFH website. . The issue briefs became overviews due to the length. One- to two-page fact sheets will be developed to provide MFH partners with a snapshot of the issue and an opportunity to provide input. //2013//

/2014/During FY13, the Transition for CYSHCN and Maternal Smoking Overviews were completed. Three fact sheets were developed. One addressed breastfeeding for hospital personnel. A second provided breastfeeding information for mothers. The third fact sheet provided information on Folic Acid. All are accessible on the MCH website.//2014//

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//

/2014/The WDH budget for 2014 will be under \$950 million. The current employee status, full time, part time and AWEC, is 1,518. The employee numbers reported in 2013 are not correct.

In May 2012, the Women and Infant Health Coordinator and Administrative Assistant positions were filled.

An MCH Epidemiology position was vacated in January 2012 and filled in June 2012. The MCH Epidemiologist Section Chief position was vacated in July 2012 and filled in March 2013 by the Epi hired in June. Interviews for the second position occurred in May 2013.

The CSH Program Manager resigned in December 2012. Opportunity was taken to revise MCH programs--Women and Infant Health, Child Health and Adolescent Health. This was done with the understanding that CYSHCN are within all three populations. Search has begun for filling the Adolescent Health Program Manager.

As of June 2013, the Women and Infant Health Program Manager will resign and the necessary work has begun to fill that position.//2014//

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//

/2014/In early 2013, MFH changed its name to MCH in an attempt to decrease identity confusion. Programs were also changed to Women and Infant Health, Child Health and Adolescent Health.//2014//

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.

/2014/In July 2012, Dr. Whiting's contract expired with WDH. In August 2012, WDH secured a contract with Dr. Gerald D. Long, D.D.S. to provide the professional expertise of a licensed and qualified dentist as advisor to the Oral Health Program (OHP) on dental issues and policies. Dr. Long provided his professional license and general supervision of the OHP contract public health dental hygienists, and public health programs according to regulation in the Wyoming Dental Practice Act and provides counsel to the OHP staff on professional issues, current and proposed program policies and activities.//2014// An attachment is included in this section. IIC - 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//

/2014/Beginning May 2012, Elizabeth Harlan began working with MCH Epidemiologists through the Graduate Student Internship Program to look at teen pregnancy in Wyoming.//2014//

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//

/2014/ The Oral Health (OH) Section Chief, Trish O'Grady, resigned her position with WDH. Advertisement for a dentist to fill that position has begun.

In July 2012, Dr. Whiting's contract expired with WDH. In August 2012, WDH secured a contract with Dr. Gerald D. Long, D.D.S. to provide the professional expertise of a licensed

and qualified dentist as advisor to the Oral Health Program (OHP) on dental issues and policies.//2014//

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.

/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.//2013//

/2014/As of June 2013, Elizabeth DePrince Smith resigned the Women and Infant Health Program Manager (formerly Women and Infant Health Coordinator). The position was advertised as of June 21, 2013.//2014//

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.

/2013/ Charla Ricciardi now serves as Principle Investigator for the CDC funded RPE Grant and the Family and Youth Services Bureau funded PREP Grant.//2013//

/2014/Charla Ricciardi's title is now Child Health Program Manager (CHPM). She is responsible for the ECCS grant and works closely with the Wyoming non-profit MIECHV awardee. She will continue as Principle Investigator for the RPE Grant until an Adolescent Health Program Manager is hired. Wyoming returned the PREP Grant in 2012.//2014//

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

/2014/Jody Yelton resigned December 2012 as the CSH Program Manager. This presented MCH the opportunity to reorganize into three programs: Women and Infant Health, Child Health and Adolescent Health. A Benefits and Eligibility Specialist will be placed with each program and the fourth will be a single point of contact for CYSHCN.

The Adolescent Health Program Manager position was advertised as of June 2013.//2014//

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//

/2014/Angela Crotsenberg resigned her position in August 2012. In March 2013, Amy Spieker resigned her MCH Epidemiologist position to accept the lead MCH Epidemiologist position. She will continue as the PRAMS Coordinator. Interviews occurred in May 2013 to fill the second MCH Epidemiologist position. The budget for MCH Epidemiology remains within the MCH Unit. Supervision of the Epidemiologists will occur through the Public Health Sciences Section within PHD of WDH.//2014//

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 services 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.

/2014/MCH coordinates annual training for the basic CLC training. MCH and WIC work together to find ways to inform WDH staff of the federal legislation for Breastfeeding Support in the Workplace and how WDH supports the legislation.

MCH does not fund any of the PHN MCH Coordinator's salary. However, since the position is also the NFP State Nurse Consultant for Wyoming, TANF administrative funds are used to cover travel for the position to fulfill NFP required duties.

MCH funded the PHN Chief Nurse Executive attendance to the Joint Association of Community Health Nursing Educators and the Association of Public Health Nurses conference in June 2013. The purpose was to provide innovative, effective, evidenced-based strategies to meet public health priorities. PHN assist greatly with MCH priorities in Wyoming. Information gleaned will strengthen public health in Wyoming.//2014//

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//

/2014/The Oral Health Unit Manager resigned in the spring of 2012. Shortly after, the Medicaid funding and one of the remaining two staff was pulled back within the Medicaid program. The remaining staff member remained within the Community Health Section of the Public Health Division to manage the programs funded with state general funds and the dental sealant program funded by Title V dollars.

The five COHCs work in twelve counties. Services provided include fluoride rinses and varnishes, screenings and education. The Child Health Program Manager has been overseeing the COHCs and data collection is being improved with the help of MCH Epidemiology.

The Women and Infant Health Program Manager presented on infant nutrition and oral health care as part of the Wyoming Children's Action Alliance trainings for daycare providers at three locations (Cheyenne, Sheridan and Riverton, WY)./2014//

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//

/2014/MCH and PHN have worked together to create a clearly defined Wyoming Healthy Baby Home Visitation (HV) program that includes two programs to meet statute requirements. NFP has existed for over 15 years in Wyoming and is available in 13 counties. The second program, Best Beginnings (BB), is in all 23 counties but varies from county to county. As of April 2013, eligibility, minimum number of visits, curriculum and required trainings have been delineated for the BB program. Training for the chosen curriculum, is planned to occur September 2013./2014//

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.

/2014/In 2012, the Tribal PRAMS Steering Committee oversaw the development and selection of a new, culturally appropriate cover for the survey. It was implemented in August 2012. The Tribal Institutional Review Board (IRB), and the WDH IRB, approved a baby bib from the Rocky Mountain Tribal Epidemiology Center as an incentive sent to

every AI woman with the first survey mailing. Discussions have been ongoing with the Northern Arapaho and Eastern Shoshone Tribes and Indian Health Services about the PRAMS project, with a formal steering committee meeting was held in September 2012. Discussions included data dissemination, PRAMS promotion, and involvement of Indian Health Service (IHS) and WIC. Beginning in January 2013, all AI women who complete the survey receive a \$10 Wal-Mart gift card reward. Wyoming PRAMS staff will continue to work with Indian Health Services and the Eastern Shoshone and Northern Arapaho Tribal Health Staff to increase AI response rates and to provide perinatal data back to the tribes for priority setting, grant writing, program planning, and program evaluation.//2014//

/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//

/2014/MCH is working with Medicaid and KidCare CHIP to more clearly define the working relationship between Title V and Title XIX. The increased discussions have provided opportunity for the new Medicaid contractor, MCH and PHN to coordinate case management and avoid duplication of services. Title V, Medicaid and PHN will continue to meet on a quarterly basis to provide up-to-date information and work on any concerns.//2014//

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.

/2014/MCH agreed to provide funding to the Wyoming Telehealth Consortium to contract with warehouse twenty one, who will increase promotion of telehealth capabilities throughout the state through discovery research, direct mailings, quick start guides, email marketing and creating a tradeshow retractable banner.//2014//

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//

/2014/Tertiary care visits were conducted in Idaho Falls, ID (08/14/12); Salt Lake City, UT (9/19/12); Billings, MT (10/01/12); Rapid City, SD (10/18/12); and Denver, CO (11/07/12) to discuss discharge planning for Wyoming residents, including those who are eligible for

such programs as MHR, NBIC and CSH. Other topics included NBMS, EHDl, PHN home visiting, Part C and Early Intervention. Participants included those from nursing, social work, occupational therapy and hospital management.//2014//

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//

//2014/Financial support was determined to be no longer necessary for telehealth licenses as there were many due to the new Bridge and an Innovation Grant award. MCH continues to collaborate with Medicaid on increasing usage of telehealth. Currently, the Telehealth Consortium has begun work on a Public Relations campaign to increase awareness and, therefore, usage of telehealth.//2014//

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//

/2014/The current Wyoming F2FHIC grantee is a partnership between the Wyoming Institute for Disabilities (WIND) and Uplift, a family support program for CYSHCN. MCH collaborates with the F2FHIC and provides financial support for the production of fact sheets on topics such as breastfeeding, developmental milestones, exercise, nutrition and medical home. The F2F has also produced, using university personnel and CYSHCN family members, six videos which include "The Importance of Developmental Milestones for You and Your Child with Special Health Care Needs," "The Importance of Good Nutrition for You and Your Child with Special Health Care Needs," and "The Importance of Breastfeeding for You and Your Child with Special Health Care Needs."

MCH and the F2F are meeting quarterly. Utah has created a Medical Home Portal (<http://www.medicalhomeportal.org>). The site provides reliable information and resources to help physicians and parents care for CYSHCN. MCH and F2F are exploring the possibility of providing Wyoming information through this website.//2014//

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 (WyIR) data from the Immunization Section (IMM) has been fully integrated into the THR; more WDH databases are planned for connections.//2013//

/2014/The THR is currently being used in 28 practices and nine PHN offices. Usage varies among the PHN offices while training continues. There are 60 providers and 200 Users

(which includes doctors, nurses, schedulers, etc.). Additionally, there are approximately 57,000 patients whose records are in the THR.//2014//

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//

/2014/Efforts with DFS on the Foster Care Health Oversight and Coordination Plan have been handled by PHN's MCH liaison and the MCH Benefits and Eligibility Specialists in the past year. Four counties in Wyoming including Goshen, Platte, Converse, and Niobrara have successfully piloted the Foster Care Health Oversight and Coordination Plan. The project was slowed while Medicaid had a change in their case management vendor. Rollout statewide is expected this year.//2014//

F. Health Systems Capacity Indicators

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

Health Systems Capacity Indicators Forms for HSCI 02 - Multi-Year Data

Annual Objective and Performance Data	2008	2009	2010	2011	2012
Annual Indicator	87.7	91.1	90.7	94.6	92.4
Numerator	3558	3826	3734	2952	2815
Denominator	4056	4201	4118	3121	3046
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and					

2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2012

The data are from Medicaid for Federal FY2012 (10/1/11 - 9/30/12).

Notes - 2011

The data are from Medicaid for Federal FY2011 (10/1/10 - 9/30/11).

Notes - 2010

The data is from Medicaid for Federal FY2010 (10/1/09 - 9/30/10).

Narrative:

MCH selected HSCI 02 and 03 some of the most relevant indicators to discuss in the narrative section as they serve as surveillance and monitoring tool to inform Wyoming's Child Health Program activities.

MCH selected program performance outcomes related to increasing developmental screenings, including HSCI 02 and 03, as part of the Child Health Program Performance Report, within the WDH HealthStat Initiative.

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

Health Systems Capacity Indicators Forms for HSCI 03 - Multi-Year Data

Annual Objective and Performance Data	2008	2009	2010	2011	2012
Annual Indicator	64.3	64.5	77.6	20.4	10.3
Numerator	54	40	45	29	13
Denominator	84	62	58	142	126
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2012

ICD 9 codes (V20.2((V70.0, V70.3, V70.5, V70.6, V70.8, V70.9)) were used to determine numerator. SCHIP enrollment data is for CY2012.

Notes - 2011

ICD 9 codes (V20.2((V70.0, V70.3, V70.5, V70.6, V70.8, V70.9)) were used to determine numerator. SCHIP enrollment data is for CY2011.

Notes - 2010

ICD 9 codes (V20.2((V70.0, V70.3, V70.5, V70.6, V70.8, V70.9))) were used to determine numerator. SCHIP enrollment data is for CY2010.

Narrative:

In the last reporting year both HSCI 02 and 03 have had a significant decrease. Medicaid staff has reported that there are efforts under way to ensure that providers are correctly coding all well child checks. MCH and EPI staff consulted with Kid Care CHIP staff to review the dramatic difference in FY2010 data to FY2011 and to FY2012 data. There is no clear reason for the dramatic decrease in the data. EPI staff is still working to examine and evaluate data quality as it comes from a 3rd party vendor.

Beginning January 1, 2014 all children 0-18 will be covered up to 133% FPL under Medicaid. This will shift some children from KidCare CHIP coverage to Medicaid coverage.

It is reported that 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.

MCH promotes the importance of well child checks with early care and education partners and providers such as child care centers, day cares, home providers, Head Starts, and public health nurses and through the advisory boards where the CHPM serves as the child health/subject matter expert. Some of these groups include the ECSAC, Child Care Certification Board, DFS Child Care Licensing Advisory Group, and the WECAP Advisory Board.

Families are required to apply for Medicaid and Kid Care CHIP prior to becoming eligible for MCH services. This allows families to have a payment source for well-child checks. Letters and interventions by PHN and MCH encourage families to obtain well-child checks. Qualified non-citizens continue to be eligible for services, while undocumented non-citizens are ineligible.

The THR is now operational and currently is being used in 28 medical practices. There are 60 providers and approximately 57,000 patients whose records are in the THR.

