



Wyoming
Department
of Health

Commit to your health.

HealthStat 2013 Final Reports

December 24, 2013

HealthStat 2013 : A Foreward

HealthStat, a performance management initiative, began when Tom Forslund became the Director of the Wyoming Department of Health (WDH) in 2011. The work from the most recent year of this initiative is represented in the following pages.

HealthStat was modeled after a variety of other “PerformanceStat” movements in the United States and beyond (notably, the state of Maryland’s “StateStat”). The central ideas of this type of performance management effort are that program data is gathered and used to analyze past performance; previous decisions are tracked to ensure performance is being improved; performance objectives are established; and the effectiveness of any strategies used by the program are examined regularly. Meetings are held frequently, and attendees represent the highest level of decision makers in the agency. In the WDH, this includes the Director, Deputy Director, CFO, all four Division Senior Administrators, and the members of the Director’s Unit for Policy, Research, and Evaluation (DUPRE). WDH Program Managers are responsible for preparing Snapshots and Performance Reports on a regular basis, and report their work to the Performance Improvement Team (PIT) on an annual basis.

HealthStat is now entering its third year of implementation in the WDH, and has progressed to a consistent and objective process by which department programs can be evaluated. Staff have always known their programs, but now they have a method and a venue to regularly communicate with decision-makers that is clear and concise. Department leaders can now respond to program issues in an informed, timely, and coordinated fashion. It is hoped that the continued evolution of this culture of accountability will lead the WDH to greater heights in terms of effective and efficient program management.

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WDH | Office of Healthcare Financing

Electronic Record Incentive Program

Health Management Program

KidCare CHIP

Long Term Care (LTC) Waiver

Medicaid Behavioral Health

Medicaid Dental Program

Medicaid Pharmacy Program

Nursing Facilities

Outpatient Hospital

Program Integrity

Psychiatric Residential Treatment Facilities (PRTF)

Medicaid: Electronic Health Record Incentive Program

Program Description

Medicaid Electronic Health Record (EHR) Incentive Program provides incentive payments to eligible providers and hospitals for the Adoption/Implementation/Upgrade (AIU) of electronic health records and using them in a meaningful way (Meaningful Use, MU), with the goal of improving healthcare quality.

Program Expenditures and Number of Providers and Hospitals at AIU stage

	2011	2012	2013
Total Program Cost	\$689,959	\$6,970,094	\$8,595,992
Total AIU for EHR			
Providers	32	63	71
Hospitals	10	15	21
Non-600 Series*	100%	19%	17%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- Incentive Payments 100% Federal Funded.
- Eligible Providers paid over 6 years
 - Yr. 1 - \$21,250 Yr. 2 - 6 - \$8,500
- Eligible Hospital incentive payments are calculated using the most recent 12 month cost report. The total incentive amount is divided into 3 payments based on the amount calculated in the first year in the program
 - Yr. 1 - 50% Yr. 2 - 40% Yr. 3 - 10%
- Program Administration is 90/10 Federal Funded

Program Staffing

- FTE - 1
- AWEC - 1
- Other - Contractor - Health Tech Solutions

Program Metrics

- Estimated 200 Wyoming providers and 28 hospitals could be eligible to participate in program
- 179 providers are currently enrolled in program - 82 providers paid for AIU with 17 being paid for Stage 1 of MU [Provider Breakout; 35 MD/DO, 35 Pediatricians, 12 Mid-level, 12 Dentists, 1 PA]
- 24 hospitals are currently enrolled in program - 21 hospitals paid for AIU with 9 being paid for Stage 1 of MU
- Total amount of incentive payments since program inception - \$12,853,287. Total spent on operations and administration of program since program inception \$3,402,760.
- Audits completed - 20 providers- 2 payment recoupments of \$21,250 each for patient volume methodology error.
- Hospital audits to be completed by CMS
- Pre-verification process completed before all payments are made.

Events that have Shaped this Program

- Program launched in Dec. 2011 with Adopt/Implement/Upgrade - Eligibility requirements are providers/hospitals adopt, implement or upgrade to a certified Electronic Health Record
- Aug. 2012 - Launch of Stage 1 Meaning Use - Eligibility requires the use of EHRs in a meaningful way by capturing patient data electronically
- Jan 2014 - Launch Stage 2 Meaningful Use - Eligibility requires electronic reporting to state
- Stage 3 - TBD, waiting CMS guidance - Eligibility will require the ability to track improvement electronically
- Dec. 2021 - Program ends.

Medicaid: Electronic Health Record Incentive

PROGRAM CORE PURPOSE

The Electronic Health Record (EHR) Incentive Program pays Wyoming providers and hospitals for adopting, implementing and/or upgrading (AIU) their Electronic Health Records and for meaningful use (MU) of clinical data to improve clinical outcomes.

OUTCOMES

Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Number of eligible Providers/ Hospitals registered for the Program (200 Providers & 28 Hospitals estimated to be eligible)	175 Providers 27 Hospitals	N/A	N/A	N/A	179 Prov. 24 Hosp.	-
% of eligible providers & hospitals registered	88% Providers 96% Hospitals	N/A	N/A	N/A	89% Prov. 86% Hosp.	-
Providers paid to date for AIU to an Electronic Health Record	159 Providers 25 Hospitals	N/A	32 Prov. 10 Hosp.	63 Prov. 15 Hosp.	82 Prov. 21 Hosp.	-
% of registered providers & hospitals receiving AIU payment	50% Providers 95% Hospitals	N/A	N/A	N/A	46% Prov. 88% Hosp.	-
INTERMEDIATE OUTCOMES						
Providers & Hospitals paid to date for meeting Stage 1 Meaningful Use- Based on 90 days of capturing clinical data	35 Providers 20 Hospitals	N/A	N/A	8 Prov. 6 Hosp.	17 Prov. 9 Hosp.	-
% of providers/hospitals paid for AIU then achieving Stage 1 Meaningful Use	49% Providers 80% Hospitals	N/A	N/A	13% Prov. 40% Hosp.	21% Prov. 43% Hosp.	-
Stage 2 – Meaningful Use Reporting a minimum set of Clinical Quality Measures to state electronically	To begin in January 2014	N/A	N/A	N/A	N/A	-
LONG TERM OUTCOMES						
Stage 3 Meaningful Use – Greater integration of EHR data for enhanced clinical outcomes (TBD)	In development	N/A	N/A	N/A	N/A	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric						

OUTPUTS AND EFFICIENCIES								
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Total program costs based on participation year	\$672,916 Provider Incentives \$4,333,359 Hospital Incentives (CY 11)	\$796,166 Provider Incentives \$4,806,142 Hospital Incentives (CY 12)	\$357,000 Provider Incentives \$1,167,692 Hospital Incentives (CY 13 YTD)	-	\$212,500 Prov. \$507,510 Hosp.	\$144,500 Prov. \$660,182 Hosp.	-	-
Total cumulative program costs since program inception	\$672,916 Provider Incentives \$4,333,359 Hospital Incentives N/A Operations & Admin (CY 11)	\$1,469,082 Provider Incentives \$9,139,501 Hospital Incentives N/A Operations & Admin (CY 11, 12)	\$2,038,583 Provider Incentives \$10,814,703 Hospital Incentives \$3,402,760 Operations & Admin (CY 11,12,13)	-	N/A*	N/A*	-	-
Post Payment Provider Audits (10% min. required) (Hosp. audits to be completed by CMS)	N/A	13 21%	17 21%	-	N/A*	N/A*	-	-
On site provider/hospital encounters (outreach)	N/A	138	155	-	104	51	-	-
# Exhibitor events & # approximate attendees (outreach)	N/A	3 events 220 attend.	4 events 320 attend.	-	N/A*	N/A*	-	-
EFFICIENCIES								
Average Incentives Per Provider at AIU or higher (cumulative)	\$ 21,028 avg. per provider (32 providers)	\$ 23,318 avg. per provider (63 providers)	\$ 24,860 avg. per provider (82 prov.)	-	N/A*	N/A*	-	-
Average Incentive Per Hospital at AIU or higher (cumulative)	\$ 433,335 avg. per hospital (10 hosp.)	\$ 609,300 avg. per hospital (15 hosp.)	\$ 514,986 avg. per hospital (21 hosp.)	-	N/A*	N/A*	-	-
Start-up, Operations and Administration % of annual cost	100%	19%	17%	-	N/A*	N/A*	-	-
Recoupment of payments based on post-payment audits	0 recoup.	2 recoup.	0 recoup.	-	0	0	-	-
(-) Indicates data not yet available N/A indicates data not available due to the the creation of new metric N/A* indicates data not available quarterly								

STORY BEHIND THE PERFORMANCE

Total incentive payments paid to date: \$12,853,287.

Total start-up, operations, and admin to date: \$3,402,760.

Total Program cost: \$16,256,045 since inception.

This program is funded by the ARRA 2009 HITECH Act.

Providers in this program include physicians, dentists, mid-levels and eligible physician assistants.

Eligibility is determined by Medicaid patient volume and use of certified electronic health records.

Medicaid: Health Management Program

Program Description

The Health Management Program provides total population health management to Medicaid clients and assistance to Medicaid providers in order to improve healthcare.

Program Expenditures and People Served

	2011**	2012**	2013
Total Program Cost	NA	NA	\$3,651,091
People Served	NA	NA	TANF: 50,851 monthly avg. ABD: 10,577 monthly avg.
Cost per Person	NA	NA	TANF: \$2.20/PMPM ABD: \$25.00/PMPM
Non-600 Series*	NA	NA	100%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

** New contract effective date 7/1/12

Program Cost Notes

- Program Total is \$3,651,091
 - Temporary Assistance for Needy Families (TANF): \$1,006,841
 - Aged, Blind & Disabled (ABD): \$2,644,250
- Funded by 50% federal funds, 50% general funds.
- “People Served” may include duplicate clients.
- ABD does not include skilled nursing facilities.

Program Staffing

- FTE = 1.5
- Other = Contractor, Xerox Care and Quality Solutions, Inc.

Program Metrics

- The Department is contracting with Xerox Care and Quality Solutions (CQS) to provide health management services. Some of the services CQS provides:
 - Total population health management; education and support on how to manage health and wellness.
 - Disease and case management for high risk and chronic conditions in order to decrease inappropriate emergency room visits and preventable or unnecessary hospital readmissions.
 - Personal health coaches to assist in improving health status.
 - Free 24/7 nurse line for clients to inquire about health problems or doctor’s directions.
 - Healthy Habits program to learn about nutrition and weight loss.
 - Maternity risk assessment and referral to public health nursing.
 - Smoking cessation referral to the QuitLine.
- Improve clinical outcomes through the Quality Improvement Initiative.

Events that have Shaped this Program

- Contract dates: 7/1/12 – 6/30/15 with two additional optional years.
- CQS is a new contractor and has been ramping up this program and hiring staff.
- 24/7 Nurse Line went live in October 2012.
- Upcoming projects: Emergency Room Appropriate Care Site Pilot, Quality Improvement Initiative, Long Term Care Support Program, Screening, Brief Intervention, Referral to Treatment, and “Biggest Loser” under the Healthy Habits program.



Medicaid: Health Management Program

PROGRAM CORE PURPOSE

The Health Management Program strives to improve healthcare outcomes of Medicaid clients through total population health management.

OUTPUTS AND EFFICIENCIES

OUTCOMES

Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
% of clients screened/identified that become newly engaged for case management	80%	N/A	N/A	N/A	74% (3 rd & 4 th quarter 2013)	-
% of clients with claims over \$50,000 that are enrolled in case management	50%	N/A	N/A	N/A	21%	-
INTERMEDIATE OUTCOMES						
% of recipients with four or more emergency room visits per year	1% reduction	N/A	10.93%	11.05%	8.71% *	-
% of emergency room visits attributable to recipients with four or more visits per year	1% reduction	N/A	34.25%	34.43%	28.62% *	-
**30-day hospital readmission rate	1% reduction	N/A	7.53%	7.40%	6.89% *	-
LONG TERM OUTCOMES						
Emergency room visits per 1,000 member months	1% reduction	N/A	62.42	60.55	46.12 *	-
Inpatient admissions per 1,000 member months	1% reduction	N/A	13.98	13.89	13.33 *	-
* Providers have 12 months to bill, so this number will change. Final numbers will be available July 2014. ** The national average Medicaid for non-dual readmission rate is 17.3% (CMS 2007-2010). *** Remain in screening process, pending Tier placement (-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric						

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
# of clients served under health management contract (monthly average)	N/A	N/A	61,428	-	N/A	61,428	-	-
# of clients screened/identified that became newly engaged for case management	N/A	N/A	1129 Jan-June	-	N/A	1129	-	-
# of clients continuously engaged in care management by Tier Tier 1: (Health & Wellness) Tier 2: (Moderate) Tier 3: (High/Intensive) (3 rd & 4 th quarter monthly avg.)	N/A	N/A	1,190	-	N/A	<u>Pending:</u> 413 *** <u>Tier 1:</u> 307 <u>Tier 2:</u> 238 <u>Tier 3:</u> 226 <u>Abeyance:</u> 6	-	-
# of clients with claims over \$50,000	1,850	1,799	1,250	-	N/A*	N/A*	-	-
# of emergency room visits	49,294	47,286	35,645 *	-	18,933	16,712 *	-	-
# of hospital admissions	11,372	11,843	10,302 *	-	5,046	5,256 *	-	-
# of 30 day hospital readmissions	857	802	710 *	-	347	363 *	-	-
# of Nurse Advice Line calls (started Oct. 2012)	N/A	N/A	347	-	86	261	-	-
EFFICIENCIES								
% of nurse advice line callers referred to non-ER alternatives	N/A	N/A	58%	-	53%	63%	-	-
<p>* Providers have 12 months to bill, so this number will change. Final numbers will be available July 2014.</p> <p>** The national average Medicaid for non-dual readmission rate is 17.3% (CMS 2007-2010).</p> <p>*** Remain in screening process, pending Tier placement</p> <p>(-) Indicates data not yet available</p> <p>N/A indicates data not available either before or after the creation of new metric</p> <p>N/A* indicates data not available quarterly</p>								

STORY BEHIND THE PERFORMANCE

- This contract focuses on utilizing clinical data to improve health outcomes.
- CQS is identifying clients with high event rates and claims costs and attempting to enroll them in case management.
- The quality improvement initiative committee was established and focuses on high cost indicators and areas for health improvement.
- The findings in this document are per CQS's most recent quarterly report.

Kid Care CHIP

Program Description

The Wyoming Children’s Health Insurance Program (CHIP) is a “public/private” partnership between the WY Department of Health and a private insurance company to provide health, vision and dental insurance to all CHIP enrolled children. CHIP is intended for low-income, uninsured children between birth and eighteen years of age living in families with income up to 200% Federal Poverty Level. CHIP is jointly financed by the Federal and State government with 65% Federal match and 35% coming from the State General Fund.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$15,622,175	\$15,728,257	\$16,106,809
People Served*	5,536	5,538	5,832
Cost per Person	\$2,822	\$2,840	\$2,762
Non-600 Series**	4.5%	5.0%	5.2%

*Average monthly enrollment. ** 600 series is defined as direct service contracts.

Program Cost Notes

- Quarterly Federally Qualified Health Center and Rural Health Center payments are included in Total Program Cost.
- Contract for Payment Error Rate Measurement (PERM) is included in 2013 Non-600 series.
- The Cost per Person represents total premium costs paid to Blue Cross Blue Shield divided by the number enrolled.

Program Staffing

- FTE 5

Program Metrics

- CHIP continues to have substantial statewide support from providers:
 - 93% of all medical, 77.6% of all dental, 88.8% of orthodontia.
- CHIP pays a per member per month premium to BCBS for enrolled; average premium for 3 plans (A,B,C) is \$230.65; plans differ according to Federal Poverty Level (FPL) and co-pays; on average 61% of children are on Plan C (151-200% FPL).
- Average monthly enrollment for 2013 is 250+ children higher than 2012.

Events that have Shaped this Program

- CHIP was authorized in 1997 by Title XXI of the Social Security Act and implemented in Wyoming in December 1999 as a separate state program rather than a Medicaid expansion.
- In 2009 The Children’s Health Insurance Program Reauthorization Act (CHIPRA) extended CHIP. Authorization for the program exists through 2019 with funding appropriated through 2015.
- CHIP will transition approximately 1,000 children to Medicaid in 2014 when eligibility limits for Medicaid are increased to 133% FPL as per the Accountable Care Act (ACA).
- The Accountable Care Act also calls for real-time eligibility determinations. Beginning October 1, 2013 CHIP eligibility determinations will be handled by the new Wyoming Eligibility System (WES) Customer Service Center using a streamlined, single application in conjunction with WY Medicaid.



Kid Care CHIP

PROGRAM CORE PURPOSE

Kid Care CHIP (Children’s Health Insurance Program) makes available to eligible WY children affordable health insurance and a comprehensive network of providers.

OUTCOMES

Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Monthly Average Number of Children Enrolled	5,200	5,409	5,536	5,538	5,831	-
Provider Network (Percentage of Wyoming Providers Participating in Kid Care CHIP)	94%	960/1,076 89%	1,082/1,186 91%	1,254/1,354 93%	1,276/1,376 93%	-
INTERMEDIATE OUTCOMES						
Kid Care children with at least 1 appointment with a Primary Care Provider	54%	4,645/8,338 55.7%	4,386/8,633 50.8%	4,301/8,714 49%	4,450/8,805 50.5%	-
LONG TERM OUTCOMES						
Kid Care children receiving any kind of health service.	76%	6,386/8,338 76%	6,356/8,633 73.6%	6,273/8,714 72%	6,534/8,805 74.2%	-
(-) Indicates data not yet available						

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Number of applications processed	9,578	9,819	10,247	-	5,188	5,059	-	-
EFFICIENCIES								
Number of paper applications processed (Reduce to boost efficiency)	4,997/8,681 57%	4,647/8,969 51%	5,055/9,816 51%	-	2,461/4,757 51%	2,594/5,059 51%	-	-
(-) Indicates data not yet available								

STORY BEHIND THE PERFORMANCE

- Dec.'99 CHIP established @ 133% FPL; becomes public/private partnership in 2003; raised FPL guideline to 200% FPL in '05.
- Incremental, steady enrollment growth; '03: 3,100 kids, '04: 4,100 kids, '11 over 5,600 for first time, '13 over 5900.
- Early years focused on enrollment simplification; program maturity has brought emphasis to access, quality and costs.
- Program components with most notable improvements: growth in provider network, increase in number of quality/health measures being tracked/reported and enrollment numbers.
- Estimates for future measures concerning enrollment numbers/processes are challenging to predict considering CHIP enrollment processes will be handled by a Customer Service Center (CSC) beginning October 1, 2013.

Long Term Care HCBS Waiver Program

Program Description

The Long Term Care HCBS (Home and Community Based Services) Waiver Program provides in-home services to Medicaid recipients 19 years of age and older who require services equivalent to nursing home level of care.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$13,912,032	\$13,355,638	\$13,425,205
People Served	1,802	1,718	1,679
Cost per Person	\$7,720	\$7,774	\$7,996
Non-600 Series*	1.5%	1.5%	1.5%

Program Cost Notes

- This program is funded by 50% General Fund and 50% Federal Funds.
- The SFY13 budget for Long Term Care waiver services is \$13,295,174.
- Waiver recipients are eligible for Medicaid medical services at an additional (projected based on YTD) cost of \$7,995/person (not charged to this budget).
- Direct staffing is approximately \$150,000 per year based on FTE allocation from administration unit.

Program Staffing

- 2 FTE allocated from 6 full-time employees handle federal compliance, program management, participant support, provider oversight, data management and clinical eligibility for this program.

Program Metrics

- 67 eligible individuals were on the waiting list for the Long Term Care Waiver Program as of 6/30/13.
- 1,755 unduplicated participants received services in SFY 2013.
- 429 participants chose the self-directed service delivery option in SFY 2013.
- 100 providers were enrolled to provide services for the Long Term Care Waiver Program as of 6/30/13.

Events that have Shaped this Program

- This Waiver Program was last renewed with CMS (Centers for Medicare and Medicaid Services) for a five year period that began July 1, 2011.

Long Term Care Home and Community Based Services Waiver

PROGRAM CORE PURPOSE

The purpose of this program is to offer and provide eligible individuals quality, cost-effective home-based services as an alternative to nursing home care.

OUTCOMES						
Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
% of case managers/care coordinators trained in creating/amending plans of care based on assessed need	100%	66%	73%	100%	100%	-
% of returned participant satisfaction surveys that showed positive satisfaction and experience	95%	88%	94%	92%	88%	-
Number of eligible individuals on waitlist at end of FY	0	N/A	N/A	98	67	-
INTERMEDIATE OUTCOMES						
% of program discharges to nursing facility	<2%	N/A	N/A	3%	1%	-
% of program discharges due to participant non-compliance	TBD	N/A	N/A	3%	4%	-
% of program discharges due to death	TBD	N/A	N/A	20%	25%	-
% of program discharges due to leaving program for other programs (waiver, PACE)	TBD	N/A	N/A	6%	7%	-
% of program discharges due to lost eligibility (clinical, financial, or other)	TBD	N/A	N/A	28%	21%	-
% of program discharges because client moved out of state	TBD	N/A	N/A	9%	8%	-
% of program discharges due to no waiver services for over 30 days	TBD	N/A	N/A	2%	3%	-
% of program discharges due to client decision to terminate	TBD	N/A	N/A	5%	4%	-
LONG TERM OUTCOMES						
% of nursing home cost per person	Between 45%-55%	N/A	49%	53%	50%	-
(-) Indicates data not yet available N/A indicates that data is not available due to the creation of a new metric						

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Number of unique/unduplicated participants per year	1,813	1,709	1,755	-	N/A*	N/A*	-	-
Number of providers at end of FY	95	98	100	-	N/A*	N/A*	-	-
# of participant satisfaction surveys mailed	2,722	2,726	1,016	-	N/A*	N/A*	-	-
# of applications mailed	N/A	469	1,088	-	N/A*	N/A*	-	-
# of unique callers regarding the application process (received)	N/A	480	1,116	-	N/A*	N/A*	-	-
EFFICIENCIES								
Average cost per participant (waiver)	\$7,720	\$7,774	\$7,996	-	N/A*	N/A*	-	-
Average cost per participant (waiver and medical)	\$14,760	\$16,157	\$15,007	-	N/A*	N/A*	-	-
% of non-satisfied participants from previous year contacted by staff as a quality control mechanism	100%	100%	100%	-	N/A*	N/A*	-	-
% of plans >\$1200 reviewed for cost to determine expenditure and service appropriateness	100%	100%	100%	-	N/A*	N/A*	-	-
% of mailed applications returned by applicants	N/A	58%	59%	-	N/A*	N/A*	-	-
% of mailed satisfaction surveys returned by applicants	53%	55%	58%	-	N/A*	N/A*	-	-
(-) Indicates data not yet available N/A indicates that data is not available due to the creation of a new metric N/A* indicates data not available on a quarterly basis								

STORY BEHIND THE PERFORMANCE

In July 2011, this waiver program began a new five year cycle. The new cycle required an extensive quality information system which includes performance measures, data collection and analysis, and individualized remediation of every case of program non-compliance. In February 2012, a new program application process was developed to create a centralized point of access. This change helps to ensure standardized consumer education, maximize choice of programs and providers and improve appropriateness of applications. The program also implemented a new waiver management system which allows for workflow tracking through the entire process including application, assessment, eligibility determination, plan of care development, approval, renewal, and discharge.

Medicaid Behavioral Health (BH) Services

Program Description

Provide access to cost-effective, community-based behavioral health treatment resources for Wyoming Medicaid clients who are experiencing mental health and/or substance abuse disorders utilizing the federal authority granted by the Centers for Medicare & Medicaid Services under the Rehabilitative Services Option [42 U.S.C. § 440.130], Early Periodic Screening, Diagnosis and Treatment (EPSDT) [42 U.S.C. § 440.40(b)], and Targeted Case Management [42 U.S.C. § 440.169].

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$24,927,506	\$27,553,867	\$29,690,743
People Served	10,529	12,979	13,283
Cost per Person	\$2,368	\$2,123	\$2,235
Non-600 Series*	N/A	N/A	N/A

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- SFY13 FMAP=50%
- SFY13 **total expenditures** increased 8% and the number of **unique clients served** increased 3% from SFY12 due to increased access to community-based BH treatment services.
- SY13 **per recipient expenditures** increased by 5% from SFY12.

Program Staffing

- FTE-1
- AWEC-N/A
- Other-CHIPRA Care Management Entity Contractor & Xerox Care and Quality Solutions, Inc. BH case management staff

Program Metrics

- SFY13 BH services account for 6% of the total Medicaid budget
- SFY13 BH expenditures for state-only foster care children were \$1,838,682 compared to SFY12 expenditures of \$937,245.
 - An increase in SFY13 expenditures for services provided by substance abuse treatment providers accounted for \$763,448 of the increase of \$901,437.
- The **top diagnosis by expenditure** for all ages served is Depression (\$5,876,413), and represents 20% of total SFY13 BH program expenditures.

Events that have Shaped this Program

- Per federal guidelines, Medicaid must enroll “any willing and qualified provider” which allowed enrollment of clinical psychologists and advanced practice psych RN’s in 2003. In 2006, licensed mental health professionals under the supervision of physicians and psychologists were allowed to be enrolled.
 - This federal requirement has increased Medicaid BH provider capacity to deliver community-based services that lessened the need for institutional care and helped keep clients in their community whenever possible (Example: 336% increase from SFY03 [1,693] to SFY13 [5,682] in adults who received a community-based BH service).

Medicaid Behavioral Health (BH) Services

PROGRAM CORE PURPOSE

Provide access to and maintain capacity of behavioral health treatment resources for Wyoming Medicaid clients who are experiencing mental health and/or substance abuse disorders in order to promote cost-effective, community-based treatment.

OUTCOMES

Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
% of total Medicaid eligible clients who received a BH service	15%	12%	12%	15%	15%	-
# of participating BH pay-to providers enrolled with Medicaid to maintain adequate access to community-based care	434	223	263	304	434	-
# of BH 'treating' providers enrolled with Medicaid to maintain BH community-based treatment capacity	956	0	197	463	956	-
INTERMEDIATE OUTCOMES						
Adult Intellectual Disabilities waiver client psychological service cost per recipient	\$5,000	\$3,593	\$3,867	\$4,146	\$5,076	-
LONG TERM OUTCOMES						
PRTF aftercare follow up BH service within 7 days post discharge (HEDIS)	70%	N/A	N/A	47% (60/130)	N/A	-
PRTF aftercare follow up BH service within 30 days post discharge (HEDIS)	15%	N/A	N/A	14% (18/130)	N/A	-
(-) Indicates data not yet available N/A indicates that data is not available due to the creation of a new metric						

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
# of BH clients	10,529	12,979	13,450	-	7,855	8,253	-	-
% of total Medicaid expenditures for BH services	5%	6%	6%	-	6%	6%	-	-

# HCBS waiver clients who received a BH service	1,580	1,605	1,562	-	N/A*	N/A*	-	-
# of BH clients who are children (0-20)	7,606	7,448	7,601	-	4,534	4,701	-	-
EFFICIENCIES								
% of total BH expenditures for clients served by a Community Mental Health Center and/or Substance Abuse Treatment Center	49%	45%	44%	-	44%	44%	N/A	-
% of total BH expenditures for clients served by a “private” BH provider	51%	55%	56%	-	56%	56%	N/A	-
(-) Indicates data not yet available N/A indicates that data is not available due to the creation of a new metric N/A* indicates data not available on a quarterly basis								

STORY BEHIND THE PERFORMANCE

1. The SFY12 goal of enrolling a minimum of 700 treating providers has been exceeded (956 enrolled).
2. SFY13 cost per client for Adult Intellectual Disabilities waiver participants with co-occurring diagnoses that were served by a psychologist averaged \$5,076. Six psychological service providers had high cost outliers with an average cost per recipient of \$6,925. The average cost per recipient excluding expenditures for the six outlier providers is \$3,504. One of the six outlier providers had a cost per of \$11,799.
3. 39% (52/130) of children who discharged from a PRTF during SFY12 did not receive Medicaid-funded BH follow up care after their PRTF discharge. Twelve of the children were in the custody of DFS at that time although most children who didn't receive PRTF after care services were in the custody of their parents and six of these children were eligible for Medicaid via a subsidized adoption. Natrona County had the most children who didn't receive PRTF after care services (13).
4. Wyoming's Centers for Medicare & Medicaid Services (CMS) CHIPRA demonstration grant has assisted Medicaid to contract with a Care Management Entity (CME) to serve children with serious emotional disturbance (SED) using the High Fidelity Wraparound model.
5. The CME began **Phase I** of their contracted work on **June 1, 2013**. Phase I duties include development and deployment of the infrastructure necessary to provide community-based High Fidelity Wraparound intensive care coordination services and development of a virtual crisis response system for children with SED and their families who reside in the seven counties of Southeast Wyoming (Carbon, Albany, Laramie, Platte, Converse, Goshen & Niobrara).
 - a. Medicaid's contract with the CME has them assuming risk for the full array of behavioral health services provided to children with SED during **Phase II** of the contract which begins **January 1, 2014**.
 - i. This service array includes community-based BH and inpatient psychiatric services (acute psych stabilization & PRTF).
 - b. This model is being used to purchase optimal outcomes for a high-cost, high-need population that isn't best served in a fee-for-service system.

Medicaid Dental

Program Description

The Medicaid Dental program ensures recipients have access to dental services to prevent and treat dental conditions. Preventive and treatment services are available to Medicaid eligible children and adults in Wyoming.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$13,925,820	\$13,846,214	\$13,582,007
People Served	28,652	28,954	28,853
Cost per Person	\$483	\$474	\$471

Program Cost Notes

- Dental expenditures were 3% of total Medicaid expenditures for SFY 2012
- Five dental procedures represent 27% of the total dental budget: stainless steel crowns, exams, cleanings and 1&2 surface fillings.

Program Staffing

- 1 FTE
- 0 AWEC
- 1 Other- Orthodontic Consultant

Program Metrics

- In SFY 2012, 129 new orthodontic cases were approved to participate in the Severe Crippling Malocclusion Program. In SFY 2013, 103 cases were approved.
- Total expenditures for the Severe Crippling Malocclusion program for SFY 2012 were \$428,977. In SFY 2013 the total was reduced to \$398,020.
- In SFY 2012, only Niobrara County did not have an enrolled Medicaid dentist, however, Niobrara County

Events that have Shaped this Program

- The children's dental benefits are a mandatory Medicaid service. Adult dental benefits are an optional Medicaid service.
- In 2012 qualifying criteria for the Severe Crippling Malocclusion program was revised and raised to ensure that only clients ages 12-19 with physically crippling conditions are approved. This program is in place to restore function to children who are considered crippled by their malocclusion, not for cosmetic purposes.
- Using input from the Dental Association and the Dental Advisory Group members, more dental codes have been placed on a pre-approval process and stricter criteria has been set to ensure that only medically necessary treatment is being approved.
- In 2013 the dental program revised covered services to discontinue payment on root canal therapies for adults. The potential savings of \$250,000 was shifted to the children's program.
- In an effort to prevent extensive dental treatment in children, a new baby and toddler dental program was introduced in June 2013. This program encourages dental visits by age 1 for prevention and education and incentivizes dentist to see children at younger ages.
- In 2013 clients who are pregnant and on an adult DD or ABI waiver will now receive two cleanings per year in an effort to help prevent advancement of dental disease.
- A new state dentist is expected to start in SFY 2014. This position will be utilized by Medicaid 25% of their time.

Medicaid Dental

PROGRAM CORE PURPOSE

The purpose of the Medicaid Dental program is to ensure access to dental care so that recipients may receive preventive and routine dental services to support oral health and avoid emergency dental situations.

OUTCOMES

Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES – ACCESS TO DENTAL CARE						
% of licensed Wyoming dentists enrolled as a Medicaid provider*	66%	N/A	310/498 62%	325/504 64%	331/511 65%	-
% of practicing Wyoming dentists enrolled as a Medicaid provider* (estimated)	TBD	N/A	N/A	N/A	331/357 93% estimated	-
% of counties with a dentist that have at least one Medicaid enrolled dentist	100%	100%	100%	100%	100%	-
% of counties without a Medicaid dentist	0%	4.3% (Niobrara)	4.3% (Niobrara)	4.3% (Niobrara)	4.3% (Niobrara)	-
INTERMEDIATE OUTCOMES – PREVENTION						
% of nursing home clients seen for a dental visit	15%	203/2,412 8%	289/2,385 12%	327/2,388 13%	334/2,359 14%	-
% of Medicaid children that received a dental cleaning	36%	19,069/64,217 30%	20,242/60,537 33%	20,392/60,335 34%	20,506/59,822 34%	-
% of eligible clients seen for a dental exam	30%	25,019/86,995 29%	26,665/90,047 30%	26,864/90,037 30%	24,599/89,685 27%	-
LONG TERM OUTCOMES – EMERGENCY/CORRECTIVE TREATMENT AVOIDANCE						
% of eligible clients seen for a dental emergency (in office)	8%	6,693/86,995 8%	7,235/90,047 8%	7,746/90,037 9%	7,329/89,685 8%	-
% of orthodontic cases approved	26%	N/A	N/A	129/395 35%	103/373 28%	-

*Medicaid is researching the large difference of licensed Wyoming dentists and those actually practicing in the state. A recent review by Medicaid staff in April 2013 identified only 26 dental practices that currently do not accept Medicaid clients.