The Wyoming Immunization Registry (WylR) data from the IMM has been fully integrated into the THR; more WDH databases are planned for connections. EPSDT alerts are now built into the Continuity of Care Document (CCD) viewer of the THR, so anyone pulling a CCD can see if there is a missing EPSDT requirement.

Wyoming's ECCS Grant, if funded for FY 2014 will coordinate the expansion of developmental screening activities in early care and education settings statewide. This program broadens and enhances the efforts of the MIECHV program which was awarded to Wyoming April 4th, 2013, and is required to build upon the MIECHV efforts and activities within the state. Both of these efforts will help to bring awareness to the importance of well child checks in early childhood.

MCH will continue to partner where possible with these activities in the state and anticipate and increase in children receiving appropriate well child visits.

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

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Percent of pregnant women with adequate	2011	payment source from birth certificate	65.3	74.8	71.2

prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])					
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Notes - 2014

HSCI 04 is also reported from 2011 Vital Statistics data.

Narrative:

In general, women receiving Medicaid are at an increased risk for low birth weight. Medicaid does not cover prenatal care for women who are non-U.S. citizens. Medicaid will pay for the delivery. MCH will work with MCH Epidemiology to look closer at prenatal care in Wyoming and outcome data for infant deaths.

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 the Nurse Family Partnership home visiting model in 13 counties. These services provide prenatal assessment and referral for pregnant women. During FY13 MCH and PHN standardized the Best Beginnings home visiting program which will be implemented in FY14 in all 23 counties.

MCH 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.

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

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//

/2014/The CSHCN Program Manager position became vacant in December 2012. MCH took this opportunity to reorganize. The Women and Infant Program Manager (PM) will continue, the Child and Adolescent PM will become the Child Health PM and focus on 1 to 11 year olds. The third position will now be the Adolescent Health PM and focus on 12 to 24 year olds. CSHCN will be included within each program.//2014//

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//

/2014/MCH (previously MFH) added the following overviews to the above list: Transition for Children and Youth with Special Health Care Needs and Maternal Smoking. Three factsheets have also been completed: Breastfeeding (hospitals), Breastfeeding (mothers) and Folic Acid.

MCH has partnered with the Wyoming F2FHIC which has produced the following Health and Wellness Fact Sheets related to MCH priorities: Breastfeeding, Exercise, and Good Nutrition. F2F has also produced videos dealing with developmental milestones, good nutrition, and breastfeeding. Both the fact sheets and videos focus on CYSHCN and more are in process of development.//2014//

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. Excessive weight gain is a risk factor of large for gestational age infants, cesarean delivery and long term weight retention in women.

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 MCH. MCH 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 MCH on this issue, such as Wyoming Health Council and Mental Health and Substance Abuse Services. MCH is collecting data through PRAMS, birth certificates, and the Best Beginnings and Nurse Family Partnership data systems. MCH 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, MCH, 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: MCH alone cannot provide sufficient resources to address this issue. However, MCH 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. MCH 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, MCH 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 MCH staffing capacity, it was determined the best approach to meet the grant requirements was to pass through all funding to a Contractor. MCH 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 MCH 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 MCH State Priorities for 2011-2015. MCH 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/MCH 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 MCH, 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: MCH and WIC focus on breastfeeding. A Wyoming Breastfeeding Coalition has been formed to support continuation of breastfeeding. Both MCH 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. MCH 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. MCH'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 MCH 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. MCH 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. MCH 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;

Creating a plan to address data gaps.

Building and strengthening capacity to collect, analyze and report on data for CSHCN is expected to increase MCH'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: MCH 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. MCH 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//

/2014/ Twenty two of the 23 counties accepted braided funding of federal and state general funds to assist with providing MCH services, especially in the form of home visitation. All twenty two counties will work on specific activities focused on maternal smoking and duration of breastfeeding. Nine of the 22 will also address Infant Safe Sleep while the nine others will address Women's Nutrition. MCH chose to focus on these specific priorities to increase statewide data.

MCH meets quarterly with the Wyoming F2FHIC to maintain capacity for the CSH program and exploring ways to expand that capacity.

The WDH HealthStat Initiative has MCH looking closely at program performance, including the outputs and efficiencies leading to the MCH outcomes. MCH will continue the work in this area.

A focus in FY14 will be dissemination of information. During FY13, that has been done specifically around infant mortality and early elective deliveries (EED). The WDH signed on to the ASHTHO/MOD 8% challenge to reduce prematurity. In looking at EED, it was soon learned that several groups wanted information. The Wyoming State Health Officer called a meeting of the interested parties to learn what is being done in the state and what

steps are needed to address the issue.//2014//

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	2008	2009	2010	2011	2012
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	14	13	16	16	19
Denominator	14	13	16	16	19
Data Source	Children's Special Health Program	Children's Special Health Program	Children's Special Health Program	Children's Special Health	Children's Special Health
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
	2013	2014	2015	2016	2017
Annual Performance Objective	100	100	100	100	100

Notes - 2012

The numerator is defined as the number of confirmed cases who had a follow-up visit with their primary care doctor. 3 years (2010-2012) are combined for a rolling 3-year percentage since the numerator is <20.

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.

a. Last Year's Accomplishments

The objective for 2012 was 100%. In 2012, 100% of screen positive newborns received timely follow-up to determine a definitive diagnosis and clinical management for their conditions.

Wyoming NBS continued to screen for 29 conditions. MCH 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 Colorado (CHC) provided consultation and education on metabolic conditions for Wyoming providers. Erica L. Wright, MS, Certified Genetic Counselor, Clinical Genetics and Metabolism, CHC, 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.

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 had not been set.

MCH provided NBMS brochures to birth hospitals and providers; more are supplied as needed.

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

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

MCH participates with Colorado's NBMS Advisory Council. This group helps guide the NBS process. MCH staff continues to generate reports for primary care providers and birthing hospitals regarding babies with missed screens.

MCH 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.

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

Close monitoring of specimen handling and transportation revealed a number of anomalies with the contracted courier service; the problems have been resolved.

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.

The Rules and Regulations which govern NBS were undergoing the regular rules promulgation process beginning May, 2012; however, this process was put on hold.

The Newborn Screening Program Coordinator attended 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 Screening Program. The Colorado Lab reports this has assisted in ruling out the condition or reaching diagnosis by eliminating the financial concern of parents and primary care provider.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Wyoming Newborn Screening Program (NBS)			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. MCH County Block grants				X
7. Care Coordination		X		
8. Metabolic formula coverage	X			
9. Wyoming Genetics Services	X			
10.				

b. Current Activities

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

The NBS Program Coordinator attended the Association of Public Health Laboratories (APHL) Conference in May 2013.

MCH selected program performance outcomes related to newborn screens completed and timely follow-up to definitive diagnosis as part of the Women and Infant Health Program Performance Report, within the WDH Program Performance Initiative.

MCH continues to track the percent of occurrent births with a first newborn screen completed and the number of percent of screen positive newborns who receive timely follow-up.

c. Plan for the Coming Year

SCID will be added to the NBS panel as of July 2013. MCH will redesign the educational materials to reflect the addition of SCID.

Through established quality improvement practices, MCH 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.

Careful examination of billing data which result in identification of data entry errors at CDPHE will continue in the coming year. Data entry errors will be 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.

VSS, EHDI and MCH will educate birth hospitals on how to correctly report acceptance or rejection of newborn screening by parents on birth certificates. A statewide NBS consent form may be developed for all hospitals to use.

MCH and EHDI 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.

MCH 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.

MCH will continue to cover metabolic formula for children and youth who are eligible for the CSH program and will work with Medicaid to determine its role related to the passing of House Bill No. HB0145 (insurance-coverage of phenylketonuria).

MCH will continue to determine the viability of adding further conditions to the testing panel including, but not limited to, Critical Congenital Heart Defects (CCHD).

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

The data system which links birth certificates and lab results will continue to undergo enhancements 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.

MCH will update the Rules and Regulations governing NBS.

MCH will also examine if a state-wide NBS consent form is warranted and how this consent will be collected, audited and improved upon.

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:	6858					
Reporting Year:	2012					
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)	6613	96.4	1	1	1	100.0
Congenital Hypothyroidism (Classical)	6613	96.4	2	2	2	100.0
Galactosemia (Classical)	6613	96.4	0	0	0	
Sickle Cell Disease	6613	96.4	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	2008	2009	2010	2011	2012
Annual Performance Objective	58	58	58	60	70
Annual Indicator	57.5	57.5	57.5	70	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	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
	2013	2014	2015	2016	2017
Annual Performance Objective	70	75	75	75	75

Notes - 2012

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 - 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.

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%

Medicaid continued translation reimbursement policy for eligible clients. CSH covers translation services for Kid Care CHIP clients.

MCH travel benefits include travel assistance to all families eligible for MHR, NBIC, and CSH programs. Transportation and translation services for eligible MCH 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 allow PHNs to work with CYSHCN families in order to maximize services.

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.

MCH handed over the tool, Packaging Wisdom, to Wyoming's F2FHIC for updates/revisions. F2FHIC's "final" product was made available through PIC/PEN's website (<http://www.wpic.org/>).

In 2012, the PEN, which served as Wyoming's Parent Information and Resource Center (PIRC) from 1998-2012, ceased when the national program under No Child Left Behind lost funding. PEN continues to offer support to school and families through a variety of resources including 72 different family-friendly fact sheets in English and Spanish. <http://www.wpen.net/>

WIND and Uplift applied for and were granted the F2F grant in December 2011/January 2012. They are in the process of developing webinar trainings and fact sheets, networking, and disseminating oral health materials. MCH recognizes these organizations as the federally approved F2F grantee for Wyoming.

MCH 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 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.

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

MCH partnered with MSGRC to recruit two pediatric practices in Wyoming to pilot a Parent Partner Project. MSGRC funding provides one parent partner in each practice for up to 16 hours per week to assist families in decision making, advocating for their children and helping to create a stable medical home.

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. MCH County Block grants				X
7. Family 2 Family Health Information Center (F2FHIC)			X	
8. Parent Leadership Training Institute (PLTI)				X
9. Parent Partner Project				X
10.				

b. Current Activities

The Specialty Clinic Survey was finalized in early 2012 and sent to healthcare professionals. The survey reveals the most common clinics offered within Wyoming (cardiac, genetic, urology, and neurology/neurosurgery), the most common referrals made by Wyoming providers (cardiac, genetic, gastroenterology, developmental and ENT/Audiology), and reasons for out-of-state referrals (distance within Wyoming is too far, offered too infrequently to be of benefit to clients). Few providers stated they were unaware of clinics within Wyoming. MCH provided these individuals with packets pertaining to specialty clinics and MCH services.

A new PLTI site was established in Albany County with classes beginning in October 2012. 19 parent leaders from 3 classes in Albany and Hot Springs County and WRIR graduated. Nine parent leaders from the WRIR class received 5 college credits through Central Wyoming College for their completion of the PLTI class. Several parents in different communities saw the need to create local support groups for families with CYSHCN. In Albany County, one parent now sits on the community inclusion team for those with disabilities and her project is to help create accessible curbs in her neighborhood for those with special mobility needs.

The first training occurred in Missoula, MT for the Fremont County site; a second site has been identified in Natrona County.

c. Plan for the Coming Year

MCH will continue to promote AAP recommended well-child checks through reminder letters and will distribute materials (MCH and CSH age-specific recommendations, promotional materials as well as informational sheets listing CPT codes applicable to CSH clients).

In an effort to integrate child healthcare records, MCH will continue to collaborate with WDH programs such as Medicaid and promote expansion of the Total Health Record (THR) to reduce duplication of services.

The Title V Director will 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. CSH have previously been active members in planning and execution of the GCDD's MEGA conference that is held annually; if appropriate, this will continue in the coming year.

Partnerships will continue with other WDH programs, which will focus on streamlining and coordinating services for the MCH 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 MCH clients will continue to be reimbursed. Identified barriers will be addressed through a variety of partnerships, ensuring adequate services continue. MCH travel benefits will continue to include travel assistance to all families eligible for MHR, NBIC, and CSH programs as well as for families attending the biannual Cleft Palate Clinic held in Casper.

MCH will continue to partner with F2F to enhance education and promotion of MCH 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 continue through ongoing communication and guidance; hopefully developing a Wyoming's Family Voices Chapter.

CSH will continue to explore opportunities to partner with MSGRC and recruit other pediatric providers to participate in the Parent Partner Project as well as assist in coordinating trainings as needed.

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

MCH will continue to support the expansion of PLTI in communities in the state in Hot Springs, Natrona, Albany, and Laramie Counties, including the Wind River Indian Reservation. 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	2008	2009	2010	2011	2012

Annual Performance Objective	50	50	50	50	44.6
Annual Indicator	49.1	49.1	49.1	44.6	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	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
	2013	2014	2015	2016	2017
Annual Performance Objective	44.6	50	50	50	50

Notes - 2012

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 - 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.

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%

MCH 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 MCH 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 MCH, 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 Provider (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.

MCH 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, MCH staff updated a pediatric specialty clinic directory that will be updated continuously and posted exclusively on the CSH website. A copy is sent to PHNs.

MCH has access to the electronic medical records of MCH clients who are seen at CHC, in Colorado. Compared to paper requests with other hospitals and/or providers, this has greatly enhanced MCH's ability to provide effective care coordination and to assist the PHN staff and providers as they support MCH clients.

The THR was operational and used in 28 practices. That involved 60 providers and 200 users (including doctors, nurses, schedulers, etc.). There are approximately 57,000 patients whose records are in the THR. The THR supports the medical home model and provides tracking for EPSDT.