(-) Indicates that data is not yet available

N/A indicates that data is unavailable due to the creation of a new metric

OUTPUTS AND EFFICIENCIES								
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
# of unique children served	23,661/60,537 39%	23,944/60,335 40%	23,969/59,822 40%	-	N/A*	N/A*	-	-
# of unique adults served	5,252/29,510 18%	5,243/29,702 18%	5,245/29,863 18%	-	N/A*	N/A*	-	-
# of provider visits completed	95	0**	157	-	N/A*	N/A*	-	-
# of orthodontic applications processed	322	419	422	-	N/A*	N/A*	-	-
# of clients receiving ongoing orthodontic services and corresponding cost	270 \$339,837	336 \$405,740	326 \$377,487	-	N/A*	N/A*	-	-
EFFICIENCIES								
Average cost per recipient per year	\$486	\$478	\$471	-	N/A*	N/A*	-	-
Average cost per orthodontic case per year	\$1,259	\$1,207	\$1,158	-	N/A*	N/A*	-	-
**No field rep available for provider visits (-) Indicates that data is not yet available N/A indicates that data is unavailable due to the creation of a new metric N/A* indicates data not available on a quarterly basis								

STORY BEHIND THE PERFORMANCE

The Medicaid dental program has spent time in the past year listening to enrolled Medicaid dentists and their ideas and recommendations for more cost-effective use of the dental budget. The program is seeing continued support from the dental community for the many changes that have been made to improve services to clients and compensate providers more adequately.

According to HRSA in 2012, Wyoming has two counties (Converse and Niobrara) designated as dental shortage areas and two census blocks (Northeast Carbon county and West Sheridan county) designated as geographic shortage areas.

Within the coming year, the Medicaid Dental program anticipates savings to overall dental expenditures by continuously monitoring the new phases of the dental cost-shifting project. The Severe Crippling Malocclusion program has been able to reduce overall expenditures by approving only cases that meet the set criteria and are medically necessary. This program will realize an additional savings as the number of referrals to this program is reduced due to continued provider education.

Medicaid Pharmacy Program

Program Description

The Medicaid Pharmacy Program provides payment to outpatient pharmacies for the provision of covered outpatient drugs. Medicaid covers most prescription drugs and specific over-the-counter drugs. The Medicaid Pharmacy Program oversees the Drug Utilization Review (DUR) program which promotes the appropriate use of medications in Medicaid recipients. At the same time, the program strives to maximize cost savings for the state through manufacturer drug rebates, the preferred drug list, and sound reimbursement methodology.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$41,352,500	\$41,914,658	\$43,666,261
People Served	50,131	48,263	50,783
Cost per Person	\$793	\$868	\$860

Program Cost Notes

- Program costs noted above include funds spent for the direct service costs of drug coverage only.
- These expenditures are federally matched at a 50% rate.
- The expenditures listed here do not reflect offsetting revenues from federal or supplemental rebates collected by the Pharmacy Program.

Program Staffing

- 3 FTE
- Contractors
 - Pharmacy Benefits Manager (PBM)—Goold Health Systems (GHS)
 - Drug Utilization Review (DUR)—University of Wyoming School of Pharmacy

Program Metrics

- All Medicaid enrollees are eligible for pharmacy coverage. Approximately 55% of enrollees used their pharmacy benefit in SFY2012, while approximately 57% of enrollees used the pharmacy benefit in SFY 2013.
- Pharmacy expenditures were approximately 8.4% of total Medicaid expenditures in SFY2012 and 8.4% of total expenditures in SFY 2013.

Events that have Shaped this Program

- The Federal Manufacturer Drug Rebate Program (MDRP) requires pharmaceutical manufacturers to pay rebates to states in order for their medications to be covered by Medicaid.
- Supplemental rebates enhance the savings states realize in addition to the required federal rebates. Rebates provide the opportunity to greatly reduce the overall cost of medications covered by the program.
- In 2011, First Data Bank, one drug manufacturing compendium, ceased publication of Average Wholesale Price (AWP), a number used by most states to calculate reimbursement rates. This has caused all states to restructure formulas used to calculate pharmacy reimbursement. The new structure depends on National Average Drug Acquisition Cost (NADAC) which CMS has only released in draft form as of October 2013. Wyoming is awaiting the final NADAC file before changing reimbursement.

Medicaid Pharmacy Program

PROGRAM CORE PURPOSE

The core purpose of the Medicaid Pharmacy Program is to monitor and provide payment for cost effective and clinically sound outpatient medications dispensed to Medicaid enrollees and to encourage safe prescribing habits by Medicaid providers^a.

OUTCOMES

Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES—COST EFFECTIVE COVERAGE						
Savings generated by Preferred Drug List and Prior Authorization ¹	\$7,800,613 (10% increase)	\$3,870,304	\$4,890,538	\$6,008,904	\$7,091,467	-
State Maximum Allowable Cost Savings ²	\$18,631,056 (10% increase)	\$5,760,726	\$7,997,545	\$11,218,614	\$16,937,324	\$3,027,757 (July and August)
INTERMEDIATE OUTCOMES—CLINICALLY SOUND TREATMENT						
Number of Prior Authorizations approved/Number reviewed (% approved)	Target Range: (50-60%)	3,870/6,980 (55.4%)	3,606/6,980 (54.9%)	3,715/6,650 (55.9%)	3,994/7,038 (56.7%)	831/1,597 (52%)
# of prescriptions that changed due to Drug Utilization Review (DUR) edits/# that hit DUR edits (% of prescriptions changed)	Target Range: (20-30%)	7,593/48,200 (15.8%)	10,406/47,025 (22.1%)	9,681/45,133 (21.4%)	12,236/46,733 (26.2%)	-
LONG TERM OUTCOMES—SAFE TREATMENT						
Number of clients receiving Synagis to prevent RSV ³	N/A	171	153	109	107	-
Cost of coverage for Synagis prescriptions	N/A	\$1,573,261	\$1,609,375	\$1,048,191	\$1,002,457	-

(-) Indicates that data is not yet available

N/A indicates that data is unavailable due to the creation of a new metric

^a The Medicaid Pharmacy Program is governed by 42 CFR §440.120, §441.25, §447.520, §456, Subpart K, §447, Subpart I and W.S. 42-4-103 (a)(xiii).

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Number of clients served	50,131	48,263	50,783	26,117	37,613	38,237	26,117	-
Number of prescriptions paid	577,692	599,916	588,808	143,581	293,577	295,231	143,581	-
Average number of prescriptions per	2.71	2.76	2.78	2.91	2.78	2.32	2.91	-

recipient per month								
Number of medication classes managed on the Preferred Drug List (PDL)	91	109	108	-	N/A*	N/A*	N/A*	-
Number of claims recovered on by program integrity	Not Recorded	221	1997 ⁴	118	106	1891	118	-
EFFICIENCIES								
Average cost per client served	\$793	\$868	\$860	\$404	\$578	\$574	\$404	-
Average cost per prescription	\$71.58	\$69.87	\$74.16	\$73.54	\$74.00	\$74.32	\$73.54	-
Supplemental Rebate Savings (Contract cost is \$20,000 per year) [State Portion]	\$1,373,012 [\$686,506]	\$2,350,870 [\$1,175,435]	\$1,080,980 [\$540,490]	-	\$579,157	\$501,823	-	-
Program Integrity Recoveries and Savings (No extra cost per year) ⁵	\$63,635	\$71,013	\$149,774	\$45,747	\$42,233	\$107,541	\$45,747	-
(-) Indicates that data is not yet available N/A indicates that data is unavailable due to the creation of a new metric N/A* indicates data unavailable on a quarterly basis								

STORY BEHIND THE PERFORMANCE

1. This number reflects the difference between the projected cost of the program (if supplemental rebates were not collected and if all medications were covered equally without a preferred drug list) and the actual cost of the program (including supplemental rebates collected and requests that were denied due to not meeting prior authorizations criteria for non-preferred drugs). This was chosen as an outcome metric because it reflects the results of the annual decisions made regarding what classes of drugs should be managed on the preferred drug list and what specific drugs should be preferred.
2. An OIG report released in August 2013 on State Maximum Allowable Cost (MAC) Programs recognized Wyoming as having the best MAC program in the country. It reported that 39 states would have collectively saved \$483 million in the first half of 2011 had they used Wyoming's MAC program.
3. The Synagis project is an example of how the work of the pharmacy program can, through analysis and education, support safer, more reasonable prescribing patterns by providers. All prescriptions and each dose are now handled by a PA process which ensures the appropriateness of each client receiving the medication. The process for Synagis continues to be fine-tuned, and the pharmacy program has chosen the use of prescription opioids as its next focus for safety interventions.
4. This increase was the result of an unusually large one-time recovery.
5. These numbers reflect money that was recovered on claims that were originally submitted incorrectly by pharmacy providers and, therefore, overpaid by the State. The SFY13 total also includes cost avoidance achieved by corrections that avoid filling prescriptions too soon or too often.

Medicaid: Nursing Homes

Program Description

Wyoming Medicaid covers nursing home admissions as a mandatory service as defined by federal regulation. Wyoming has two types of nursing facilities: 1) Skilled Nursing Facilities (SNF) - a nursing home certified to participate in, and be reimbursed by Medicare and Medicaid and 2) Nursing Facilities (NF) - a nursing home certified to participate in, and be reimbursed by Medicaid. In SFY 2012 Wyoming had 35 SNF's – and 2 NF's- Goshen and Platte.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$73,180,333	\$73,805,803	\$73,527,876
People Served	2,445	2,426	2,457
Cost per Person	\$29,931	\$30,423	\$29,925
Non-600 Series*	\$223,478 or .003%	\$212,761 or .003%	\$232,872 or .004%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- Because Nursing Homes are paid a set per diem rate per day, there are two ways that the expenditures can increase without a concurrent increase in clients served. These are:
 - Contracted rates set outside of standard reimbursement methodology. This currently applies to two facilities- Rocky Mountain Care and Douglas Care Center (DCC). DCC was given a construction increase as of 10/01/12.
 - Extraordinary Care Clients - Wyoming Medicaid currently has 6 cases, with 2 placed out of state. Wyoming Medicaid is researching options to serve these individual in-state.
 - Restrictions due to level of care needed.

Program Staffing

- 1 FTE
- A consultant is contracted through an RFP to provide rate setting and auditing functions for this provider service. Currently Myers and Stauffer, LC holds this contract and is a CPA firm.

Program Metrics

- Ensure access to nursing home services by covering provider costs as close to 100% as possible. Medicaid covers a disproportionate share of the case mix of nursing home services (on average 64%) as compared to hospitals (on average 8-10%).
- Cost coverage weighted average history by FFY: 2011: 90%; 2012: 92%; 2013: **89% including provider assessments.**
- Extraordinary Care Clients are approved for additional funding based on clinical documentation which meets medical criteria. Currently there are four extraordinary clients in Wyoming and two out of state. Last SFY the Department had only four (4).
- The need for certain specialty services in Wyoming is increasing and being discussed with providers.
- Two major areas of focus currently are geriatric psychiatry units and ventilator services.

Events that have shaped this Program

- Rates have not been rebased (adjusted to current cost reports) since 2006 with a base period of 2005 due to lack of funding. States typically reimburse on cost based methodology or on acuity utilization. When cost based mechanisms are used, it is standard to inflate annually and rebase at set intervals in order to adjust reimbursement based on costs.
- Nursing homes became eligible through a WY State Plan Amendment for provider assessment payments beginning April 2011. A provider assessment allows the Nursing Facilities to pay the state portion through an assessment, the federal funds are drawn down, and additional payments are made to the nursing homes. (Note: NF reimbursement is based on a FFY.)



Medicaid: Nursing Homes

PROGRAM CORE PURPOSE

To reimburse Nursing Homes (NH) for inpatient services provided to eligible Wyoming citizens, and to provide education, communication, and outreach to NH while adhering to Federal and State Law.

OUTCOMES

Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Increase in participation at quarterly Nursing Home Advisory Group meetings (NAG)	87.5%	75%	75%	86%	80%	-
Nursing Home providers educated on PASRR processes and policies	100%	75%	86%	94%	100%	-
INTERMEDIATE OUTCOMES						
# of Nursing Homes achieving 100% cost coverage reimbursement with Upper Payment Limit (UPL) supplemental payments	32 out of 37 (85%)	FFY N/A (No UPL)	31 out of 36 (85%)	8 out of 36 (22%)	9 out of 37(25%) 6 more are projected above 95%	-
LONG TERM OUTCOMES						
# of Nursing Homes achieving 100% cost coverage reimbursement without Upper Payment Limit (UPL) supplemental payments	32 out of 37 (85%)	FFY 5 out of 37 (14%)	3 out of 37 (8%)	3 out of 36 (8%)	0 out of 37 (0%)	-
(-) Indicates that data is not yet available						

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Number of Wyoming Medicaid clients served in a Nursing Home	2,460. 3% of all Medicaid Recipients	2,426. 3% of all Medicaid Recipients	2,457. 3% of all Medicaid Recipients	-	2,025. 4% of all Medicaid Recipients	2,052. 4% of all Medicaid Recipients	-	-
Number of NH providers that were provided with training	31 (86%)	34 (94%)	23 (62%)	-	17 (46%)	37 (100%)	-	-

EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
Average cost per Medicaid Nursing Home Client	\$29,748	\$30,423	\$29,925	-	\$18,473	\$17,601	-	-
Total Cost for Extraordinary Care Clients Costs	\$600,887	\$531,893	\$873,421	-	\$529,314	\$344,107	-	-

(-) Indicates that data is not yet available

STORY BEHIND THE PERFORMANCE

- The Nursing Home Reform Act (1987) created a mandate by the U.S. Congress which designated direction to State Medicaid Agencies for ultimate oversight of Pre-admission Screenings and Resident Reviews (PASRR) to avoid inappropriate institutionalization of persons with a mental illness or mental retardation.
- In alignment with the core mission of adhering to federal policy and associating to the goal of ensuring education to providers on PASRR, the concept goes full circle to tie back to the overarching concern for quality of care. By ensuring that the State has provided the resources for the most appropriate setting, the State is also staying fiscally responsible.
- Medicaid supplements qualified nursing facilities with payments funded by a provider assessment and federal matching funds. The assessment is based on calculations from the most recent cost reports and comparisons to what would have been paid for Medicaid services under Medicare's payment principles. A provider assessment is collected on all non-Medicare days and an Upper Payment Limit (UPL) payment is paid on Medicaid days once corresponding federal matching dollars are obtained. Medicaid completes the assessment on paid claims data from the Federal Fiscal Year (FFY), October through September, and remits quarterly payments the following FFY.

Medicaid: Outpatient Hospital Reimbursement

Program Description

Wyoming Medicaid covers outpatient hospital services as required by federal regulations. Outpatient means a patient of an organized medical facility, or distinct part of that facility who is expected by the facility to receive and who does receive professional services for less than a 24-hour period regardless of the hour of admission, whether or not a bed is used, or whether or not the patient remains in the facility past midnight. 42 C.F.R. § 440.2(a)

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$29,692,078	\$28,657,373	\$30,189,391
People Served	39,769	41,850	40,240
Cost per Person	\$747	\$684	\$750
Non-600 Series*	3%	2%	3%

* 600 series is defined as direct service contracts.

Program Cost Notes

- Outpatient claims are highly variable due to the comparison of a wide variety of services. Because of this the direct comparison of people served to costs of services tends to have a consistent fluctuation.
- Non-600 series is the result of contract management for Rate Analysis and Reimbursement assistance involving highly involved statistical analysis.

Program Staffing

- FTE: 1
- AWEC: 0
- Other: Navigant Consulting, Inc. (Contractor)

Program Metrics

- The DHCF has 1 FTE who manages hospitals and nursing home services and oversees rate setting contracts with Myers & Stauffer and Navigant Consulting Inc. This is reflected in overall Medicaid administrative expenditures.
 - Goal: Ensure access to outpatient services by covering provider costs as described in methodology benchmarks in aggregate at 66.4%. Hospitals have a lower case mix of Medicaid clients than some provider types (average 8-10%).
 - Cost Coverage: 2011: 60.3%, 2012: 56.3%
- Emergency Room use for Non-Emergent visits
 - Initiatives by health management vendor to reduce non-emergent emergency department (ED) visits
 - Initiation of use of nationally recognized triage levels for non-emergent visits to an ED (claims processing)
- The top five conditions for outpatient emergency room claims by utilization:
Acute upper respiratory infection, earache, fever, flu with respiratory manifestation, and vomiting

Events that have Shaped this Program

- Outpatient reimbursement is determined by an Outpatient Prospective Payment System (OPPS) - a Medicare reimbursement methodology used by most Medicaid programs.
- Wyoming began using OPPS in October 2005. Prior to OPPS, outpatient claims were paid by line item using a master fee schedule and did not have hospital specific editing, pricing or policy. Implementing a Medicare-based OPPS system increased consistency with Medicare's payment policies and incentives while increasing cost coverage
- OPPS follows Medicare principles with state specific applied exceptions
 - Qualified Rate Adjustments-QRA (supplemental payments to hospitals, based on the difference between cost and Medicaid payments) The QRA payment allows the hospitals to pay the state portion through an intergovernmental transfer, the federal funds are drawn down, and additional payments are made to the hospitals. This process increased income to Wyoming Medicaid hospitals for outpatient services:
 - \$ 4.4 million in 2011 and \$6.1 million in 2012 (Federal Funds only)

Medicaid: Outpatient Hospital Reimbursement

PROGRAM CORE PURPOSE

To reimburse hospitals for outpatient (OP) services for eligible Wyoming citizens, and to provide education, communication, and outreach to hospitals while adhering to Federal and State Law.

OUTCOMES

Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Internal claims processing accuracy rate (From the Annual Monitoring of Outpatient Prospective Payment System (OPPS))	100%	97%	98%	99.9%	Completed annually	-
INTERMEDIATE OUTCOMES						
Critical Access Hospitals (CAH) cost coverage with Qualified Rate Adjustments (QRA)	100%	100.5%	91.2%	80.7%	Completed annually	-
Children's Hospitals cost coverage with QRA	100%	85.8%	82.3%	88.5%	Completed annually	-
General Hospitals cost coverage with QRA	100%	79.3%	75.3%	74.8%	Completed annually	-
Aggregate cost coverage with QRA	100%	84.5%	79.4%	77%	Completed annually	-
LONG TERM OUTCOMES						
CAH cost coverage without QRA	90%	77.6%	76.9%	69.0%	Completed annually	-
Children's Hospitals cost coverage without QRA	90%	85.8%	82.3%	88.5%	Completed annually	-
General Hospitals cost coverage without QRA	58.9%	54.6%	53.2%	49.1%	Completed annually	-
Aggregate cost coverage without QRA	66.4%	61.5%	60.3%	56.3%	-	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric						

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013*	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
# of recipients served in an OP hospital setting	39,769	41,850	40,240	-	21,853	18,387	-	-
Distribute QRA payments to all	100%	100%	100%	-	100%	Completed Annually	-	-

eligible hospitals within 30 days of the receipt of fully executed contract and intergovernmental transfer								
Expenditure for OP services (without QRA)	\$29,692,078	\$28,657,373	\$30,189,391	-	\$13,055,012	\$17,134,379	-	-
Expenditure on OP QRA payment	\$4,449,094	\$6,081,521	Completed Annually	-	Completed Annually	Completed Annually	-	-
Total Expenditures for OP (with services and QRA)	\$34,141,172	\$34,738,894	Completed Annually	-	Completed Annually	Completed Annually	-	-
# of recipients served at General Hospitals and Children's Hospitals	28,509	28,823	23,432	-	N/A*	N/A*	-	-
# of recipients served at CAH	9,967	10,224	8,247	-	N/A*	N/A*	-	-
EFFICIENCIES								
Average expenditure per recipient for OP hospital services	\$747	\$685	\$750	-	\$597	\$559	-	-
Preadmission Screening and Resident Review Training (provider per year)	NA	86%	100%	-	100%	100%	-	-
Field Repr. visits (provider per year)	100%	100%	100%	-	100%	100%	-	-
Cost per Recipient at General Hospital	\$561	\$525	\$492	-	N/A*	N/A*	-	-
Cost per Recipient at CAH	\$925	\$884	\$921	-	N/A*	N/A*	-	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric N/A* indicates data unavailable on a quarterly basis								

Story Behind the Performance

- Internal Claims processing has proven to be accurate from inception with increased accuracy each year.
- PASRR training has been enhanced every year to ensure that all providers are supplied with the proper information.
- Cost coverage is extremely important for ensuring that Medicaid clients don't "cost" facilities. This is even more evident in Critical Access Hospitals (CAH).
- The cost of providing services in our areas of highest need (CAH) demonstrates the importance of utilizing less costly service providers. Outpatient surgeries have been identified as an area of focus and Ambulatory Surgical Centers (ASC) methodology is being modified as a result.

Program Integrity

Program Description

Program Integrity Staff works to keep Medicaid as the payor of last resort and reduces billing errors, abuse and fraud to ensure the Medicaid program operates in an efficient and effective manner. Program Integrity activities include rulemaking, claims auditing, data mining, overpayment recovery, identification of and recovery from other third party payers, oversight of the provider enrollment process and civil and criminal referrals to the Wyoming Attorney General's Office.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$813,637	\$892,008	\$986,290
Medicaid Providers**	13,085	13,702	13,197
Cost per Provider	\$62.18	\$65.10	\$74.73
Non-600 Series*	100%	100%	100%

* 600 series is defined as direct service contracts.

**Provider count determined by calendar year end date of 12/31 except 2013 which is 03/31/13.

Program Cost Notes

- The Recovery Audit Contractor (RAC) is paid on a 12.5% contingency fee based on overpayments recovered or reported underpayments.
- Two Attorney General attorneys and one paralegal complete estate recovery and third party liability.

Program Staffing

- 9 FTEs
- 1 AWEC
- 2 Attorney General Attorneys
- 1 Attorney General Paralegal

Program Metrics

- Medicaid is the payer of last resort and only pays after the third party has met its legal obligation to pay through cost avoidance, pay and chase and estate recovery.
- Program Integrity has five staff dedicated solely to reviewing claims data and provider documentation. During this process they identify billing errors, needed policy changes, recommend MMIS enhancements and recover overpayments.
- During the review process Program Integrity may also find instances of abuse, where a provider shows a pattern of practice that goes beyond simple billing errors but does not rise to a level of fraud.
- On the rare occasion where there is a case of potential fraud, it is referred to the Medicaid Fraud Control Unit by the Program Integrity Manager through a process agreed to by both Units.

Events that have Shaped this Program

- Social Security Act provides overall guidance of program integrity.
- 42 C.F.R. 455 gives general guidance on Program Integrity requirements.
- Improper Payments Information Act (IPIA) of 2002, amended in 2010 and 2012 to be the Improper Payments Elimination and Recovery Act (IPERA) which evolved into the Payment Error Rate Measurement (PERM).
- Deficit Reduction Act of 2005 established the Medicaid Integrity Program (MIP) and the Medicaid Integrity Contractors (MIC).
- Patient Protection and Affordable Care Act (ACA) of 2010 included requirements for recovery audit contract (RAC) Medicaid provider screenings, disclosure of ownership, Medicaid provider exclusions and no payments outside of the United States.
- Senate Enrolled Act Number 82, 2013 Session, Section 1(a)(i)(H).
- Wyoming Medicaid Rules Chapter 4 Hearing, Chapter 16 Program Integrity.

Program Integrity

PROGRAM CORE PURPOSE

To identify and recover overpayments caused by Medicaid billing errors and abuse; to identify potential provider fraud for referral for prosecution and to reduce Medicaid costs by pursuing the maximum payment from other responsible parties.

OUTCOMES

Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
\$ of collected overpayments	>\$710,000	\$485,973	\$1,088,919	\$698,641	\$897,238	
% of Medicaid Fraud Control Unit potential fraud referral cases to total cases	<2%	2%	3%	1%	.01%	-
% of potential fraud referral cases to MFCU accepted	100%	N/A	83%	83%	100%	-
\$ of Cost Avoidance	>\$13,000,000	\$13,823,191	\$13,016,102	\$13,157,314	\$15,071,650	
\$ of Estate Recovery	>\$1,700,000	\$1,178,780	\$1,539,091	\$2,272,704	\$2,006,975	
\$ of Third Party Liability	>\$2,600,000	\$1,973,010	\$2,826,913	\$3,231,413	\$3,544,034	
INTERMEDIATE OUTCOMES						
% of recovered overpayments to identified overpayments (\$ comparison)	90%	88%	93%	92%	94%	-
LONG TERM OUTCOMES						
Payment Error Rate Measurement (PERM) Claim Error Rate – on a Federal three year cycle	N/A	2.84% for FFY 2009	N/A	2.2% is goal – the actual available December 2013	N/A	N/A
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric						

OUTPUTS								
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
\$ of overpayments identified	\$1,167,646	\$759,120	\$952,380	-	\$726,147	\$226,233	-	-
# of open cases (duplicates may be present due to cases being opened in preliminary and full scale)	817	961	681	-	N/A*	N/A*	-	-
# of closed cases (duplicates due to both preliminary and full scale cases)	696	827	541	-	N/A*	N/A*	-	-
# of potential fraud referrals to Medicaid Fraud Control Unit (MFCU)	12	6	5	-	2	3	-	-
# of civil referrals to Attorney General or outside legal counsel	243	260	130	-	N/A*	N/A*	-	-
# of estate cases with money recovered	83	87	88	-	N/A*	N/A*	-	-
# of paid claims with cost avoidance	29,416	29,456	31,778	-	N/A*	N/A*	-	-
# of denied claims with cost avoidance	10,369	9,977	9,575	-	N/A*	N/A*	-	-
EFFICIENCY								
Estimated return on investment (recovered overpayments, cost avoidance, third party liability and estate recovery/total program costs)	\$23 to \$1	\$22 to \$1	\$22 to \$1	-	N/A*	N/A8	-	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric N/A* indicates data unavailable on a quarterly basis								

STORY BEHIND THE PERFORMANCE

The Patient Protection and Affordable Care Act of 2010 (ACA) added more Program Integrity requirements for providers. Program Integrity has access to federal electronic databases which store information such as provider deaths, terminations and other information essential to deny or terminate provider application or agreement. The ACA also requires that Program Integrity ensure that no Medicaid payments leave the United States and that a Recovery Audit Contractor (RAC) is hired. Wyoming's RAC began work in January 2013 and continues through June 30, 2015.

Senate Enrolled Act Number 82, 2013 Session, Section 1(a)(i)(H) reads, "Concerning all healthcare and waiver services, the Department shall, to the extent practical, implement: (H) Increased fraud prevention and reduction activities." As a result of this new legislation the Program Integrity Unit is currently undergoing analysis of current processes.

PRTF- Psychiatric Residential Treatment Facility

Program Description

Wyoming Medicaid covers psychiatric residential treatment for individuals under age 21 in a Psychiatric Residential Treatment Facility (PRTF) and who meet medical necessity for a PRTF level of care.

Program Expenditures and People Served

(Medicaid and State General Fund costs/clients combined)

	2011	2012	2013
Total Program Cost	\$17,003,191	\$14,912,124	\$16,335,338
People Served	477	401	434
Cost per Person	\$35,646	\$37,187	\$37,639
Non-600 Series*	N/A	N/A	N/A

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- Medicaid youth are funded by 50% federal funds, 50% general funds.
- Court ordered youth with incorrectly worded court orders or not meeting PRTF medical necessity are funding using 100% general funds.
- Medicaid costs- SFY13- \$12,050,809 (50% federally matched)
- SGF costs- SFY13- \$4,284,529

Program Staffing

- FTE =1
- AWEC = 0
- Other = Contractor, Xerox Care and Quality Solutions, Inc.

Program Metrics

- Number of clients served- SFY 13- 434
- Number of PRTFs currently enrolled- 18
 - 2 in-state
 - 16 out-of-state
- Average length of stay- SFY13- 123 days

Events that have Shaped this Program

- Updated education was sent out in January 2013 to all judges, prosecutors, Guardian ad Litem, Public Defenders, Children's Justice Project members, district managers, and social service supervisors regarding approved court order language for PRTF placements.
- Enrolled Act No. 57, House of Representatives became effective July 1, 2013. This specifies that any order regarding potential placement at a PRTF shall not specify a particular PRTF or level of care for the placement of the child.

PRTF- Psychiatric Residential Treatment Facility

PROGRAM CORE PURPOSE

This program manages psychiatric residential treatment facility-based services and treatment provided to Wyoming Medicaid eligible children under age 21 for appropriateness and cost-effectiveness.

OUTCOMES

Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
% of correctly worded court orders*	100%	N/A	N/A	13% (29/217)	71% (52/73)	-
% of PRTF placements w/a previous re-admit (Medicaid only)	25%	N/A	N/A	41% (107/264)	30% (97/319)	-
% of PRTF placements w/a previous re-admit (SGF only)	25%	N/A	N/A	55% (76/137)	43% (50/115)	-
INTERMEDIATE OUTCOMES						
Percent of PRTF placements not meeting medical necessity*	10%	N/A	N/A	11% (15/137)	16% (18/115)	-
Average length of stay (Medicaid only)	120 days	135 days	126 days	95 days	123 days	-
LONG TERM OUTCOMES						
% of clients with a length of stay exceeding 6 months (Medicaid only)	20%	N/A	25%	16%	25%	-
% of PRTF placements with reported incidents	5%	N/A	N/A	N/A	8% (1 ½ months' worth of reports)	-

(-) Indicates data not yet available

N/A indicates data not available due to the creation of a new metric

*Incorrectly worded court orders and court ordered clients not meeting medical necessity do not qualify for federal match and are paid for with 100% State General Funds.

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
# of correctly worded court orders	N/A	29	52	-	N/A*	N/A*	-	-
# of Medicaid placements	404	264	319	-	179	249	-	-

# of SGF placements	73	137	115	-	N/A*	N/A*	-	-
# of lengths of stay exceeding 6 months (Medicaid only)	101	42	81	-	35	22	-	-
# of in-state placements (Medicaid only)	186	130	153	-	73	107	-	-
# of in-state placements (SGF only)	50	83	74	-	N/A*	N/A*	-	-
# of out-of-state placements (Medicaid only)	232	157	189	-	112	154	-	-
# of out-of-state placements (SGF only)	23	54	41	-	N/A*	N/A*	-	-
# of PRTF reported incidents *in-state *out-of-state	N/A	N/A	In state- 7 Out of state- 27	-	N/A	34	-	-
# of PRTFs enrolled *in-state *out-of-state	N/A	N/A	In state- 2 Out of state- 16	-	N/A*	N/A*	-	-
# of PRTF continued stay reviews completed	N/A	N/A	2,537	-	1,096	1,441	-	-
Efficiencies								
% of PRTF placements in-state/out-of-state-Medicaid only	In state- 46% Out of state- 57%	In state- 49% Out of state- 59%	In state- 48% Out of state- 59%	-	In state- 41% Out of state- 63%	In state- 43% Out of state- 62%	-	-
Average cost per SGF client	\$24,090	\$50,564	\$37,257	-	N/A*	N/A*	-	-
Average cost per Medicaid client	\$37,734	\$30,246	\$37,777	-	\$29,341	\$27,304	-	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric N/A* indicates data unavailable on a quarterly basis								

STORY BEHIND THE PERFORMANCE

- A PRTF is any non-hospital facility with a provider agreement with a State Medicaid Agency to provide the inpatient services benefit to Medicaid-eligible individuals under the age of 21. The facility must be accredited by JCAHO or any other accrediting organization with comparable standards recognized by the State. PRTFs must also meet the requirements in §441.51 through 441.182 of the CFR.
- The Division is unable to receive federal match for clients who are court ordered to a specific PRTF of level of care. Payment for these clients' PRTF services has been made from State General Funds since SFY10.

WDH | Behavioral Health Division

Acquired Brain Injury (ABI) Waiver

Adult Developmental Disabilities (DD) Waiver

Child Developmental Disabilities (DD) Waiver

Children's Mental Health Waiver

Court Supervised Treatment (CST) Programs

Early Intervention and Education Program

Mental Health Outpatient Treatment

Recovery Supports

Substance Abuse Outpatient Treatment

Substance Abuse Residential Treatment

Acquired Brain Injury Waiver

Program Description

The Acquired Brain Injury (ABI) Waiver program serves adults ages 21 and older with qualified brain injuries and deemed eligible, so they can strive to live healthy, safely, and as independently as possible, and receive individualized support in reintegrating with the friends, family and job skills they had prior to the brain injury.