CSH supported the Wyoming Telehealth Consortium, which is led 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.

CSH partners with OH in Cleft Palate clinics that are held twice per year in Casper, Wyoming, by providing staffing support. The evaluation services received by patients are free of charge. 39 clients were evaluated in October 2011; 42 clients were evaluated in April 2012.

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. MCH County Block grants				X
8. Family 2 Family Health Information Center (F2FHIC)		X		
9. Parent Partner Project				X
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 a PCP with PHNs and other community resources helping to carry out some of the functions of a medical home.

MCH partnered with MSGRC to recruit two pediatric practices in Wyoming to pilot a Parent Partner Project. MSGRC funding allows for one parent partner in each practice for up to 16 hours per week to assist families in decision making, advocating for their children and helping to create a stable medical home. The first training occurred in March 2013 in Missoula, MT for the Fremont County site; a second training is planned for the Laramie County site in southeastern Wyoming in the coming year.

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

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

Xerox will begin to track referrals between MCH, PHN and CQS.

MCH temporarily assumed responsibility for OH's Cleft Palate clinics by providing clinic staffing in October 2012 and April 2013. 31 clients were evaluated in October 2012; 25 clients were evaluated in April 2013.

c. Plan for the Coming Year

MCH will continue to meet quarterly with the Wyoming F2FHIC to promote the importance of establishing a medical home. Two activities are the Parent Partner Project and the development of information to assist teens transitioning to young adulthood and managing their own healthcare, especially those with special health care needs.

CSH will continue to explore opportunities to partner with MSGRC and recruit other pediatric providers to participate in the Parent Partner Project as well as assist in coordinating trainings as needed.

Coordination will continue as needed among MCH, PHN, and Medicaid/XEROX (formerly APS). This type of coordination is especially important for children receiving care out-of-state and in need of care coordination as they return to the local community.

MCH will continue to emphasize the importance of well-child checks including 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.

MCH 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 with MCH services in obtaining needed care and referrals to appropriate community resources.

MCH will 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>)

MCH will continue to support OH's Cleft Palate clinics by providing in-kind staffing twice per year. Each clinic session lasts two days. MCH will also work with cleft palate clinic providers to develop Business Associate Agreements and to implement a WDH policy outlining the specifics of the Cleft Palate Clinic.

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	2008	2009	2010	2011	2012

Performance Data					
Annual Performance Objective	65	65	65	65	58.2
Annual Indicator	60	60	60	58.2	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	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
	2013	2014	2015	2016	2017
Annual Performance Objective	58.2	60	60	60	60

Notes - 2012

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 - 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.

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 MCH 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 MCH to determine eligibility for MCH services. Referrals continued to be shared among APS, Kid Care CHIP, DFS, and MCH.

MCH provided coverage for services Kid Care CHIP did not cover, such as hearing aids, therapy vests, orthognathic surgery, translation services, genetic testing, travel assistance, medications and additional vision follow-up appointments.

MCH 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, case management continued to be agreed upon among MCH, PHN, and Medicaid contractor. These cases have included children hospitalized out-of-state in need of care coordination to return to their local community. Case management usually included recommending clients visit their PCP or specialist on a regular basis.

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

As a best practice strategy, MCH 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 Genetics Services Clinics continued to be offered through the contract with the University of Utah and to allow individuals, who have inadequate insurance, or no insurance, to obtain consultation services at no cost.

County Block grants to Wyoming counties continued to provide funding for PHN staff to carry out MCH services, which included children with special health care needs.

Because there are no tertiary care facilities within Wyoming, MCH, PHN, Medicaid, EHDI 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 evaluation services received by patients are free of charge. 39 clients were evaluated in October 2011; 42 clients were evaluated in April 2012.

Table 4a, National Performance Measures Summary Sheet

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

b. Current Activities

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

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

MCH 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 these programs online at <http://healthlink.wyo.gov>.

The Wyoming Genetics Services Clinics continue to be offered through the contract with the University of Utah and to allow individuals, who have inadequate insurance, or no insurance, to obtain consultation services at no cost. Twenty-five clinics are held per year.

MCH temporarily assumed responsibility for OH's Cleft Palate clinics by providing clinic staffing in October 2012 and April 2013. 31 clients were evaluated in October 2012; 25 clients were evaluated in April 2013.

c. Plan for the Coming Year

Referrals will continue to be shared among Xerox, Kid Care CHIP, DFS, and MCH.

MCH will collaborate with Medicaid and KidCare CHIP to provide gap-filling services to dual-eligible clients in light of changes occurring with ACA.

MCH will continue to access Medicaid's computer systems (to enhance service coordination. Information will be shared among collaborating agencies, and MCH 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 MCH, PHN, and Xerox for complex cases, and MCH will continue to recommend clients visit their PCP or specialist on a regular basis.

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

MCH will continue to advocate for travel reimbursement for 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 these programs online at <http://healthlink.wyo.gov>.

Wyoming Genetics Clinics 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 provide MCH services, including addressing the needs of children with special health care needs.

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

MCH will continue to support OH's Cleft Palate clinics by providing in-kind staffing twice per year. Each clinic session lasts two days. MCH will also work with cleft palate clinic providers to

develop Business Associate Agreements and to implement a WDH policy outlining the specifics of the Cleft Palate Clinic.

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	2008	2009	2010	2011	2012
Annual Performance Objective	90	90	90	90	63.9
Annual Indicator	88.8	88.8	88.8	63.9	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	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
	2013	2014	2015	2016	2017
Annual	63.9	65	65	65	65

Performance Objective					
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Notes - 2012

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 - 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.

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%.

The Specialty Clinic Survey was finalized in early 2012 and sent to PCPs. The 2012 survey provides information regarding the most common clinics offered within Wyoming (cardiac, genetic, urology, and neurology/neurosurgery), the most common referrals made by Wyoming providers (cardiac, genetic, gastroenterology, developmental and ENT/Audiology), and reasons for out-of-state referrals (distance within Wyoming is too far, offered too infrequently to be of benefit to clients). A few providers stated they were unaware of clinics within Wyoming. MCH provided these individuals with packets pertaining to specialty clinics and MCH services.

MCH continued to contract with CDPHE for testing, tracking, and staff training for newborn screening. The IMD Clinic at CHC provided consultation and education on metabolic conditions for Wyoming providers and families. The University Colorado School of Medicine is contracted to provide follow up for children identified on newborn screening as having a hemoglobinopathy.

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

For complex cases, a case management strategy was agreed upon among MCH, PHN, and Medicaid. Case management included recommending clients visit their PCP or specialist regularly.

MCH, PHN, EHD, and Part C continued to coordinate and educate tertiary care facilities in surrounding states about programs available to Wyoming families. This ensured families were referred to WDH programs upon discharge from the hospital.

MCH continued to provide travel assistance to all families eligible for MHR, NBIC, and CYSHCN programs.

Diagnosis information sheets continued to be 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.

MCH updated CYSHCN brochures in early 2012. MCH flyers targeted to providers that include a simple overview of all programs are available, while other flyers provide detailed program information for consumers. MCH sends brochures to be distributed to PCPs, their staff members and patients at their clinics.

MCH identified a curriculum, PLTI, that offers empowerment and civics skills to support parents and families in making desired changes for children. It 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. Participants each select and work on a project addressing a need they identify in their community. Throughout PLTI, parents acquire a 'toolkit' of skills which support their efforts to improve systems of care at both the community and state level.

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.

MCH's long-standing tool called Packaging Wisdom was handed over to Wyoming's F2FHIC for updates/revisions. F2FHIC's "final" product is available through PIC/PEN's website (<http://www.wpic.org/>). MCH continues to use the original Packaging Wisdom tool.

CSH partners with OH in Cleft Palate clinics that are held twice per year in Casper, Wyoming, by providing staffing support. The evaluation services received by patients are free of charge. 39 clients were evaluated in October 2011; 42 clients were evaluated in April 2012.

CSH explored 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.

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. MCH 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. Parent Partner Project				X
9.				
10.				

b. Current Activities

WIND and Uplift applied for and were granted the F2F grant in December 2011/January 2012. They are developing videos and fact sheets providing information for children with special health care needs on topics such as breastfeeding, physical activity, nutrition, transition. (<http://www.uwyo.edu/wind/f2f/topics.html>).

In June 2013, 19 parents will graduate from PLTI sites in Albany County, Hot Springs County, and the WRIR.

MCH temporarily assumed responsibility for OH's Cleft Palate clinics by providing clinic staffing in October 2012 and April 2013. 31 clients were evaluated in October 2012; 25 clients were evaluated in April 2013.

MCH partnered with MSGRC to recruit two pediatric practices in Wyoming to pilot a Parent Partner Project. MSGRC funding allows for one parent partner in each practice for up to 16 hours per week to assist families in decision making, advocating for their children and helping to create a stable medical home. The first training occurred in Missoula, MT for the Fremont County site; a second training is planned for the Laramie County site in southeastern Wyoming in the coming year.

MCH assisted the Wyoming Telehealth Consortium with funding to promote telehealth capabilities throughout the state.

c. Plan for the Coming Year

Diagnosis information sheets will continue to be distributed to parents in the initial eligibility letters and at renewal.

MCH will continue to update the specialty clinic directory on our website and distribute it to PHNs (Wyoming providers can access the directory on the MCH website).

MCH 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.

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.

MCH will participate as able with Kid Care CHIP in networking with communities throughout the state. This allows Wyoming citizens to be informed about MCH, 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 MCH programs.

MCH, 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 with MCH 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. MCH and CSH will link to F2F's website and will continue to monitor ACA developments. Meetings with F2F (WIND and Uplift) will occur on quarterly basis.

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

MCH will continue to support the expansion of PLTI in communities in the state in Hot Springs, Natrona, Albany, and Laramie Counties, including the WRIR. 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. PLTI teaches parents who care, how to be parents who lead for better health outcomes on behalf of children.

MCH will continue to support OH's Cleft Palate clinics by providing in-kind staffing twice per year. Each clinic session lasts two days. MCH will also work with cleft palate clinic providers to develop Business Associate Agreements and to implement a WDH policy outlining the specifics of the Cleft Palate Clinic.

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	2008	2009	2010	2011	2012
Annual Performance Objective	50	50	50	50	47.4
Annual Indicator	47	47	47	47.4	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	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
	2013	2014	2015	2016	2017
Annual Performance Objective	47.4	50	50	50	50

Notes - 2012

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 - 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.

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%).

MCH chose to build and strengthen services for successful transitions for children and youth with special health care needs as a priority. An issue brief was developed and is available online at: <http://health.wyo.gov/familyhealth/mchepi/index.html>

As a resource, MCH worked with the F2F 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. MCH's long-standing tool called Packaging Wisdom was handed over to at the time to Wyoming's F2FHIC for updates/revisions. F2FHIC's "final" product is available through PIC/PEN's website; <http://www.wpic.org/> however, MCH is still using its original Packaging Wisdom tool.

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

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

MCH updated the CSH website including issue briefs.

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. MCH County Block Grants				X
6. Parents Helping Parents of Wyoming - Parent Information Center (PIC) /Parent Education Network (PEN)		X		
7. Transition tools for families		X		
8.				
9.				
10.				

b. Current Activities

MCH 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.

In 2012, the PEN, which served as Wyoming's Parent Information and Resource Center (PIRC) since 1998, ceased when the national program under No Child Left Behind lost funding. PEN continues to offer support to school and families through a variety of resources including 72

different family-friendly fact sheets in English and Spanish. <http://www.wpen.net/>

County Block grants continue to provide funding for PHN staff to assist families with MCH services in obtaining needed care and referring them to appropriate community resources, including available transition services.

MCH assisted the Wyoming Telehealth Consortium with funding to promote telehealth capabilities throughout the state.

MCH partnered with MSGRC to recruit two pediatric practices in Wyoming to pilot a Parent Partner Project. MSGRC funding allows for one parent partner in each practice for up to 16 hours per week to assist families in decision making, advocating for their children and helping to create a stable medical home. The first training occurred in Missoula, MT for the Fremont County site; a second training is planned for the Laramie County site in southeastern Wyoming in the coming year.

c. Plan for the Coming Year

MCH will continue to meet on a quarterly basis with the Wyoming F2FHIC (WIND and Uplift) to ensure CYSHCN receive the services necessary to make transitions to all aspects of adult life, including adult healthcare, work, and independence.

In partnership with WIND and Uplift, MCH will outline a plan to engage stakeholders and begin to outline a strategic plan around transition to ensure that CYSHCN have the supports necessary for successful transitions in all aspects of their lives.

MCH will strengthen collaborative relationships with other advocacy agencies providing services to the MCH population in Wyoming including Parents Helping Parents (PHP).

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

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

The Adolescent Health 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.

CSH will continue to explore opportunities to partner with MSGRC and recruit other pediatric providers to participate in the Parent Partner Project as well as assist in coordinating trainings as needed.

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	2008	2009	2010	2011	2012
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Objective and Performance Data					
Annual Performance Objective	77	77	72	70	75
Annual Indicator	76.8	65.9	69.4	74.6	71.6
Numerator	12718	10058	10644	14083	13813
Denominator	16560	15262	15337	18878	19292
Data Source	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?				Final	Final
	2013	2014	2015	2016	2017
Annual Performance Objective	75.5	76	76.5	77	77

Notes - 2012

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 - 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).

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 2012 was that 70% of children ages 19 to 35 months be immunized for 4:3:1:3:3. Data for 2012 from the 2009-2010 National Immunization Survey (NIS) show that 71.6% of children 19-35 months of age were immunized for 4:3:1:3:3. Data from this survey are not comparable only to 2011 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.

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.

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

As of April 2012, there are 134 WyVIP providers in the state including PHN offices and private providers.

IMM works closely with providers to encourage families to maintain immunization schedules for children with IMM providing ongoing technical assistance.

MCH 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.

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.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Wyoming Immunization Program collaboration				X
2. Wyoming Immunization Registry (WyIR)				X
3. Vaccine For Children (VFC) Program			X	
4. Technical Assistance Program				X
5. Vaccine Advisory Board				X
6.				
7.				
8.				
9.				

10.				
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b. Current Activities

Eleven of twenty-three counties that responded to emails inquiring about Total Health Record (THR) and WylR, one reported they use THR in conjunction with WylR; two reported they will be using THR; and one stated they use THR but not in conjunction with WylR.

Regional provider education sessions were held for topics including registry use, new vaccines, vaccine storage and handling, and vaccine distribution.

c. Plan for the Coming Year

IMM, MCH, and Wyoming CDCs will 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.

IMM will continue to promote and expand the functionality of the WylR 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 WylR.

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.

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 Unit Manager, 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.

Continued provider education is planned for topics including registry use, new vaccines, vaccine storage and handling, and vaccine distribution.

MCH 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	2008	2009	2010	2011	2012
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Performance Data					
Annual Performance Objective	17	21	21	19	17
Annual Indicator	21.9	21.9	19.4	17.1	14.6
Numerator	237	234	206	182	151
Denominator	10839	10678	10622	10632	10375
Data Source	Wyoming Vital Statistics Services	Wyoming Vital Statistics			
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
	2013	2014	2015	2016	2017
Annual Performance Objective	16	15	14	13	13

Notes - 2012

Data reported from 2011 Wyoming Vital Statistics Services.

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.

a. Last Year's Accomplishments

The objective for CY 2011 was 19.0 births per 1,000 women ages 15 to 17 years. The 2012 observed rate (data from CY2011) was 14.6 per 1,000. This rate is not significantly different from 17.1 births per 1,000 women ages 15 to 17 years in 2011 (data from CY2010).

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.

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

MCH.

Home visiting, prenatal and postpartum, was provided by PHN. All 23 counties offered Best Beginnings and 14 offered NFP. One county offering NFP was able to get participating students school credit. Teens fall into the target population for both programs.

"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.

MCH Epidemiology managed the PRAMS project, which surveys postpartum women about their experiences before, during, and after pregnancy. The survey samples women as young as 15 years old to participate. Information regarding this population has not yet been analyzed but an analysis will be completed in the summer of 2013 by the Wyoming Department of Health GSEP intern. Beginning in 2011, all women who indicated on the birth certificate that they were Native American were sampled.

MCH provided materials and staff at both Eastern Shoshone and Northern Arapahoe Health Fairs booth in conjunction with PRAMS. Staff were able to speak to many teens and provided a Health Passport with instructions on how to best utilize them as well as Text4Baby information.

MCH 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. MCH 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.

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 met with MCH staff to determine if PREP efforts will remain in Wyoming and be taken over by DOE staff. By July, the answer from WDE was no and the process of returning the PREP funds was resumed.

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.

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. Maternal High Risk (MHR) and Newborn Intensive Care (NBIC) Programs/ Translation services		X		
4. Wyoming Healthy Student Success Model (WHSSM) Coordinated School Health Programs			X	
5. Promote American Indian Health			X	
6. Personal Responsibility Education Program (PREP)			X	
7. Pregnancy Risk Assessment Monitoring System (PRAMS)			X	
8. Life Are U Ready/text4baby			X	
9. MCH County Block grants				X
10.				

b. Current Activities

MCH provided funding for purchase of contraceptive methods as well as pregnancy tests and prenatal vitamins for the six counties providing non-Title X Family Planning/Reproductive Health services. MCH also provided one-time funding to the new Title X clinic in Fremont County to help them establish services.

BB offers services to pregnant and postpartum teens, providing limited financial assistance for accessing specialized care to eligible high-risk mothers and infants. MCH and PHN have been standardizing BB to increase effectiveness across the State.

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

Fremont County PHN will attend Eastern Shoshone Health Fair to promote family planning.

Of 11 counties who responded to questions regarding Life R U Ready, one county (Weston) states that they offer this program, and one county (Fremont) will begin it in May 2014.

The Wyoming Sexually Transmitted Diseases (STD) program is located in the PHD. The STD Program has invited partners and stakeholders to participate in the 2012/2013 Cooperative Agreement Process. MCH 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.

c. Plan for the Coming Year

MCH to continue providing funding for contraceptive methods, pregnancy tests and multivitamins to the six counties providing non-Title X Family Planning/Reproductive Health services. Will also provide funding to other 17 counties (based on need and/or lack of community resources) to purchase pregnancy tests, multivitamins and emergency contraception. The hope is to be able to expand coverage to those 17 counties to include quick start/deferred exams this year or next.

MCH will continue to offer County Block grants to PHN offices to assist in development, delivery,

and evaluation of MCH services and translation services for MCH families. Services offered through PHN will offer home visitation, prenatal classes, and encouraging and assisting clients to apply for presumptive eligibility and applications for the MHR and NBIC programs.

MCH Epidemiology Section will continue to 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. MCH and the CPHD Epidemiology Section will examine the PRAMS data for use with the Wyoming state priority of reducing the rate of teen births.

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

After attending several national meetings, 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.

With the reorganization of the MCH Unit, the hiring of a new Adolescent Health Program Manager will allow for more dedicated time to focus on Adolescent Health issues in Wyoming, including Teen Pregnancy.

Through discussions with DOE, MCH, and the Communicable Disease Unit, the WDH has requested HRSA consider re-awarding the PREP Grant funding to Wyoming. The Communicable Disease Unit would be the lead and responsible for the grant funding and once the MCH Adolescent Health position is hired, the units would work closely to carry out the PREP grant objectives.

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	2008	2009	2010	2011	2012
Annual Performance Objective	75	56.6	55	55	50
Annual Indicator	56.6	49.1	49.1	49.1	49.1
Numerator	2788	2570	2570	2570	3338
Denominator	4923	5230	5230	5230	6799
Data Source	2008/2009 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
	2013	2014	2015	2016	2017
Annual Performance Objective	50	50	50	50	50

Notes - 2012

An oral health survey, including BMI data, was conducted was 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 - 2011

An oral health survey, including BMI data, was conducted was 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 was 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 2012.

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

COHCs provided preventive services to children through oral health education programs, fluoride mouth rinse programs, dental screenings, and referrals. 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. COHCs also apply fluoride varnish for children in preschools, Head Start, and a few elementary schools.

MCH, working with OH, provided dental sealants for 1,805 children, 160 were third graders.

OH worked with Medicaid to provide fluoride varnish to children ages 6 months to 5 years of age. Medicaid provided Fluoride 4586 Varnish treatments done between July 1, 2011-June 30, 2012 for ages 6 months thru age 5 (this includes 5 year olds) through 88 providers (dentists and physicians).

Medicaid provided dental sealants on both primary second molars and permanent molars Medicaid funded 14,096 sealants paid on 4367 children between July 1, 2011-June 30, 2012.

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. MCH also funded surgical procedures related to cleft lip/cleft palate repair, facial anomalies and severe crippling malocclusion for eligible clients.

Children not eligible for Medicaid received treatment through the Marginal Dental Program. This is a gap filling program which helps with treatment for those children who are referred from the screenings and qualify financially for the program. This program can help pay for any dental work including those needed in a surgical center. The Marginal Dental Program help approximately 100 children in FY12.

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. Approximately 8,000 packets are distributed annually.

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. Severe Crippling Malocclusion Program	X			
4. Marginal Dental Program	X			
5. Community Oral Health Coordinators (COHC)		X		
6. WY Oral Health Coalition				X
7. Head Start Oral Health Liaison				X
8. Cleft Lip/Cleft Palate Clinics				X
9.				
10.				

b. Current Activities

Collaboration between MCH 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 2013, 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 continue to work with the Head Start State Collaborative Office and Head Starts in Wyoming to find dental homes for Head Start children.

OH will continue to distribute, in partnership with the WyDA and Wyoming hospitals, "Healthy Mouth/Healthy Me" packets to new mothers before they leave the hospital.

OH has posted the position announcement and is planning to hire a dentist to run the program and fill the position of state dentist and program manager who has a public health background.

c. Plan for the Coming Year

Collaboration between MCH 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 2013, COHCs will begin entering screening and treatment data into a new OH data system, which was built as part of the existing web-based EHD 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 continue to work with the Head Start State Collaborative Office and Head Starts in Wyoming to find dental homes for Head Start children.

OH will continue to distribute, in partnership with the WyDA and Wyoming hospitals, "Healthy Mouth/Healthy Me" packets to new mothers before they leave the hospital.

OH has posted the position announcement and is planning to hire a dentist to run the program and fill the position of state dentist and program manager who has a public health background.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures

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

Annual Objective and Performance Data	2008	2009	2010	2011	2012
Annual Performance Objective	4.5	4.5	4	3	2.5
Annual Indicator	4.8	4.5	3.4	3.0	1.8
Numerator	14	14	11	10	6
Denominator	294462	308232	318986	329735	337002

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
	2013	2014	2015	2016	2017
Annual Performance Objective	2.5	2	2	2	

Notes - 2012

Data from Wyoming Vital Statistics Services provided as three-year rolling rates (2009-2011) due to small numbers.

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.

a. Last Year's Accomplishments

The 2011 objective was 3.0 deaths per 100,000 children ages 14 years and younger. The rate for 2012 (a three year average rate for 2009 to 2011) met this objective at 1.8 deaths per 100,000. This does not represent a statistically significant change from the rate of 3.0 deaths in 2011 (data from 2008-2010). 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.

MCH 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.

MCH 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 from chapters to partners and coalitions. Safe Kids Wyoming now boasts a presence in 20 of the 23 counties. Within that there are eight coalitions, six partners and four affiliations. 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.

MCH served on the SKW Leadership Team to provide financial and programmatic support to statewide efforts of the State office and local chapters of SKW. MCH funding supported 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 1,986 car seats and distributed 591 car seats. SKW reached 31,731 people with information about SKW and how to prevent unintentional injuries.

The AAP released a recommendation in March/April 2011 for children to ride in a rear-facing car seat until 2 years of age (or until they reach the maximum height and weight allowed by the car seat manufacturer). States may choose to adopt age 1 requirements immediately, and phase in a requirement to ride rear-facing until age 2 within 2 to 4 years, with provision for educating parents in the interim about the benefits of riding rear-facing as long as possible.

MCH funded 15,000 SKW brochures for distribution 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. MCH epidemiologists 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.

MCH 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.

MCH provided County Block grants to county PHN offices to assist communities in development, delivery, and quality evaluation of services. Five counties focused on reducing unintentional injuries in children 14 years old and younger; two counties focused specifically on car seat safety.

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. The MCH website provides a link to SKW's website.

In 2012, SKW, through its chapters and programs, inspected 1453 car seats and distributed 673 car seats. SKW reached 24,656 people with information about SKW and how to prevent unintentional injuries.

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. MCH County Block grants				X
4. Child Passenger Safety Training			X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

MCH continues to serve on the SKW Leadership Team providing financial and programmatic support of SKW statewide. MCH funding continues to support seatbelt safety message billboards across the state and purchase infant, preemie, and special needs car seats.

SKW partnered with Safe Communities for the National Seat Check Saturday event in the Kohl's parking lot. As part of this event, SKW and Laramie County participated in "Boost 'til 9" which was held across the state of Wyoming. At the car seat checkup event; 32 car seats were checked and 10 distributed. There were 26 families totaling 27 children and 45 adults at the event. Success was demonstrated by the fact that 2/3 of all who attended had never had their car seats checked and many had misuses that were corrected so that everyone went home safely.

Wyoming's re-certification rate of child passenger safety technicians in 2012 was 68%. SKW publishes a newsletter titled "Buckle Up Express" and keeps the technicians in continual communication and have proven to show an increase in re-certification.

Child Passenger Safety Billboards in partnership with Kohl's Department Store were developed and ordered in January to be displayed in Cheyenne from February to June, 2013.

MCH provided County Block grants to county PHN offices to assist with delivery of MCH services. Five counties focused on reducing unintentional injuries in children 14 years old and younger; three counties focused specifically on car seat safety.

c. Plan for the Coming Year

MCH selected program performance outcomes related to decreasing unintentional injury as part of the Child Health Program Performance Report, within the WDH Program Performance Initiative.

MCH will continue to track, on a quarterly basis, the re-certification rates of child passenger safety technicians, the number of car seats inspected and distributed through SKW as well as the number of individuals participating in SKW events throughout the state.

MCH and SKW will continue to support local chapters and coalitions to reduce child and adolescent deaths caused by motor vehicle crashes through targeted efforts. MCH will continue to participate on the SKW leadership team and support efforts to carry out the SKW Coalition Action Plan.

The SKW office is responsible for making sure the coalitions across the state have support, education, and funds. To ensure this goal is met this office will apply for grants on a regular basis. Past grantors that have been extremely beneficial to the program include Suncor, funding various Safe Kids projects, and Kohl's which helps support "Boost 'til 9" across the state. Without continually receiving grants, coalitions would not be able to function as they do currently and the education that is being provided across the state would dwindle rapidly.

One of the goals of the SKW leadership team is to increase outreach within the various communities. The end result of this outreach would be to gain assistance in governing the State office as well as more help within those local communities for events and projects. State Farm has been a great partner to Safe Kids Wyoming and their organizations is a prime example of who is being reached out to.