Program Expenditures and People Served

	2011	2012	2013
Total Medical & Waiver Cost	\$8,523,960	\$8,255,804	\$9,012,979
Total Waiver Cost	\$6,970,896	\$6,928,794	\$7,713,253
Total Medical Costs	\$1,553,064	\$1,327,010	\$1,299,726
Total People Served	186	201	198
Cost per Person(Medical & Waiver)	\$45,828	\$41,074	\$45,520
Non-600 Series*	2.77%	3.24%	4.31%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- Once a person is funded on the waiver, s/he receives Medicaid State plan services in addition to waiver services.
- Program staffing for all four Behavioral Health Division (BHD) waivers is based upon the number of BHD-DD Section staff proportional to the number of participants active in the program.

Program Staffing

- 1.75 FTE

Program Metrics

- Waiver recipients received Medicaid medical services at a cost of \$6,861/person in FY 2013 .Services available through the Adult DD Waiver are case management, support brokerage, respite, personal care, companion services, supported living, community integrated employment, residential habilitation, day habilitation, skilled nursing, specialized equipment, environmental modifications, physical therapy, occupational therapy, speech and language services, and dietician services.
- 23 participants received some self-directed waiver services in FY13. Additional services available through self-direction are goods and services and unpaid caregiver training.
- 71 eligible individuals were on the waiting list for the Adult ABI waiver as of June 30, 2013.
- 483 providers, certified and monitored by the Behavioral Health Division, were available to provide services for the ABI Waiver Program as of June 30, 2013.

Events that have Shaped this Program

- As required by Senate Enrolled Act 82 from the 2013 legislative session, the Division is working on a waiver redesign to serve more adults on the wait list with the same amount of funding, which will result in fewer services for those currently on the waiver.
- Wyoming Statutes 42-4-120 govern the contracts for waiver services; authority of the department; emergency case services; cost based payments; and the training and certification of specialists.
- In FY10, the ABI Waiver implemented targeting criteria for residential services. Participants, who need 24 hour services and do not yet receive it, shall have a verified need for that level of service and the waiver must be the only option to them for providing it. The targeting criteria have resulted in more participants remaining in the family home or moving into supported living services, which also results in a cost savings to the state.
- In FY10, the Behavioral Health Division added the self-direction option to the ABI Waiver. This service delivery option provides more budget and hiring flexibility for the waiver participant and their parent/guardian. Self-direction is a nationally recognized best practice for Home and Community Based Services waivers to offer the participant more choice and control in the supports they need in their life.
- In FY11, House Enrolled Act 91 passed that allowed relatives to be paid as providers, which impacts the use of natural, unpaid supports by participants on the waiver.
- In FY2011, the Division issued an Individual Budget Amount (IBA) Adjustment provider bulletin allowing requests for an IBA increase that was below 25% of the total IBA to be reviewed by a committee of Participant Support Specialists at the Division instead of going to the Extraordinary Care Committee. Increases were approved if they had justification according to specified criteria. This process resulted in budget creep that affected the waiver budget in FY12-13.



Acquired Brain Injury Waiver

PROGRAM CORE PURPOSE

The ABI Waiver provides services that support eligible adults with brain injuries to regain and maintain skills that assist them in living safely and as independently as possible according to their own choices and preferences.

OUTCOMES

Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
# of waiver participants that are employed	18	N/A	N/A	Baseline 16	53 (+70%)	-
# of participants self-directing some or all of their waiver services	18	N/A	Baseline 5	16 (+220%)	23 (+30%)	-
INTERMEDIATE OUTCOMES						
# of waiver participants living in a place they own or lease	18	N/A	N/A	Baseline 16	78 (+388%)	-
N/A indicates new metric- data not collected. (-) Indicates data not yet available						

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
# of people who are using waiver employment services	12	15	19	-	15	19	-	-
# of participants on the waiver	186	201	191	-	191	191	-	-
EFFICIENCIES								
Average cost per participant (waiver and medical)	\$45,828	\$41,074	\$45,520	-	\$23,711	\$23,477	-	-
Average cost per participant (waiver only)	\$39,384	\$36,855	\$41,247	-	\$20,873	\$21,396	-	-
N/A New metric- data not collected. (-)Data not yet available								

STORY BEHIND THE PERFORMANCE

- The Division is in the process of completing a redesign of the waiver that will include services that better support independence, choice and increased community involvement. The redesign process includes identifying, defining and building the data collection process for specific outcome measures (such as employment) in the framework of the redesign.
- Each outcome area is assigned to a Unit Improvement Team. Within each Unit Team, Division employees work on quarterly improvement strategies for their assigned outcomes and outputs. Each team works together to research improvement strategies and determine the most effective interventions for the quarter that will ultimately improve outputs, program efficiencies, and outcomes. Unit Managers meet bi-monthly to discuss improvement planning and to evaluate quarterly progress.
- The waiver program offers the option of self-direction to participants, which allows the participant and family to have more choice in supports and employees hired and exercise more control over their budget and the wages paid to employees. By working to increase the number of participants self-directing, more participants and families will be increasing their independence, self-reliance, and coordination with other supports and resources available.
- The Division also has a Unit Improvement Team focused to increase the number of waiver participants employed in integrated jobs. The strategy began by forming an integrated employment committee in FY12 with members from other agencies, providers, and self-advocates. This committee was tasked with increasing the awareness of the need for employment, implementing better training for providers and families, and developing partnerships and resources for providers, families and employers. As more people are employed and increasing their income, more waiver participants will be able to live with a higher independence level and become more involved in community activities. The Unit Improvement team makes strides quarterly toward achieving this outcome in addition to coordinating the efforts of the Integrated Employment Committee.

Adult Developmental Disabilities Waiver

Program Description

The Adult Developmental Disabilities Waiver provides services to eligible adults ages 21 and older with developmental disabilities so they can actively participate in the community with friends and family, be competitively employed, and live as healthy, safe, and independently as possible according to their own choices and preferences.

Program Expenditures and People Served

	2011	2012	2013
Total Medical & Waiver Cost	\$89,250,838	\$93,787,979	\$93,423,252
Total Waiver Cost	\$81,492,815	\$84,855,661	\$84,227,672
Total Medical Costs	\$7,758,023	\$8,932,319	\$9,195,580
Total People Served	1,392	1,423	1,442
Cost per Person (Medical & Waiver)	\$64,117	\$65,909	\$64,787
Non-600 Series*	3.07%	2.92%	2.06%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- Once a person is funded on the waiver, s/he receives Medicaid State plan services in addition to waiver services.
- Program staffing for all four Behavioral Health Division (BHD) waivers is based upon the number of BHD-DD Section staff proportional to the number of participants active in the program.

Program Staffing

- 19.5 FTE

Program Metrics

- Waiver recipients received Medicaid medical services at a cost of \$6,523/person in FY 2013.
- Services available through the Adult DD Waiver are case management, support brokerage, respite, personal care, companion services, supported living, community integrated employment, residential habilitation, day habilitation, skilled nursing, specialized equipment, environmental modifications, physical therapy, occupational therapy, speech and language services, and dietician services.
- 69 participants received some self-directed waiver services in FY13. Additional services available through self-direction are goods and services and unpaid caregiver training.
- 229 eligible individuals were on the waiting list for the Adult DD waiver as of June 30, 2013.
- 634 providers, certified and monitored by the Behavioral Health Division, were available to provide services for the Adult DD Waiver Program as of June 30, 2013.

Events that have Shaped this Program

- As required by Senate Enrolled Act 82 from the 2013 legislative session, the Division is working on a waiver redesign to serve more adults on the wait list with the same amount of funding, which will result in fewer services for those currently on the waiver.
- Wyoming Statutes 42-4-120 govern the contracts for waiver services; authority of the department; emergency case services; cost based payments; and the training and certification of specialists.
- In FY10, the Adult DD Waiver implemented targeting criteria for residential services. Participants, who need 24 hour services and do not yet receive it, shall have a verified need for that level of service and the waiver must be the only option to them for providing it. The targeting criteria resulted in more participants remaining in the family home or moving into supported living services, which also resulted in a cost savings to the state.
- In FY11, House Enrolled Act 91 passed that allowed relatives to be paid as providers, which impacts the use of natural, unpaid supports by participants on the waiver.
- In FY2011, the Division issued an Individual Budget Amount (IBA) Adjustment provider bulletin allowing requests for an IBA increase that was below 25% of the total IBA to be reviewed by a committee of Participant Support Specialists at the Division instead of going to the Extraordinary Care Committee. Increases were approved if they had justification according to specified criteria. This process resulted in budget creep that affected the waiver budget in FY12-13.

Adult Developmental Disabilities Waiver

PROGRAM CORE PURPOSE

The Adult Developmental Disabilities Waiver provides services that support eligible adults to live as safely and independently as possible according to their own choices and preferences.

OUTCOMES

Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
# of waiver participants that are employed	699	N/A	N/A	N/A	Baseline 662 (+70%)	-
# of participants self-directing some or all of their own waiver services	64	N/A	Baseline 29	53 (+83%)	69 (+30%)	-
# of waiver participants living in a place they own or lease	241	N/A	N/A	Baseline 201	327 (+63%)	-

(-) Indicates data not yet available
N/A indicates a new metric - data not collected.

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
# of people who are using waiver employment services	190	201	202	-	195	201	-	-
# of participants on the waiver	1,392	1,423	1,442	-	1,409	1,421	-	-
EFFICIENCIES								
Average cost per participant (waiver and medical)	\$64,117	\$65,909	\$64,767	-	\$33,032	\$32,991	-	-
Average cost per participant (waiver only)	\$60,231	\$61,579	\$60,425	-	\$30,584	\$30,515	-	-

(-) Indicates data not yet available
N/A indicates a new metric - data not collected.

STORY BEHIND THE PERFORMANCE

- The Division is in the process of completing a redesign of the waiver that will include services that better support independence, choice and increased community involvement. The redesign process includes identifying, defining and building the data collection process for specific outcome measures (such as employment) in the framework of the redesign.
- Each outcome area is assigned to a Unit Improvement Team. Within each Unit Team, Division employees work on quarterly improvement strategies for their assigned outcomes and outputs. Each team works together to research improvement strategies and determine the most effective interventions for the quarter that will ultimately improve outputs, program efficiencies, and outcomes. Unit Managers meet bi-monthly to discuss improvement planning and to evaluate quarterly progress.
- The waiver program offers the option of self-direction to participants, which allows the participant and family to have more choice in supports and employees hired and exercise more control over their budget and the wages paid to employees. By working to increase the number of participants self-directing, more participants and families will be increasing their independence, self-reliance, and coordination with other supports and resources available.
- The Division also has a Unit Improvement Team focused to increase the number of waiver participants employed in integrated jobs. The strategy began by forming an integrated employment committee in FY12 with members from other agencies, providers, and self-advocates. This committee was tasked with increasing the awareness of the need for employment, implementing better training for providers and families, and developing partnerships and resources for providers, families and employers. As more people are employed and increasing their income, more waiver participants will be able to live with a higher independence level and become more involved in community activities. The Unit Improvement team makes strides quarterly toward achieving this outcome in addition to coordinating the efforts of the Integrated Employment Committee.

Child Developmental Disabilities Waiver

Program Description

The Child Developmental Disabilities Waiver provides services to eligible children with developmental disabilities ages birth through 20 in conjunction with family and other natural supports and services available through the Individuals with Disabilities Education Act, vocational rehabilitation, family services, and Medicaid. The waiver helps children acquire the adaptive, social, and independent living skills by building upon all supports and services available so they can be actively involved with friends, family, school, and their community, and grow up to be well-educated, independent, productive adults who are fully included in society.

Program Expenditures and People Served

	2011	2012	2013
Total Medical & Waiver Cost	\$21,511,828	\$20,943,614	\$21,044,866
Total Waiver Cost	\$14,146,216	\$13,640,845	\$13,327,219
Total Medical Costs	\$7,365,612	\$7,302,769	\$7,717,647
Total People Served	831	811	796
Cost per Person (Medical & Waiver)	\$25,887	\$25,824	\$26,438
Non-600 Series*	1.95%	3.28%	4.52%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- Once a person is funded on the waiver, s/he receives Medicaid State plan services in addition to waiver services.
- Program staffing for all four Behavioral Health Division (BHD) waivers is based upon the number of BHD-DD Section staff proportional to the number of participants active in the program.

Program Staffing

- 3.75 FTE

Program Metrics

- Waiver recipients received Medicaid medical services at a cost of \$10,095/person in FY 2013.
- Services available through the Child DD Waiver are case management, support brokerage, respite, personal care, child habilitation services, supported living, residential habilitation, special family habilitation home, skilled nursing, specialized equipment, environmental modifications, companion services, community integrated employment, and residential habilitation training.
- 214 participants self-directed some of their waiver services in FY13. Additional services available through self-direction are goods and services and unpaid caregiver training.
- 275 eligible individuals were on the waiting list for the Child DD waiver as of June 30, 2013.
- There are 634 certified providers monitored by the Behavioral Health Division as of June 30, 2013.

Events that have Shaped this Program

- As required by Senate Enrolled Act 82 from the 2013 legislative session, the Division is working on a waiver redesign to serve more children with the same amount of funding, which will result in fewer services for those currently on the waiver.
- Wyoming Statutes 42-4-120 govern the contracts for waiver services; authority of the department; emergency case services; cost based payments; and the training and certification of specialists.
- In FY10, the Child DD Waiver implemented targeting criteria for residential services. Participants, who need 24 hour services and do not yet receive it, shall have a verified need for that level of service and the waiver must be the only option to them for providing it. The targeting criteria resulted in more participants remaining in the family home or moving into supported living services, which also resulted in a cost savings to the state.
- In FY10, the Behavioral Health Division added the self-direction option to the Child DD Waiver. This service delivery option provides more budget and hiring flexibility for the waiver participant and their parent/guardian. Self-direction is a nationally recognized best practice for Home and Community Based Services waivers to offer the participant more choice and control in the supports they need in their life.
- In FY11, House Enrolled Act 91 passed that allowed relatives to be paid as providers, which impacts the use of natural, unpaid supports by participants on the waiver.
- In FY2011, the Division issued an Individual Budget Amount (IBA) Adjustment provider bulletin allowing requests for an IBA increase that was below 25% of the total IBA to be reviewed by a committee of Participant Support Specialists at the Division instead of going to the Extraordinary Care Committee. Increases were approved if they had justification according to specified criteria. This process resulted in budget creep that affected the waiver budget in FY12-13.

Child Developmental Disabilities Waiver

PROGRAM CORE PURPOSE

The Child Developmental Disabilities Waiver provides non-educational support services to eligible children and their families that help assure children remain in the family home and involved in their schools and communities.

OUTCOMES

Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
# of participants ages 5 to 21 attending school regularly	617	N/A	N/A	N/A	Baseline 407	-
# of participants self-directing some or all of their services	194	N/A	Baseline 110	176 (+60%)	(214) (+18%)	-
the # of participants ages 17 to 21 year olds who are employed (<i>well-educated, independent productive adults</i>)	43	N/A	N/A	N/A	Baseline 33	-
(-) Indicates data not yet available N/A indicates data not available from either before or after the creation of a new metric						

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
# of participants using employment services on the waiver	N/A	N/A	3	-	3	5	-	-
# of participants on the waiver	831	811	796	-	759	739	-	-
EFFICIENCIES								
Average cost per child (<i>waiver and medical costs</i>)	\$25,887	\$25,824	\$26,448	-	\$14,110	\$13,986	-	-
Average cost per child (<i>waiver only</i>)	\$17,772	\$17,669	\$17,529	-	\$9,735	\$8,831	-	-
(-) Indicates data not yet available N/A indicates data not available from either before or after the creation of a new metric								

STORY BEHIND THE PERFORMANCE

- The Division is in the process of completing a redesign of the waiver that will include services that better support independence, choice and increased community involvement. The redesign process includes identifying, defining and building the data collection process for specific outcome measures (such as employment) in the framework of the redesign.
- Each outcome area is assigned to a Unit Improvement Team. Within each Unit Team, Division employees work on quarterly improvement strategies for their assigned outcomes and outputs. Each team works together to research improvement strategies and determine the most effective interventions for the quarter that will ultimately improve outputs, program efficiencies, and outcomes. Unit Managers meet bi-monthly to discuss improvement planning and to evaluate quarterly progress.
- The waiver program offers the option of self-direction to participants, which allows the participant and family to have more choice in supports and employees hired and exercise more control over their budget and the wages paid to employees. By working to increase the number of participants self-directing, more participants and families will be increasing their independence, self-reliance, and coordination with other supports and resources available.
- The Division also has a Unit Improvement Team focused to increase the number of waiver participants employed in integrated jobs. The strategy began by forming an integrated employment committee in FY12 with members from other agencies, providers, and self-advocates. This committee was tasked with increasing the awareness of the need for employment, implementing better training for providers and families, and developing partnerships and resources for providers, families and employers. As more people are employed and increasing their income, more waiver participants will be able to live with a higher independence level and become more involved in community activities. The Unit Improvement team makes strides quarterly toward achieving this outcome in addition to coordinating the efforts of the Integrated Employment Committee.
- In another significant effort to achieve the program purpose, the Division is working to improve the partnership with the Department of Education and the Department of Family Services on high needs children that need more services than any one agency can provide. We also coordinate with Medicaid regularly to discuss ways to successfully transition waiver participant children currently in residential treatment facilities back into their home communities. Data for these efforts has not been identified and gathered at this time.

Children's Mental Health Waiver

Program Description

The Children's Mental Health Home and Community-Based Services Waiver (CMHW) is designed to build family support through coordination of education, training and resources at the community level. Identified CMHW youth, ages 4 through 20, meet the definition of Serious Emotional Disturbance (SED) or Serious and Persistent Mental Illness (SPMI) and the criteria for in-patient psychiatric care, as reported by a licensed Mental Health Clinician.

Program Expenditures and People Served	2011	2012	2013
Total Medical & Waiver Cost	\$2,880,820	\$2,440,445	\$1,414,981
Total Waiver Cost	\$918,455	\$942,386	\$688,995
Total Medical Cost	\$1,962,365	\$1,498,059	\$725,987
Total People Served (Waiver only)	136	132	82
Total People Served (Medical only)	11,343	9,247	6,101
Cost per Person (Medical & Waiver)**	\$16,462	\$14,791	\$11,411
Cost per Person (Waiver only)	\$6,753	\$7,121	\$8,402

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

** Cost per person (Medical & Waiver) are based on a higher count of people served than shown here, because paid claims can extend beyond the time the participants are on the waiver.

Program Cost Notes

- FY12 & FY13 waiver biennium direct service budget (50%GF/50%FF) excluding Medicaid medical services.
- Additionally, waiver recipients are eligible for Medicaid services for the complete year of their exit from the CMHW.

Program Staffing

Through September 1, 2013

- 1 FTE

Beginning September 1, 2013

- ¾ CMHW
- ¼ DDW

Program Metrics

- Services provided through the CMHW are Family Care Coordination (FCC), Youth & Family Training & Support (YFT) and Respite.
- As of June 30, 2013:
 - 69 CMHW eligible youth are on the waitlist. 35 have been approved for funding.
 - 49 providers were able to provide services for the CMHW (certified and monitored by the Behavioral Health Division Provider Support unit)

Events that have Shaped the Program

- "Family Voice & Choice". The family chooses their Family Care Team members which are managed by the Family Care Coordinator (FCC). The FCC utilizes High Fidelity Wrap-Around skillsets and the Strengths, Needs Cultural Discovery document to build a Plan of Care. Thus, family autonomy is developed, which helps keep youth in their homes and community. This limits/eliminates the need for psychiatric in-patient (PRTF) stays, out-of-home-placements and CHINS.
- The application was submitted to CMS (Centers for Medicare and Medicaid Services) for a 5 year period, beginning July 1, 2009. (Renewal is due prior to July 1, 2014.)
- High Fidelity Wrap-Around Training for providers began 2009. CMHW providers are encouraged to become High Fidelity Wrap-Around credentialed, as an educational piece to improve the quality of services provided our families.
- On November 30, 2011, the CMHW began a waitlist. Of the 69 current applicants, 42 receive Medicaid services.

Children's Mental Health Waiver

Program Core Purpose

The Children's Mental Health Home and Community-Based Services Waiver (CMHW) is a short-term waiver designed to keep at-risk youth in their communities, in school and out of in-patient facilities (PRTF's), by building a support system to increase youth and family self-sufficiency.

OUTCOMES						
Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
% of Natural Support Team Members for Participants	35%	N/A	N/A	N/A	29%	-
% of Participants with Good School Attendance ¹ (ages 5-18)	65%	N/A	N/A	46.92%	55.56%	-
% of CMHW Participants Admitted to PRTF and Average Length of Stay in PRTF's (days)	6%	14.16% (16/113) 102.8 days	13.97% (9/136) 49.6 days	8.33% (11/132) 114.4 days	6.1% (5/82) 77.4 days	-
INTERMEDIATE OUTCOMES						
% of Participants Exiting Waiver Program with Goals Met	70%	N/A	4.8%	14%	54.5%	-
(-) Indicates data not yet available N/A indicates data not available from either before or after the creation of a new metric ¹ Good School attendance is defined as 5 or fewer absences.						

OUTPUTS AND EFFICIENCIES								
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Total # Children Served	136	132	82	-	77	62	-	-
# Certified Providers, monitored by Provider Support	N/A	80	49	-	49	41	-	-
# of High Fidelity Wrap Around Credentialed Providers	0	1	9	-	9	9	-	-
In-Depth Provider Trainings	N/A	N/A	6	-	2	4	-	-
EFFICIENCIES								
Average Cost per Youth (Waiver Services Only)	\$6,753	\$7,121	\$8,402	-	\$4,672	\$5,310	-	-
Average Cost per Youth (Medical Cost Only)	\$11,343	\$9,247	\$6,101	-	\$4,034	\$3,468	-	-
(-) Indicates data not yet available N/A indicates data not available from either before or after the creation of a new metric								

STORY BEHIND THE PERFORMANCE

Issues that can occur when this population of kids don't receive services:

- Family Deterioration
- Private Insurance Costs
- Kinship/Foster Care
- Victim Services
- Homelessness
- Ripple Casualties
- Drop Out Rates
- Law/Legal Costs

Program Improvement Considerations

- Development & Implement a Family Satisfaction Survey to better measure effectiveness
- Update Quarterly Reporting by Family Care Coordinators (FCC's) to be more specific to CMHW
- Improving and Increasing Natural Supports & Resources in the Community- educational goal
- Clarification of Provider Expectations regarding the Renewal of 1915(c) Waiver
- Updating Children's Mental Health Waiver Rules

Court Supervised Treatment Programs

Program Description

The Court Supervised Treatment Programs (CST Programs) are facilitated for the purpose of providing sentencing options for the judicial system in cases stemming from substance abuse by combining judicial supervision, probation, and substance abuse treatment for substance offenders.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$3,831,846	\$4,340,415	\$3,752,311
People Served	#708	#710	#668
Cost per Person	\$5,412	\$5,551	\$5,617
Non-600 Series*	4%	9%	3%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- Funds allocated for the CST Programs include 47% State General Funds and 53% State Tobacco Funds. All funds reside in Fund 558 which was established in accordance to Wyo. Stat. 7-13-1605.
- Total program costs include administration (100, 200, 400, 500 series), community grants (600 series), and professional services including data management system (900 series).
- Program costs for drug testing kits in the 0235 series (MOU) are not included in administration.

Program Staffing

- 1 FTE
- .5 AWEC (vacant)

Program Metrics

- There are 20 funded CST Programs (11 adult, 3 juvenile, 1 DUI, 3 adult/juvenile combined, and 2 Tribal Wellness).
- Unique participants in FY13 – 668
 - Unique Adult participants in FY13 – 548
 - Unique Juvenile participants in FY13 – 120
- Ancillary services provided in FY13 – 41,535
- Supervision contacts FY13 – 42,447
- Treatment sessions FY13 – 32,572
- Battery drug tests performed in FY13 – 35,747
 - Positive confirmations for drug tests FY13 - 781 (2.18%)

Events that have Shaped this Program

- Funding for this program comes from HB 82(2001); HB 59(2002); Substance Abuse Division Budget (2005, 2006); and HB 91(2006).
- The current CST Program Act was placed into law on July 1, 2009 and repealed previous CST Program statutes.
- Rules governing CST Programs were promulgated in January of 2010 and repealed previous CST Program Rules. These rules are currently under revision and about to undergo the promulgation process.
- The CST Program Panel makes all funding decisions for the programs.

Court Supervised Treatment Programs

PROGRAM CORE PURPOSE

The core mission of the Court Supervised Treatment Programs (CST Programs) is to reduce recidivism, increase program retention, and increase pre-graduation sobriety of participants.

OUTCOMES

Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
% of participants having at least 120 days sobriety prior to graduation	90%	N/A	*90%	*84%	86%	-
% of participants who graduate (Retention Rate)	67% adult, 48% juvenile	N/A	46% adult 25% juvenile	69% adult 67% juvenile	64% adult 51% juvenile	-
% of participants having with re-arrest during their program participation (In-Program Recidivism)	< 12%	N/A	12%	15%	7%	-
(-) Indicates data not yet available						
*Sobriety was incorrectly calculated for FY11 and FY12 as reported in last years' HealthStat report.						
N/A Data not available from either before or after the creation of a new metric						

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Number of Unique Participants Per Year	708	710	668	-	519	490	-	-
Number of Ancillary Services (per month, per participant)	3	5	5	-	6	7	-	-
Number of Supervision Contacts (per month, per participant)	4	5	5	-	7	7	-	-
Number of Treatment Sessions (per month, per participant)	4	4	4	-	5	5	-	-
Number of Substance Abuse Tests (per month, per participant)	4.52	4.8	4.5	-	5.41	6.0	-	-
EFFICIENCIES								
Cost Per Unit of Service – (ancillary, treatment, supervision, drug test)	\$34.39	\$24.69	\$24.64	-	N/A*	N/A*	-	-
Program Cost Per Participant	\$5,412	\$5,551	\$5,617	-	N/A*	N/A*	-	-
Units of Service (per participant per month)	15	19	19	-	24	25	-	-
(-) Indicated data not yet available								
N/A* indicates data not available on a quarterly basis								

STORY BEHIND THE PERFORMANCE

1. IN FY13, SOME WYCST DATA ISSUES WERE DISCOVERED. THE PROGRAM IS WORKING TO IDENTIFY ALL POTENTIAL DATA QUALITY ISSUES IN FY14, AS WELL AS COMMUNICATE PROCEDURES CONSISTENTLY TO CST PROGRAMS.
2. SEVERAL CST PROGRAMS HAVE HAD STAFF TURNOVER WITHIN THEIR PROGRAM MANAGEMENT TEAMS, INCLUDING JUDGES. THIS HAS AFFECTED THE ABILITY TO RECEIVE NEW PARTICIPANTS CONSISTENTLY THROUGH FY13.
 - a. IN FY13, A NEW NATIONAL ACCREDITATION REQUIREMENT, BUDGET CUT WARNINGS, AND THE FUNDING FORMULA AFFECTING GRANT AWARD AMOUNTS CAUSED SOME UNCERTAINTY FOR CST PROGRAMS. SOME WERE CAUTIOUS ABOUT ACCEPTING NEW PARTICIPANTS WHILE THEY WAITED TO SEE WHAT THEIR FUNDING RESULTS WOULD BE, AS WELL AS THE NATIONAL ACCREDITATION SITUATION SINCE IT AFFECTED THEIR BUDGETS AND WHICH TREATMENT PROVIDERS THEY WOULD BE ABLE TO CONTRACT WITH.
3. THE COURT SUPERVISED TREATMENT PROGRAM MANAGER/COORDINATOR POSITION WAS VACANT FOR THREE MONTHS IN FY13, AND TRANSFERRED TO ANOTHER UNIT WITHIN THE DIVISION DURING THE VACANCY.

Early Intervention & Education Program

Program Description

The Early Intervention & Education Program provides oversight of 14 Regional Child Development Centers that are contracted to provide early intervention, special education and related services to children birth through five years who are identified with developmental delays and/or disabilities. It is a state mandated program according to W.S. §21-2-701

Program Expenditures and People Served

	2011	2012	2013	2014
Total Program Cost	\$39,205,023	\$39,162,037	\$40,468,304	\$38,823,378**
People Served	3,813	3,992	4,042	4,014**
State per child amount	\$8,743	\$8,743	\$8,743	\$8,452**
Non-600 Series*	11%	10 %	10%	-

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

** data based on 11/1/12 child count, 2014 budget & per child amount based on 4% reduction

Program Cost Notes

- Federal Part C funds birth through two years
- Federal Part B funds three through five years
- Federal funds for hearing screenings
- Trust & Agency funds W.S.§35-4-801
- State general funds birth through five years
- 90% general funds, 10% federal funds

Program Staffing

- 4 FTE
- 0 AWEC
- 0 Other

Program Metrics

- 14 Regional Child Development Centers with 46 locations state wide
- Early Detection Hearing Initiative with annual number of children screened
- Annual Focused Monitoring of both Part C and B program based on results of federal compliance indicators from our State Performance Plan(s)
- Annual parent satisfaction survey
- Child Outcomes Summary

Events that have shaped this Program

- W.S. §21-2-701, Article 7: Services to Preschool Children with Disabilities
- Individuals with Disabilities Education Act, 1997 and Individuals with Disabilities Education Improvement Act, 2004
- WDE, Chapter 7, Services for Children with Disabilities: Rules, Policies, and Procedures
- US Office of Special Education Programs: 2010 on-site monitoring of WDE and BHD services for children three through five with disabilities
- Data collection improvement processes: Child Outcomes Survey
- State Performance Plan and Annual Performance Report for both Part C and Part B



Early Intervention & Education Program

PROGRAM CORE PURPOSE

The purpose of the Early Intervention & Education Program is to improve child outcomes by providing early intervention, special education and related services to children, birth through five years of age, with developmental delays and/or disabilities.