Local Child Passenger Safety events, activities, and meetings such as Traveling Safely with Newborns classes, informational packets for parents that are expecting or have newborns including information on how to properly wear a seatbelt while pregnant, how to install car seats,

and how to make appointments at inspection stations will continue to be distributed to doctor's offices in communities and child passenger safety technician certification classes offered around the state.

MCH 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.

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	2008	2009	2010	2011	2012
Annual Performance Objective	44	47	48	53	50
Annual Indicator	46.6	52.8	52.5	48.2	52.5
Numerator	3370	3930	4134	3635	3853
Denominator	7231	7443	7874	7541	7339
Data Source	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
	2013	2014	2015	2016	2017
Annual Performance Objective	50	50	50	50	50

Notes - 2012

The National Immunization Survey (NIS) reports breastfeeding percentages based on the year of birth. The denominator is the number of live births in 2011. The numerator is estimated by using the percentage reported by NIS for the 2009 birth cohort.

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.

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 2012 (from the 2010 NIS) show 52.5% of Wyoming mothers breastfeed their infants at 6 months of age. This was a statistically significant increase ($p < 0.01$) from 48.2% in 2011 (data from 2009 NIS).

Perinatal support services through PHN offices, including home visitation, provided breastfeeding education and support. PHN staff members trained as CLC encouraged and supported initiation and continuation of breastfeeding.

Access to breast pumps is available at the local level through WIC and PHN. Home visitors are available for weight checks.

The BSW workgroup within WDH developed a website with information for employers and lactating women regarding breastfeeding support in the workplace (<http://health.wyo.gov/familyhealth/breastfeeding/index.html>). The Wyoming Department of Health complies with the Fair Labor Standards Act, Section 7, as amended in 2010 by the Patient Protection and Affordable Care Act.

Two breastfeeding rooms are maintained in one of the WDH buildings. The rooms were equipped with hospital-grade breast pumps, refrigerators, and rocking chairs, for mothers' breastfeeding and pumping comfort.

Referrals between WIC, MCH 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.

MCH contracted with HCP to offer CLC training in April 2012, which provided three free PHN registrations. A total of 26 individuals, which included 17 PHNs from 11 counties, attended the training.

PRAMS data provided current information related to initiation and continuation of breastfeeding in Wyoming. A two page fact sheet was developed from the existing issue overview.

"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.

The Wyoming Breastfeeding Coalition (WBC) developed 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.

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.

An issue overview about breastfeeding in Wyoming was developed and made available on the MCH website.

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/MCH Strategic Planning process				X
7. American Academy of Pediatrics (AAP)/The Happiest Baby on the Block (THB)			X	
8. Promote American Indian health			X	
9. Translation services		X		
10. MCH County Block grants				X

b. Current Activities

Powell Valley Healthcare remains a Baby Friendly Hospital in Wyoming. Iverson Memorial Hospital in Laramie, WY is in the development phase of becoming Baby Friendly.

As of March 2013, 12 county PHN offices have a certified THB instructor, which includes 27 certified instructors. In addition, at least four DFS employees are certified. The information is passed on to the public through home visits, parenting classes, prenatal classes and trainings for daycare providers.

19 County PHNs worked on breastfeeding promotion this year. Some of their activities included offering Welcome Home visits at or around 3 days of life; meeting with obstetricians, pediatricians, hospitals and other referral sources to promote their certified lactation counselors (CLC) (some offices have CLCs on call Monday -- Friday); offering breastfeeding classes during Lamaze/prenatal classes; providing breastfeeding education at WIC during renewals; promoting breastfeeding through social media; and collaborate with Chamber of Commerce to promote and encourage breastfeeding support in the workplace.

c. Plan for the Coming Year

MCH selected program performance outcomes related to breastfeeding initiation and continuation to six months as part of the Women and Infant Health Program Performance Report as well as the PHN Infant Home Visitation Services Performance Report, within the WDH Program Performance Initiative.

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

As of 2014, all county PHNs are to report on breastfeeding outcomes and to work toward continuation of breastfeeding to six months.

Collaboration and referral will continue between MCH and WIC in support of initiation and continuation of breastfeeding. WIC will provide breast pumps to moms needing manual or hospital-grade breast pumps.

MCH will contract with HCP for the provision of CLC trainings in October 2013.

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.

MCH will connect with hospitals to explore the encouragement of Baby-Friendly hospitals; and will consider promoting Colorado Can Do 5!

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.

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

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	2008	2009	2010	2011	2012
Annual Performance Objective	97	98	98.5	95	99.5
Annual Indicator	97.6	97.0	94.9	99.5	96.3
Numerator	7262	7223	6556	6676	6605
Denominator	7438	7443	6907	6710	6858
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	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?				Final	Final
	2013	2014	2015	2016	2017
Annual Performance Objective	99.5	99.5	99.5	99.5	99.5

Notes - 2012

The numerator is 2012 newborn hearing screening data. The denominator is 2012 occurant Wyoming births.

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.

a. Last Year's Accomplishments

In 2012, 96.31% of newborns were screened for hearing before hospital discharge. This is a statistically significant decrease from 99.5% in 2011.

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.

MCH 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 MCH for Wyoming Genetic Counseling Services.

MCH 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.

Wyoming legislation requires informed consent for hearing screening. Individual hospitals are responsible for collecting signed waivers when families refuse the screening and providing hearing screening to those who consent to the screening. Hospitals submit screening data monthly to the EHDI tracking system.

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

VSS, EHDI, and NBMS collaborated to enhance the quality of screening reports. MCH 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.

CSH co-sponsored a booth with the EHDI program at the Wyoming Medical Society meeting in Jackson Hole, Wyoming, June 2012.

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 Genetics Services	X			
5. Transportation/Translation Services Support		X		
6. MCH County Block grants				X
7.				
8.				
9.				
10.				

b. Current Activities

Transportation and translation services are available for families who qualify for MCH 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 for pediatric diagnostic audiological evaluations.

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 parent advocate, administrative assistant/technology support, and an Ear, Nose and Throat (ENT) Specialist consult.

The CSH and NBS Program Managers participate as members of the EHDI Advisory Board.

MCH will co-sponsor a booth with the EHDI program at the Wyoming Medical Society meeting in Laramie, Wyoming, June 2013.

Through NICHQ's national quality improvement effort, Improving Hearing Screening and Intervention Systems (IHSIS), teams learn quality improvement methods to make systemic changes. EHDI has been working with parents from the non-profit Hands & Voices to streamline care and early intervention access as well as provide support to families.

c. Plan for the Coming Year

MCH 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, MCH, 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.

MCH, 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.

MCH and EHDI will continue to refer families of individuals with hearing loss to DDD/Child Development Centers for age appropriate early intervention services and/or to Wyoming Genetic Counseling Services clinics for genetic evaluations.

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

MCH will continue to bill providers for newborn hearing screening on behalf of EHDI.

MCH County Block grants will continue to support PHN home visiting services, which include providing information to families relating to the importance of all newborn screenings.

MCH will continue to participate on the EHDI Advisory Board.

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

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

In collaboration with UW, EHDI 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 parent advocate, administrative assistant/technology support, and an ENT consult.

The EHDI program educates the hospitals on how to obtain reliable hearing screening results.

MCH plans to continue to co-sponsor a booth with the EHDI program at the Wyoming Medical Society meeting.

MCH 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	2008	2009	2010	2011	2012
Annual Performance Objective	8	9	8.8	9	7.5
Annual Indicator	9.2	8.8	9.4	7.9	8.1
Numerator	11488	11664	11497	10768	11638
Denominator	125365	132542	122479	136229	143103
Data Source	United States Census Bureau				

	Table H105	Table H105			
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
	2013	2014	2015	2016	2017
Annual Performance Objective	7.5	7.5	7	7	7.5

Notes - 2012

Indicator from 2011 US Census estimates.

Notes - 2011

Indicator from 2010 US Census.

Notes - 2010

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

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 2012 (data from 2011) with 8.1% of Wyoming children less than 18 years of age without health insurance. This is not a statistically significant change from 2011 (data from 2010) when 7.9% of Wyoming children less than 18 years of age were without health insurance.

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

MCH 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 MCH 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 MCH. Referrals continued to be shared amongst WDH programs and associated entities.

MCH and PHN staff followed-up with families who needed to reapply for WDH programs, assuring healthcare coverage continued.

MCH, 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 with

MCH services in obtaining needed care and referrals to appropriate community resources.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Medicaid/Kid Care CHIP Application			X	
2. WY Health Insurance Program (WHIP)			X	
3. Education of Providers/Families/Communities				X
4. MCH County Block grants				X
5. Wyoming Genetics Services	X			
6. Tertiary Care Center Visits				X
7.				
8.				
9.				
10.				

b. Current Activities

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

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

MCH and PHN 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.

c. Plan for the Coming Year

Beginning January 1, 2014, all children 0-18 will be covered up to 138% FPL under Medicaid. This will shift some children from Kid Care CHIP coverage to Medicaid coverage.

MCH 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.

MCH will access Medicaid's systems. This allows MCH 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.

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

Families will be required to apply, utilizing the same application, for Medicaid and Kid Care CHIP prior to eligibility determination for MCH 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 MCH services. Referrals will be shared among WDH programs and associated entities.

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

MCH will continue to educate residents and providers, allowing Wyoming residents to be informed about available MCH, Kid Care CHIP, and Medicaid programs, including ACA updates. County Block grants to Wyoming counties will continue to provide funding for PHN staff to assist families who qualify for MCH services in obtaining needed care and referrals to appropriate community resources.

MCH, 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.

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	2008	2009	2010	2011	2012
Annual Performance Objective	19	32	39.8	48	16
Annual Indicator	32.9	39.9	50.6	16.8	13.3
Numerator	1889	2798	3629	741	1435
Denominator	5747	7020	7171	4407	10773
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
	2013	2014	2015	2016	2017
Annual Performance Objective	16	16	16	16	16

Notes - 2012

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 - 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.

a. Last Year's Accomplishments

The 2012 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 2012, 13.3% of WIC recipient's ages 2 to 5 years with a BMI at or above the 95th percentile. A new WIC data system was implemented in 2012.

Thirteen counties offered the NFP home visiting model 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.

PHN and WIC referred families to Cent\$ible Nutrition, as available in their community, for support and education related to purchasing and cooking nutritional food. WIC also had an MOU with

Cent\$ible Nutrition to come in to do classes on-site in the WIC offices, wherever possible.

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.

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. MCH County Block grants				X
7. Translation Services Support		X		
8.				
9.				
10.				

b. Current Activities

Home Visitation is offered through PHN is to pregnant women and families as a best practice strategy. Optimal nutrition is encouraged during the perinatal period.

WIC has an MOU with Cent\$ible Nutrition to come in to do classes on-site in the WIC offices, wherever possible.

MCH 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 and WIC refers families to Cent\$ible Nutrition, as available in their community, for support and education related to purchasing and cooking nutritional food.

The Child Health Program Manager represents MCH on the WY Outside consortium working to foster the mind, body and spirit of youth and families through long-term appreciation of the Wyoming outdoors and has worked to engage other early childhood partners around the state in the activities of this group.

WIC implemented a new data system state-wide in November 2012 as part of the Mountain Plains States Consortium (MPSC) State Agency Model (SAM) project funded by USDA/FNS for Colorado, Utah, and Wyoming. The states are working on the implementation of the final amendment of changes to roll out later this summer. The system provides more robust data collection and reporting capabilities which will help provide more accurate information in the near future after all data conversion issues have been fully addressed.

c. Plan for the Coming Year

MCH and PHN 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 and WIC 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 continue their MOU with Cent\$ible Nutrition to come in to do classes on-site in the WIC offices, wherever possible.

WIC will screen all enrolled 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.

MCH 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.

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	2008	2009	2010	2011	2012
Annual Performance Objective	15	17	16	16	14.5
Annual Indicator	17.9	16.1	16.2	14.8	15.6
Numerator	1402	1316	1276	1113	1145
Denominator	7832	8176	7874	7541	7341
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
	2013	2014	2015	2016	2017
Annual Performance Objective	14	13.5	13	12.5	12.5

Notes - 2012

Indicator data are from the 2011 Wyoming Pregnancy Risk Assessment Monitoring System (PRAMS) survey. Data from years prior to 2008 (2007 PRAMS) may not be comparable.

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.

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 2012 (data from 2011 PRAMS) with 15.6% of women reporting smoking during the last three months of pregnancy. This is not a statistically significant change from 2011 (data from 2010 PRAMS) with 14.8% of women reporting smoking during the last three months of pregnancy.

Due to the shortage of providers in Wyoming, not all communities have providers available to care for pregnant women or the hospitals to deliver their infants. 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. MCH supplemented Title X funding to expand the availability of family planning clinics throughout Wyoming.

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 MCH, received approval for an 1115(b) waiver PbC to expand Family Planning services to postpartum women from six weeks to one year.

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.

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. 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. Developing a systematic and user-friendly method of providing this type of training will be one of the goals of the group.

"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			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/MCH strategic planning process				X
8. Promote American Indian health			X	
9. Translation services		X		
10. MCH County Block grants				X

b. Current Activities

MCH is working closely with PHNs to ensure basic reproductive health services in all 23 counties which includes tobacco cessation and referral to the Quitline as part of preconception and

prenatal counseling.

MCH will continue to participate in the Maternal Smoking Cessation 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 was 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 provider's self-efficacy to address smoking cessation with pregnant women. Results will be used to help inform work group efforts.

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, which have been included in reports, presentations and an issue overview. MCH and EPI created an issue overview about maternal smoking during pregnancy, which is available online.