OUTCOMES

Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Part C*: The percent of children who substantially increased ¹ their rate of growth in Social-Emotional skills	68.9%	44.82%	42.36%	50.0%	68.9%	-
Part C*: The percent of children who substantially increased their rate of growth in Acquiring and Using Knowledge and skills	69.3%	48.55%	48.55%	56.7%	69.3%	-
Part C*: The percent of children who substantially increased their rate of growth in Taking Appropriate Action to Meet Needs	76.0%	54.7%	52.12%	61.4%	76.0%	-
Part B***: The percent of children who substantially increased their rate of growth in Social-Emotional skills	85.1%	69.72%	69.9%	76.48%	85.1%	-
Part B***: The percent of children who substantially increased their rate of growth in skills Acquiring and Using Knowledge and skills	87.9%	67.13%	74.02%	81.41%	87.9%	-
Part B***: The percent of children who substantially increased their rate of growth in Taking Appropriate Action to Meet Needs	87.5%	73.07%	75.31%	79.07%	87.5%	-
*Part C is for children birth through 2 years of age **Part B is for children 3 through 5 years of age (-) Indicates data not yet available						

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Part C: Number of children served based on November 1 st count	1136	1188	1219	1210	N/A*	N/A*	-	-
Part C: Number of children served annually	1758	1932	1917	-	N/A*	N/A*	-	-
Part B: Number of children served based on November 1 st count	2677	2804	2823	2804	N/A*	N/A*	-	-
Part B: Number of children served annually	3437	3771	3794	-	N/A*	N/A*	-	-

EFFICIENCIES

Per child amount budgeted	\$8743	\$8743	\$8743	\$8452	N/A*	N/A*	-	-
Per child amount based on total number of children served annually	\$6568	\$5983	\$6196	-	N/A*	N/A*	-	-

(-) Indicates data not yet available

N/A* indicates data not available on a quarterly basis

STORY BEHIND THE PERFORMANCE

FOOTNOTES:

¹ SUBSTANTIALLY INCREASED: FORMULA BASED ON THE CHILDREN FUNCTIONING AT A LEVEL NEARER TO SAME-AGED PEERS BUT DID NOT REACH IT PLUS THE CHILDREN FUNCTIONING AT A LEVEL COMPARABLE TO SAME-AGED PEERS DIVIDED BY ALL CHILDREN IN THE CATEGORY

² STATE SPENDING PER CHILD REFERS TO THE AMOUNT OF STATE GENERAL FUNDS ALLOCATED PER CHILD

- 2004, INDIVIDUALS WITH DISABILITIES EDUCATION IMPROVEMENT ACT (IDEA) RE-AUTHORIZED & CONTINUES TO REQUIRE CHILDREN, 3 THROUGH 21, FREE APPROPRIATE PUBLIC EDUCATION (FAPE) AND ALSO CONTINUES TO FUND EARLY INTERVENTION SERVICES FOR CHILDREN BIRTH THROUGH THREE
- PART C-INFANTS AND TODDLERS WITH DISABILITIES OF THE ACT ALLOWS STATES TO APPLY AND RECEIVE FEDERAL FUNDS TO ENSURE SERVICES ARE PROVIDED TO FAMILIES AND THEIR CHILDREN BIRTH THROUGH THREE WHO HAVE DEVELOPMENTAL DELAYS
- PART B- ASSISTANCE TO STATES FOR THE EDUCATION OF ALL CHILDREN WITH DISABILITIES SECTION 611 OF THE ACT, PROVIDES FEDERAL FUNDING TO A STATE EDUCATION AGENCY (SEA) TO ENSURE CHILDREN THREE THROUGH 21 RECEIVE FAPE; SECTION 619 OF THE ACT IS SPECIFIC TO FUNDING CHILDREN THREE THROUGH FIVE
- WDH IS THE LEAD AGENCY FOR PART C AND DIRECTLY RECEIVES A FEDERAL GRANT TO FUND EARLY INTERVENTION PROGRAMS
- WDE IS THE SEA WHO RECEIVES FEDERAL GRANTS FOR SECTION(S) 611 & 619; WDE GRANTS A PORTION OF 611 FUNDS TO WDH AND PROVIDES ALL 619 FUNDS TO WDH FOR THE PROVISION OF ENSURING FAPE FOR CHILDREN THREE THROUGH FIVE
- WDH CONTRACTS WITH 14 REGIONAL CHILD DEVELOPMENT CENTERS (46 LOCATIONS) TO ENSURE SERVICES ARE PROVIDED TO CHILDREN BIRTH THROUGH FIVE YEARS OF AGE WITH DEVELOPMENTAL DELAYS AND/OR DISABILITIES
- ALL CHILDREN WHO ARE SUSPECTED OF HAVING A DEVELOPMENTAL DELAY OR DISABILITY ARE EVALUATED THROUGH A SERIES OF RESEARCHED BASED & PROFESSIONALLY RECOGNIZED ASSESSMENT INSTRUMENTS
- ALL CHILDREN ARE EVALUATED USING THE CHILD OUTCOME SUMMARY AT STRATEGIC POINTS: UPON ENTERING THE PROGRAM, TRANSITIONING FROM PART C TO B & EXITING THE PROGRAM. THIS DATA IS USED TO MEASURE A CHILD'S PROGRESS THROUGHOUT THEIR PARTICIPATION IN THE PROGRAM
- WDH ANNUALLY REPORTS TO THE LEGISLATURE A NOVEMBER 1ST CHILD COUNT OF ALL CHILDREN ELIGIBLE FOR SERVICES. THE LEGISLATURE FUNDS THE CDCS ON A PER CHILD AMOUNT

Mental Health Outpatient Treatment

Program Description

Funding is contracted to community mental health centers for Outpatient Treatment Services that assist Wyoming residents in achieving and maintaining recovery from mental illness. The program is authorized by W.S. §9-2-102 *et seq.*

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$22,029,899	\$23,795,263	\$22,488,617
People Served	18,250	17,200	17,131
Cost per Person	\$1,207	\$1,383	\$1,313
Non-600 Series*	2.4%	5.7%	*

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- FY13 Program funding : 99% State General Funds; 1% Tobacco Settlement
- Total Program Costs were derived from FY13 contract amounts
- Administration includes expenses incurred in the 100,200,300,400, and 500 series.

Program Staffing

- 4.5 FTE
- 0 AWEC

Program Metrics

- 17,200 Wyoming residents received outpatient mental health treatment services in FY12.
- A total of 360,003 hours of outpatient service were delivered with an average of 20.93 hours of service per client.
- Populations served include: 23% were adults with serious and persistent mental illness (SPMI); 12% were youth with severe emotional disturbance (SED); and 65% were not SPMI or SED.
- Payer source for clients served in FY12 include: 65% from state contract/sliding fee/none; 22% from Medicaid; 13% third party pay/other sources.

Events that have Shaped this Program

- The Settlement Agreement signed in 2002 resulting from the Chris S. lawsuit stipulated the development of community based treatment and supports for adults with SPMI
- House Enrolled Act 21 in 2006 called for the establishment of a Quality Improvement Program to monitor and measure the effectiveness, efficiency, appropriateness, and quality of mental health services provided
- Select Committee on Mental Health and Substance Abuse produced House Bill 91 (2006), Senate File 76 (2007), and Senate File 12 (2008) provided for increases in funding for specialized mental health services and promoted the concept of regionalization of services

Mental Health Outpatient Treatment

PROGRAM CORE PURPOSE

The Mental Health Outpatient Treatment Program provides access to effective treatment services, increases levels of personal functioning, and monitors client satisfaction with treatment outcomes.

OUTCOMES

Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Maintain penetration rate.	3.00%	3.28%	3.21%	2.99%	2.95%	-
% of clients employed at Admission and Discharge	60%	59%/57%	58%/57%	60%/59%	62%/63%	-
% of clients not homeless at Admission and Discharge	98%	98%/98%	98%/98%	98%/98%	98%/98%	-
% of clients arrested prior to Admission that were not arrested prior to Discharge (Adult/Youth)	25%/35%	N/A	N/A	8%/18%	23%/33%	-
% of clients showing increase in Global Assessment of Functioning (GAF) scores from admission to discharge.	80%	53%	62%	65%	78%	-
% of school-aged clients attending school regularly upon discharge	90%	N/A	N/A	N/A	91%	-
% of clients completing treatment	Establish baseline	39%	42%	41%	50%	-
Monitor waiting time for services (average days).	Establish baseline	N/A	N/A	N/A	10 days	-
Maintain client satisfaction ratings.	86%	85%	86%	86%	88%	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric						

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Number of persons served	18,253	17,202	17,131	-	9,932	10,634	-	-
Number of persons admitted	10,227	11,522	10,344	-	5,637	4,707	-	-
Number of persons discharged	14,274	14,443	11,576	-	6,349	5,227	-	-
Amount of outpatient services delivered (hours)	373,122	360,003	351,746	-	176,127	175619	-	-

EFFICIENCIES

Average cost per client	\$1,207	\$1,383	\$1,313	-	-	-	-	-
Average service cost per hour	\$46	\$64	\$64	-	-	-	-	-
(-) Indicates data not yet available								

STORY BEHIND THE PERFORMANCE

Valid and reliable outcome and performance data requires a strong foundation of data quality management practices. The Division has developed a multi-tiered process to improve the quality of the data for HealthStat reporting. In partnership with the Wyoming Association of Mental Health and Substance Abuse Centers (WAMHSAC) the Division has established a data quality management framework which includes participation of WAMHSAC Executive Directors and their data managers in concert with MHSA Section Leadership and staff. The first phase is to improve the quality of data submitted to the state by our provider organizations. The second phase is to evaluate data analysis methodologies and results to determine if the data is accurate, useable, and analytically sound such that results are valid and reliable.

The Key Components of the FY13 Data Quality Management Framework are:

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 3. Provider performance profile reports
 4. Contract deliverables (service utilization targets, penetration rates)
 5. FY13 Watch List reports
3. Statewide Data Quality and Outcomes Committee meets monthly to review data quality management issues and strategies to improve data quality; analytical methodologies; outcome and performance results.

Many Community Mental Health Center/Substance Abuse Centers are in the process of implementing nationally certified EHR systems. As noted above this will improve the quality of data submitted to the state.

Wyoming Consumer Satisfaction rating (86.6%) compared with 2011 U.S. rating (88.4%)

Recovery Supports

Program Description

The Recovery Supports Program develops, funds, and monitors an array of initiatives which complement and support treatment activities to improve outcomes and enhance the recovery of persons with mental illness and/or substance use disorders. Initiatives include Peer Specialists, Veterans' Outreach and Advocacy, Projects for Assistance in Transition from Homelessness (PATH), Ombudsman and Guardianship, SSI/SSDI Outreach, Access and Recovery (SOAR), and consumer-run programs and activities.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$1,219,334	\$1,260,672	\$1,566,182
People Served	1,793	1,876	2,252
Cost per Person	\$680	\$607	\$695
Non-600 Series*	0%	0%	0%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- The program is funded with State General Funds (75%) and Federal Funds (25%).
- Federal Funds include the Olmstead grant, PATH grant, and mental health and substance abuse block grant.

Program Staffing

- 2.5 FTE

Program Metrics

- Wyoming peer specialists inspire hope, facilitate empowerment, lead advocacy, and promote recovery as a staff member in 9 community mental health centers and the Wyoming State Hospital.
- In SFY 2013, the Wyoming Veterans' Outreach and Advocacy program provided outreach, case management and advocacy services to 163 OIF/OEF and post 9/11 veterans and their families.
- Other priorities include Ombudsman and Guardianship services, projects to reduce homelessness, supports to increase access to benefits, and consumer leadership and advocacy.

Events that have Shaped this Program

- Historic events such as the Olmstead decision, Wyoming Chris S. settlement agreement, and trends to promote civil rights emphasize that persons with mental illness and/or substance abuse diagnosis are ensured voice, choice, self-determination and a life in the community similar to that of others.
- Research shows client well-being is increased through these types of supports and consumer and family driven initiatives have increased nationwide.



Recovery Supports

PROGRAM CORE PURPOSE

The Recovery Supports Program is a group of initiatives provided to persons with mental illness and/or substance use disorders that increase treatment engagement and improve functioning.

OUTCOMES						
Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Percentage of persons discharged from treatment who have received peer specialist services and who show improved functioning as measured on the Global Assessment of Functioning Scale (<i>as compared to persons discharged who did not receive peer specialist services</i>).	77%	N/A	N/A	N/A	77% (peer specialists) 74% (w/out peer specialists)	-
Percentage of veterans receiving outreach and advocacy services who report improved functioning as measured by a decrease in life problems at discharge.	86%	N/A	N/A	N/A	86%	-
INTERMEDIATE OUTCOMES						
Percentage of persons receiving peer specialist services that demonstrate increased engagement in treatment as compared to persons in treatment who are not receiving peer specialist services.	Baseline to be established	N/A	N/A	N/A	N/A	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric						

OUTPUTS AND EFFICIENCIES								
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Number of peer specialists working within the state funded treatment system.	10	10	14	-	14	14	-	-
Percentage of peer specialists who have completed initial certification (training) requirements.	N/A	66%	100%	-	61%	100%	-	-

Percentage of persons with Serious and Persistent Mental Illness (SPMI) in treatment who receive peer specialist services	N/A	N/A	9%	-	9%	9%	-	-
Number of veteran's advocates statewide.	3	5	2	-	2	2	-	-
Number of veterans admitted by Veterans Advocates.	151	192	163	-	94	69	-	-
EFFICIENCIES								
Average cost per person receiving peer specialist services	N/A	N/A	\$585	-	\$585	\$585	-	-
Average cost per person receiving Veterans' Outreach and Advocacy services	\$1,729	\$1,364	\$758	-	\$758	\$758	-	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric								

STORY BEHIND THE PERFORMANCE

Peer Specialists:

- The use of peer specialists is a promising practice. The experience of other states indicates that the use of peer specialists reduces hospitalizations, increases the time between hospitalizations, and decreases the length of stay when hospitalized.
- Funds for peer specialist services are contracted to community mental health and substance abuse centers and the Wyoming State Hospital.

Veterans Outreach and Advocacy:

- Wyoming has about 3,500 veterans of Operation Iraqi Freedom and Operation Enduring Freedom statewide. About 85% are members of the National Guard. The Department of Defense estimates that about 40% of veterans returning home have Post Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI). Many more return with other mental illnesses and it is not uncommon for veterans to self-medicate with alcohol and other drugs.
- All veterans who are admitted to the Veterans Outreach and Advocacy Program are referred for treatment services. About half (49%) self-report they are engaging in treatment services.

Substance Abuse Outpatient Treatment

Program Description

Funding is contracted to community substance abuse centers for Outpatient Treatment services that assist Wyoming residents in achieving and maintaining recovery from alcohol and drug dependency. The program is authorized by W.S. § 9-2-102 *et seq.* and W.S. § 9-2-2701 *et seq.*

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$10,511,914	\$10,008,119	\$10,069,342
People Served	7,288	6,963	6,878
Cost per Person	\$1,442	\$1,437	\$1,464
Non-600 Series*	-	2.2%	*

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- Distribution of FY13 Program funds: 76% State General Funds 8% Federal Funds, 15% State Tobacco Funds
- Total Program Costs were derived from FY13 contract amounts

Program Staffing

- 2 FTE *
- 0 AWEC

*Shared with Substance Abuse Residential program staffing

Program Metrics

- 6,963 Wyoming residents received outpatient substance abuse treatment services in FY12
- A total of 200,433 hours of outpatient service were delivered by community substance abuse providers, with an average of 28.78 hours of service per client
- 63% of persons served in FY 12 were admitted for alcohol dependency; 20% for marijuana/hashish; and 9% for methamphetamine; and 8% other drugs
- Payer source for clients served: 77% from state contract/sliding fee/none; 10 % from Medicaid; 13% third party pay/other

Events that have Shaped this Program

- House Bill 59 legislation enacted in 2002
- Select Committee on Mental Health and Substance Abuse produced House Bill 91 (2006), Senate File 76 (2007), and Senate File 12 (2008)) resulted in substantial increases in funding for substance abuse residential programs and promoted the concept of regionalization of services
- The Substance Abuse Control Plan authorized by W.S. §9-2-2701 *et. seq* requires a comprehensive plan to address substance abuse, including prevention, intervention and treatment methodologies.
 - The Department of Health, in consultation with the Departments of Education, Family Services, Workforce Services and Corrections established standards for effective treatment and prevention of substance abuse
 - The Department of Health certifies all programs, providers and facilities which receive state funds for substance abuse treatment



Substance Abuse Outpatient Treatment

PROGRAM CORE PURPOSE

The Substance Abuse Outpatient Treatment Program provides access to effective treatment services, decreases alcohol and drug use, increases levels of personal functioning, and monitors client satisfaction with treatment outcomes.

OUTCOMES						
Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Maintain penetration rate.	1.25%	1.30%	1.29%	1.21%	1.18%	-
% of clients employed at Admission and Discharge	60%	57%/57%	54%/57%	56%/59%	58%/61%	-
% of clients not homeless at Admission and Discharge	98%	98%/99%	98%/98%	98%/98%	98%/98%	-
% of clients arrested prior to Admission that were not arrested prior to Discharge (Adult/Youth)	50%	54%/65%	53%/38%	57%/54%	61%/45%	-
% of clients showing increase in Global Assessment of Functioning (GAF) scores from admission to discharge.	70%	64%	59%	51%	72%	-
Rate of abstinence from alcohol at discharge	65%	55%	58%	65%	68%	-
Rate of abstinence from drug use at discharge	73%	57%	58%	64%	79%	-
% of school-aged clients attending school regularly upon discharge	90%	N/A	N/A	N/A	87%	-
% of clients completing treatment	60%	51%	51%	51%	53%	-
Monitor waiting time for services (average days).	Establish baseline	N/A	N/A	N/A	12 days	-
Maintain client satisfaction ratings.	77%	71%	86%	75%	79%	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric						

OUTPUTS AND EFFICIENCIES								
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Number of persons served	7,288	6,964	6,878	-	3,059	3,205	-	-
Number of persons admitted	5,197	5,328	5,140	-	2,521	2619	-	-

Number of persons discharged	7,015	6,317	6,037	-	3,149	2,888	-	-
Amount of outpatient services delivered (hours)	204,724	200,433	211,862	-	102,331	109,531	-	-
EFFICIENCIES								
Average cost per client	\$1,442	\$1,437	\$1,464	-	-	-	-	-
Average service cost per hour	\$51	\$49	\$48	-	-	-	-	-

STORY BEHIND THE PERFORMANCE

Valid and reliable outcome and performance data requires a strong foundation of data quality management practices. The Division has developed a multi-tiered process to improve the quality of the data for HealthStat reporting. In partnership with the Wyoming Association of Mental Health and Substance Abuse Centers (WAMHSAC) the Division has established a data quality management framework which includes participation of WAMHSAC Executive Directors and their data managers in concert with MHSA Section Leadership and staff. The first phase is to improve the quality of data submitted to the state by our provider organizations. The second phase is to evaluate data analysis methodologies and results to determine if the data is accurate, useable, and analytically sound such that results are valid and reliable.

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 4. Contract deliverables (service utilization targets, penetration rates)
 5. FY13 Watch List reports
3. Statewide Data Quality and Outcomes Committee meets monthly to review data quality management issues and strategies to improve data quality; analytical methodologies; outcome and performance results.

Many Community Mental Health Center/Substance Abuse Centers are in the process of implementing nationally certified EHR systems. As noted above this will improve the quality of data submitted to the state.

Substance Abuse Residential Treatment

Program Description

Funding is contracted to community substance abuse centers for Residential Treatment Services that assist Wyoming residents in need of 24 hour intensive services to achieve and maintain recovery from alcohol and drug dependency. The program is authorized by W.S. § 9-2-102 *et seq.* and W.S. § 9-2-2701 *et seq.*

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	**	**	\$14,548,001
People Served	1,196	1,106	1,149***
Cost per Person	**	**	\$12,661
Non-600 Series*			**

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

*** This includes only primary residential clients. Transitional living clients are not included.

Program Cost Notes

- FY13 is the first year of reporting Substance Abuse Residential Treatment
- Total Program Costs were derived from FY13 contract amount

Program Staffing

- 2 FTE*
- 0 AWEC

*Shared with Substance Abuse Outpatient program staffing

Program Metrics

- 1,106 Wyoming residents received substance abuse residential treatment services in FY12
- A total of 77,862 days of residential treatment were delivered statewide with an average of 70.39 days of service per client
- 59% of persons served in FY 12 were admitted for alcohol dependency; 12% for marijuana/hashish; and 12% for methamphetamine; and 17% other drugs.
- Payer source for clients served: 92% from state contract/sliding fee/none; 2 % from Medicaid; 6% third party pay/other

Events that have Shaped this Program

- House Bill 59 legislation enacted in 2002
- Select Committee on Mental Health and Substance Abuse produced House Bill 91 (2006), Senate File 76 (2007), and Senate File 12 (2008)) resulted in substantial increases in funding for substance abuse residential programs and promoted the concept of regionalization of services
- The Substance Abuse Control Plan authorized by W.S. §9-2-2701 *et seq.* requires a comprehensive plan to address substance abuse, including prevention, intervention and treatment methodologies.
 - The Department of Health, in consultation with the Departments of Education, Family Services, Workforce Services and Corrections established standards for effective treatment and prevention of substance abuse
 - The Department of Health certifies all programs, providers and facilities which receive state funds for substance abuse treatment



Substance Abuse Residential Treatment

PROGRAM CORE PURPOSE

The Substance Abuse Residential Treatment Program provides access to effective treatment services, decreases alcohol and drug use, and increases levels of personal functioning.

OUTCOMES

Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Monitor utilization rate	85%	N/A	N/A	N/A	85%*	-
Monitor treatment completion rates	65%	58%	58%	62%	60%	-
% of clients showing increase in Global Assessment of Functioning (GAF) scores from admission to discharge	75%	85%	56%	49%	73%	-
* Still determining best mechanism for measuring capacity/utilization. Reporting by individual provider will probably be more accurate and will be considered for next year. (-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric NOTE: There are only these 3 contracted outcomes for SA Residential services.						

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Number of persons served	1,196	1,106	1,149	-	321	353	-	-
Number of persons admitted	971	881	902	-	447	455	-	-
Number of persons discharged	1,045	948	973	-	461	512	-	-
Amount of residential services delivered (days)	83,844	79,262	79,267	-	39,854	39,413	-	-
EFFICIENCIES								
Average cost per client	N/A	N/A	\$12,661	-	N/A*	N/A*	-	-
Average service cost per day	N/A	N/A	\$184	-	N/A*	N/A*	-	-
(-) Indicates data not yet available N/A indicates data not available due to creation of a new metric N/A* indicates data not available on a quarterly basis								

STORY BEHIND THE PERFORMANCE

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WDH | Public Health Division

Adolescent Health Program

Cancer Early Detection Screening Programs

Child Health

Chronic Disease Prevention Program

Communicable Disease Prevention Program

Communicable Disease Treatment Program

Community Medical Access and Capacity (CMAC) Program

Community Services Program

Emergency Medical Services (EMS)

End Stage Renal Disease (ESRD)

Environmental and Occupational Health Program

Healthcare Workforce Recruitment, Retention and Development (HWRRD)

Hospital Preparedness Program (HPP)

Immunization Program

Infectious Disease Epidemiology

Oral Health Program

Public Health Emergency Preparedness (PHEP)

Public Health State Laboratory

Public Health Nursing

Public Health Nursing | Healthy Baby Home Visitation

Substance Abuse and Suicide Prevention Program

Tobacco Prevention and Control Program

Trauma Program

Women and Infant Health

Women, Infants and Children Program (WIC)

Adolescent Health

Program Description

The Adolescent Health Program (AHP) provides leadership and support for the design, implementation and evaluation of state and local policies and programs that address the health needs of adolescents (12 to 24 years of age); promotes healthy development within the adolescent and young adult population, including adolescents and young adults with special health care needs; and manages the AHP within the Maternal and Child Health Unit.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	n/a*	n/a*	\$194,307
People Served	n/a*	n/a*	n/a*
Cost per Person	n/a*	n/a*	n/a*
Non-600 Series**	n/a*	n/a*	n/a*

** 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

* n/a -- Adolescent Health had been combined with Child Health. In FY13 initial planning began for separate programs. An Adolescent Health Program Manager was hired Sep 2013 and FY14 will have data.

Program Cost Notes

- Adolescent Health uses blended funding (SGF, Title V, RPE)
- Adolescent Health also works closely with the Women & Infant and Home Visiting programs as teens fall into these two programs and benefit from home visits and family planning

Program Staffing

- 2.9 FTE – 1.0 FTE Adolescent Health Program Manager, 1.3 Benefits and Eligibility Specialist, .3 Unit Manager and .3 Administrative Assistant
- 0 AWEC
- 0 Other

Program Metrics

- In 2011, 14.2% of Wyoming high school students reported they were hit, slapped, or physically hurt by their boyfriend/girlfriend. This was not a significant change from the 15% that was reported in 2009.
- In 2011, there were 17.1 births per 1,000 women ages 15 to 17 years. This rate was not significantly different from the 19.4 births per 1,000 women ages 15 to 17 years in 2010.

Events that have Shaped this Program

- 3 national performance measures and 4 state performance measures are directly related to adolescent health and are reported annually for the Title V grant.
- Several programs within the Wyoming Department of Health, including Suicide prevention, HIV/STD, PHN, address adolescent health issues, as do other state agencies.
- In 2013, Maternal and Child Health (MCH) Unit reorganized into the following three programs, Women and Infant Health, Child Health and Adolescent Health.
- MCH hired the 1.0 FTE Adolescent Health Program Manager in September 2013.



Adolescent Health Program

PROGRAM CORE PURPOSE

The purpose of the Adolescent Health Program is to improve physical, emotional and reproductive health outcomes of Wyoming adolescents (12-24 years old).

OUTCOMES

Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Reproductive Health Basic reproductive health services offered by PHN where reproductive health services are limited or not provided by Title X ¹	50% 7/14	35.7% 5/14	35.7% 5/14	35.7% 5/14	42.8% 6/14	-
INTERMEDIATE OUTCOMES						
Reproductive/Physical Health Rate of births (per 1000) among 15 - 19 year old girls ² (WYVSS and National Vital Statistics System)	34	WY: 39.2 US: 34.3	WY: 35 US: 31.3	WY: 34.9 US: N/A	-	-
Physical/Emotional Health % of teens reporting they were hit, slapped or physically hurt by boyfriend/girlfriend within previous 12 months ³ (WYRBS)	13%	15% 3960/26,397	14.2% 3713/26,146	13.9% 3616/26,016	-	-
LONG TERM OUTCOMES						
Physical/Emotional Health Rate (per 100,000) of suicide deaths among youths aged 15 through 19 ⁴ (VSS)	21	16.0 19/118,631	18.3 22/120,546	22.51 26/115,513	-	-

(-) Indicates data not yet available

Note: Wyoming Vital Statistics provides data on an annual basis; therefore 2013 data is not available.

The Wyoming Youth Risk Behavior Survey is collected every two years. The next time to be offered is 2013.

1-4: see Story Behind the Performance for more details

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
# communities participating with Rape Prevention Education(RPE) grant	4	6	8	-	2	0	-	-
# adolescents who access reproductive health services through PHN offices	N/A	N/A	N/A	-	N/A	N/A	-	-
% MCH budget spent on Adolescent Health	N/A	N/A	N/A	-	N/A	N/A	-	-

EFFICIENCIES

# reproductive services accessed/dollar spent	N/A	N/A	N/A	-	N/A	N/A	-	-
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(-) Indicates data not yet available

N/A indicates data not available due to the creation of a new metric

Note: outputs and efficiencies are unable to be calculated due to the Adolescent Health Program just beginning.

EPI is working with ETS to develop a form in MCH database to collect this information

STORY BEHIND THE PERFORMANCE

The Adolescent Health Program manager position is currently vacant. Until January 2013 Adolescent Health had been combined within the Child Health Program (0-24 years). Children with Special Health Care Needs are included within each of the three programs of the Maternal and Child Health Unit.

Negative health outcomes for the adolescent population are often due to preventable causes and risky behavior choices (rather than natural causes). Increased risky behavior leads to increased rates of sexually transmitted disease, pregnancy, substance use/misuse, injury and inadequate nutrition.

¹ Basic Reproductive Health services are defined as pregnancy tests, condoms, multivitamins with folic acid (if available), and preconception and prenatal counseling. MCH is focusing on the counties that have limited or no Title X services. These counties include Goshen, Platte, Johnson, Crook, Weston, Converse, Lincoln, Sublette, Niobrara, Hot Springs, Big Horn Carbon, Uinta and Teton. Some of these county PHN offices are able to offer oral contraceptives. A goal of PHN and MCH is to assure availability of basic reproductive health services five days a week within each county.

² Nationally, teen births have been decreasing. Research demonstrates a link between low maternal age and an increased risk of preterm deliveries, low birth weight and small for gestational age infants. In Wyoming, these birth outcomes often rely on out-of-state resources due to lack of tertiary care facilities within the state.

³ Interpersonal violence and sexual abuse, if not addressed, have been shown through research to affect health outcomes later in life. Adverse health outcomes include heavy drinking, increased depression, smoking, antisocial behavior, drug and alcohol abuse and suicide. The Rape Prevention and Education (RPE) grant, managed by MCH, focuses on primary prevention—stopping the behavior before it happens. The work is being conducted within counties by the Wyoming Coalition against Domestic Violence and Sexual Assault (WCADVSA).

⁴ Unintentional injuries and violence are the leading causes of death for Wyoming adolescents (15-19 yrs.). Suicide is the #2 leading cause of death among youth 15 to 24 years of age. Nationally, suicide is the #3 cause of injury-related death among youth 10-24 years of age.

Acronyms for Data Sources:

VSS= Wyoming Vital Statistic Services

WYRBS = Wyoming Youth Risk Behavior Survey

Wyoming Cancer Early Detection Screening Programs

Program Description

The Wyoming Breast and Cervical Cancer Early Detection Program (WBCCEDP) and Wyoming Colorectal Screening Program (WCCSP) provide cancer screening and diagnostic services (i.e. mammograms, Pap tests, colonoscopies, and biopsies) for low-income, uninsured and underinsured (WCCSP only). WBCCEDP is authorized by federal legislation (P.L. 106-354) and state statute W.S. 35-25-204. WCCSP is authorized by state statute W.S. 35-25-204.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$2,128,747	\$2,088,608	\$1,986,452 YTD
People Served	2,333	2,359	1,984 YTD
Cost per Person	\$912	\$885	\$1,001 YTD
Non-600 Series*	40%	38%	38% YTD

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- Breast and Cervical was \$1,016,171 for FY 12/13 (66.1% Federal, 11.3% GF, 13.9% Tobacco, 8.7% other).
- State statutes require funding two minority breast and cervical outreach/education programs (migrant health and Native American women); \$90,000 annually.
- Colorectal funding was \$1,048,496 for FY 12/13 (33% GF and 67% tobacco).

Program Staffing

- FTEs: 8 total
 - 5 in breast and cervical
 - 2 in colorectal
 - 1 program manager
- AWEC: 0
- Other: 0

Program Metrics

- WBCCEDP has existed for over 15 years (since 1997); during that time over 6,000 women have received clinical services.
- Since October 2001 WBCCEDP detected 284 breast cancers, 30 cervical cancers and 530 high-grade cervical pre-cancers.
- WCCSP has existed for six years (since 2007); during that time 2,520 Wyoming residents have received colonoscopies; 44% had polyps removed, 24% had pre-cancerous polyps, 45 colon cancers and eight (8) non-colorectal cancers have been detected.
- 2011/12 was the first year of implementation of the colorectal 10-year/re-screen policy: 183 people have been re-screened; 55% had polyps removed; 33% had pre-cancerous polyps removed (rates much higher than the general population).
- WCCSP scores consistently high (98% in 2012) in our client satisfaction survey.
- Wyoming healthcare providers write off a significant portion of the clinical costs: over the past five years this amounts to almost \$6 million (\$5,955,429)

Events that have Shaped this Program

- Wyoming's cancer screening rates are low: 67.3% for breast cancer screening (U.S. 75.6%); 78.3% for cervical cancer screening (U.S. 81.2%); and 59.3% for colorectal cancer screening (U.S. 66%). (2010 BRFSS).
- WBCCEDP must comply with certain CDC policies that designate how the program is structured and implemented (e.g. program components, funding and match ratio, designated covered services, data collection, and staffing).
- Federal legislation mandates that those WBCCEDP enrolled women diagnosed with breast or cervical cancer or high-grade cervical pre-cancer be transitioned to their state's Medicaid program for cancer treatment.
- WBCCEDP received a CDC Outstanding Program Performance Award in 2009 (the last time these were awarded).
- WCCSP is authorized to provide up to 480 colonoscopies a year.

Wyoming Cancer Early Detection Screening Programs

PROGRAM CORE PURPOSE

The core purpose of the Wyoming Cancer Early Detection Screening Programs is to provide no-cost mammograms, Pap tests and colonoscopies for low-income, uninsured (and underinsured WCCSP only) Wyoming residents.

OUTCOMES

Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Short Term Outcomes						
Rate of colonoscopies requiring polyp removal ^{1,2}	45 %	42.7% 210/492	42.3% 199/470	48.3% 212/439	44.6% 124/278	-
Rate of colonoscopies with pre-cancerous (Adenoma) polyps removed ^{1,2, 3}	26 %	21.1% 104/492	25.7% 121/470	28.9% 127/439	25.5% 71/278	-
Rate of women with abnormal pap tests or mammograms	22 %	30% 372/1202	23% 294/1237	21% 289/1369	17% 200/1166	-
INTERMEDIATE OUTCOMES						
Rate of colon cancers detected	Less than 1.5	3 18/492	1.1 5/47	1.4% 6/439	1.0% 4/395	-
Rate of breast cancers detected	Less than 4.5	4.93% 34/689	4.26% 33/775	4.61% 34/737	4.58% 29/633	-
Rate of cervical cancers detected	Less than 0.6	0 2/513	0.4 2/46	0.5% 3/632	0.8% 4/533	-
LONG TERM OUTCOMES						
Colorectal Cancer mortality ⁴	13.6/100,000	15.6/100,000	14.0/100,000	-	-	-
Breast Cancer mortality ⁴	21.2/100,000	22.4/100,000	21.7/100,000	-	-	-
Cervical Cancer mortality ⁴	1.98/100,000	3.71/100,000	2.01/100,000	-	-	-

(-) Indicates data not yet available

1. The WCCSP data for Adenoma find rate and Colorectal Cancer detection rates exceed CDC's national average.

2. Numbers for adenoma find rate and polyp removal rate are as of March 31, 2013.

3. As was noted in the HealthStat discussion, the rate of removal of pre-cancerous (Adenoma) polyps is about 60% of the polyps removed, overall.

4. Colorectal, cervical and breast cancer mortality rate source: Vital Records. These numbers reflect WY mortality rates.