Thirteen 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 and radio messages regarding smoking cessation.

c. Plan for the Coming Year

MCH selected program performance outcomes related maternal smoking as part of the Women and Infant Health Program Performance Report as well as the PHN Infant Home Visitation Services Performance Report, within the WDH Program Performance Initiative.

MCH is now tracking percent of women surveyed about smoking status at each PHN home visit. In addition, MCH is utilizing annual VSS data tracking percent of infants born to women who smoked during pregnancy.

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.

Translation services are available as needed in PHN offices to assure minority populations receive the same information related to healthy lifestyle and prenatal care.

MCH 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.

MCH and CPH EPI will continue to analyze the data to determine programmatic direction to assist women with the reduction/cessation of smoking during pregnancy.

MCH will continue to be a member of the March of Dimes Mission Committee. This should assist in a stronger relationship between the two entities for the health of Wyoming's women and infants.

IHS will continue to deliver primary health services to the WRIR population, including support and referral for smoking cessation.

During the future period, July 1, 2013 through June 30, 2014, through MCH County Block grants, all 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	2008	2009	2010	2011	2012
Annual Performance Objective	13.5	13.5	13.5	15	18
Annual Indicator	15.1	13.7	16.0	18.3	22.5
Numerator	17	16	19	22	26
Denominator	112399	116952	118631	120546	115513
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
	2013	2014	2015	2016	2017
Annual Performance Objective	18	18	18	18	18

Notes - 2012

Due to small numerators, data are reported as three-year rates (2009-2011).

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).

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 2012

(data from 2009-2011) was 22.51 per 100,000, which does not represent a statistically significant

increase from 18.3 for 2010 (data from 2008-2010). 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 Behavioral Health Division (BHD) Youth Advocate for Prevention, WDE, and DFS designed a proposal for a state youth council and gave a white paper to BHD's Deputy Director. BHD 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 MCH Needs Assessment Steering Committee, which did not select suicide as a final MCH 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 Advisory Council (WYSPAC).

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 justletitout.org.

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 At-Risk Youth state plan project, which was delayed because of changes in WDE personnel and administration resumed. MCH was not involved in this phase.

MCH 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) Coordinated School Health Program			X	
5. Wyoming Department of Education (WDE) At-Risk Task Force			X	
6. MCH County Block grants				X
7. Development of State Youth Council				X
8.				
9.				
10.				

b. Current Activities

A shortage of filled MCH staff positions precludes an MCH representative attending WYSPI Advisory Council and Sexual Minority Youth Advocates (SMYA) meetings.

WYSPI continues to support community-based programs to reduce the risk of youth suicide. In 2012, the state substance abuse prevention program implemented a single fiscal agent model for delivery of prevention services. Under that model, four regional suicide prevention professionals were hired and their time is dedicated to coordinating and implementing suicide prevention strategic plans. 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, justletitout.org, 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 state-funded in the current biennium. Additionally, the program is currently in the process of applying for additional funding through the Substance Abuse and Mental Health Services Administration's (SAMHSA's) cooperative agreement for state and tribal youth suicide prevention.

MCH has restructured and will be hiring an Adolescent Health Program Manager. This position will support and partner with programs across the Public Health Division focused on youth ages 12-24 years of age.

MCH will support the efforts of the WYSPI Advisory Council and will send a representative to its meetings as staffing allows.

MCH 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.

MCH 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.

MCH will work with PHN staff to identify programs and methods to support statewide wraparound service provision.

MCH 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	2008	2009	2010	2011	2012
Annual Performance Objective	61	71	72	69	70
Annual Indicator	70.4	67.0	66.3	68.2	66.3
Numerator	57	61	61	58	61
Denominator	81	91	92	85	92
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
	2013	2014	2015	2016	2017
Annual Performance Objective	70	70	70	70	72

Notes - 2012

There are no tertiary care facilities in Wyoming. These data are from Wyoming Vital Statistics Service for 2011 births.

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.

a. Last Year's Accomplishments

In 2012 (data from 2011), 74.7% of very low birth weight (VLBW) infants were born at high-risk facilities. This does not represent a statistically significant change from 68.2% in 2011 (data from 2010).

Due to the shortage of providers in Wyoming, not all communities have providers available to care for pregnant women or hospitals to deliver their infants. 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.

MCH 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.

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.

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.

PHNs utilized information from the HBWW project encouraging pregnant women to gain the recommended amount of weight during pregnancy, which was expected to improve term delivery rates and low birth weights.

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; MCH, 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. 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. Group prenatal classes			X	
6. Healthy Baby is Worth the Weight (HBWW)/Pregnancy Risk Assessment Monitoring System (PRAMS)			X	
7. March of Dimes (MOD) collaboration				X
8. Translation services		X		
9. MCH County Block grants				X
10.				

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.

Tertiary care visits were conducted in Idaho Falls, ID (08/14/12); Salt Lake City, UT (9/19/12); Billings, MT (10/01/12); Rapid City, SD (10/18/12); and Denver, CO (11/07/12) to discuss discharge planning for Wyoming residents, including those who are eligible for such programs as MHR, NBIC and CSH. Topics also covered were NBS, EHDI, PHN home visiting, Part C and Early Intervention. Participants included those from nursing, social work, occupational therapy and management.

c. Plan for the Coming Year

MCH selected program performance outcomes related percent of very low birth weight infants born at facilities with appropriate level of care as part of the Women and Infant Health Program Performance Report, within the WDH Program Performance Initiative.

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 via Nurse Family Partnership and Best Beginnings.

In counties with an interest, 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.

MCH 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, MCH 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.

MCH will offer County Block grants to county PHN offices to assist in development, delivery, and evaluation of MCH services, including translation. All 23 counties will be focusing efforts on smoking cessation services. MCH will also fund basic reproductive health services in all 23 counties; these services include condoms, pregnancy tests, prenatal vitamins and preconception or prenatal counseling.

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 MCH 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	2008	2009	2010	2011	2012
Annual Performance Objective	65	65	67.5	73	74.2
Annual Indicator	64.9	67.4	71.3	74.2	73.8
Numerator	4957	5514	5612	5593	5417
Denominator	7640	8176	7874	7541	7341

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
	2013	2014	2015	2016	2017
Annual Performance Objective	74.2	75	75	75	75

Notes - 2012

Data are from the Wyoming Vital Statistics Service for 2011 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 - 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.

a. Last Year's Accomplishments

The 2011 objective was 73.0%. Wyoming met this objective in 2012 (data from 2011) with 73.8% of infants born to women receiving prenatal care in the first trimester. This is not a statistically significant change from 2011 (data from 2010), with 74.2% of infants born to women receiving prenatal care in the first trimester.

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. MCH funded WHC to expand the availability of family planning clinics. 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. 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. PHN home visiting coordinators encourage application to this program to prevent unintended pregnancy.

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.

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. 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.

Translation services were available through many PHN offices 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 MCH services.

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.

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. Healthy Baby is Worth the Weight (HBWW)			X	
5. Pregnancy Risk Assessment Monitoring System (PRAMS)			X	
6. Collaboration with other entities who serve the perinatal population/professional education collaboration				X
7. Promote American Indian health			X	
8. Translation services		X		
9. MCH County Block grants				X
10.				

b. Current Activities

The contract with WHC was not renewed. During this time period, MCH helped fund reproductive health services in 7 counties. These services include contraceptive methods, pregnancy tests, prenatal vitamins, preconception and prenatal counseling. The goal is to eventually increase these services to all 23 counties. .

HBWW information was updated to include the IOM's 2009 recommendations. Changes were communicated to all PHNs.

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 use of a Tribal PRAMS logo and survey cover.

PRAMS data provides information regarding risk behaviors, access to prenatal care, and folic acid intake. The MCH Priority Overview on Folic Acid was used to develop a simple two page fact sheet that can be distributed to women of reproductive age to educate them about folic acid.

The MCH County Block grants have continued. Six counties have focused on maternal weight gain this year. Thirteen counties chose reduction of maternal smoking.

c. Plan for the Coming Year

MCH selected program performance outcomes related to percent of infants born to women who received prenatal care beginning in the first trimester as part of the Women and Infant Health Program Performance Report, within the WDH Program Performance Initiative.

The MCH County Block grants have continued. All counties will focus on reduction of maternal smoking. Counties also have the option of focusing on maternal weight gain during pregnancy; nine counties have chosen to do so.

MCH will be fine-tuning a plan to expand reproductive health services within Wyoming.

PHN 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.

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	2008	2009	2010	2011	2012
Annual Performance Objective				30	28.9
Annual Indicator			26.7	28.9	28.4
Numerator			2103	2180	2085

Denominator			7874	7541	7341
Data Source			Wyoming PRAMS	Wyoming PRAMS	Wyoming PRAMS
Is the Data Provisional or Final?				Final	Final
	2013	2014	2015	2016	2017
Annual Performance Objective	29	29	30	30	30

Notes - 2012

Indicator data from 2011 Wyoming PRAMS and Wyoming Vital Statistics Service birth year 2011. 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 - 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 2011, 28.4% of women gained an adequate amount of weight during pregnancy, according to Institute of Medicine Guidelines. This is not a statistically significant change from the 2010 percentage of 28.9%.

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.

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.

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. MCH funded WHC to expand the availability of family planning clinics.

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. Pregnant women were assisted in applying for Medicaid's PWP and Kid Care CHIP.

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.

Inadequate maternal weight gain is a risk factor for preterm delivery and low birth weight, so the HBWW project materials were distributed to numerous PHN offices, which encourage pregnant women to gain the recommended amount of weight during.

CPHD Epidemiology and MCH 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 MCH services.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Perinatal education, support, referral/care coordination/Medicaid Pregnant by Choice (PbC) Program/Kid Care CHIP			X	
2. Maternal High Risk (MHR)/Newborn Intensive Care (NBIC) programs/Tertiary facility visits		X		
3. Healthy Baby is Worth the Weight (HBWW)			X	
4. Pregnancy Risk Assessment Monitoring System (PRAMS)			X	
5. Collaboration with other entities who serve the perinatal population/professional education collaboration				X
6. Promote American Indian health			X	
7. Translation services		X		
8. MCH County Block grants				X
9.				
10.				

b. Current Activities

HBWW materials were updated with the IOM's 2009 recommendations and made available to PHN offices.

Six 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

MCH selected program performance outcomes related to appropriate maternal weight gain during pregnancy as part of the Women and Infant Health Program Performance Report, within the WDH Program Performance Initiative.

MCH will fine-tune its plan to expand reproductive health services within Wyoming through PHN offices as there is a concern that some counties have little to no family planning services available and, often times, availability is minimal.

PHN 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.

MCH 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	2008	2009	2010	2011	2012
Annual Performance Objective	38	32.5	33.5	40	38.9
Annual	31.6	36.3	38.6	38.9	39.8

Indicator					
Numerator	2475	2968	3039	2936	2919
Denominator	7832	8176	7874	7541	7341
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	Wyoming Pregnancy Risk Assessment Monitoring Sys
Is the Data Provisional or Final?				Final	Final
	2013	2014	2015	2016	2017
Annual Performance Objective	39	40	40	40	40

Notes - 2012

Indicator data is from the 2011 Wyoming Pregnancy Risk Assessment Monitoring System (PRAMS) survey.

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.

a. Last Year's Accomplishments

The 2012 objective of 40% of postpartum women reporting multivitamin use four or more times per week in the month before becoming pregnant was nearly met. The percent for 2011 was 39.8%. However, this was not statistically different from the 2010 prevalence of 38.9%.

WHC, the Title X designee, assured access to comprehensive, high quality, voluntary family planning services for both men and women. MCH provided Title V funding to supplement Title X funds, expanding the availability of family planning clinics within Wyoming.

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 MCH 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.

MCH provided County Block grants to PHN offices to increase delivery and sustainability of services.

The MCH 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.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Supplemental funding for reproductive health				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. Promotion of American Indian Health			X	
7. MCH strategic planning process				X
8. Translation Services		X		
9. MCH County Block grants				X
10.				

b. Current Activities

PHN provide prenatal assessment and referral for women as early as possible in pregnancy. MCH purchased prenatal vitamins with folic acid for the PHNs to ensure prenatal vitamins are available for women who do not have resources to purchase prenatal vitamins, either preconceptionally, prenatally or interconceptionally.

WIC continues to screen and recommends the use of basic vitamins/supplements with folic acid for pregnant women. WIC refers to PHN for perinatal services.

The MCH Priority Overview on Folic Acid was used to develop a simple two page fact sheet available online (<http://www.health.wyo.gov/familyhealth/mcheipi/index.html>).

MCH continues to partner with March of Dimes to promote healthy pregnancies.

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 MCH priority for the next five years. MCH will work with partners through the strategic planning process to identify strategies to address this priority. Folic acid use will be an important component.

Nine of 23 county PHN offices chose to work on Maternal Nutrition as part of the 2014 MCH County Block Grants.

MCH will fine-tune its plan to expand reproductive health services within Wyoming through PHN offices as there is a concern that some counties have little to no family planning services available and, often times, availability is minimal.

WIC will continue to refer pregnant women to PHN offices for BB and NFP services, as PHN offices refer to WIC services.

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	2008	2009	2010	2011	2012
Annual Performance Objective	18	18	17	17	16.6
Annual Indicator	20.3	18.2	18.4	16.6	16.0
Numerator	1586	1485	1448	1250	1175
Denominator	7832	8176	7874	7541	7341
Data Source	Wyoming Vital Statistics Services				
Is the Data Provisional or Final?				Final	Final
	2013	2014	2015	2016	2017
Annual Performance Objective	16.5	16.4	16.3	16.2	16.6

Notes - 2012

These data are from 2011 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 - 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.

a. Last Year's Accomplishments

The 2012 objective of 17% was met with only 16% of women smoking during pregnancy in 2011. This was not a

statistically significant decrease from 2010 when 16.6% reported smoking during pregnancy.