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Number of colonoscopies per year	470	439	395	-	169	226	-	-
Number of colonoscopy re-screenings	5	88	90	-	31	59	-	-
Number of breast early detection clinical services per year	775	737	633	-	274	359	-	-
Number of cervical early detection clinical services per year	462	632	533	-	246	287	-	-
EFFICIENCIES								
Cost per colonoscopy ⁵	\$1,563	\$1,729	\$1,720	-	N/A*	N/A*	-	-
Cost per woman (B & C clinical services)	\$294	\$300	\$300	-	N/A*	N/A*	-	-
(-) Indicates data not yet available N/A* indicates data not available because not collected on a quarterly basis ⁵ . The costs per screening are not set by these programs, but rather by the Medicaid/Medicare rates for the services delivered								

STORY BEHIND THE PERFORMANCE

- In 2011, amendment to W.S. § 35-25-204 allowed for individual re-screens in less than 10 years, as medically necessary on a case-by-case basis, using nationally recognized guidelines. Overall polyp removal rates and adenoma find rates increased in 2012 and onward because the data now includes rescreening colonoscopies. Rescreening colonoscopies have higher polyp & adenoma find rates (these are high risk patients with a personal history of polyps).
- There is a projected cost avoidance of \$50,000 per cancer detected, totaling \$2,400,000 to date. This projection is based on a study done in 2010 using real treatment costs avoided by the detection of early stage cancers through the WCCSP.
- In SFY 2010 (three years after inception), 490 screenings were done. This exceeded the maximum funding capacity of 480 screens per year. The program manager, desiring to stay within program budget, limited marketing and outreach. Screenings numbers dropped in SFY2011- 2013. Marketing efforts have resumed. In addition, there was a staff turn-over in SFY2013 which left the program under- staffed for a period of time, which may have also contributed to the lower screening numbers.
- The eligible population is all WY residents age 50-64 who are at or below 250% of federal poverty level; these data are from the U.S. Census Bureau, Population Estimates, 2010.
- WBCCEDP has provided clinical services for 7,212 Wyoming women over the past 15 years; 865 women have been diagnosed with cancer or pre-cancer through this program.
- WBCCEDP has the highest CDC data rating possible with a zero % error rate and full compliance with 11 core performance indicators.

Child Health

Program Description

The Child Health Program provides leadership and support for the design, implementation and evaluation of state and local policies and programs that address the health needs of children; promotes healthy development within the child population, including children with special health care needs; manages contracts; and provides supervision and participation within the overall Maternal and Child Health Unit.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost both CH and AH were combined	\$	\$	\$458,586
People Served CH is for the total (1-11 yrs) population	N/A	N/A	N/A
Cost per Person	N/A	N/A	N/A
Non-600 Series*	%	%	%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

^ 2010 Census

Program Cost Notes

- Child Health uses blended funding (SGF, Title V, ECCS).
- Child Health also works closely with the Women and Infant and HV programs as the early childhood pop. (birth-5), and ECCS pop. (birth-3) fall into these two programs and benefit from home visits

Program Staffing

- 2.9 FTE = 1.0 FTE Child Health Program Manager and 1.3 Benefits and Eligibility Specialists, .3 Unit Manager, and .3 Administrative Assistant
- 0 AWEC
- 0 Other

Program Metrics

- In 2011, Wyoming met the objective of only 3.0 deaths per 100,000 children ages 14 years and younger. The rate of deaths per 100,000 children aged 14 years and younger has decreased in a linear fashion since 2001 ($p < 0.0001$).
- In 2009, the rate of deaths to children ages 1 to 14 years was 24 per 100,000. Wyoming ranked the 8th highest state for child death rate.

Events that have Shaped this Program

- 5 national performance measures and 1 state performance measure directly related to child health must be reported annually for the Title V grant.
- Wyoming was awarded a Maternal, Infant and Early Childhood Home Visiting Grant to expand home visiting services including the Parents as Teachers model in Natrona, Fremont, Sweetwater and Albany Counties
- The 2013-2016 ECCS Grant will provide
 - training of Child Care Health Consultants to assist child care centers meet national standards
 - travel funds and the purchase of an updated screening tool kit (Ages and Stages, including the Social-Emotional tool) for child care providers, including those within the Child Development Centers and Family Home Providers
 - funding for local Interagency Coordinating Councils (Early Intervention)/communities to address gaps in services (training/education) across the state
 - provide funding support for Wyoming resources to be included in the Medical Home Portal



Child Health

PROGRAM CORE PURPOSE

The purpose of the Child Health Program is to facilitate access to screening and to promote physical health for children ages 1-11.

OUTCOMES

Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Screening 1% of failed vision screenings that result in a visual impairment diagnosis	96%	85% (132/155)	95% (182/191)	94% (187/199)	95% (128/135)	-
Intermediate Term Outcomes						
Screening % of Medicaid enrollees whose age is less than one year during the reporting year who received at least one well child visit/ EPSDT screening	94%	90.7% (3,734/4,118)	94.6% (2,952/3,121)	92.4% (2815/3046)	-	-
Physical Health/Screening % of children (ages 0-24) among those accessing MCH* sponsored genetics clinics	95%	N/A	N/A	97% (80/82) ⁴	95% (137/144)	-
Physical Health/Screening % of individuals who attended their scheduled MCH* sponsored genetics clinic appointment	90%	N/A	N/A	93% (82/88) ⁴	86% (144/166)	-
Physical Health Re-certification rate of Child Passenger Safety Technicians (available by Federal Fiscal year or by Calendar year)	69%	51.5% (35/68) 2010 calendar year	76.9% (80/104) 2011 calendar year	65.79% (50/76) 2012 calendar year	59.6% (68/114) YTD 2013 calendar year	-
LONG TERM OUTCOMES						
Physical Health² Rates of death (per 100,000) due to unintentional injuries among children aged 0-24 years in Wyoming.	24.5	28.0	26.8	26.5	-	-
Physical Health ³ Rates of nonfatal injuries (per 100,000) among children aged 14 years and younger in Wyoming.	130	200.9	165.6	141.9	-	-

(-) Indicates data not yet available
 N/A indicates data not available due to the creation of a new metric
 Note: Data missing for 2013 will be available in March 2014

OUTPUTS AND EFFICIENCIES

Program Metric	SFY 2011	SFY2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
# of children screened for vision using photo screening machines as reported by the WY Lions Vision Screening Project	4183	4370	4011	-	N/A*	N/A*	-	-
# of car seats distributed through Safe Kids Wyoming	591	673	683	-	N/A*	N/A*	-	-
# car seats inspected through Safe Kids Wyoming	1986	1453	1410	-	N/A*	N/A*	-	-
# of individuals accessing MCH* sponsored genetics clinics	256	199	144	-	N/A*	N/A*	-	-
Efficiencies								
Cost per individual person participating in Safe Kids events per contracted \$ invested	\$3.62 (31,731/ \$115,000)	\$4.66 (24,656/ \$115,000)	\$5.30 (21,676/ \$115,000)	-	N/A*	N/A*	-	-
Avg. cost per individual seen at a genetic clinic (no testing covered in contracted costs)	\$1140.11	\$1,045.90	\$1354.16	-	N/A*	N/A*	-	-
(-) Indicates data not yet available N/A* indicates data not available on a quarterly basis								

STORY BEHIND THE PERFORMANCE

MCH contracts for services directly affecting this population with Safe Kids Wyoming, through Cheyenne Regional Medical Foundation and the Wyoming Lions Vision Screening Project (WLVSP), through WIND at the University of Wyoming.

¹Vision screening annually for children beginning at age 6 months to school entry is critical. The WLVSP works with Child Development Centers, Preschools, and Public Health Nursing office to offer vision screening expertise, training, support, and follow-up services.

²Data 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.

³Data for nonfatal injuries among children comes from hospital discharge data which is only available on a yearly basis.

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 %.

⁴ The outcome and output differ in reported numbers of individuals attending genetics clinics. The previous contractor was the University of Colorado (until December 31st 2011). A new RFP resulted in the contract being awarded to the University of Utah beginning January 1, 2012. The outcome data only includes information from the University of Utah and therefore, reflects the first 6 months of this contract (Q3 and Q4 of FY12). The output includes individuals accessing MCH genetics clinics by both contractors (University of Colorado and University of Utah).

Abbreviations:

MCH: Maternal Child Health

WIND: Wyoming Institute for Disabilities

EPSDT: - Early, Periodic, Screening, Detection and Treatment, also known as Medicaid Health Check, Well-Child Visit, Well-Baby Checks

Chronic Disease Prevention Program

Program Description

The Chronic Disease Prevention Program coordinates and implements research-based policies, practices, and programs at the state and community level that address the growing burden of chronic disease. The Program is dedicated to promoting and supporting health and well-being for Wyoming's residents through cross-sector partnerships and collaborative efforts, workforce development efforts, strategic communication, and continuous quality improvement.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$1,296,988	\$1,310,098	\$1,156,454
People Served	N/A	N/A	N/A
Cost per Person	N/A	N/A	N/A
Non-600 Series*	62.6%	63.0%	58.1%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- Three categorical programs included in the cost: Comprehensive Cancer Control, Diabetes Prevention & Control, and Heart Disease & Stroke Prevention.
- Total 2013 cost is broken down as follows: 45% federal and 55% tobacco settlement funds.
- Federal Funds include the following cooperative agreements from CDC: Comprehensive Cancer Control and Healthy Communities.
- Beginning in SFY 2013, funding under the Heart Disease & Stroke Prevention program for worksite wellness was redirected to other Public Health Division Programs.

Program Staffing

- 4.5 FTE
- 0 AWEC
- .5 Other (CDC Direct Assistance)

Program metrics

- Outreach, Education and Awareness
- Incidence/Prevalence

Events that have Shaped this Program

- **Growing burden of chronic disease:**
 - Chronic disease accounts for 65% of all deaths in Wyoming each year.
 - Cancer is the leading cause of death in Wyoming.
 - In 2012, 9.1% of Wyoming adults (roughly 40,000 people) had been told by a physician they have diabetes
 - In 2012, the American Diabetes Association estimated the national cost of diabetes at \$245 billion, of which Wyoming contributed approximately \$360 million.
 - In 2011, heart disease was the second leading cause of death and stroke was the fifth, together accounting for roughly 26% of all deaths.
- **2013:** Awarded the State Public Health Actions basic component grant funding that essentially expands the scope of the diabetes prevention and control efforts to include heart disease, obesity and associated risk factors, and school health. Funding will be focused on policy, systems, and environmental change approaches.
- **2012:** Chronic disease prevention, and early detection and intervention programs were combined with substance abuse and suicide prevention programs to form one unit in the Preventive Health and Safety Section of the Public Health Division. Such organizational change allows for stronger collaboration and integration of programs.
- **2011:** CDC funding opportunity awarded to WDH supported integration and coordination of efforts among categorical chronic disease programs (diabetes, heart disease and stroke, and comprehensive cancer control). Eight major activities addressed under this grant include: Program Management and Leadership, Organizational Structure, Capacity in Key Domain Areas, Development of Chronic Disease State Plan, Collaborative Processes (e.g., coalition and surveillance, epidemiology and evaluation).
- **2007:** Cancer Control Act (W.S. 35-25-201 through 35-25-206) laid the foundation for successful cancer control efforts in Wyoming, including appropriations for outreach and education.



Chronic Disease Prevention Program

PROGRAM CORE PURPOSE

To increase Wyoming residents' education and awareness related to chronic disease and associated risk factors through statewide partnership engagement.

OUTCOMES						
Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Number of people participating in educational events ⁱ .	650	0 ⁱⁱ	20 (baseline)	1,455	572	-
Percentage of Wyoming adults reporting they have heard of activities to address the problem of diabetes in their community.	40% ⁱⁱⁱ	39% ^{iv} (95% CI: 37.2-40.8)	35.3% (95% CI: 33.6-37)	N/A	N/A	-
<i>Sub-populations</i>						
American Indians	N/A	N/A	55.3% (95% CI: 40.4-69.4)	N/A	N/A	-
White	N/A	39.2% (95% CI: 37.4-41.0)	35.2% (95% CI: 33.4-37.0)	N/A	N/A	-
INTERMEDIATE OUTCOMES						
Percentage of Wyoming adults with diabetes who have access to American Diabetes Association-recognized Diabetes Self-Management Education (DSME)	62%	N/A	60.1% (21,363/35,524) ^{vi}	N/A	N/A	-
Percentage of people with diabetes who received formal DSME.	62.5% ^{vii}	56.1% (350/624)	58.7% (385/656)	N/A	N/A	-
LONG TERM OUTCOMES						
Age-adjusted prostate cancer incidence rate per 100,000 men ^{viii}	115	128.7 (Nat'l 134.9)	117.6 (Nat'l 128.2)	N/A	N/A	-
Percentage of Wyoming adults reporting they were told by a doctor they have diabetes.	9.2%	7.2% (95% CI: 6.5-7.9) (Nat'l 8.7%)	8.2% (95% CI: 7.3-9.2) (Nat'l n/a)	N/A	N/A	-
<i>Sub-populations</i>						
American Indians	N/A	7.9% (95% CI: 3.8-15.5)	17.6% ^{ix} (95% CI: 10.0-29.1)	N/A	N/A	-
White	N/A	7.1% (95% CI: 6.4-7.9)	7.9% (95% CI: 6.9-8.9)	N/A	N/A	-
Wyoming adults reporting body mass index (BMI) ≥ 25 (overweight/obesity)	60%	63.8% (95% CI: 61.9-65.6) (Nat'l 63.8%)	61.3% (95% CI: 59.5-63.0) (Nat'l 63.5%)	N/A	N/A	-
<i>Sub-populations</i>						

American Indians	N/A	70.6% (95% CI: 56.6-81.5)	65.1% (95% CI: 49.6-78.0)	N/A	N/A	-
White	N/A	63.2% (95% CI: 61.3-65.1)	60.1% (95% CI: 58.3-61.9)	N/A	N/A	-

(-) Indicates data not yet available

N/A indicates data not yet available or not complete

Note: SFY2012 BRFSS data is still not publicly available, so SFY2013 data will not be complete and/or available until sometime in 2014. This is due to the way and time frame in which data is collected and analyzed.

Endnotes explained in the Story Behind the Performance section

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Chronic Disease Publications Produced	3	2	4	-	x		-	-
Prostate Cancer Educational Events	1 (20 participants)	62 (1,455 participants)	31 (572 participants)	-	31	0	-	-
Chronic Disease Prevention Partnership Engagement Activities by Program Manager	N/A	N/A	34	-	0	34	-	-
EFFICIENCIES								
Average Hours Spent per Partnership Engagement Activity by Program Manager	N/A	N/A	3.15 hrs. (107/34)	-	0	3.15 hrs.	-	-
Earned Media Reach ^{xi} for Prostate Cancer Educational Events (number of people in targeted audience reached for \$0)	N/A	266,669 ^{xii}	47,070 ^{xiii}	-	47,070	0	-	-

(-) Indicates data not yet available

N/A indicates data not yet available or not complete

Endnotes explained in the Story Behind the Performance section

STORY BEHIND THE PERFORMANCE

Endnotes:

- i** Statewide public education and outreach has been primarily facilitated through the regional Wyoming Cancer Resource Services (WCRS) projects.
- ii** Data source used: WDH Annual Reports to CDC under the Comprehensive Cancer Control Cooperative Agreement.
- iii** CDC Advocates for 1% increases (or decreases) in performance measures per year as a general rule of thumb. Most of our targets were selected with that in mind.
- iv** Data source used: The Behavioral Risk Factor Surveillance System (BRFSS) is a national survey administered on the calendar year by the states. Wyoming Department of Health administers BRFSS for Wyoming.
 - In 2011, the BRFSS underwent a change in the weighting method to include more variables than previous surveys.
 - BRFSS data is prevalence data and results depend on who is contacted for the annual survey. There is some fluctuation from year to year in BRFSS survey results. The intent is to use BRFSS data to monitor progress toward the target.
- v** Data sources used: census data, county-level diabetes prevalence data from BRFSS, and American Diabetes Association for DSME program location information.
- vi** Numerator represents the number of people diagnosed with diabetes living in the 11 counties where an ADA-recognized site is located. The denominator represents the number of people diagnosed with diabetes in the state.
- vii** HP2020 Target
- viii** Data source used: Wyoming Cancer Surveillance System; population data from A&I Economic
- ix** Analysis Division
- x** Seemingly large increase in prevalence among American Indians may, in part, be due to small sample size of respondents within that population, as well as the 2011 BRFSS weighting method change previously noted.
- xi** Publications not dated in a manner that distinguishes quarter in which it was created and/or published.
- xii** Earned media may include items such as news articles or shows, letters to the editor, editorials, and polls on television and the Internet.
- xiii** Data source used: Participant Information Collection System (PICS), administered by WYSAC. The calculation is based the demographics of listenership/readership/viewership of media outlets with statewide reach that covered prostate cancer educational events. Demographics include men and women age 45+, with the majority of media outlet demographics based on Laramie County demographics. Actual earned media reach may be higher than reported due to small, local outlets not being included in this measure.
- xiv** This number is lower than SFY 2012 due to the repeated nature of events and reduced number of media outlets providing coverage.

Communicable Disease Prevention

Program Description

The Communicable Disease Prevention Program provides sexual and behavioral health education, outreach and interventions to individuals and communities throughout the state of Wyoming. The Program ensures that healthcare, education and community based providers have the skills necessary to implement evidence based sexual and behavioral health interventions. (Communicable Disease includes HIV/AIDS, Hepatitis B & C, Tuberculosis, Chlamydia, Gonorrhea & Syphilis)

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$1,431,193	\$1,412,265	\$1,391,316
People Served	NA	NA	NA
Cost per Person	NA	NA	NA
Non-600 Series*	38.6%	38.1%	39.4%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- FY 12 – 13 HIV Prevention Grant - CDC -Federal
- FY 12 – 13 STD Prevention Grant - CDC- Federal
- FY 12 – 13 Hepatitis Prevention Grant – CDC- Federal
- FY 11 – 12 TB Prevention & Control Grant - CDC Federal
- General fund Adult Hepatitis A/B vaccination

Program Staffing

- 7 FTE
- 0 AWEC
- 1 Contract

Program Metrics

- Deliver and evaluate the community health education campaign: **knowyo.org**
- Increase the number of individuals receiving a standard behavior based risk assessment prior to screening for Communicable Diseases at both public and private healthcare providers.
- Provide adult Hepatitis A and B vaccinations to high-risk adults over the age of 19 (DOC and PHN)
- Reduce continued disease transmission through targeted intervention with at-risk positives/high risk negatives.
- Provide targeted evidence based education to collaborating agencies serving high-risk populations including internal and external programs such as Immunizations, Behavioral Health, Public Health Nursing, Medicaid and Dept. of Ed. Dept. of Corrections, Dept. of Family Services, Wyoming Health Council.

Events that have Shaped this Program

- 2011/2012 Major efforts spent to integrate across disease prevention and control programs resulting in these products:
 - Implementation of a common behavioral risk screening recommendation and tools for use in public and private health care provider settings.
 - Establishment of integrated community advisory committees to inform evidence based prevention activities and ensure community participation per grant guidance.(CAPP, TB Advisory Committee)
- 2010: Publication of Healthy People 2020- Objectives includes HIV, STD, Immunization and Infectious Disease.
- 2012/2013 Completion and adoption of the 2012-2015 Comprehensive Prevention and Care Planning Document.
- 2012: Establishment of National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) strategic priorities including prevention through health care and health equities.
- State Funding to support adult Hepatitis A and B vaccination
- 2011/2012: Implementation of common Public Health Nursing Guidelines and Orders for Communicable Disease Programs



Communicable Disease Prevention

PROGRAM CORE PURPOSE

The Program's purpose is to prevent the occurrence of communicable diseases for individuals and persons living in communities at risk in Wyoming.

OUTCOMES

Performance Metric	2014 Target	2010	2011	2012	2013	2014
SHORT TERM OUTCOMES						
% DOC inmates completing the Hepatitis A and B vaccine series. ¹	80%	Measurement implement in 2011	14% 373/2660	45% 1166/2585	50% 1135/2287	-
% of individuals reported having ever been tested for HIV- BRFSS ²	37%	32.6%	35.3%	N/A	Program operates on CY	-
Re-infection rates of Chlamydia ³	<1.0%	1.0%	0.7%	0.9%	Program operates on CY	-
Vouchers redeemed from knowyo.org website ⁴	65%	12% 334/2850	44% 3,432/7828	49% 2244/4648	Program operates on CY	-
INTERMEDIATE OUTCOMES						
% of individuals who used a condom at last sexual encounter (middle school-high school) ⁵	MS: 70% HS:60%	Data only available odd years	FY 2011: MS: 67.2% HS: 58.6%	Data only available odd years	Program operates on CY	-
LONG TERM OUTCOMES						
Rates of Chlamydia infections per 100,000 persons ⁶	430.0 per 100,000	390.5 per 100,000	401.0 per 100,000	444.0 per 100,000	Program operates on CY	-
Active TB case rate of <1 per 100,000 statewide ⁷	< 1 per 100,000	1.3/100,000	0.7/100,000	0.5/100,000	Program operates on CY	-
Rates of Hepatitis C infection per 100,000 persons ⁸	80.0 per 100,000	91.6/100,000	87.1/100,000	82.3/100,000	Program operates on CY	-
(-) Indicates data not yet available						

OUTPUTS AND EFFICIENCIES

Performance Metric	2011	2012	2013	2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
# condoms provided to high- risk populations ⁵	Measurement implement in 2012	21,400	28,950	-	14,568	Program operates on CY	-	-
% releasing inmates receiving a Communicable Disease 101 class/safer sex kits ¹	47.37%	70.76%	DOC data not released.	-	DOC data not released.	DOC data not released.	-	-

# unique visits to the knowyo.org website ⁴	25,634	38,570	Program operates on CY	-	13,677	Program operates on CY	-	-
# providers trained to conduct behavioral interventions with high-risk clients. ⁹	65	22	20	-	12	Program operates on CY	-	-

EFFICIENCIES

Health Education contract (knowyo.org) cost per voucher ⁴	\$40.35 per voucher \$115,000/2850	\$14.69 per voucher \$115,000/7828	\$24.75 per voucher \$115,000/4648	-	\$26.95 per voucher \$57,500/2134	Program operates on CY	-	-
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(-) Indicates data not yet available

STORY BEHIND THE PERFORMANCE

- Healthy People (HP) 2020 goals and objectives and HIV/AIDS Bureau Standards are the benchmark for the Communicable Disease Screening and Treatment Programs.
- Community evidence based interventions are supported by the literature compiled in the Community Prevention Service Guide and

¹The Program targets the Department of Correction (DOC) inmate population because HIV infection is nearly five (5) times as high for incarcerated populations (2%) as compared to the general United States (.43%) ([HTTP://WWW.CDC.GOV/MMWR/PREVIEW/MMWRHTML/MM5515A1.HTM](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5515a1.htm)). Incarcerated individuals often report behaviors that place them and their partners at considerable risk for communicable diseases, these include; unprotected sex, multiple partners, injection drug use, needle sharing, etc.

²The behavioral risk factor surveillance system (BRFSS) has a module related to HIV screening. As part of the HP 2020 goals, individuals between the ages of 13-64 should be tested for HIV at least once in their lifetime. Looking at the BRFSS will provide the Unit an opportunity to measure the outcome at meeting this HP 2020 objective.

³WDH Field Epidemiologists provide individual evidence based interventions to priority populations with reported communicable diseases to help reduce the rate of re-infection, and prevention the spread of new infections. The most common intervention is partner services which includes notification, education, and linkage to care provided to the individual. Reinfection rates are defined as re-infection with an STD within 1 year.

⁴The Unit's health education campaign, [WWW.KNOWYO.ORG](http://www.knowyo.org) goal is to establish/reinforce a call to action for the specific target population (defined by the WDH Integrated HIV Prevention and Comprehensive Care Plan, 2012) to get tested for HIV/STD/viral Hepatitis and to know their status. This campaign began in May 210 and is managed by the contractor, Adbay.com Inc. and all metrics are measured in Google analytics. The metrics outlined are correlated with the influence the campaign has on the consumer and evaluates the main call to action of the campaign.

⁵Condom distribution programs are considered to be an effective behavioral intervention to decrease communicable disease transmission and unintended pregnancy rates in communities. They are cost-effective structural interventions that provide communities with the resources they need to ensure access to materials are essential in preventing the spread of HIV and other STD's. Data from YRBFS only available odd years: FY 2009: MS: 72.1%/HS: 61.7%

⁶Chlamydia infections are calculated at a community (county) level. The Unit targets interventions and dollars to high-incidence communities to decrease positivity rates. In the past three years counties with highest populations (Laramie/Natrona) have seen a decrease in community rates.

⁷The World Health Organization standard for TB Prevention and Control is for States and Territories to meet less than one (1) case of Active TB per 100,000 people.

⁸ Approximately 3.2 million persons in the United States have chronic Hepatitis C Virus infection. Infection is most prevalent among those born during 1945–1965, the majority of whom were likely infected during the 1970s and 1980s when incident rates were highest. (<http://www.cdc.gov/hepatitis/HCV/HCVfaq.htm#a4>). Individuals chronically infected with Hepatitis C are recommended per the CDC to be vaccinated for Hepatitis A & B; of the 2.2 million people in U.S. jails and prisons, about 1 in 3 of them have Hepatitis C

⁹Counseling, testing and referral are considered to be an effective intervention. To enhance the services offered in Wyoming the Unit trains individuals serving high-risk clients (Ryan White case managers) with this course.

Communicable Disease Treatment

Program Description

The Communicable Disease Treatment Program provides treatment for individuals diagnosed with a communicable disease. This Program provides a safety net of healthcare services for diagnosed individuals. Core services include support for other social determinants of health such as housing, transportation, mental health and other supportive services.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$1,559,708	\$1,523,796	\$1,560,927
People Served	#1050	#970	#839
Cost per Person	\$1,485	\$1,570	\$1,860
Non-600 Series*	15.84%	14.87%	11.65%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars. Only represents HIV Services Program dollars and participants.

Program Cost Notes

- FY 11- 12 Ryan White Part B/AIDS Drug Assistance Program (ADAP) Grant – HRSA- Federal
- FY 11 – 12 Ryan White Part C Grant – HRSA-Federal
- FY 11 – 12 Housing Opportunities for Persons With AIDS Grant - HUD
- FY 11 – 12 TB Prevention & Control Grant – CDC-Federal
- FY 11 – 12 Substance Abuse Block Grant Dollars – SAMHSA-Federal
- FY 11 – 12 Preventative Health and Health Services – CDC-Federal
- FY 11 -12 General Fund HIV Medical/Medications
- FY 13 \$367500 GF/\$1,1193,427 FF = 31% GF vs FF Expenditures

Program Staffing

- 3 FTE
- 0 AWEC
- 0 Contract

Program Metrics

- Numbers of individuals receiving Standards of Care medical services through HIV Services, STD, viral Hepatitis B and C, Tuberculosis, Active/Latent
- Clients who adhere to a medical case management care plan developed according to Standards of Care (HIV/TB)
- Reduce healthcare associated costs by increasing access to preventive care and wellness services for underserved and at- risk populations.
- Number of individuals receiving treatment for Latent TB Infection and Active TB Disease.
- Number of individual received treatment or preventive treatment for STD infections, specifically Chlamydia

Events that have Shaped this Program

- 2010: Publication of Health People 2020- Objectives includes HIV, STD, Immunization and Infectious Disease.
- 2011/2012: Implementation of HIV services enrollment package completed by Program case managers which includes identification of risks related to social determinates (housing/supportive services) and high-risk health outcome indicators (sexual health, alcohol, substance use)
- Adoption/Implementation of baseline HIV/AIDS Bureau (HAB)/CDC Standards of Care measures
- 2011/2012: Implementation of common Public Health Nursing Guidelines and Orders for Communicable Disease case management, screening and treatment services.
- 2012/2013 Completion and adoption of the 2012-2015 Comprehensive Wyoming HIV Prevention and Care Planning Document.

Communicable Disease Treatment

PROGRAM CORE PURPOSE

The Communicable Disease Treatment Program reduces disease incidence and improves the health of individuals diagnosed with communicable diseases living in Wyoming.

OUTCOMES

Performance Metric	2014 Target	2010	2011	2012	2013	2014
SHORT TERM OUTCOMES						
% HIV clients enrolled in HIV Services Program who are taking anti-retroviral therapy medications ¹	95%	85% 68/80	87% 71/82	93% 74/80	91% 75/82	-
% of LTBI clients enrolled in TB Services Program completing at least 6 months of preventive therapy ²	85%	87% 129/149	78% 77/99	81% 130/161	Program Operates on a CY	-
% of newly identified HIV positive clients linked into primary care within 3 months of diagnosis ³	95%	85.7% 24/28	81.3% 13/16	100% 12/12	Program Operates on a CY	-
% of partner treated for chlamydia infections	95%	94.5% 697/738	93.4% 609/653	94.4% 510/541	Program Operates on a CY	-
INTERMEDIATE OUTCOMES						
% clients enrolled in HIV Services Program w/undetectable HIV Viral Load ⁴	75%	N/A	60% 91/151	66% 100/151	73% 119/163	-
LONG TERM OUTCOMES						
% of new HIV infections diagnosed before AIDS diagnosed (HIV/AIDS)	50%	50.0% 14/28	25.0% 4/16	41.7% 5/12	Program Operates on a CY	-
Years between HIV and AIDS diagnosis ⁵	4 years	2.5 years	2.4 years	3 years	Program Operates on a CY	-

(-) Indicates data not yet available
1-5 explained in the Story Behind the Performance Section

OUTPUTS AND EFFICIENCIES

Performance Metric	2011	2012	2013	2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
# of HIV clients enrolled in care with a documented CD 4/Viral Load ⁴	133	136	147	-	133	88	-	-

# of partners treated for positive Chlamydia/gonorrhea infections	734	653	Awaiting final data	-	293	229	-	-
# individuals treated for LTBI/active TB disease	165	170	151	-	100	51	-	-
EFFICIENCIES								
Cost savings for Program by provider reimbursement at the Medicaid rate ⁶	\$81,873	\$78,186	\$87,184	-	\$50,224	\$36,960	-	-
(-) Indicates data not yet available								

Story Behind the Performance

- Healthy People (HP) 2010 goals and objectives and HIV/AIDS Bureau Standards of Care are the benchmark for the Communicable Disease Treatment Program.
- The HIV Services Program provides payment for medical services to approximately 154 clients currently living with HIV/AIDS in Wyoming.
- Statutory requirements are in W.S. § 35-4-101-113

¹ Adherence to an HIV treatment regimen allows anti-retroviral medications to work effectively to reduce the amount of HIV in the body. Adherence to an HIV treatment regimen also helps prevent drug resistance. Drug resistance develops when the virus mutates (changes form), becoming “resistant” to certain anti-retroviral medications.

² Treatment of latent TB infection (LTBI), which is not communicable, prevents the reactivation of active TB disease which is communicable. National objectives aim to ensure at least 85% completion of treatment in LTBI cases. The WDH TB Program provides medication to the “safety net” population free of charge, this increases the rate of treatment as cost of therapy may be a barrier.

³ The National Alliance for HIV Education and Workforce Development (NAHEWD) data shows that nationally 66% of HIV positive individuals are linked into care.

⁴ An individual with an undetectable viral load has small amounts of the virus in their blood reducing the risk of transmission. Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with a viral load test performed at least every six months during the measurement year. The measurement is calculated by: the number of patients with an undetectable viral load test performed at least every 6 months/Number of patients, with a diagnosis of HIV/AIDS who had at least two medical visits during the measurement year, with at least 60 days in between each visit. A CD4 level is a measurement of the immune system. The higher the CD4 level, the healthier the immune system is.

⁵ Years between HIV and AIDS diagnosis. The more adherent patients are to medication regimen/Standard of Care (SOC) the more likely they are to remain healthy and in turn this will delay an AIDS diagnosis and reduce costs for the Program. This standard is calculated based on reported surveillance data for HIV/AIDS cases living in and diagnosed in Wyoming. National average between an HIV diagnosis and an AIDS diagnosis is 10 years.

⁶ Physicians have a set billing rate. For example, a regular office visit charge is \$115.00 and the Medicaid reimbursement rate is \$95.57 or a chest x-ray for TB is billed at \$350.00 and the Medicaid reimbursement is \$31.50.

Community Medical Access and Capacity Program

Program Description

The Community Medical Access and Capacity Program provides education and infrastructure support to improve the quality of hospitals, and to provide technical assistance and support for the expansion of community health centers and rural health clinics.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$797,869	\$705,313	\$1,019,170
People Served	N/A	N/A	N/A
Cost per Person	N/A	N/A	N/A
Non-600 Series*	17%	5%	13%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- Program Costs for SFY 2013 were 58% SGF and 42% FF
- Medicare Rural Hospital Flexibility Grant Program
100% FF - \$449,599
- Small Rural Hospital Improvement Program Grant
100% FF - \$151,996
- Community Assessment 100% SGF \$125,000
- Primary Care Support Act \$1M – expended in FY 14
- Small Rural and Critical Access Hospital Technology grants \$1M

Program Staffing

- FTE Flex Coordinator/ORH manager .4FTE
- Project manager .8 FTE
- AWEC Program Specialist .2 FTE
- Contractors: Rural Health Solutions, Wyoming Hospital Association

Program Metrics

- The Medicare Rural Hospital Flexibility Grant Program provides Critical Access Hospitals support for quality improvement, operational and financial improvement, and health system development and community engagement.
- The Small Rural Hospital Improvement Grant Program provides small rural hospitals support in value-based purchasing, bundled payments, prospective payment system, and accountable care organizations.
- The Community Assessment fund supports a variety of special projects such as community health needs assessments, recruitment and retention assessments and improvement strategies, and Wyoming Health Matters.
- Primary Care Support Act received seven applications in SFY 13; awards will be distributed in SFY 14.

Events that have Shaped this Program

- W.S. 9-2-117 created the Office of Rural Health (1993) which is charged with oversight of these functions.
- An amendment to Section 355 of the WDH budget in 2011 General Session provides funds to critical access and rural hospitals in purchasing technologies to move them toward meaningful use of electronic health records per the American Recovery and Reinvestment Act of 2009.
- Federal funding streams require activities to address quality improvement.
- W.S. 9-2-127 created the Primary Care Support Act (2011). The Primary Care Support Act provided \$1M for new rural health clinics or community health centers, and/or expanding services in existing RHCs and CHCs. Grant funds expire June 2017. Rules have been promulgated; seven applications received, estimate awards to be issued in FY2014.



Community Medical Access and Capacity Program

PROGRAM CORE PURPOSE

The Community Medical Access and Capacity Program provides education and infrastructure support for quality improvement in Critical Access Hospitals (CAHs).

OUTCOMES						
Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
OUTCOMES						
% of CAHs participating in Medicare Beneficiary Quality Improvement Program (MBQIP) ¹	93.75% (15/16)	N/A	N/A	37.5% (6/16)	87.5% (14/16)	-
% of leadership class participants who indicate the courses were meaningful and would recommend to others ²	75%	N/A	N/A	46.2% (6/13)	57.1% (4/7)	-
% of CAHs actively entering data into Quality Health Indicators (QHi) database participating in technical assistance calls ¹	100%	N/A	N/A	82.5% average	100% (6/6)	-
% of CAHs receiving Critical Access and Rural Hospital Technology Grant funding who have implemented an electronic health record ⁴	100% (5/5)	N/A	N/A	N/A	80% (4/5)	-
% of hospitals participating in patient falls educational trainings that report improvement (fewer falls) following training ⁵	100% (6/6)	N/A	N/A	N/A	N/A	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric 1-6 Explained in the Story Behind the Performance section						

OUTPUTS AND EFFICIENCIES								
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
# leadership classes	5	14	18	-	14	4	-	-
# participants in leadership classes ³	67	198	262	-	196	66	-	-
# technical assistance calls hosted	18	18	18	-	9	9	-	-

EFFICIENCIES

Cost per person attending leadership classes	\$79.03	\$74.88	\$68.70	-	\$75.64	\$64.18	-	-
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(-) Indicates data not yet available
1-6 Explained in the Story Behind the Performance Section

STORY BEHIND THE PERFORMANCE

1. Both MBQIP and QHi are voluntary quality improvement data systems available to CAHs. MBQIP collects data on different quality of care indicators and the indicators change over time. MBQIP was established by the federal Office of Rural Health Policy and is part of a publically reported national data set. QHi utilizes data, benchmarking, and networking to drive quality improvement in CAHs. QHi provides CAHs with additional areas of benchmarking including measures related to clinical quality, patient satisfaction, financial operations, and human resource measures.
2. In past years completing a survey was not a requirement; however, due to changes in the Flex grant guidance, an evaluation must take place for any webinars/trainings over three hours in length; each participant will be required to complete the evaluation after the training and again in four months.
3. This number represents a duplicated number of participants over all classes.
4. The Critical Access and Rural Hospital Technology Grants provide \$200K each to five hospitals to assist them in purchasing technology to move them toward meaningful use of electronic health records. Contract length is 18 months with grant awards expiring December 2013. Three of the five hospitals have expended 100% of funding awarded.
5. The program will establish the baseline once the project begins which is the next Flex grant year beginning September 1, 2013. We will use the data gathered in 2014-2015 to track outcome and outputs, such as what groups were formed or activities implemented to decrease the number of patient falls in their facilities by each CAH involved in the trainings. The goal is to improve individual facility rates which will improve the average statewide.
6. Grant awards issued for infrastructure support include: Critical Access and Rural Hospital Technology Grants; Small Rural Hospital Improvement Program (SHIP) grants to hospitals; pass-through sub-recipient grants to Critical Access Hospitals for activities related to the objectives of the federal Medicare Rural Hospital Flexibility Grant Program; grants to Rural Health Clinics to support attendance at annual Rural Health Clinic conferences, and financial feasibility study grants to prospective Rural Health Clinics and Community Health Centers. Primary Care Support Grant Program grants will be included once awards are issued.

Community Services Program (CSP)

Program Description

CSP administers the Community Services Block Grant (CSBG) and Emergency Solutions Grant (ESG) Programs through a combination of local governments, community action agencies, homeless shelters, and neighborhood-based organizations, both in the public and private sectors, which provide health and human services to Wyoming residents.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$4,928,258	\$3,729,794	\$3,428,609
People Served	67,630	62,748	55,256
Cost per Person	\$72.87	\$59.44	\$62.05
Non-600 Series*	5%	7%	5%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- 100% Federal Funding
- CSBG ARRA funding is included in SFY 11
- ESG funding increased in SFY13

Program Staffing

- 1 FTE
- 0 AWEC
- 0 Other

Program Metrics

- During 2012, the majority of CSP assistance was provided to single, white males between the ages of 24 – 44, who had a high school diploma or GED, were employed, did not have health insurance, were not disabled, were renting their housing, and were between 76 – 100% of the federal poverty level (FPL for 1 person was \$10,890 per year during 2012).
- The Point In Time count conducted in January of 2012, indicates that 74% of Wyoming’s homeless population is unsheltered. The majority of those individuals were either single parents or veterans, and also fell into the chronic substance abuse and severely mentally ill subpopulations.
- The three top categories of assistance for CSBG continually fall into Emergency Services, Housing, and Nutrition.
- The three top categories of assistance for ESG continually fall into Emergency Shelter Operations, Essential Services, and Homelessness Prevention.

Events that have Shaped this Program

- CSBG allocations for each County and the Reservation are determined using a formula and through an application process disbursed to Tripartite Boards. Tripartite Boards consist of 1/3 elected officials, 1/3 community members, and 1/3 low-income representatives. Through Needs Assessments and Public Hearings, the Tripartite Boards regulate local funding.
- For FFY 2013, Street Outreach, Rapid Re-Housing, and coordination with the Continuum of Care Board were added to the current Emergency Shelter Grant Program to become the Emergency Solutions Grant Program.



Community Services Program (CSP)

PROGRAM CORE PURPOSE

The Community Services Program (CSP) administers funding to provide temporary assistance, such as emergency medical care and nutrition assistance, to low-income people to address the social and economic factors that influence health.

OUTCOMES

Performance Metric	FFY 2014 Target	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014
% of emergency rent/mortgage assistance provided (# of low-income individuals helped / # who requested assistance) ³	55%	63% (2,729/ 4,354)	59% (2,723/ 4,593)	52% (2,109/ 4,075)	-	-
% of emergency medical care provided (# of low-income individuals helped / # who requested assistance) ³	>87%	78% (2,488/ 3,181)	93% (2,665/ 2,871)	87% (2,215/ 2,541)	-	-
% of emergency food provided (# of low-income individuals helped / # who requested assistance) ³	95%	99% (22,350/ 22,489)	99% (70,271/ 70,703)	91% (33,933/ 37,419)	-	-
% of Wyoming poverty population receiving CSBG services ^{1,5}	25%	25% (12,073/ 48,147)	25% (12,374/ 49,464)	22% (11,721/ 53,972)	-	-

(-) Indicates data not yet available

Note: Missing data for 2013 will become available in December of 2013

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
# of low-income and/or homeless people receiving services ¹	67,630 CSBG = 56,565 ESG = 11,065	62,748 CSBG = 54,370 ESG = 8,378	55,256 CSBG= 51,062 ESG= 4,194	6,884YTD CSBG = 6,500 ESG = 384	22,764 CSBG= 18,570 ESG = 4,194	32,492 CSBG = 32,492 ESG = 0	-	-
#of service providers addressing greatest areas of need according to their current needs assessment	N/A	N/A	N/A	-	N/A	N/A	-	-

EFFICIENCIES

Cost/# of people served	\$72.87 (\$4,928,258/ 67,630)	\$59.44 (\$3,729,794/ 62,748)	\$62.05 (\$3,428,609/ 55,256)	\$77.26 YTD (\$531,843/ 6,884)	\$63.14 (\$1,437,273/ 22,764)	\$61.29 (\$1,991,336/ 32,492)	\$77.26 YTD (\$531,843/ 6,884)	-
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(-) Indicates data not yet available

N/A indicates data not available due to the creation of a new metric

STORY BEHIND THE PERFORMANCE

1. Community services program consists of two federal grants, community services block grant (CSBG) and the emergency solutions grant (ESG).
2. CSBG receives approximately \$3.6 million annually from health and human services to provide intervention services and activities that address employment, education, emergency services, health, housing, nutrition, and income management.

Some examples: a meal at the local soup kitchen, a bus ride for job search, utility assistance to avoid disconnection, work boots for employment, or dental services for someone in need.

An example of wrap-around services: a single mother suffering from diabetes who seeks help because she received an eviction notice could receive assistance to pay her rent and utilities, receive a food voucher, and obtain emergency medical care to help stabilize her situation. A budgeting class may be required and additional help may be available to obtain employment or further her education to seek better employment.

3. CSBG received an additional \$5 million of American recovery and reinvestment act (ARRA) funding during SFY 2010 and 2011. All regular CSBG activities were conducted but a special emphasis was placed on education, employment, health, and housing. Funding levels resumed to the typical CSBG allocation during 2012.
4. Emergency solutions grant, formerly emergency shelter grant, typically received approximately \$180,000 annually from housing and urban development. In calendar year CY 2013, the program received \$233,174. In addition, ESG has been granted \$250,539 to be expended during January 1, 2013- December 31, 2013. Services and activities conducted address the homeless and at-risk of becoming homeless through street outreach, emergency shelter, homeless prevention, and rapid re-housing. This program will be administered by the department of family services beginning January 1, 2014.

Some examples: a night's stay at the local emergency shelter, a motel voucher for a week worth of shelter, or assistance paying rent to avoid eviction.

An example of wrap-around services: a single male suffering from a mental illness and sleeping in the park at night can be approached and offered mental health services and a bed at the local emergency shelter. Staff can quickly get this individual housed in their own location and assist with security deposit, utility deposit, 1st month's rent, up to 24 months of rental assistance, food, physician care and prescription costs. In addition, staff can help him apply for social security and provide case management for up to two years.

5. For this outcome we are using 100% of federal poverty level. The federal poverty level (FPL) is a guideline which uses a simple measure of the federal poverty threshold. The guidelines are updated annually by the US Department of Health and Human Services and are adjusted for household size.
6. All outcomes are reported on federal fiscal year (FFY) and all outputs and efficiencies are reported on state fiscal year (SFY).

Emergency Medical Services

Program Description

The Office of Emergency Medical Services (OEMS) operates under a statutory requirement to develop a comprehensive EMS and trauma system pursuant to W.S. § 33-36-101 and W.S. § 35-1- 801. This implies two key tasks: ensuring compliance within existing infrastructure and developing new components. To this end, the EMS Section oversees various activities, to include the EMS educational system, compliance, investigations, the EMS for children program, the collection of data, and the provision of technical and other assistance to local communities throughout the state.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$1,124,450	\$1,012,612	\$1,059,988
People Served	568,158	576,412	576,412
Cost per Person	\$1.98	\$1.78	\$1.83
Non-600 Series*	95%	97%	95%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- 61% funded through General Funds
- 39% Federal Funds

Program Staffing

- 7 FTE (two vacant)
- 0 AWEC
- 0 Other

Program Metrics

- Ensures available manpower for local EMS agencies by providing community-based emergency medical training at four different certification levels:
 - 23 EMT courses provided in FY2013
- 63% of Wyoming's population resides in a community with an identified ambulance service.
- 39% of Wyoming EMS agencies are fully compensated, 22% are partially compensated, 39% are strictly volunteer
- Calendar year 2012 recorded approximately 61,000 requests for service statewide (approximately seven requests per hour)

Events that have Shaped this Program

- The Wyoming Emergency Medical Services Act of 1977 created EMS within the Department of Health.
- National trends and legislation, such as the Department of Transportation (DOT) standard curriculum required minimum hours and training standards for EMS professionals.
- Frontier and rural communities have few resources to allocate to these functions.
- Remote areas and heavy reliance on Critical Access Hospitals create a demand for EMS to transport patients to specialty hospitals.



Emergency Medical Services

PROGRAM CORE PURPOSE

The Office of Emergency Medical Services (OEMS) develops and regulates the statewide, comprehensive emergency medical services system.

OUTCOMES

Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Services reporting in WATRS ¹	90% (68/75)	N/A	N/A	N/A	69% (52/75)	-
% services reporting complete data ²	90%	N/A	N/A	N/A	81% (42/52)	-
% Chute times <10 minutes ³	>95%	N/A	N/A	N/A	97% (11,218/11,584)	-
% of responses ≤ 8:59 ⁴	60%	N/A	N/A	N/A	48% (5,505/11,584)	-
# of current licensees ⁵	>4,232	4,168	4,176	4,232	3,892 (YTD)	-

(-) Indicates data not yet available
 N/A indicates data not available due to the creation of a new metric
 1-5 explained in the Story Behind the Performance section

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Supported EMT classes	N/A	19	23	-	9	14	-	-
WATRS records (911 only)	21,896	28,724	30,335	-	15,534	14,801	-	-
Completed records (911 only)	N/A	N/A	11,584	-	6,140	5,444	-	-
WATRS trainings	28	8	1	-	0	1	-	-
WATRS customer support	N/A	N/A	5,569 min.	-	N/A	5,569 min.	-	-
EFFICIENCIES								
Cost per student	N/A	\$247 (\$49,622/201)	\$209 (\$54,153/259)	-	\$202 (\$21,771/108)	\$152 (\$23,000/151)	-	-
Class completion rate	N/A	78% (201/257)	82% (259/317)	-	78% (108/138)	84% (151/179)	-	-

(-) Indicates data not yet available
 N/A indicates data not available due to the creation of a new metric

STORY BEHIND THE PERFORMANCE

The OEMS is both a developmental and regulatory agency. In this dual capacity, the OEMS must determine the status of the many elements that comprise a comprehensive EMS and Trauma System, adapt what currently exists or create new solutions, and then ensure that EMS agencies are compliant and functioning in a coordinated effort. Healthy People 2020 identified the objective(s) of increasing the proportion of persons who are covered by basic or advanced life support. In this context, we would define the term “covered” as “response reliability.” In other words, the degree of reliability to which Wyoming’s EMS is capable of responding promptly and delivering appropriate care. There are many factors that must flow in close coordination to ensure this reliability. For example, Wyoming’s EMS agencies must comply with both rule and industry standards for response, and provide a competent workforce that is capable of meeting the standard of care. To accomplish this, the OEMS must measure the current response reliability, develop a system that maximizes Wyoming’s capabilities, and provide oversight to an entire system of education, based on valid, relevant curricula.

¹The Wyoming Ambulance Trip Reporting System (WATRS) is a web-based patient reporting system for EMS agencies. The OEMS began implementation of the system in 2010. This system is provided at no cost to all ambulance services and fire agencies operating in Wyoming. It is compliant with the National EMS Information System (NEMSIS) requirements, is accessible by receiving facilities, and interfaces with the Trauma Patient Registry. Efforts are underway to link the system with the Wyoming Department of Transportation highway traffic data.

²Following the 2012 HealthStat report, the OEMS assigned a validity score to specific data fields within the WATRS and began tracking the completeness of reporting within the system. This validity report does not measure the accuracy of the data that is entered; only whether or not data was entered into a field. Only the third and fourth quarters of 2013 are reported here, and reflect that 81% of the services that are reporting are completing 90% or greater of identified data fields. The accuracy of reporting will continue to be a goal of the OEMS. In the 2013 HealthStat report, a total of 30,335 reports were identified as emergency responses. Of that number, only 11,584 records (38%) had useable data.

³“Chute time” is the time interval between the time patient location, problem and callback number are known and the time the ambulance begins to respond to the location. Because this interval is included in the overall response time, EMS should strive to make this interval as short as possible. In large, urbanized systems, the goal is to achieve chute times of 90 seconds or less with 90% reliability. Currently, the only requirement in rule regarding chute time is that an ambulance must respond in less than 10 minutes. No distinction is made regarding variations in the design of the local system. A chute time standard of 10 minutes may be all that is realistically achievable in some areas, while other urbanized areas with full-time paid staff can achieve quicker chute times.

⁴“Response time” is the time interval between the time the patient location, problem and callback number are known, to the time that the ambulance reports that it is on scene. In large, urbanized systems, the benchmark is to achieve response times of eight minutes and 59 seconds or less with 90% reliability. While the measurement of response time reliability is valid as it relates to an ambulance service, it is also subjectively dependent on the particular service in question. It would be inappropriate to apply the same standard to all of Wyoming’s services as there is no standardized response time benchmark for rural and frontier volunteer services. Each system should determine what response times *are* achievable and their reliability in meeting those times.

⁵“Current licensee” is defined as any person that will be required to renew within calendar year 2013 or 2014. This outcome represents year to date and does not account for persons that will be issued new credentials between now and January of 2014. (Current statutory language requires that licenses expire on December 31st and current rules limit this to the year following the year of issuance. Thus, any person that is licensed before December 31, 2013, would be added to the number reported here.)

End Stage Renal Disease (ESRD)

Program Description

End Stage Renal Disease (ESRD) is a benefit program to assist Wyoming residents, at or below 185% of FPL, diagnosed with Stage 5 Chronic Kidney Disease with costs associated with their condition. ESRD pays medical co-payments, Medicare B, D, and health insurance premium reimbursements, prescription costs, and transportation expense to 1) improve quality of life by promoting regular dialysis treatments and 2) improve kidney transplant candidacy by agreeing to pay the cost of immunosuppressant drugs. W.S. § 42-4-117 provides for funding and rule making authority for the program.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$525,395	\$598,222	\$574,188
People Served	#169	#151	#138
Cost per Person	\$3109	\$3961	\$4160
Non-600 Series*	8%	10%	13%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- ESRD has no control over 1) # of applications, 2) # of eligible WY residents who apply, 3) # of clients choosing to renew, or 4) cost of services.
- 5% CPP between 2012 and 2013 is due mostly to a 3% cost increase in administration. ESRD has contained service costs through program changes since 2012.

Program Staffing

- FTE 0
- AWEC - .85
- Other 0

Program Metrics

- SFY 2013
 - Clients - Total 138 - 113 on dialysis and 34 in the kidney transplant section
 - Cost per Client - \$3619 (average – direct services)
 - Medical Payments \$117,920
 - Insurance \$67,012
 - Medicare B \$44,369
 - RX/Supplies \$26,196 (dialysis)/\$78,897(transplant) = \$105,092
 - Transportation \$142,233
 - Medicare D \$4,416

Events that have Shaped this Program

- Funded by the General Fund, approximately \$.75M SFY 2013 with a cap of \$40,000 (per program rules) per year, per client.
- Changes implemented since 2009:
 - Regular visits to dialysis center by ESRD staff for training and support of social workers
 - Adjustment of travel expense reimbursement and per diem rate to 50% of GSA rate for Wyoming
 - Addition of reimbursement of Medicare D premiums – in pilot status at this time.
 - Strict adherence to the “payer of last resort” concept
- ESRD was created by legislation in 1971. In 1996 the program became almost non-existent due to budget cuts by the legislature. Due to intense public demand, HB233 was passed during the 2001 legislative session, providing W.S. § 42-4-117 for the End Stage Renal Disease Program and re-establishing funding similar to the pre-1996 level.
- AWEC staffing is an approximation. Position currently is responsible for ESRD and Wyoming Cares/Wyoming Shares.
- ESRD has a very fluid, diverse clientele; age 12 to 85, encompassing all ethnicities. Turnover of ESRD clients tends to be high due to death, leaving the state for family support, financial ineligibility, and simply making the choice to decline renewal of ESRD benefits.

End Stage Renal Disease

PROGRAM CORE PURPOSE

End Stage Renal Disease (ESRD) assists low-income Wyoming residents diagnosed with Stage 5 Chronic Kidney Disease with costs associated with dialysis treatment and the cost of anti-rejection drugs for eligible kidney transplant recipients.

OUTCOMES

Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Increase the % of dialysis clients with health coverage other than Medicare B ¹	> 77%	Not tracked	Not tracked	58% 70/121	77% 87/113	-
Decrease the % of dialysis clients using the co-payment benefit ²	≤ 23%	37% 48/132	38% 51/135	33% 39/121	23% 26/113	-
Increase the # and % of dialysis clients w/o other RX coverage enrolled in a Medicare D plan ³	50%	N/A	N/A	32% 15/47	44% 28/64	-
Increase the % of ESRD dialysis clients who receive a kidney transplant ⁴	≥ 7%	4% 5/132	3% 4/135	5% 6/121	7% 8/113	-

(-) Indicates data not yet available

N/A indicates data unavailable due to the creation of a new metric

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
# of Clients, Total	169	151	138	-	127 106+21	138 127+1	-	-
% and # of clients in Transplant Section	21% 34/169	20% 30/151	25% 34/138	-	30 26+4	34 30+4	-	-
% and # of approved program applications ⁵	76% 38/50	47% 32/68	48% 32/67	-	49% 21/43	46% 11/24	-	-
# of trainings for dialysis social workers ⁶	4	3	3	-	2	1	-	-
EFFICIENCIES								
Cost per ESRD client (\$/#) (Service cost per client)	\$3226 \$545,227/169	\$3221 \$486,484/151	\$3619 \$499,544/138	-	N/A*	N/A*	-	-
Cost per Transplant Client	\$2072 \$70,448/34	\$2672 \$80,160/30	\$2319 \$78,897/34	-	N/A*	N/A*	-	-

Cost per Dialysis Client	\$3489 \$474,455/136	\$3277 \$406,339/124	\$3723 \$420,647/113	-	N/A*	N/A*	-	-
Travel Cost per Dialysis benefit user ^{7,8}	\$1491 \$113,305/76	\$1817 \$134,454/74	\$2091 \$142,233/68	-	N/A*	N/A*	-	-
Insurance cost per Dialysis benefit user ¹	\$1852 \$120,362/65	1905.00 \$62,851/33	\$1763 \$67,012/38	-	N/A*	N/A*	-	-
Co-payment cost per dialysis benefit user ²	\$3923 \$200,069/51	\$3487 \$135,985/39	\$4535 \$117,920/26	-	N/A*	N/A*	-	-

(-) Indicates data not yet available

N/A* indicates data not available on a quarterly basis

STORY BEHIND THE PERFORMANCE

- ESRD has made successful efforts to encourage clients to increase independence by participating in supplemental insurance plans. This allows the client the opportunity to gain benefit for other conditions and saves the program money by having the 20% after Medicare B paid by another source.
- In 2009/2010, typical co-payment costs were \$400 - \$600 per client per month or \$4800 - \$7200 per year. In SFY 2013, typical co-payment costs were \$600 - \$900 per client per month or \$7200 - \$10,800 per year - a 50% increase over a 4 year period. Medical co-payment is the highest dollar per client benefit offered by ESRD. ESRD will continue to encourage clients to utilize private and supplemental Medicare insurance plans to keep this cost to a minimum
- As of January, 2013, ESRD has reimbursed dialysis clients for Medicare D premiums. It is expected this enhancement to the insurance benefit section will reduce costs to the state for ESRD medications while positioning clients to be better able to afford other medications for co-morbidity conditions, thereby increasing health related quality of life. An in depth analysis will be conducted in 2014 to determine if there is a cost savings benefit to the state and a survey will be conducted in part to determine if those clients utilizing this benefit are regularly taking their prescribed medications.
- For dialysis patients who are physically able, a kidney transplant is the best option, from both a health and financial standpoint. ESRD assists dialysis clients with costs associated with dialysis to assure regular treatments to keep the client as healthy as possible. This increases the likelihood the client will be healthy enough to undergo a transplant procedure. When a kidney transplant is received, ESRD will assist the client with the cost of anti-rejection (immunosuppressant) drugs, for as long as they remain in Wyoming and are financially eligible for the program.

Nationally, about 5% of dialysis patients received a kidney transplant in 2010 and 2011. In Wyoming, about 8% of dialysis patients received a kidney transplant in 2011 and 2012.

Wyoming ESRD clients who have received a kidney transplant increased from 3% to 7% in the past 3 years.

- Eligibility for ESRD is based on three components: 1) must be a Wyoming resident, 2) household income must be at or below 185% of poverty adjusted by ESRD related expenses, and 3) must be diagnosed with End Stage Renal Disease.
- In 2009 and 2010, training was provided to all interested Wyoming dialysis center social workers. ESRD currently offers training to any new dialysis social worker in Wyoming and refresher training to established social workers on request. ESRD works closely with social workers to provide clients with the opportunity to receive regular dialysis treatments.
- Wyoming is challenged to get dialysis clients to treatment centers due to travel issues, which has also resulted in a trend toward more rural patients opting for home dialysis. Travel reimbursement is the benefit most utilized by ESRD dialysis clients.
- There are only 9 dialysis centers in WY, or 1 dialysis center for every 2.56 counties (23/9).

Environmental and Occupational Health Program

Program Description

The Environmental and Occupational Health Program addresses the two environmental toxins, lead and radon. Lead negatively impacts nerve and brain functions, and radon is associated with lung cancer. Region 8 U.S. Environmental Protection Agency (USEPA), funds the radon program and the Centers for Disease Control and Prevention (CDC) funds the lead program. Radon funding fluctuates year-to-year, while funding for the lead program has remained stable for the last three years.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$102,266	\$102,500	\$102,500
People Served	#NA	#NA	#NA
Cost per Person	\$NA	\$NA	\$NA
Non-600 Series*	79%	96%	86%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

	11	12	13	14
● SFY				
● Lead	\$10,000	\$10,000	\$10,000	\$10,000
● Radon	\$92,266	\$92,500	\$92,500	\$92,500
● Total	102,266	\$102,500	\$102,500	\$102,500

Program Staffing

- FTE - 1
- AWEC - 0
- Other - 0

Program Metrics

- The Wyoming Radon Program distributes test kits, educates real estate agents, middle and high school students, building code officials, contractors and the public on the health aspects of radon; including testing and mitigation of new and existing homes.
- Three key components are the distribution of test kits to the public, training of real estate agents about radon via continuing education classes and the installation of mitigation systems by trained professionals.
- The Lead Program receives blood-lead level (BLL) test results from six laboratories on all adults in Wyoming.
- Follow-up on elevated BLL, database entry and maintenance are two key components of the lead program.

Events That Have Shaped This Program

- According to the USEPA and U.S. Surgeon General, exposure to radon gas can independently increase a person's chances of developing lung cancer; and Wyoming is classified as a Zone 1 state, which is the highest potential for having elevated levels of radon in residential homes.
- Wyoming is an unregulated radon state; there are no laws or oversight governing professionals providing radon testing or mitigation, or any testing during a real estate transaction.
- Federal EPA funding for radon prior to 2005 was consistent at \$100,000.00, but has fluctuated since 2006.
- Lead is used extensively in industry and is a neurotoxin, affecting both children and adults. Research indicated that elevated BLL has negative health effects on adults.
- All BLL tests on Wyoming residents are reported to the state health office, lead program. These BLL reports are evaluated for follow-up and all are put into an Access database.



Environmental and Occupational Health Program

PROGRAM CORE PURPOSE

To influence the reduction of exposure to Lead and Radon in the environment through promoting awareness and education.

OUTCOMES						
Performance Metric	SFY 2014 Target	SFY 2010 ¹	SFY 2011	SFY 2012	SFY 2013 YTD	SFY 2014
SHORT TERM OUTCOMES						
Number of real estate agents (REA) trained in radon principles out of statewide total of approximately 2,000 REA (according to the WY Real Estate Commission). ¹	150 REA trained per year.	N/A ²	80/2000 = 4%	254 /2000 = 12.7%	186/2000 = 9.3%	-
Number of homes tested during real estate transactions by Wyoming radon professionals listed on state website.	1,000	380	788	1,003	1,116	-
INTERMEDIATE OUTCOMES						
Number of homes tested for radon by owners (via test kits analyzed by radon lab).	1,000	1,334	1,248	1,429	683	-
Return rate on test kits by radon lab (Test kits analyzed/test kits distributed).	60%	1,334/3105 (43 %)	1,248/2,139 (58 %)	1,429/2,648 (54 %)	683/1,488 (46 %)	-
Number of homes mitigated for radon by Wyoming radon professionals vs. number of homes tested by owners with resultant elevated levels (via radon lab results).	300	302 mitigated 604 elevated 50%	277 mitigated 498 elevated 55.6%	285 mitigated 504 elevated 56.5%	153 mitigated 572 elevated 26.7%	-
LONG TERM OUTCOMES						
Reduce blood lead levels (BLL) in children.	< 3 %	1169 reports 33 elevated (2.8%)	2004 reports 46 elevated (2.2%)	1046 reports 29 elevated (2.7%)	1284 reports 42 elevated (3.2%)	-
Increase the percentage of homes with an operating radon mitigation system for persons living in homes with elevated radon levels.	3%	2009 = 160 2010 = 302 +1.88%	2010 = 302 2011 = 277 -.08%	2011 =277 2012 = 285 +1.02%	2012=285 2013=153 -.53%	-
(-) Indicates data not yet available						
1. Real estate agents are eligible for any one class every three years for continuing education credit.						
2. FTE was deployed by US Navy Oct. 2009 - Jan. 2011.						
3. No hospitals accepted invitation for radon training.						

OUTPUTS AND EFFICIENCIES								
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Number of radon test kits distributed by radon lab to Wyoming residents.	2,139	2,648	1,488	-	1,488	967	-	-
Number of REA radon training workshops.	7	18	17	-	17	7	-	-
Number of adult BLL reports, elevated BLL and percentage elevated.	709/7 (.9%)	733/31/16 (4.2%)	561/11 (1.9%)	-	561	410/15 (3.6%)	-	-
EFFICIENCIES								
Cost of radon test kits (Air Chek radon lab); <i>regular price is \$14.95 per kit.</i>	\$3.40/kit	\$3.40/kit	\$3.40/kit	-	\$3.40/kit	\$3.40/kit	-	-
Cost of REA radon training.	80 REA trained @\$24.41 /REA.	254 REA trained @\$29.01/REA.	186 REA @\$30.70 /REA.	-	186	92 REA @\$28.04	-	-
Cost of health care provider (HCP) radon training. (Number of HCP trained).	N/A ³	47 HCP trained @\$37.33/HCP.	44 HCP trained @\$36.15 /HCP.	-	44	47 HCP trained @\$36.74	-	-
(-) Indicates data not yet available								
1. Real estate agents are eligible for any one class every three years for continuing education credit.								
2. FTE was deployed by US Navy Oct. 2009 - Jan. 2011.								
3. No hospitals accepted invitation for radon training.								

STORY BEHIND THE PERFORMANCE

Wyoming is an unregulated state in regards to radon; there are no laws, pertaining to radon testing, mitigation, training, or certification of radon professionals or reporting of statistics to the state radon office. Two exceptions are Appendix 'F' building code (install passive radon system in single/double family homes during construction) in 18 cities and Teton County, and disclosure of any radon problems during real estate transactions. EPA has incurred a 50 million dollar reduction in funding, prompting an elimination of several programs, radon being one of the programs that was cut from the EPA budget. The radon industry has been lobbying to have EPA restore funding to the radon program. However, if funding is not restored, the Wyoming radon program, along with the radon program in other states, will cease to exist on September 30, 2013.

Wyoming state law 35-1-240(a) (i, ii, vii) and 35-4-107(a) (b) requires all blood-lead levels (BLL) be reported to the state health department. The adult blood-lead program is an annual contract between the Wyoming Health Department and the Centers for Disease Control and Prevention (CDC). Wyoming is one out of forty-one states that participate in the CDC BLL reporting program. The participating states collect the data, follow-up on the elevated cases and send two semi-annual reports to CDC in exchange for the contract amount.