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. MCH supplemented Title X funding to expand the availability of family planning clinics throughout Wyoming.

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.

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.

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.

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 MCH for the next five years. The MCH strategic planning process helped determine plans to implement in the future to decrease smoking and improve birth outcomes.

MCH became a member of the March of Dimes Mission Committee beginning in May 2012.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Supplemental funding for reproductive health				X
2. Perinatal support, education, referral, and care coordination			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. Promotion of American Indian Health			X	

8. MCH County Block grants				X
9. Translation services		X		
10.				

b. Current Activities

MCH is working closely with PHNs to provide basic reproductive health services in all 23 counties, which includes tobacco cessation and referral to the Quitline as part of preconception and prenatal counseling.

Home Visitation is offered to pregnant women through PHN. PHNs offer prenatal classes, to discuss the risks of substance use during pregnancy, including tobacco.

Thirteen of the 23 county PHN offices selected maternal smoking cessation as a focus of their County Block Grant.

Activities include, but are not limited to, participation in local cessation coalitions, referrals to the Quitline and Text4Baby and development and dissemination of media.

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 as well as in an issue overview.

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 was 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.

c. Plan for the Coming Year

MCH selected program performance outcomes related to maternal smoking as part of the Women and Infant Health Program Performance Report as well as the PHN Infant Home Visitation Services Performance Report, within the WDH Program Performance Initiative.

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.

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.

MCH will proceed with developing an agreement with Medicaid to assure the two programs are complementing each other rather than duplicating.

Maternal Smoking Cessation Planning group will focus on developing a systematic and user-friendly method of

providing Quitline and SBIRT training.

A link to the Wyoming Quitline is on the WDH website. In the upcoming year, MCH will look at possibly inserting a link to the Wyoming Quitline directly from the MCH pages on the website.

IHS will continue to deliver primary health services to the WRIR population, including support and referral for smoking cessation.

During the future period, July 1, 2013 through June 30, 2014, through MCH County Block grants, all 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 MCH 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	2008	2009	2010	2011	2012
Annual Performance Objective				75	81.6
Annual Indicator			74.2	81.6	81.2
Numerator			5844	6154	5964
Denominator			7874	7541	7341
Data Source			Wyoming Vital Statistics Services	Wyoming Vital Statistics Services	Wyoming Vital Statistics Services
Is the Data Provisional or Final?				Final	Final
	2013	2014	2015	2016	2017
Annual Performance Objective	82	82	82	82	82

Notes - 2012

Data are from the Wyoming Vital Statistics Service for 2011 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 - 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 2012 objective of 75% was met with 81.2% of mothers initiating breastfeeding at hospital discharge (data for 2011 births). However, this is not a statistically significant change from 2010 when 81.6% of mothers initiated breastfeeding at hospital discharge.

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.

MCH contracted with HCP to offer CLC training in April 2012, which provided three free PHN registrations. 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 (<http://health.wyo.gov/familyhealth/breastfeeding/index.html>). The Wyoming Department of Health complies with the Fair Labor Standards Act, Section 7, as amended in 2010 by the Patient Protection and Affordable Care Act.

The Wyoming Breastfeeding Coalition (WBC) developed 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.

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

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.

An issue overview about breastfeeding in Wyoming was developed and is available on the MCH website.

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/MCH Strategic Planning process				X
7. American Academy of Pediatrics (AAP)/The Happiest Baby on the Block (THB)			X	
8. Promote American Indian health			X	
9. Translation services		X		
10. MCH County Block grants				X

b. Current Activities

Powell Valley Healthcare remains a Baby Friendly Hospital in Wyoming. Iverson Memorial Hospital in Laramie, WY is in the development phase of becoming Baby Friendly.

As of March 2013, 12 county PHN offices have a certified THB instructor, which includes 27 certified instructors. In addition, at least four DFS employees are certified. The information is passed on to the public through home visits, parenting classes, prenatal classes and trainings for daycare providers.

c. Plan for the Coming Year

MCH selected program performance outcomes related to breastfeeding initiation and continuation to six months as part of the Women and Infant Health Program Performance Report as well as the PHN Infant Home Visitation Services Performance Report, within the WDH Program Performance Initiative.

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 MCH 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.

MCH will contract with HCP for the provision of CLC trainings in October 2013.

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.

MCH will connect with hospitals to explore the encouragement of Baby-Friendly hospitals; and

will consider promoting Colorado Can Do 5!

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.

MCH 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	2008	2009	2010	2011	2012
Annual Performance Objective				18	80
Annual Indicator			80.9	80.9	77.9
Numerator			21355	21355	20266
Denominator			26397	26397	26016
Data Source			2009 Wyoming Youth Risk Behavior Survey	2009 Wyoming Youth Risk Behavior Survey	2011 Wyoming Youth Risk Behavior Survey
Is the Data Provisional or Final?				Final	Final
	2013	2014	2015	2016	2017
Annual Performance Objective	79	78	77	76	76

Notes - 2012

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 - 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 2011 YRBS show that 77.9% of Wyoming high school students ate fruits and vegetables less than five times per day. This is a statistically significant decrease from the 2009 YRBS in which 80.9% of Wyoming high school students ate fruits and vegetables less than five times per day.

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 Child Physical Activity and Nutrition Issue Overview was completed and is on the MCH website.

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.

MCH 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.

WDH sponsored a Chronic Disease Health Conference in 2012 with nutrition and physical activity and obesity breakout sessions and a Children's Health Track.

The MCH CAHC participated on the WCCC Program's Nutrition Workgroup. The workgroup's focus was 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.

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. MCH 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

WY Outside is a subcommittee of the Governor's Recreation Action Team (REACT). The purpose of WY Outside is to inspire long-term appreciation of Wyoming outdoors through education, interaction and adventure. MCH has participated on the WY Outside committee/consortium since it was re-established in the beginning of 2013 and has worked to recruit additional members expanding the partners to include other early childhood and youth focused groups.

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 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.

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.

MCH will identify and share resources and provide statewide leadership for improving physical activity and nutrition for children and adolescents.

MCH will post link to WY Outside calendar of events/website from the MCH website and also link to the WY Quality Counts calendar.

The CHPM 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.

MCH 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 Chronic Disease Unit in the Public Health Division is pursuing funding from the Centers for Disease Prevention and Control (CDC) designed to prevent chronic disease and promote healthier communities. If awarded the grant, MCH will partner with the Chronic Disease Unit on various efforts within the grant. There are strategies related to nutrition in schools, as well as those that address physical education/physical activity (PE/PA) in schools and early care and education centers (ECEs). If awarded the enhanced component of the grant, there is also room for MCH to partner on strategies related to breastfeeding friendly facilities/policies.

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	2008	2009	2010	2011	2012

Data					
Annual Performance Objective				50	50
Annual Indicator			48.9	49.7	50.1
Numerator			12908	12995	13034
Denominator			26397	26146	26016
Data Source			2009 Wyoming Youth Risk Behavior Survey	2011 Wyoming Youth Risk Behavior Survey	2011 Wyoming Youth Risk Behavior Survey
Is the Data Provisional or Final?				Final	Final
	2013	2014	2015	2016	2017
Annual Performance Objective	50	50	50	50	50

Notes - 2012

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 - 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.

MCH 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 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 MFH CAHC participated on the WCCC Program's Nutrition Workgroup. The workgroup's focus was 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.

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. MCH priority from Title V Needs Assessment/MCH 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. MCH 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. Family 2 Family Health Information Center (F2FHIC)			X	
9.				
10.				

b. Current Activities

WY Outside is a subcommittee of the Governor's Recreation Action Team (REACT). The purpose of WY Outside is to inspire long-term appreciation of Wyoming outdoors through education, interaction and adventure. MCH staff have participated on the WY Outside committee/consortium since it was re-established in the beginning of 2013 and has worked to recruit additional member expanding the partners to include other early childhood and youth focused groups.

The Child Physical Activity and Nutrition issue brief grew into 15 pages which became more of an overview of the topic, including strategies. The overview is available on the MCH website. From these overviews, one- to two-page information sheets will be developed for educational purposes.

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 Wyoming F2FHIC has partnered with MCH and created a number of fact sheets, including "The importance of exercise for you and your child with special health care needs." It is available

on websites and distributed as hard copy through providers and family organizations.

c. Plan for the Coming Year

MCH will purchase Triad Flyers, 7" flying discs, and beach balls to hand out at health fairs on WRIR. Maternal and Child Health and the MCH 800 phone number will be printed on them. The goal is to advertise MCH while encouraging exercise.

MCH will identify and share resources and provide statewide leadership for improving physical activity and nutrition for children and adolescent.

The CHPM 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.

The Chronic Disease Unit in the Public Health Division is pursuing funding from the Centers for Disease Prevention and Control (CDC) designed to prevent chronic disease and promote healthier communities. If awarded the grant, MCH will partner with the Chronic Disease Unit on various efforts within the grant. There are strategies related to nutrition in schools, as well as those that address physical education/physical activity (PE/PA) in schools and early care and education centers (ECEs). If awarded the enhanced component of the grant, there is also room for MCH to partner on strategies related to breastfeeding friendly facilities/policies.

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	2008	2009	2010	2011	2012
Annual Performance Objective				27.5	26.8
Annual Indicator			28.0	26.8	26.5
Numerator			53	49	51
Denominator			189235	182539	192468
Data Source			Vital Statistics and Census	Vital Statistics and Census	Vital Statistics and Census
Is the Data Provisional or Final?				Final	Final
	2013	2014	2015	2016	2017
Annual Performance Objective	26	25.5	25	24.5	24.5

Notes - 2011

Indicator data are from 2011 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 2011, Wyoming met the objective of 27.5 for the rate of deaths to children ages 0 to 24 years with 26.5 per 100,000. This does not represent a statistically significant decrease from 26.8 per 100,000 in 2010.

MCH 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.

MCH 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.

MCH 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 2012, SKW, through its chapters and programs, inspected 1453 car seats and distributed 673 car seats. SKW reached 24,656 people with information about SKW and how to prevent unintentional injuries.

MCH 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.

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."

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.

MCH 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.

MCH 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.

The Title V Director was appointed to the newly reformed Wyoming Child Death Review and Prevention Team (WCDRPT) and began attending meetings in the summer of 2012.

SKW partnered with MCH to create Safe Sleep Displays to be taken to the SKW state Events and to be displayed in hospitals in the state. The display focuses on Safe Sleep Education and Sleep Sacks.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service
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	DHC	ES	PBS	IB
1. Safe Kids Wyoming (SKW)				X
2. Wyoming Child Major Injury and Fatality Review Team (WCMIFRT)				X
3. American Academy of Pediatrics (AAP)/The Happiest Baby on the Block (THB)			X	
4. MCH County Block grants				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

MCH selected program performance outcomes related to decreasing non-motor related injuries as part of the Child Health Program Performance Report, within the WDH Program Performance Initiative.

MCH is now tracking, on a quarterly basis, the re-certification rates of child passenger safety technicians, the number of car seats inspected and distributed through SKW as well as the number of individuals participating in SKW events throughout the state.

In 2013, a \$20,000 State Farm Grant was able to support a partner of SKW, Safe Communities, the injury prevention program which focuses on educating residents in the areas of youth and adult occupant protection, youth and adult impaired driving, distracted driving and helmet education, with funding for a Cheyenne South High Life After Prom Celebration as well as the purchase of a new driving simulator that will be used for the first time at the Life After Prom event. This touch screen desk top computer replicates common driving situations such as noisy friends, heavy traffic, and pedestrians. The simulator can be set for texting or drinking and driving simulation as well. Safe Communities plans to use the simulator in other safety demonstrations planned throughout the year including other SKW events.

MCH provided THB certification kits to three individuals to increase THB trainings in the state. One of these trainers held her second class in Laramie in April 2013.

c. Plan for the Coming Year

Using MCH 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.

MCH will continue to participate on the SKW leadership team and contribute to future training efforts for SKW chapter and coalition coordinators.

MCH will continue to support SKW 2010-2012 action plan goals by partnering as opportunities arise.

MCH 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 MCH funds will be used to address mutually determined priorities and specify which SKW activities are supported by MCH; and developing and implement evaluation plans for Safe Kids injury prevention efforts supported by MCH.

MCH 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.

MCH 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 MCH will continue to participate on the Wyoming Child Death Review and Prevention Team (WCDRPT) meetings.

MCH will continue to encourage the use of THB program.

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	2008	2009	2010	2011	2012
Annual Performance Objective				14.5	14
Annual Indicator			15.0	14.2	13.9
Numerator			3960	3713	3616
Denominator			26397	26146	26016
Data Source			2009 Wyoming Youth Risk Behavior Survey	2011 Wyoming Youth Risk Behavior Survey	2011 Wyoming Youth Risk Behavior Survey
Is the Data Provisional or Final?				Final	Final
	2013	2014	2015	2016	2017
Annual Performance Objective	13.5	13	12.5	12	12

Notes - 2012

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 - 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, MCH began a Strategic Planning process in early 2010, to determine strategies for each of nine priorities. The seventh MCH 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 MCH 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 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. MCH priority from Title V Needs Assessment/MCH Strategic Planning process				X
2. CHPM 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 (WCADVSA)				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 CHPM. The CHPM 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.

With the passage of the Federal Violence Against Women Act, RPE funding was expanded resulting in Wyoming's RPE funding close to triple. This will allow the WCADVSA to work with Pilot communities for an extended period of

time, creating a stronger foundation for the primary prevention work of Sexual Violence Prevention through the RPE Grant.