Healthcare Workforce Recruitment, Retention, and Development

Program Description

Healthcare Workforce Recruitment, Retention, and Development (HWRRD) aids Wyoming's underserved communities in providing access to care through activities that support the recruitment, retention and development of the healthcare workforce in Wyoming, including awards made under the Wyoming Healthcare Professional Loan Repayment Program (WHPLRP), W.S. § 9-2-118 and 9-2-119, the Wyoming Physician Recruitment Grant Program (PRGP), W.S. § 35-1-1101, and the Research and Explore Awesome Careers in Healthcare (REACH) Program.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$2,423,856	\$1,488,869	\$1,074,721
People Served	N/A	N/A	N/A
Cost per Person	N/A	N/A	N/A
Non-600 Series*	4.90%	7.56%	6.00%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- Program cost for SFY 2013 was 88% SGF and 12% FF
- WHPLRP award budget for 13/14 biennium; \$1M, \$500,000 each year, 100% SGF
- PRGP award budget for 13/14 biennium; \$400,000; \$200,000 each year; 100% SGF
- REACH award budget for SFY 2013; \$5,804.60; 100% SGF

Program Staffing

- .975 FTE Program Manager (vacant)
- .15 FTE Program Manager
- .80 FTE AWEC Program Specialist
- .10 FTE ORH Manager
- Contractors: Wyoming Health Resources Network and Western Management Services

Program Metrics

- The Wyoming Healthcare Professional Loan Repayment Program provides awards to physicians, dentists, and other health professions. A total of 258 awards have been issued since 2006. 11 awards were issued in 2011; 8 awards were issued in 2012; and 10 awards were issued in 2013.
- The Wyoming Physician Recruitment Grant Program provides awards to recruiting entities. A total of 13 awards have been issued since 2008. 5 awards were issued in 2011 (full biennium budget), and 3 were issued in 2013 (50% of biennium budget).
- The Research and Explore Awesome Careers in Healthcare (REACH) Program provides grants for hosting educational programs to expose students in grades 5-8 to healthcare careers. Five programs were hosted in 2012 with 139 students participating, and 3 were hosted in 2013 with 64 students participating.
- Annual provider census – rotates every third year between Primary Care Physicians (2010 and 2013), Mental Health (2011), and Dental (2012). The Mental Health census will be conducted again in 2014.

Events that have Shaped this Program

- W.S. § 9-2-118 and 9-2-119 created the Wyoming Healthcare Professional Loan Repayment Program in 2005, and W.S. § 35-1-1101 created the Wyoming Physician Recruitment Grant Program.
- Activities also provide support for federal workforce programs, as required by the federal State Offices of Rural Health Grant (SORH) and the State Primary Care Offices Grant (PCO).
- The Office of Rural Health (ORH) contracts with Western Management Services to conduct health professional shortage area designations and provider census, and contracted through SFY2013 with Wyoming Health Resources Network, Inc. for recruitment referral services due to the staffing limitations in ORH, and the expertise and time intensity involved.
- ORH experienced the loss of the Program Manager assigned to HWRRD in April 2012 and is in the process of hiring for the position; the AWEC Program Specialist has managed HWRRD in the interim.



Healthcare Workforce Recruitment, Retention, and Development

PROGRAM CORE PURPOSE

To increase the number of healthcare professionals in underserved areas of Wyoming.

OUTCOMES						
Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
% Loan Repayment applicants receiving awards (# awarded / # applications) ¹	4.6%	22.5% (59/262)	5.4% (11/203)	9.4% (19/203)	4.6% (10/219)	-
% Loan Repayment Awardees Successfully Completing Obligation (# / # total awards) ²	≥ 90%	93% (214/229)	92% (221/240)	91% (225/248)	90% (233/258)	-
Loan Repayment 3 year post service obligation retention rate (%) (# retained /# graduated ≥ 3 years ago) ³	≥ 80%	N/A	N/A	N/A	72% (13/18)	-
% Retained Loan Repayment Awardees still accepting Medicare/Medicaid/CHIP 3 years post-service obligation	≥ 84.6%	N/A	N/A	N/A	84.6% (11/13)	-
% Physician Recruitment Grant awardees successfully recruiting a physician from out of state (# recruited / # awards) ⁴	68.75% (11/16)	40% (2/5)	20% (2/10)	50% (5/10)	61.5% (8/13)	-
% candidate referrals resulting in interview (# interviewed/ # referrals) ⁵	89%	N/A	N/A	N/A	89% (41/46)	-
% Interviewed candidates receiving job offer (# offered/ # interviewed) ⁵	32%	N/A	N/A	N/A	32% (13/41)	-
% referred candidates placed (# accepting job offer/ # referrals) ⁵	13%	N/A	1% (3/311)	3% (12/368)	13% (6/46)	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric 1-7 explained in the Story Behind the Performance section						

OUTPUTS AND EFFICIENCIES								
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Amount awarded (# new loan repayment awards) ¹	\$622,603 (11)	\$452,300 (8)	\$500,000 (10)	-	\$500,000 (10)	-	-	-
Amount awarded (# new physician recruitment awards) ¹	\$400,000 (5)	0	\$200,000 (3)	-	\$200,000 (3)	-	-	-
# New J-1 Visa Waiver Physicians ⁷	7	10	4 FFY YTD	-		4 FFY YTD	-	-
# recruitment referrals ⁵	311	368	46	-	22	24	-	-
# shortage area designation applications submitted	5	15	10	-	4	6	-	-
# providers surveyed in annual provider census (type)	670 (Mental Health)	740 (Dental)	498 (Primary Care)	-	498	-	-	-
EFFICIENCIES								
Average cost per recruitment referral (contract cost to date / #)	\$376 (\$117,000/311)	\$318 (\$117,000/368)	\$2,418 (\$111,240/46)	-	\$2,776 (\$52,740/22)	\$2,437.50 (\$58,500/24)	-	-
Average cost per recruitment referral placement (# accepted job offer / contract cost to date) ⁶	\$39,000 (\$117,000/3)	\$9,750 (\$117,000/12)	\$18,540 (\$111,240 / 6)	-	\$17,580 (\$52,740/3)	\$19,500 (\$58,500/3)	-	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric 1-7 explained in the Story Behind the Performance section								

STORY BEHIND THE PERFORMANCE

1. THE WYOMING HEALTHCARE PROFESSIONAL LOAN REPAYMENT PROGRAM WAS CREATED BY W.S. § 9-2-118 AND 9-2-119, AND THE WYOMING PHYSICIAN RECRUITMENT GRANT PROGRAM WAS CREATED BY W.S. § 35-1-1101. AWARDS FOR BOTH GRANT PROGRAMS ARE PRIORITIZED BASED ON THOSE AREAS DETERMINED TO BE UNDERSERVED AND OF GREATEST NEED FOR HEALTHCARE PROFESSIONALS. NEED LEVEL IS DETERMINED BY HEALTH PROFESSIONAL SHORTAGE AREA ANALYSIS AND ANNUAL PROVIDER CENSUS RESULTS. FUNDING FOR BOTH LOAN REPAYMENT AND PHYSICIAN RECRUITMENT GRANT PROGRAMS WAS ISSUED ON A BIENNIUM BASIS UNTIL SFY2013, WITH THE MAJORITY OF FUNDING AWARDED DURING THE FIRST YEAR OF EACH BIENNIUM. FOR SFY2011 AND SFY2012; TOTAL FUNDING AWARDED FOR LOAN REPAYMENT EXCEEDED 100% OF THE BIENNIUM BUDGET AS FUNDS RE-ENTERED THE BUDGET FROM THOSE WHO WITHDREW/DEFAULTED AND FROM AWARDS NOT ISSUED IN CONJUNCTION WITH PHYSICIAN RECRUITMENT GRANTS. ADDITIONALLY, LOAN REPAYMENT AWARDS ISSUED DURING SFY2010 UTILIZED APPLICATIONS FROM THE SFY2009 APPLICATION ROUND, AND AWARDS ISSUED IN SFY2012 UTILIZED APPLICATIONS FROM THE SFY2011 APPLICATION ROUND.
2. SINCE 2006 (SFY2007), 258 LOAN REPAYMENT AWARDS HAVE BEEN ISSUED. AS OF THE CLOSE OF SFY2013, 233 HAVE EITHER SUCCESSFULLY COMPLETED OR ARE CURRENTLY COMPLETING THEIR 3 YEAR SERVICE OBLIGATION AND REQUIREMENTS. TO DATE, 25 AWARDEES HAVE WITHDRAWN FROM PROGRAM PARTICIPATION PRIOR TO THE FIRST PAYMENT OR HAVE DEFAULTED ON THEIR SERVICE OBLIGATION OR OTHER REQUIREMENTS.
3. THE FIRST RETENTION STUDY FOR LOAN REPAYMENT WAS CONDUCTED IN SFY2013. THE GOAL OF THE SURVEY IS TO DETERMINE THE RATE OF PRIOR AWARDEES STILL PRACTICING IN WYOMING 3 YEARS AFTER THE END OF THEIR 3 YEAR SERVICE OBLIGATION, OR 6 YEARS FROM THE DATE OF AWARD. OF THE 23 AWARDEES FROM 2006; 18 SUCCESSFULLY COMPLETED THEIR SERVICE OBLIGATION AND 12 WERE STILL PRACTICING FULL-TIME IN WYOMING IN THE ORIGINAL COMMUNITY (72%). THE ORH ANTICIPATES THE RATE TO INCREASE IN SFY2014 WITH THE INCLUSION OF AN ADDITIONAL 129 AWARDEES FROM 2007. NATIONAL HEALTH SERVICE CORPS (NHSC) LOAN REPAYMENT RETENTION RATES FROM 2012 ARE 82% RETAINED UP TO ONE YEAR, AND 55% RETAINED AFTER 10 YEARS. NHSC CONSIDERED A CLINICIAN RETAINED IF THEY WERE STILL PRACTICING IN A FEDERALLY DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREA; REGARDLESS OF REGION, STATE, OR IF IT WAS THE ORIGINAL COMMUNITY.

OF THE 13 RETAINED LOAN REPAYMENT AWARDEES SURVEYED, 11 ARE KNOWN TO STILL ACCEPT MEDICARE/MEDICAID/CHIPINSURANCES. THIS OVERALL NUMBER MAY BE UPDATED FOR THE SFY2014 PERFORMANCE REPORT.
4. SINCE 2008 (SFY2009), 13 PHYSICIAN RECRUITMENT AWARDS HAVE BEEN ISSUED TO RECRUITING ENTITIES. THE AWARDEES HAVE 1 YEAR FROM THE EFFECTIVE DATE OF THE AWARD CONTRACT TO RECRUIT A PHYSICIAN FROM OUT OF STATE THAT MEETS ALL PROGRAM REQUIREMENTS. TO DATE, 8 HAVE BEEN SUCCESSFUL AT RECRUITING UNDER THE PARAMETERS OF THE PROGRAM. ADDITIONAL AWARDS WILL ALSO BE ISSUED IN FY2014. AWARDEES FIND IT DIFFICULT TO RECRUIT WITHIN THE TIMELINE ESTABLISHED UNDER W.S. § 35-1-1101 AND TO FRONT THE COSTS OF THE RECRUITMENT SINCE THE GRANT PAYS ON A REIMBURSEMENT BASIS ONLY.
5. RECRUITMENT REFERRALS WERE TRACKED DIFFERENTLY BEGINNING IN SFY2013 IN RESPONSE TO CHANGES IN THE CONTRACT WITH WYOMING HEALTH RESOURCES NETWORK (WHRN). THROUGH SFY2012, WHRN RECEIVED A FLAT QUARTERLY FEE REGARDLESS OF THE OUTCOME OF THE REFERRALS. WITH THE SFY2013 CONTRACT, PAYMENT WAS BASED ON A NEGOTIATED FEE-FOR-SERVICE STRUCTURE, AND THE NUMBERS REPORTED (46 REFERRALS, 41 CANDIDATES INTERVIEWED, AND 13 CANDIDATES RECEIVING JOB OFFERS) ARE ONLY THOSE PAID FOR UNDER THE CONTRACT. ALTHOUGH NOT A REQUIREMENT UNDER THE SFY2013 CONTRACT, WHRN REPORTED OVER 900 TOTAL REFERRALS MADE AND A TOTAL OF 6 PLACEMENTS DURING SFY2013.

FOR SFY2014, DATA REPORTED FOR RECRUITMENT REFERRALS AND STATUS MAY BE DIFFERENT. WHRN IS IN THE PROCESS OF CHANGING THEIR BUSINESS MODEL AND THE SERVICES TO BE OFFERED, AND THE PROGRAM HAS NOT ENTERED INTO A CONTRACT WITH WHRN FOR SFY2014 AT THIS TIME.
6. THE COST PER PLACEMENT, BASED UPON THE TOTAL PAID UNDER THE CONTRACT FOR SFY2013, AVERAGED OUT TO \$18,540. EVEN THOUGH PLACEMENTS WERE NOT SPECIFICALLY PAID FOR UNDER THE CONTRACT, THEY ARE THE RESULT OF ALL THE REFERRALS, INTERVIEWS AND JOB OFFERS PAID FOR UNDER THE CONTRACT. ACCORDING TO MIKE SHIMMENS, DIRECTOR OF 3RNET (RURAL RECRUITMENT AND RETENTION NETWORK), THE AVERAGE COST TO RECRUIT A PRIMARY CARE PHYSICIAN USING A NATIONAL SEARCH FIRM IS OVER \$30,000.
7. EACH STATE IS ALLOTTED 30 J-1 VISA WAIVERS PER FEDERAL FISCAL YEAR UNDER THE CONRAD 30 J-1 VISA WAIVER PROGRAM FOR FOREIGN PHYSICIANS. SFY2013 WILL BE UPDATED THROUGH THE END OF THE FEDERAL FISCAL YEAR (09/30/2013).

Hospital Preparedness Program

Program Description

The Hospital Preparedness Program (HPP) enhances the capacities and capabilities of the healthcare entities and communities in the management of public health and/or medical emergencies through exercising and improving all-hazards preparedness plans, improving surge capacity, and enhancing healthcare system readiness.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$1,019,527	\$798,455	\$1,012,417
People Served	N/A	N/A	N/A
Cost per Person	N/A	N/A	N/A
Non-600 Series*	25%	28%	24%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- 100% Federal Funding
- Cooperative Agreement with CDC/ASPR for July 1, 2012 – June 30, 2013 for FY13
- 10% match requirement primarily from State General Fund positions and hospital personnel

Program Staffing

- 1 FTE
- 0 AWEC
- 0 Other

Program Metrics

- Contract with the Wyoming Hospital Association to provide grant awards to 21 hospitals, 9 EMS agencies, 2 clinics, 1 community college paramedic program, 1 county coroner, and 5 Medical Reserve Corps units.
- Facilitate the development of five regional healthcare coalitions.
- 948 volunteers in the statewide volunteer registry – 36% increase from 2012

Events that have Shaped this Program

- Federal funding for this program became available after the events of September 11, 2001.
- In January 2012, the Assistant Secretary of Preparedness and Response (ASPR) released *The Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness* which provided eight capabilities for the Hospital Preparedness Program to assist local, state, healthcare coalition, and Emergency Support Function #8 (Public Health and Medical Services) planners identify gaps in preparedness, determine specific priorities, and develop plans for building and sustaining healthcare specific capabilities.



Hospital Preparedness Program

PROGRAM CORE PURPOSE

Develop and maintain healthcare system preparedness and response capability through emergency preparedness planning, training, exercise, evaluation, and improvement planning.

OUTCOMES

Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Percentage of hospitals achieving NIMS compliance ¹	90%	N/A	N/A	93% (25/27)	72% (15/21)	-
Percentage of personnel ABLIS ² certified	≥97%	N/A	99% (109/111)	97% (128/133)	99% (115/117)	-
Percentage of hospitals reporting in HAvBED drills ³	75% (75% - PAHPA Benchmark ⁴)	N/A	N/A	N/A	65% (18/28)	-
Percentage of hospitals meeting exercise requirements	100%	N/A	N/A	N/A	81% (17/21)	-
Percentage of hospitals with After Action Reports and Improvement Plans after conducting exercises	100%	N/A	N/A	86% (23/27)	81% (17/21)	-

(-) INDICATES DATA NOT YET AVAILABLE
 N/A INDICATES DATA NOT AVAILABLE DUE TO THE CREATION OF A NEW METRIC
 1-5 EXPLAINED IN THE STORY BEHIND THE PERFORMANCE SECTION

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Number of facility sub-recipient site reviews conducted	12	28	4	-	4	0	-	-
Number of ABLIS trainings	6	7	6	-	3	3	-	-
Number of HFR ⁵ trainings	N/A	19	15	-	10	5	-	-
Number of sub-recipients	N/A	31	38	-	N/A*	N/A*	-	-
EFFICIENCIES								
Cost per student for ABLIS training	\$595 (\$66,000/111)	\$588 (\$77,000/131)	\$564 (\$66,000/117)	-	\$478 (\$33,000/69)	\$688 (\$33,000/48)	-	-
Cost per student for HFR training	N/A	\$335 (\$95,000/284)	\$434 (\$75,000/173)	-	\$510 (\$50,000)	\$333 (\$25,000/75)	-	-

(-) Indicates data not yet available
 N/A indicates data not available due to the creation of a new metric
 N/A* indicates data not available on a quarterly basis
 1-5 explained in the Story Behind the Performance section

STORY BEHIND THE PERFORMANCE

1. National Incident Management System (NIMS) compliance is defined as meeting six or more of the eleven objectives identified in the NIMS Implementation for Healthcare Organizations Guidance provided by the U.S. Department of Health and Human Services. NIMS objectives include items such as managing all incidents, exercises, and recurring/special events consistently with ICS organizational structures, application of common and consistent terminology, and the implementation of ICS training to appropriate personnel (ICS 100, 200, 700, and 800). The method of measurement for NIMS compliance changed significantly between 2012 and 2013.
2. Advanced Burn Life Support (ABLS) training increases medical surge capabilities in delivering care to burn patients.
3. The Hospital Available Beds for Emergencies and Disasters (HAvBED) measure includes all Wyoming hospitals, not just those receiving Hospital Preparedness Program grant funds. HAvBED is a federally mandated system that allows hospitals to report availability of resources (beds, ventilators, etc.).
4. The Pandemic and All Hazards Preparedness Act (PAHPA) benchmark for HAvBED evaluates the ability of the State Emergency Operations Center to electronically report available and staffed beds according to HAvBED definitions by sub-state regions to the Department of Health and Human Services Secretary's Operations Center within four hours or less of a request. The reports should reflect bed data from at least 75% of participating facilities in the state.
5. Hospital First Receiver (HFR) training addresses multiple capabilities such as healthcare system preparedness, emergency operations coordination, and medical surge and provides an exercise component for hospital staff to demonstrate competencies from the training.

Immunization Program

Program Description

The Immunization Unit operates the federal Vaccines for Children (VFC) and state Wyoming Vaccinates Important People (WyVIP) programs, which provide state and federally-purchased vaccines to participating providers. The Immunization Unit also operates the Wyoming Immunization Registry (WyIR), provides education and clinical resources, monitors vaccine storage and handling, determines immunization coverage rates, and processes vaccination exemption requests related to school attendance.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$5,447,248	\$4,079,219	\$4,221,659
People Served	121,954	85,861	106,277
Cost per Person	\$44.67	\$47.51	\$39.72
Non-600 Series*	28.1%	42%	31%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- Funding from the Centers for Disease Control and Prevention (CDC) and state general funds
- Awarded supplemental grants in FY 2011
- Number of people served, as recorded in the Wyoming Immunization Registry (WyIR).

Program Staffing

- 8 FTE: 1 state-funded, 7 federally-funded
- 1 AWEC position, federally funded
- 1 Federal Assignee

Program Metrics

- Approximately 130 public and private healthcare providers receive state and federally-purchased vaccines through the Immunization program
- More than 155,000 doses of vaccines were distributed to participating providers by the Immunization Unit during SFY 2012.
- Approximately 5,500,000 immunizations for 560,000 individuals have been entered into the WyIR, as of December 2012.

Events that have Shaped this Program

- The Wyoming Childhood Act was passed in 2006, authorizing state funding for vaccines to be administered to children who do not qualify for the VFC program. This identified Wyoming as a Universal Purchase State.
- In 2011, four vaccines were eliminated from the state formulary due to funding. This changed Wyoming's status to a Universal Select Purchase State.

Immunization Program

PROGRAM CORE PURPOSE

The Immunization Unit's core purpose is to distribute vaccines and educate participating providers to ensure that Wyoming children are protected against vaccine-preventable diseases.

OUTCOMES						
Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Average number of high risk site visit findings per provider ¹	<1.0	.92 ²	1.4 ²	1.0 ²	0.2 ²	-
INTERMEDIATE OUTCOMES						
Percent of visits in which there was a Missed Opportunity ³	≤10%	25%	27%	14%	15%	-
Pertussis coverage in Wyoming ⁴	≥80% ⁵	65%	64%	65%	68%	-
Human papillomavirus (HPV) series completion coverage in Wyoming (ages 13-17) ⁴	≥80% ⁵	11%	13%	13%	12%	-
LONG TERM OUTCOMES						
Childhood coverage level ^{4,6}	≥80% ⁵	53%	56%	59%	61%	-
National Childhood coverage level	N/A	69.9%	72.5%	68.4%	N/A	-
Number of reported pertussis cases in Wyoming	<10	14	13	59	12	-
Number of reported pertussis cases nationally	N/A	27,550 ²	18,719 ²	48,277 ²	N/A	-
(-) Indicates data not yet available N/A indicate data unavailable due to the creation of a new metric 1-12 explained in the Story Behind the Performance section						

OUTPUTS AND EFFICIENCIES								
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Percentage of providers receiving a site visit ⁷	86.8% (112/129)	100% (130/130)	100% (130/130)	-	68%	32%	-	-
Percentage of providers who received site visit education at the Regional Training ⁸	N/A	95% (124/130)	80% (104/130)	-	80%	N/A	-	-
Average overall rating for Regional Trainings, per provider evaluations ⁹	N/A	4.58	4.75	-	4.75	N/A	-	-

Number of pediatric vaccine doses distributed (excluding flu)	168,775	155,720	164,567	-	90,541	74,026	-	-
Number of HPV vaccine doses administered—public and private ^{4,10}	10,679	4,108	5,190	-	3,105	2,085	-	-
Number of hepatitis A vaccine doses administered— public and private ^{4,10}	19,988	10,951	10,421	-	5,845	4,576	-	-
Number of meningococcal vaccine doses administered—public and private ^{4,10}	8,326	3,401	3,469	-	2,207	1,262	-	-
Percentage of immunizations documented in the WyIR within 30 days of administration	85.2% (117,029 records)	91% (135,536 records)	N/A ¹¹	-	N/A*	N/A*	-	-

EFFICIENCIES

Percentage of wasted vaccine ¹²	0.42%	0.98%	2.1%	-	1.7%	0.4%	-	-
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(-) Indicates data not yet available
N/A indicate data unavailable due to the creation of a new metric
N/A* indicates data not available on a quarterly basis
1-12 explained in the Story Behind the Performance section

Story behind the performance

- ¹ Examples of a high risk site visit finding: proper ordering, vaccine administration fee, vaccine information statements (VIS), eligibility, vaccine borrowing.
- ² Data is reported to CDC in calendar year.
- ³ Missed opportunities are when a child receives a vaccine and was eligible to receive another vaccine, but did not.
- ⁴ Rates according to information reported to the Wyoming Immunization Registry (WYIR), not the National Immunization Survey (NIS). The WYIR is not currently required, although 88% of VFC providers have patient data in the WYIR.
- ⁵ Based on healthy people 2020 objectives.
- ⁶ Childhood coverage level includes 4 dtap, 3 polio, 1 mmr, 3 hib, 3 hep b, 1 varicella, and 4 pneumococcal vaccines. Ages birth to 24 months.
- ⁷ CDC requirement is 50%.
- ⁸ In 2012, regional trainings were conducted in 7 locations and were strongly encouraged due to implementation of a new ordering system. In 2013, regional trainings were conducted in 4 locations.
- ⁹ Scale of 1-5.
- ¹⁰ Doses administered dropped after they were no longer provided by the program for both the public supply and the privately purchased vaccines.
- ¹¹ Data is available annually at the end of the calendar year through a script written by the WYIR Vendor.
- ¹² CDC standard is <5%. Wasted consists of vaccine that was deemed non-viable due to expiration or exposure to out of range temperatures.

Infectious Disease Epidemiology

Program Description

The program conducts infectious disease surveillance and epidemiologic follow-up and investigation of cases, clusters, and outbreaks for the purposes of monitoring occurrences, trends, and risk factors for diseases that pose a threat to public health, and to mitigate the risk to public health as indicated. W.S. § 35-1-223,240; 35-4-103, 133; 35-7-123.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$1,055,124	\$818,454	\$636,324
People Served	567,356	576,412	576,412
Cost per Person	\$1.86	\$1.41	\$1.10
Non-600 Series*	100%	100%	100%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- Calendar year 2013 federal funding through two CDC Epidemiology and Lab Capacity grants is \$433,289
- 13-14 Biennium State funding is \$226,012

Program Staffing

- 5 FTE (4 federally funded, 1 state funded)
- 0 AWEC
- 0 Other

Program Metrics

- Wyoming pediatric influenza mortality rate is below the national rate (0.0/100,000 vs. .02/100,000)
- Wyoming rate of Pertussis, Measles, and Mumps are below national rate (11.10/100,000 vs. 12.95/100,000)
- Wyoming rate of Salmonella, Shigella, and *E. coli* are below national rate (15.44/100,000 vs. 21.07/100,000)

Events that have Shaped this Program

- The reportable disease list was updated in January 2013 and includes 79 diseases and conditions for which the program has the responsibility to monitor and report trends, investigate cases/clusters/outbreaks, and research.
- The emergence of Hantavirus, West Nile virus, SARS, H1N1 flu, etc. continue to shape the program and place a high emphasis on reacting quickly and effectively to detect and respond to emerging diseases that pose a threat to Wyoming residents.

Infectious Disease Epidemiology Program

PROGRAM CORE PURPOSE

Conduct infectious disease surveillance and epidemiologic investigation of cases, clusters, and outbreaks for the purposes of monitoring occurrences, trends, and risk factors for diseases that pose a threat to public health, and to mitigate the risk to public health as indicated.

OUTCOMES						
Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
% of completed case investigations	100%	92% (3366/3659)	91% (2695/2946)	93% (1523/1638)	92% (3896/4245)	-
INTERMEDIATE OUTCOMES						
% of influenza sentinels providing complete reporting data	100%	N/A	72% (18/25)	76% (28/37)	62% (21/34)	-
# of enteric disease outbreaks detected by program through surveillance and investigation	>5 (>8/1,000,000 population)	15 enteric disease outbreaks/ 11 other outbreaks	13 enteric disease outbreaks/ 10 other outbreaks	23 enteric disease outbreaks/ 12 other outbreaks	21 enteric disease outbreaks/ 5 other outbreaks	-
LONG TERM OUTCOMES *						
Wyoming influenza mortality rate (<18yo)	At or below U.S. rate (per 100,000)	0.0 (U.S. 0.06)	0.0 (U.S. 0.01)	0.0 (U.S. 0.02)	-	-
Wyoming rate of Pertussis, Measles, and Mumps (vaccine preventable)	At or below U.S. rate (per 100,000)	2.65 (U.S. 9.80)	2.46 (U.S. 6.21)	11.10 (U.S. 12.95)	-	-
Wyoming rate of Salmonella, Shigella, and <i>E. coli</i> (enteric diseases)	At or below U.S. rate (per 100,000)	13.81 (U.S. 24.20)	18.85 (U.S. 22.88)	15.44 (U.S. 21.07)	-	-
(-) Indicates data not yet available						

OUTPUTS AND EFFICIENCIES								
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
# of initial case reports detected by ID Epi through surveillance	2946	1638	4245	-	1956	2289	-	-
# of outbreak reports created by ID Epi	12	11	10	-	4	6	-	-
# of surveillance reports created by ID Epi	36	36	36	-	18	18	-	-
# of influenza sentinels who receive training	27	23	12	-	12	0	-	-
EFFICIENCIES								
Cost per case investigated	\$358	\$499	\$149	-	\$162	\$139	-	-
(-) Indicates data not yet available								

STORY BEHIND THE PERFORMANCE

- Program functions under the following State Statutes: W.S. § 35-1-223,240; 35-4-103, 133; 35-7-123.
- * All long-term outcomes are based on calendar year data.

Public Health Oral Health Program

Program Description

The Oral Health program promotes optimum oral health for Wyoming residents through prevention, education, and access to care. Funding is provided for children and seniors to access dental treatment. Prevention and oral health education programs along with dental screenings are offered for children, pregnant women, and seniors through the Community Oral Health Coordinator (COHC) Program. Oral Health also coordinates and runs the Wyoming Cleft Palate Clinic.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$1,385,365	\$1,041,367	\$715,207
People Served	21,106	22,952	24,462
Cost per Person	\$65.64	\$45.37	\$29.24
Non-600 Series*	43%	55%	47%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- As of July, 2012, the oral health program could no longer draw down Medicaid match.
- 52% of FY13 expenditures supported the senior program.
- 2013 expenditures were 82% state general fund and 18% tobacco settlement fund

Program Staffing

- 1 FTE
- 5 AWEC (COHCs)
- .25 Other (Part time contract for Dental Consultant)

Program Metrics

- Senior treatment, funded by state general fund, provides reimbursement up to \$800 per year to providers for dental treatment to qualifying senior citizens.
- Community Oral Health Coordinators who provide screening, education and fluoride treatments for mostly young children but will also serve adolescents, pregnant women and elderly.
- Cleft/lip palate clinics are offered twice a year in Casper to provide treatment planning by a team of professionals.

Events that have Shaped this Program

- Beginning May, 2012, the program has not had a dedicated manager. The responsibilities for managing the program are split between the Maternal and Child Health Unit and the Deputy Administrator.
- A Public Health Oral Health Program Manager/State dentist is scheduled to report to duty on October 31, 2013.
- PHD discontinued a contract in another program to make available tobacco settlement fund which was transferred to the Oral Health Program to offset the reduction in Medicaid match which primarily funded salaries.

Public Health Oral Health Program

PROGRAM CORE PURPOSE

The purpose of the Public Health Oral Health Program is to provide oral health education, prevention and screening services, and access to treatment for eligible children and seniors.

OUTCOMES						
Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
% of eligible sites receiving screenings in counties served by COHCs ^{1, 2}	60%	N/A	51% (76/149)	63% ³ (71/113)	50% (75/149)	-
% of eligible sites receiving fluoride in counties served by COHCs	35%	N/A	18% ⁴ (22/126)	33% ³ (37/113)	32% (47/149)	-
% of children who scheduled to attend and are seen at the cleft palate clinic	90%	N/A	N/A	85% (72/85)	84% (51/61)	-
% of seniors who applied which resulted in their treatment being paid for by the program (Eligibility is determined annually beginning Jan 1.)	85%	92% (765/835)	78% (662/845)	85% (668/787)	68% (543/798) 1/1/13- 9/30/13	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric 1-6 explained in the Story Behind the Performance section						

OUTPUTS AND EFFICIENCIES								
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
# of participants served by COHCs	20375	22212	23868	-	N/A*	N/A*	-	-
# of children (0-18) receiving fluoride applications in eligible counties	4243	3687	5312	-	N/A*	N/A*	-	-
# of educational sessions offered by COHCs ⁵	N/A	N/A	223	-	N/A*	N/A*	-	-

Number of children receiving consultation at cleft palate clinic ⁶	69	72	51	-	N/A*	N/A*	29	-
# of eligible seniors receiving treatment	662	668	543	-	N/A*	N/A*	N/A*	-
# of seniors served who had not received program services in previous four years	N/A	262/668	158/543	-	N/A*	N/A*	-	-

EFFICIENCIES

Cost per child receiving cleft lip and cleft palate clinic services	N/A	\$217.67 (\$15,672/72)	\$354.51 (\$18,080/51)	-	N/A*	N/A*	\$226.28 (\$6,562/29)	-
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(-) Indicates data not yet available
N/A indicates data not available due to the creation of a new metric
N/A* indicates data not available on a quarterly basis
1-6 explained in the Story Behind the Performance section

STORY BEHIND THE PERFORMANCE

1. “Eligible sites” are defined as Elementary schools, Child Development Centers and Head Starts in the counties served by COHCs.
2. “Eligible counties” are defined as those served by the COCHs which includes Sheridan, Sweetwater, Albany, Carbon, Goshen, Platte, Fremont, Johnson, Uinta, Teton, and Sublette.
3. Due to data reporting this figure does not include data from Sweetwater, Sublette, Lincoln, or Uinta counties.
4. Due to data collection this figure does not include data from Fremont County.
5. Some research indicates that in the short term, education and information positively impacts oral health knowledge and plaque/gingival indexes.
6. Number of children served was readjusted. Numbers originally reported in 2012 Program Performance reflected number of children scheduled to receive services, not number who actually participated in the clinic.