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 CHPM 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	2008	2009	2010	2011	2012
Annual Performance Objective				4	4
Annual Indicator			0	1	2
Numerator					
Denominator					
Data Source			Maternal and Family Health	Maternal and Family Health	Maternal and Child Health Program
Is the Data Provisional or Final?				Final	Final
	2013	2014	2015	2016	2017
Annual Performance Objective	6	8	11	13	13

Notes - 2012

The numerator for this measure is a score of 2 and there is no denominator. Therefore the indicator is 2 for 2012.

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 2012, the overall score increased from 1 to 2 as a result of the creation of a summary report of exiting data sources for CYSHCN that includes data for Wyoming.

In 2011, the CPHD Epidemiology Section and MCH 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/mchepi/index.html>.

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 in the MCH database. Providers are asked about their referral practices with regard to Wyoming specialty clinics and their opinions on the specialties offered.

MCH 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.

Wyoming's Newborn Screening's data system linking newborn screening results, as processed by the Colorado Department of Public Health Laboratory, to birth records (VSS) was two-thirds of the way completed. This system assists in ensuring timely follow-up for children identified as having disorders and identifies infants who did not receive a newborn screen.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. CPHD Epidemiology (EPI) Section				X
2. Public Health Nursing (PHN)		X		
3. Vital Statistics Services (VSS)				X
4. Wyoming Genetics Services	X			
5. Wyoming Newborn Screening			X	
6. Colorado Department of Public Health			X	

7. Support Data Systems				X
8. MCH County Block grants				X
9.				
10.				

b. Current Activities

Medicaid will begin to track referrals between MCH, PHN and Medicaid.

The Specialty Clinic Survey was finalized in early 2012 and sent to healthcare professionals listed in our MCH database. The 2012 survey provides information regarding the most common clinics offered within Wyoming (cardiac, genetic, urology, and neurology/neurosurgery), the most common referrals made by Wyoming providers (cardiac, genetic, gastroenterology, developmental and ENT/Audiology), and reasons for out-of-state referrals (distance within Wyoming is too far, offered too infrequently to be of benefit to clients). A few providers stated they were unaware of clinics within Wyoming. MCH provided these individuals with packets pertaining to specialty clinics and MCH services.

c. Plan for the Coming Year

The expanded MCH data system allows PHNs to submit program applications will continue to be used. Client information continues to be available real-time for viewing which allows PHNs to utilize the system to better coordinate care for CSH clients.

The Genetics Services will continue to be provided by the University of Utah. 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 statistics and data including the number of clients served, race/ethnicity, age site where services received, and PCP; statement identifying what staff provided the services and if there was any change in the services; any significant problems or proposed changes in program or service. 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.

Quarterly meetings will be held by Medicaid to review referrals between Xerox, PHN and MCH.

MCH will meet quarterly with the Wyoming F2FHIC to maintain capacity for the CSH program and explore ways to expand that capacity.

E. Health Status Indicators

Health Status Indicators 02B: *The percent of live singleton births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 02B - Multi-Year Data

Annual Objective and Performance Data	2008	2009	2010	2011	2012
Annual Indicator	0.8	0.8	0.9	0.9	0.8
Numerator	58	61	70	65	58

Denominator	7569	7777	7630	7312	7130
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2012

Data are from the Wyoming Vital Statistic Services for Birth Year 2011.

Notes - 2011

Data from Wyoming Vital Statistics Services for Birth Year 2010.

Notes - 2010

Data from Wyoming Vital Statistics Services for Birth Year 2009.

Narrative:

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 occurred twice this year (approximately every six months) and 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, provides some access to comprehensive, voluntary family planning services for men and women. MCH determined that the money it was providing through its contract with the WHC would be better spent being given directly to the PHN offices providing family planning services. This year, MCH purchased prenatal vitamins, pregnancy tests and various forms of contraceptive methods for the six non-Title X clinics in the state. In addition, MCH provided one-time funding to Fremont County Family Planning, a new Title X designee, to assist with paying start-up costs for their clinic. MCH's goal for next year is to assist in purchasing basic reproductive health supplies (pregnancy tests, prenatal vitamins, condoms and emergency contraceptives) and provide preconception and interconception training to PHNs in every county that is lacking access to reliable reproductive health services (i.e. Monday thru Friday, 8:00am until 5:00pm).

PHN staff provides prenatal assessments and referrals for pregnant women as early as possible. Home visitation services, including NFP and Best Beginnings, are also offered to pregnant women. Extensive work has been done to standardize the Best Beginnings program to assure all PHN offices are offering the same services entitled Best Beginnings and to allow more accurate measurement of outcomes.

MCH 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.

Health Status Indicators 04C: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 04C - Multi-Year Data

Annual Objective and Performance Data	2008	2009	2010	2011	2012
Annual Indicator	210.2	226.9	162.9	134.9	127.1
Numerator	163	173	133	106	100
Denominator	77532	76242	81648	78574	78704
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2012

Includes E-codes E810-E825 from FY2012 (07/01/11 - 06/30/12) Hospital Discharge Database. Denominator from 2011 Census estimates.

Notes - 2010

Includes E-codes E810-E825 from FY2010 (07/01/09 - 06/30/10) Hospital Discharge Database. Denominator from 2009 Census estimates.

Narrative:

Unintentional injury among children 24 years and younger is an MCH priority. HSI 03 and 04 are relevant indicators of surveillance and monitoring which can inform Wyoming's Child Health programming

Program performance outcomes related to decreasing unintentional injury were reported on as part of the Child Health Program Performance Report, within the WDH HealthStat Initiative.

Data for death due to unintentional injuries among children comes from Vital Statistics death certificates. Unintentional injuries include causes such as drowning, falls, fires, burns, firearms, motor vehicle injuries, bicycle injuries, poisonings, suffocations, bites, stings, overexertion, etc.

MCH contracts for injury prevention activities and services directly affecting MCH populations with Safe Kids Wyoming, through Cheyenne Regional Medical Foundation. Safe Kids Wyoming has a presence in 20 of the 23 counties. Safe Kids has eight coalitions, six partners and four affiliations. The MCH contract supports an Office/Project Coordinator who is .5 FTE Safe Kids and .5FTE Safe Communities and similar portions for two Project Assistants.

The SKW State Office Coordinator and assistant provide ongoing training/technical assistance to the seventeen locations in the state and act as the liaison between the communities and Safe Kids USA. The state office oversees the 1-800-994-GROW referral line.

Wyoming's re-certification rate of child passenger safety technicians in 2012 was 68%. Car seats are inspected through Safe Kids Wyoming to determine appropriate use. In 2012, the misuse rate for child passenger seats/restraints in Wyoming was 80.33%.

MCH reports quarterly on the re-certification rates of child passenger safety technicians, the number of car seats inspected and distributed through SKW and the number of individuals participating in SKW events throughout the state.

In 2012, MCH supported SKW and Prevent Child Abuse Wyoming in campaigns to bring community awareness around safe sleep. SKW created a Safe Sleep display which was shared among Wyoming hospitals and at Safe Kids Events around the State. MCH and Prevent Child Abuse Wyoming partnered to purchase and distribute over 8,000 sleep sacks through public health nurses who provided them to families while giving education on the importance of creating safe sleep environments.

F. Other Program Activities

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.

/2014/Twelve registrations were provided to school nurses and PHN who applied for the scholarship to the 2013 Community and School Pediatric Health conference. The nurses provided MCH with information on data that would assist them in their jobs, trainings/workshops they would appreciate and how best to communicate with them. This will be helpful as MCH works to inform providers and organizations throughout the state of Wyoming's data; what is being done to improve outcomes; and how stakeholders can work together.//2014//

County PHN offices are encouraged to utilize their MFH County Block grant funds to take advantage of available trainings. Now that the WIHC position is filled, information regarding evidence-based programs, trainings, and helpful websites will be made available to PHNs.

After a highly 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.

/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//

/2014/Wind River Indian Reservation held a second PLTI class and Albany county held their first class.//2014//

/2013/The annual conference for child care providers is changing from state-wide to regional. The MFH Women and Infant Health Coordinator will provide training on nutrition and oral health for the providers.

In the summer of 2012, MFH will begin participation 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//

/2014/The MCH Women and Infant Health Program Manager (WIHPM) provided the above mentioned trainings on nutrition and oral health for child care providers. The WIHPM also presented to University of Wyoming Family Medicine Residents on Fetal Alcohol Syndrome.

MCH has also partnered with the Wyoming Institute for Disabilities (WIND) on the Act Early project. A few years ago a team had been initiated to work on the topic of autism and fizzled out after a short period. Act Early will focus on a small team and begin with providing information on the importance of early detection and the need for developmental screenings. The CDC booklet, "Milestone Moments" has been printed and will be distributed to groups including PHN, Uplift, and WIND for use with parents. WIND plans to meet with groups to discuss the importance and distribute the booklets.//2014//

G. Technical Assistance

MCH has several areas of technical assistance that would be of interest in FY14. The first is regarding Child Death Review (CDR). The Wyoming Prevent Child Abuse coordinates the state CDR. Currently, it is primarily focused on children within the DFS programs. MCH would like to see the CDR team develop, implement and sustain a prevention focused CDR process.

The other area of interest would be regarding preparation for the 2015 Needs Assessment. MCH has several new program managers that have not been through one before. Often times, when one has not experienced an event, they don't know the right questions to ask.

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 2012		FY 2013		FY 2014	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
1. Federal Allocation <i>(Line1, Form 2)</i>	1254457	1170082	1164966		1125000	
2. Unobligated Balance <i>(Line2, Form 2)</i>	0	0	0		0	
3. State Funds <i>(Line3, Form 2)</i>	2572032	1690659	1917462		2034862	
4. Local MCH Funds <i>(Line4, Form 2)</i>	0	0	0		0	
5. Other Funds <i>(Line5, Form 2)</i>	0	506966	458129		599483	
6. Program Income <i>(Line6, Form 2)</i>	0	0	0		0	
7. Subtotal	3826489	3367707	3540557		3759345	
8. Other Federal Funds <i>(Line10, Form 2)</i>	2127254	2141855	2135729		2141855	
9. Total <i>(Line11, Form 2)</i>	5953743	5509562	5676286		5901200	

Form 4, Budget Details By Types of Individuals Served (I) and Sources of Other Federal Funds

	FY 2012		FY 2013		FY 2014	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	1515127	984269	1451628		1013268	
b. Infants < 1 year old	307337	720792	318651		909695	
c. Children 1 to 22 years old	414078	467718	495678		631819	
d. Children with	1083086	921173	955950		921173	

Special Healthcare Needs						
e. Others	0	0	0		0	
f. Administration	506861	273755	318650		283390	
g. SUBTOTAL	3826489	3367707	3540557		3759345	
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	93713		97260		66392	
c. CISS	140000		150000		140000	
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		280542	
j. Education	0		0		0	
k. Home Visiting	0		0		0	
k. Other						
TANF	1760750		1758250		1654921	
PRAMS	132791		130219			
RPE			0			

Form 5, State Title V Program Budget and Expenditures by Types of Services (II)

	FY 2012		FY 2013		FY 2014	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
I. Direct Health Care Services	1248210	834005	761220		947366	
II. Enabling Services	102363	153851	177028		10730	
III. Population-Based Services	479859	823129	796625		1312942	
IV. Infrastructure Building Services	1996057	1556722	1805684		1488307	
V. Federal-State Title V Block Grant Partnership Total	3826489	3367707	3540557		3759345	

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.

MFH continues to create a more accurate fiscal report. Federal Grants Management training has been provided to WDH employees. The fiscal staff is maintaining improved audit trails and increased communication will occur between fiscal and program staff to assure expenditures is in line with legislative requirements and strategic planning.//2013//

/2014/The budget process continues to evolve in WDH as it aims for increased accuracy and accountability. Templates were created to assist program managers, not only in developing budgets, but to manage the budget with increased ease.

Reorganizing MCH state health priorities into four categories has assisted with creating a budget to address priorities rather than continuing activities solely because it has always been done.//2014//

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%. For FY11, administrative expenses included a percentage of the salary for the interim MCH Title V Director and the MFH administrative assistant for the three months in the interim position; travel for the interim director; indirect cost; travel for a family representative to AMCHP; and for the MCH portion of the BRFS.

The MOE is a combination of the general funds budgeted for MFH and expenditures from the NBMS account. For the future, the MOE will be a combination of state general funds allotted to MFH, the NBMS account, and, with the forecasted state budget reductions, we will also plan to utilize immunizations specific to infants purchased with state general funds. //2013//

/2014/Title V funds were spent for FY12 as follows: 46.0281% spent for CYSHCN (such as gap-filling health care payments and care coordination), 33.5982% spent on preventive and primary care for children (such as sleep sacks and dental sealants) and .581% for administration. Administrative expenses included travel to AMCHP conference and indirect charges.

The MOE is a combination of MCH state general funds, the NBS account, and state general funds spent on infant immunizations through WDH. For FY12, expenditures for the vaccine Prevnar were included in the MOE due to general fund budget cuts.

Other federal grants received by MCH include ECCS, SSDI, PRAMS, and RPE. ECCS funds are used to work on parent involvement (PLTI) and working with other public and private entities to enhance the early childhood system. PRAMS is providing Wyoming with state MCH data and assisting us in addressing infant mortality within the state. People are quite receptive to their own state data. SSDI is being used to help with systems that provide Wyoming with the data needed to determine and evaluate direction. MCH assumed management of the RPE grant in FY12. The funds have assisted with addressing dating and sexual violence among adolescence.//2014//

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.