Public Health Emergency Preparedness (PHEP)

Program Description

The Public Health Emergency Preparedness Unit enhances and integrates state and local public health preparedness for response to pandemics, natural disasters, terrorism and other public health emergencies with federal, state, local and tribal governments, the private sector and non-governmental organizations. Program activities are designed to develop emergency-ready public health departments.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$5,309,866	\$5,449,185	\$4,624,584
People Served	568,158	568,158	576,412
Cost per Person	\$9.96	\$9.15	\$6.22
Non-600 Series*	64%	62%	51%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- 100% Federal Funding
- Cooperative Agreement with CDC for July 1, 2012 - June 30, 2013 for FY 2013
- FY 2013 data is YTD
- 10% match requirement primarily from Public Health Nursing (65%)

Program Staffing

- 10 FTE (plus 4 funded positions in Wyoming Public Health Lab)
- 1 AWEC
- 0.5 CDC Career Epidemiology Field Officer (CEFO)
- 1 Temporary administrative specialist

Program Metrics

- Contract with 18 of 19 county public health nursing offices, 4 county health departments and 2 tribal health departments with preparedness contract deliverables
- 22/24 of counties/tribes met all contract deliverables YTD (quarter ending June 30, 2013)
- Operate a 24/7/365 emergency notification and disease reporting hotline for Wyoming Department of Health with on-call epidemiologists, laboratorians, and other professionals. Monthly and annual reports detail types of calls, and in SFY13 YTD there were 184 calls. CDC's ability to reach WDH through a 24/7 phone line is a CDC metric, in SFY13 WDH received three calls, one unsuccessful test, one successful test, and one successful re-test.
- CDC has five separate requirements states must meet annually or the state could have funding penalized by 10-20%. WDH has consistently met the annual requirements to maintain funding, ensuring the state, tribal and county funding to maintain and develop preparedness and response.

Events that have Shaped this Program

- Emergencies and events that have shaped Wyoming's public health preparedness: terrorism events of 9/11 and the anthrax attacks in Oct. 2001, natural disasters (flooding and fires), disease outbreaks (Listeria from cantaloupe) and pandemics (H1N1 influenza pandemic) demonstrate the importance and need for state and county public health to prepare for and respond to emergencies.
- CDC has developed 15 public health planning capabilities that PHEP used in spring 2011 to develop a five year strategic plan which was updated in April, 2013.
- Federal budget cuts reduced WDH PHEP funding by approximately 23% from 2011 to 2013.
- Emergency Support Functions (ESFs) are mechanisms for grouping functions most frequently used to provide support for disasters and emergencies. ESF #8 – Public Health and Medical Services provides the mechanism for coordinated assistance to supplement state, tribal, and local resources in response to a potential or actual public health and medical disaster or emergency (e.g., pandemic flu outbreak, bioterrorism attack). Support examples: assessment of public health/medical needs (including behavioral health), public health surveillance and distribution and dispensing of Strategic National Stockpile assets.



Public Health Emergency Preparedness (PHEP)

PROGRAM CORE PURPOSE

Develop and maintain public health emergency response capability within the Wyoming Department of Health and County/Tribal Public Health agencies through planning, training, exercise, evaluation and improvement planning.

OUTCOMES

Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Time for Immediate After Hours Assembly of WDH Incident Management Team ¹	<60 min CDC and Healthy People 2020 Goal	31 min (National avg. 34)	20 min (National avg. 36)	13 min	15 min	-
County and tribal public health responders completing respirator fit testing ⁵	95%	N/A	N/A	N/A	91.4% (287/314)	-
WDH Jurisdictional Risk Assessment (JRA) updated every 2 years (WDH Score) ²	+5% /year	N/A	N/A	N/A	80%	-
Wyoming (state) score for demonstrated capability to receive, stage, store, distribute, and dispense material during public health emergency ³	100% (89% - PAHPA Benchmark for FY14)	95% (National avg. 94)	98% (National avg. 96)	99% (National avg. 96)	100% (National avg. 97)	-
INTERMEDIATE OUTCOMES						
County and tribal entities meeting emergency preparedness contract deliverables	100%	N/A	N/A	N/A	91.6% 22/24	-
LONG TERM OUTCOMES						
County and tribal Jurisdictional Risk Assessment (JRA) updated every 2 years (Mean County and Tribal Score) ²	+5% /year	N/A	N/A	N/A	72%	-
County scores for demonstrated capability to receive, stage, store, distribute, and dispense material during public health emergency ³	90% (69% - PAHPA CRI Benchmark for FY14)	77.5% (2 counties)	51.0% (22 counties)	71.7% (22 counties)	87.5%	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric						

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
WDH # of Strategic National Stockpile related trainings	13	21	4	-	1	3	-	-

County and tribal public health contacted by phone after hours (23 counties and 2 tribes)	21/24	24/25	25/25	-	25/25	25/25	-	-
% of WDH Incident Management Team trained to role requirements for agency response management	26% (6/23)	64% (14/22)	63% (15/23)	-	14/22	15/23	-	-
% of WDH Improvement Plan recommendations associated with full scale exercise or real event addressed within 1 year of after action report ⁴	95% (35/37)	100% 9/9	88% (59/67)	-	N/A	59/67	-	-
EFFICIENCIES								
Cost Per Public Health Response Coordinator or county/tribal responder per session: Use of webinar and conference call vs. on site training or meeting	N/A	\$4.30/ \$390.40	\$3.71/ \$396.97	-	\$3.60/ \$396.97	\$3.75/ \$396.97	-	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric								

STORY BEHIND THE PERFORMANCE

- Sum of the time (in minutes) for pre-identified staff covering activated public health agency incident management roles (or equivalent lead roles) to report for immediate duty with no advanced notice
- The public health Jurisdictional Risk Assessment (JRA) is a required activity for all public health jurisdictions nationwide to complete under Community Preparedness capability of the Centers for Disease Control and Prevention, Public Health Preparedness Capabilities: National Standards for State and Local Planning. Completion of a JRA is also a 2013 contract deliverable for Wyoming Department of Health public health preparedness subawardees. In Wyoming, the JRA process required each county, tribe and the state public health department to score and document their unique hazards, risks and their public health capabilities, as measured against selected elements in the Public Health Preparedness Capabilities: National Standards for State and Local Planning. Jurisdiction specific set of outputs ranking hazards, capabilities, available resources, and resource gaps with respect to their public health system. This information will assist in the building the preparedness and response infrastructure to develop hazard-resistant and resilient communities.
- The Technical Assistance Review (TAR) is a measurement tool utilized by the CDC's Division of Strategic National Stockpile (DSNS) to determine a project area's level of planning to receive, stage, store, distribute and dispense DSNS provided materiel. It is utilized on both the state and local levels. The state TAR is used to assess a state's plan to receive stage, store and distribute SNS assets during a public health emergency. The local TAR is used to assess a local jurisdiction's capability for distribution and dispensing of medications and supplies during public health emergency. In 2011 we began scoring all counties' preparedness to dispense medications using the CDC Technical Assistance Review (TAR) tool that reviews 12 areas of preparedness. Prior to 2011 only Natrona and Laramie Counties were scored by CDC as Cities Readiness Initiative (CRI) entities. In 2011, CRI scores went down when CDC utilized a more detailed method for reviewing and documenting requirements.
- An After Action Report and Improvement Plan (IP) are the main products of the evaluation and improvement planning process. The IP identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion.
- The Occupational Safety and Health Administration (OSHA) (29 CFR 1910.134) requires a respirator fit test to confirm the fit of any respirator that forms a tight seal on the responder's face before it is to be used in the workplace. Contract deliverables for counties and tribes require annual fit testing of public health staff. The purpose of fit testing is to ensure that each responder is using the specific make, model, style and size of respirator that is best suited to them. It also provides an opportunity to check on problems with respirator wear and to reinforce training by having responders review the proper methods for donning and wearing the respirator.



Public Health Laboratory

Program Description

The Wyoming Public Health Laboratory (WPHL) performs public health, safety and emergency response testing. The microbiology laboratory tests for reportable diseases involved in disease outbreaks and surveillance supporting Public Health infectious and communicable disease programs; medical facilities, EPA drinking water sites and public health offices. The Chemical Testing Program (CTP) supports Public Safety testing samples for drugs and alcohol for Departments of Correction and Family Services, Drug Courts and law enforcement agencies and manages the state intoximeter program.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$2,811,017	\$2,726,302	\$2,586,841
People Served	567,356	576,412	576,412
Cost per Person	\$4.95	\$4.76	\$ 4.48
Non-600 Series*	100%	100%	100%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- Revenues in 2013 from lab test fees were \$560,705 or 22 % of total expenditures
- 70% of PHL expenditures are payroll.

Program Staffing

- 27 FTE (20 state funded, 7 federal funded)
- 0 AWEC
- 0 Other

Program Metrics

1. Monitor quality assurance performance testing by laboratory scientists.
2. Meet specific time periods for test result turnaround in the microbiology laboratories.
3. Accuracy of quality control samples tested with each batch of samples.

Events that have Shaped this Program

- The Public Health laboratory operates the microbiology program under *W.S. § 35-1-240; 35-4-133,221,501;35-7-123* and chemical testing program under *W.S. § 31-6-105; 35-7-1007*.
- Response to emerging diseases, outbreaks, new designer drugs and bioterrorism events has required implementation of new instrumentation involving advanced chemistry and molecular technologies to accurately and rapidly detect pathogens or drugs.
- Move into Combined Laboratory Facility in Nov 2010 has improved WPHL biosafety, security, increased space for testing and equipment and improved workflow efficiency
- With the widespread distribution of communicable and infectious diseases and the amount of drug and alcohol abuse in Wyoming, WPHL testing can impact any citizen of Wyoming.

Public Health Laboratory

PROGRAM CORE PURPOSE

Provides accurate and rapid public health, public safety and emergency response testing

OUTCOMES

Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Meet turnaround time (≤ 5 days) for results for enteric pathogens	98%	NA	97.9% 228/233	97.2% 389/400	97.4% 291/299	-
Accuracy of Chemistry lab competency tests performed.	98%	NA	100% 25/25	100% 44/44	100% 45/45	-
Microbiology lab controls correctly analyzed/total analyzed	99%	NA	99% 1434/1440	99% 1347/1350	99% 1397/1402	-
Proficiency tests performed by the Emergency Response lab.	100%	-	100% 26/26	100% 26/26	100% 16/16	-

(-) Indicates data not yet available

N/A indicates data not available due to the creation of a new metric

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Number of Chemistry lab samples tested	36,274	35,024	33,192	-	16,895	16,297	-	-
Number of Microbiology samples tested	42,089	40,760	31,682	-	16,587	15,095	-	-
EFFICIENCY								
Total expenditures per sample tested	\$35.87	\$35.97	\$39.87	-	\$38.8	\$41	-	-

(-) Indicates data not yet available

STORY BEHIND THE PERFORMANCE

Measuring the accuracy of quality control performed with each set of test samples, the performance of external competency and turnaround specifications are an effective way to measure WPHL staff technical effectiveness. Both quality control and proficiency testing are required for laboratory certification.

Turnaround time for enteric pathogens is an indicator of providing results in an acceptable time period for epidemiology response to gastrointestinal disease outbreaks. This testing is often complex, requiring multiple tests once a pathogen is isolated and is a very challenging metric to use for demonstrating timely response of results.

The Chemical Testing Laboratory prepares litigation support packets providing laboratory testing information for court cases involving alcohol-positive DUI defendants. These packets result in litigation and prosecution of DUI cases.

The emergency response laboratory performs proficiency testing to ensure competency in detection of agents of bioterrorism which include pathogens found naturally in Wyoming including Anthrax, Brucella, Tularemia and Plague pathogens. The number of tests performed each year is dependent upon how many samples are sent by the credentialing agency.

Decrease in chemistry sample volume in 2013 was due to reduction in synthetic marijuana submissions.

Although there was a reduction in some sample submissions, testing for public health diseases has been steady for most diseases including enteric pathogens, pertussis, influenza and tuberculosis. Some tests including chlamydia, hepatitis, drinking water and vaccine serology have decreased but still maintain a significant workload. HIV was reduced significantly due to conversion to point of care testing.

Cost per sample has increased since many samples involve batch testing, even with fewer samples in a test batch, costs often are about the same. There is also variability in supply and equipment purchases throughout the year.

Public Health Nursing

Program Description

Public Health Nursing (PHN) is a partnership between the State and County governments for the provision of public health services in 20 counties; in 3 counties these services are provided independently by county governments. Public health nurses provide the infrastructure for other public health programs in Wyoming, including public health emergency preparedness, immunizations, communicable disease, adult health (including chronic disease), maternal and child health, and long term care assessments (LT101s).

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$7,912,292*	\$7,552,912	\$7,191,794
People Served	66,690**	56,360**	61,512**
Cost per Person	\$118.64	\$134.01	\$116.92
Non-600 Series*	100%	100%	100%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- Funding provided by State general funds and other revenue, which is the 35% county contribution required for salaries and benefits for State PHN employees working in the counties.
- *Mostly salary costs, including the counties' 35%; does not include other expenses paid by counties.
**Unduplicated individual clients receiving direct services. Does not include participants in clinics or classes, and does not include population-based activities. Data is not available for all of 2011.

Program Staffing

- FTE: 89 State PHN positions in 20 counties
- AWEC: 0
- Other: Approx. 185 County PHN positions, which includes the PHN staff from the 3 independent counties.

Program Metrics

- Public health protection and infrastructure is provided to Wyoming residents through the Wyoming Public Health Division, State Public Health Nursing, and locally through county Public Health Nursing offices.
- During FY 2013, PHN provided services to 124,105 participants in 39,023 clinics or classes. In addition, 14,262 clients received individual PHN services with a total of 71,593 visits (average of 5 visits per client).
- With the limitations of our current data collection system (PHNI), unduplicated clients and visits are statewide data. The "People Served" includes unduplicated immunization clients from the 20 counties with State PHN positions.

Events that have shaped this Program

- State statutes pertaining to Public Health Nursing are W.S. 35-1-240; 35-1-305, 35-1-306; 35-27-101 through 104.
- PHN has 9 FTEs in administration who provide nursing oversight, supervision, support, and consultation. The other 80 positions provide direct services in the local county public health nursing offices.
- Counties are divided between 3 State Nursing Supervisors (SNS); 2 of the SNS are located in the field. 3 PHN program consultants are also located in the field.
- PHN continues to work on assessing and strengthening PHN's infrastructure by improving the efficiency, uniformity and accountability of the PHN system. Currently, PHN administrative staff is working with other state and local stakeholders to address issues and concerns about the structure of the PHN system in WY.



Public Health Nursing (PHN)

PROGRAM CORE PURPOSE

The Public Health Nursing program administrative staff provides infrastructure for State PHN offices which provide essential** PHN services to Wyoming residents.

** Essential PHN services include 8 basic Public Health Nursing functions : **Direct Services:** 1) maternal and child health programs (e.g., Healthy Babies Home Visitation program and children’s special health case management); 2) nursing home and Medicaid long-term waiver pre-admission eligibility (LT101); 3) chronic disease prevention, education, and management; 4) communicable disease prevention (e.g., immunizations, STI/HIV/viral hepatitis testing and counseling, HIV case management, and tuberculosis screening, testing, and follow-up). **Population-based Services:** 5) Public Health Emergency Preparedness (PHEP); 6) community health assessment and planning; 7) public information and education; and 8) health hazards in the environment.

OUTCOMES						
Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
% of clients reporting no difficulty with appointment availability on State PHN client satisfaction surveys ¹	80%	Surveys implemented in 2012	N/A	56.8% ¹	73.7%	-
% of timely & accurate data entered into the PHNI data system as measured by Quality Performance Audits done in State PHN counties ²	94%	Audits implemented in FY 2013	N/A	N/A	91%	-
% of State PHN counties that provide at least 7 of the 8 essential PHN functions ³	100% (20/20 counties)	N/A	N/A	N/A	100%	-
% of State PHN counties offering basic reproductive health services 5 days/week either through PHN offices or Title X offices ⁴	90% (18/20)	80% (16/20)	80% (16/20)	80% (16/20)	85% (17/20)	-
% of State PHN counties with trained personnel to do HIV case management (1 training annually)	80% (16/20)	40% (8/20)	45% (9/20)	50% (10/20)	55% (11/20)	-
INTERMEDIATE OUTCOMES						
% of children 24-36 months of age served by all PHN offices with up-to-date immunizations ⁵	80%	59% (1124/1941)	66% (779/1184)	70% (667/955)	Data not available	-
(-) Indicates data not yet available 1-7 explained in the Story Behind the Performance section						

OUTPUTS AND EFFICIENCIES								
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
# responses to client satisfaction surveys statewide (1 survey annually)	N/A	1806	1758	-	N/A	1758	-	-
# people tested for Sexually Transmitted Infections (STIs) ⁷	3663	2815	2499	-	1236	1263	-	-
# State counties offering HIV screening, testing, and counseling	N/A	18/20	19/20	-	18/20	19/20	-	-
# of unduplicated clients to State PHN offices for immunizations	58576	41,799	47,250	-	36,429	10,821	-	-
EFFICIENCIES								
% of MCH clients who are Temporary Assistance for Needy Families (TANF; average statewide)	N/A	61.3%	59.64%	-	59.43%	59.84%	-	-
% of PHN hours spent on MCH services for TANF clients	N/A	67.96%	65.11%	-	65.68%	64.53%	-	-
% of home visits for MCH services to TANF clients	N/A	65.5%	62.78%	-	62.83%	62.72%	-	-
(-) Indicates data not yet available N/A indicates data unavailable due to the creation of a new metric 1-7 explained in the Story Behind the Performance section								

STORY BEHIND THE PERFORMANCE

- PHN is a partnership between the State and County governments for the provision of public health services in 20 counties; in 3 counties these services are provided independently by county governments.
- Public health nurses in county offices are the “boots on the ground” in Wyoming, implementing WDH programs and population services. There are 80 direct care nursing positions statewide.
- State administrative PHN administrative staff provides infrastructure for the State PHN offices located in the counties and offers support and consultation for the independent counties. The administrative PHN staff provides nursing oversight, human resource and administrative support of local staff; work with WDH programs that use PHN to improve delivery of programs; and implement quality improvement measures to improve service delivery and assure a competent public health workforce.
- Statutory requirements are in W.S. § 35-1-240; 35-1-305; 35-1-306; 35-27-101 through 104.

¹ Survey question asked: I can't get an appointment when I am free from work or I can't get an appointment when I have a day off from work. Answers are always, usually, sometimes, never. State average response: Never = 56.8% in SFY 2012; never = 73.7% in SFY 2013.

² Quality Performance Audits (QPAs) were implemented July 2012 in order to look at quality and consistency in each PHN office. Each audit is completed over a 2 month period, or 6 audits per year. Audits will be repeated each year if improvement is needed in the area being reviewed, and new audits will be implemented as concerns are identified.

³ Eight (8) basic PHN services have been identified and defined. Some things that have been considered optional are *moving to being required*, and training of staff and implementation of those services is in process. Since these 8 basic functions have just been identified this year, there is not a percentage for previous years.

⁴ Basic reproductive health services are defined as pregnancy tests, condoms, multivitamins (if available), and preconception or prenatal counseling. Some counties also provide family planning contraceptives. This is a new goal to be implemented in SFY 2014 and is dependent on funding for supplies to be funded through MCH if the county has not been able to provide, and also on the County Health Officer being willing to sign off on the Physician Approved Order. Offering multivitamins is a totally new concept which has not been done traditionally in WY reproductive health offices. Two counties do not have any reproductive health services: Lincoln and Niobrara. Sublette has minimal family planning services provided one afternoon a month.

⁵ Data available in the WY Immunization Registry and includes: 4 DTaP/DT/Td, 3 Hep B, 1 MMR, 3 Hib, 3 polio, 1 varicella, 4 pneumococcal. Each year the birth cohort that turned 24 months the previous year is assessed for these listed immunizations (called: 4-3-1-3-3-1-4 on the National Immunization Survey).

⁶ Birth and death files for 2012 have not been released from the Office of Vital Statistics.

⁷ The STD program has been focusing the testing dollars on high risk clients, so decreasing numbers of clients tested is expected.

Public Health Nursing Healthy Baby Home Visitation

Program Description

The Maternal and Child Health (MCH) Unit works with Public Health Nursing (PHN) to provide voluntary perinatal services to women; promoting healthy choices before, during and after pregnancy. A healthy pregnancy helps to establish a healthy environment in which infants grow and develop leading to improved pregnancy outcomes, which can lead to lifelong health for the child. This program fulfills requirements set forth by **Wyoming State Statute 35-27-101** through 104.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$2,494,001	\$2,211,193	\$2,168,327
People Served	2,459 ⁺	2,764 ⁺	3,325 ⁺
Cost per Person	\$1,014 [#]	\$800 [#]	\$652 [#]
Non-600 Series*	2.35%	1.33%	5.49%

* 600 series is defined as direct service contracts

⁺ calendar year

[#] SFY costs/CY people served

Program Cost Notes

- State General Funds-\$1,032,027 ; Federal Funding from Temporary Assistance for Needy Families (TANF)-\$1,101,738 and Title V Maternal Child Health (MCH) Block Grant-\$34,562
- State matching funds required for the Title V MCH Block grant (\$3 for every \$4 Title V); state match must remain at 1989 levels (\$2.3 mil) or higher

Program Staffing

- 0.4 FTE *
- 0 AWEC
- 0 Other

*Although there are other state-level positions that have Full time Employees (FTE) allocated to this program, those FTEs and associated costs are reported by Public Health Nursing.

Program Metrics

- Perinatal home visiting programs such as Nurse Family Partnership (NFP) has been shown to improve maternal and child health. **13 counties have Public Health Nurses (PHNs) trained in the Nurse Family Partnership (NFP) and provide respective services**
- Breastfeeding lowers the risk of type 2 diabetes and breast and ovarian cancer in women; breast milk has been shown to decrease infant's risk for infections, atopic dermatitis and Sudden Infant Death Syndrome (SIDS). **18 county PHNs have Certified Lactation Consultants (CLCs).**

Events that have shaped this Program

- Title V funding requires a Needs Assessment to be completed every five years. The last assessment was completed in 2010 for years 2011 – 2015. Maternal and Child Health (MCH), in conjunction with stakeholders, determine the health priorities on which efforts are focused for the following five years. Five of the nine priorities selected in 2010 focus on decreasing infant mortality. Four priorities addressed through home visitation are reducing maternal smoking, increasing the duration of breastfeeding, improving nutrition among women of reproductive age and decreasing unintentional injuries.
- In 2012, MCH and Public Health Nursing (PHN) began to more clearly define the components of the Healthy Babies Home Visitation Program, delivered through the Nurse Family Partnership and Best Beginnings models.
- In 2000, State Legislation (W.S.S. 35-27-101 to 104) provided Temporary Assistance for Needy Families (TANF) funding for PHN Home Visiting Programs
- In 1996, the Nurse Family Partnership (NFP), an evidence-based home visiting program for first-time mothers, was implemented in Wyoming, in addition to the already existing Best Beginnings (BB) Home Visiting.
- In 1990, MCH began providing grants to counties to implement maternal and child health services.

Public Health Nursing Healthy Baby Home Visitation

PROGRAM CORE PURPOSE

Public Health Nursing (PHN) Healthy Babies Home Visitation provides perinatal services for women to improve pregnancy outcomes and infant health outcomes.^{11, 12}

OUTCOMES

Performance Metric	SFY2014 Target	SFY 2010*	SFY 2011 ¹	SFY 2012 ¹	SFY 2013 ¹	SFY 2014 ¹
SHORT TERM OUTCOMES						
% of WY resident births contacted	75%	50.4% 3971/7874	43.9% 3312/7541	57.9% 4249/7339	71.2% 5345/7503	-
% of WY resident Medicaid births contacted	95%	65.7% 1903/2896	42.5% 1228/2892	69.9% 1913/2750	93.5% 2589/2769	-
INTERMEDIATE OUTCOMES						
% of women enrolled in Nurse Family Partnership (NFP) who quit smoking during pregnancy (national %)	25%	24.0% (15.0%)	24.0% (16.0%)	23.0% (16.0%)	22.0% ⁷ (16.0%)	-
% of women enrolled in NFP who initiated breast-feeding (national %)	90%	85.7% (75.8%)	87.2% (78.8%)	86.0% (78.1%)	87.0% ⁸ (79.2%)	-
% of women enrolled in NFP who continue to breastfeed infants at 6 months (national %)	33%	29.5% (27.5%)	28.6% (27.5%)	28.8% (27.8%)	30.2% ⁹ (28.5%)	-
LONG TERM OUTCOMES						
% of infants enrolled in NFP born at low birth weight (<5.5 pounds) (national %)	8%	8.4% (9.3%)	8.4% (9.0%)	8.4% (9.2%)	8.3% ¹⁰ (9.6%)	-
% of infants enrolled in NFP born premature (<37 weeks gestation) (national %)	9.5%	10.1% (9.7%)	10.0% (9.4%)	10.0% (9.7%)	9.8% (9.5%)	-
(-) Indicates data not yet available 1-10 explained in Story Behind the Performance						

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
# of NFP clients	371	333	296	-	181 ⁴	178 ⁴	-	-
# of Best Beginning (BB) clients ²	2088	2431	3029	-	N/A ⁵	N/A ⁵	-	-

# of NFP clients graduated from the program ³	46	46	39	-	16	23	-	-
# of clients who received follow-up from home visitors	2262	2578	3149	-	N/A ⁴	N/A ⁴	-	-
EFFICIENCIES								
Cost to Healthy Baby program per NFP client ⁶	\$2,353 per NFP client	\$2,324 per NFP client	\$2,574 per NFP client	-	N/A*	N/A*	-	-
Cost to Health Baby program per BB client ⁶	\$776 per BB client	\$591 per BB client	\$467 per BB client	-	N/A*	N/A*	-	-
(-) Indicates data not yet available N/A* indicates data not available on a quarterly basis 1-10 explained in the Story Behind the Performance section								

STORY BEHIND THE PERFORMANCE

Wyoming State Statute (35-27-101 through 104) requires voluntary perinatal home visiting services for all at risk women. With collaboration between Public Health Nursing (PHN) and Maternal Child Health (MCH) Units, the home visiting program name has been updated to Healthy Baby Home Visitation.

Healthy Baby is delivered by PHN using one of two models. Nurse Family Partnership (NFP), an evidence-based home visiting model, has been offered in Wyoming since 1996. NFP is available for women pregnant for the first time and they must enroll before the 28th week of pregnancy.

Best Beginnings, the second delivery model, was developed to meet the needs of those women who do not qualify for NFP, reside in a county that does not offer NFP, or choose not to participate in NFP. MCH and PHN have worked together during FY13 to standardize BB across the state. Criteria have been established for the program and training for the Partners for a Healthy Baby curriculum occurs in September 2013 with implementation to begin October 1, 2013.

¹ Due to published data in legislative and national reports, data is presented in the calendar year.

² A BB client is defined as a client who is not enrolled in NFP and received a home or office visit by PHN.

³ NFP clients graduate from the program when their child is 2 years old.

⁴ Quarterly figures include duplicates as clients are enrolled longer than a quarter.

⁵ Due to data collection method, unable to determine client numbers by quarter. With revisions to the data system, this will be reconciled.

⁶ County and PHN costs (nurse supervision, travel, etc) are not included within the Healthy Baby program cost. Clinical research articles for Intermediate and Long Term Outcomes:

⁷ *Smoking cessation during pregnancy*. Committee Opinion No. 471. American College of Obstetrics and Gynecologists. *Obstet Gynecol* 2010;116:1241-4.
http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Health_Care_for_Underrepresented_Women/Smoking_Cessation_During_Pregnancy

⁸ Womenhealth.gov. Office of Women's Health, U.S. Department of Health and Human Services (2011) *Breastfeeding: Why breastfeeding is important*. <http://www.womenshealth.gov/breastfeeding/why-breastfeeding-is-important/>

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Substance Abuse and Suicide Prevention

Program Description

The Substance Abuse and Suicide Prevention Program is an integrated approach to the prevention of alcohol, other drugs, and suicide with collaborative efforts with tobacco prevention. The Substance Abuse Prevention Services are authorized by the Substance Abuse Control Plan, W.S 9-2-2701 as part of a comprehensive, integrates plan.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$3,834,860	\$3,834,860	\$3,198,972
People Served	N/A	N/A	N/A
Cost per Person	N/A	N/A	N/A
Non-600 Series*	33%	33%	29%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- Programs are funded as follows: 15% State General Funds, 67% Federal Funds and 18% State Tobacco Funds.
- Federal Funds include the following grants and cooperative agreements: EUDL, SAPT Block Grant, and Partnerships for Success II.
- 900 Series expenditures include costs for: Program Evaluation, Training, Data Collection, Analysis, Compliance, Consultation and information Dissemination.
- Decrease in costs for 2013 is a result of the ending of the Federal Suicide Prevention Funding

Program Staffing

- 2 FTE positions
- 0 AWEC
- 0 Other

Program Metrics

- Adult binge drinking rates
- Youth 30 day use rate
- Number of people trained in Gatekeeper and intervention skills

Events that have Shaped this Program

- Alcohol costs the State of Wyoming more than any other drug. It is estimated the elimination of alcohol abuse would save \$843 million a year, based on 2010 costs. Costs were for health care, lost productivity, crime and unintentional injury.
- This program has moved from individual program interventions to an evidence-based approach aimed at changing populations based on a public health model of policy and environmental change so as to increase the overall results and make best use of available resources. Public Health Model: Assessment, Capacity, Planning, Implementation, Evaluation.
- In FY12, the Prevention Unit was moved from the Behavioral Health Division into the Public Health Division.
- This program was integrated with the Tobacco Prevention and Control Program within communities through a single fiscal agent in FY13. Moving forward into FY14, further integration efforts have begun with substance abuse, suicide, tobacco, and chronic disease prevention.
- Creation of a sustainable and consistent suicide prevention programming through four regional coordinators working in conjunction with the local community prevention professionals and/or other stakeholders within communities.



Substance Abuse and Suicide Prevention Program

PROGRAM CORE PURPOSE

To reduce suicide, adult binge drinking and underage alcohol use.

OUTCOMES						
Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Adult Binge Percentage of counties regularly conducting beverage server training. ¹	87%	69.56% (16/23)	60.87% (14/23)	78.26% (18/23)	13.04% ² (3/23)	-
Underage Alcohol Use Percentage of retailers with no infractions for alcohol retailer compliance checks. ³	87%	85.3% (1,007/1,207)	85.7% (1,027/1,261)	86.5% (1,164/1,398)	*	-
Suicide Prevention Percentage of people trained per year in risk assessment (Gatekeeper). ¹	.80%	.03% (129/430,047)	.25% (1,074/433,505)	.25% (1,080/439,802)	.88% ⁴ (3,878/439,802)	-
INTERMEDIATE OUTCOMES						
Underage Alcohol Use Percentage of Wyoming high school students who think most students in their school used alcohol during the past 30 days. ⁵	78%	84.6% (9,046/10,692)	*	81.3% (7,640/9,395)	*	-
Adult Binge/Underage Alcohol Use Percentage of people impacted by social availability policies and/or ordinances. ^{1,6}	90%	55.63% (313,546/563,626)	69.6% (395,650/568,158)	69% (397,217/576,412)	89.4% (515,377/576,412)	-
Adult Binge/Underage Alcohol Use Percentage of people impacted by community polices related to retail availability and community events. ^{1,7}	66%	20.79% (117,161/563,626)	40% (227,725/568,158)	54.1% (311,903/576,412)	64.6% (372,582/576,412)	-
LONG TERM OUTCOMES						
Adult Binge Prevalence Percentage of Wyoming adult men who currently consume 5 or more drinks or adult women who currently consume 4 or more drinks on an occasion at least once in the past 30 days. ⁸	14%	14.6% (582/5,742) National: 17.1%	18.9% ⁹ (1293/6,840) National: 18.7%	17% (633/6026) National: 16.9%	*	-
Youth Prevalence Percentage of Wyoming High School Students who have consumed alcohol within the past 30 days. ¹⁰	32%	*	36.1% ¹¹ (823/2,279) National: 38.7%	*	34.4% (1037/3015) Nat'l Data Due in 2014	-

Adult and Youth Use Percentage of fatal crashes with a blood alcohol content (BAC) of .08 or higher ¹²	36%	40.3% (54/134) National: 31%	38% (59/155) National: 38%	*		
Suicide Wyoming Suicide Death Rates per 100,000 ¹³	20	22.06 National:12	22.85 ¹⁴ National: 12.1	29.5 National: Not Yet Available	20.8 National: Not Yet Available	-
(-) Indicates data not yet available *, 1-15 explained in the Story Behind the Performance section						

OUTPUTS AND EFFICIENCIES								
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q 2	2013 Q3+Q 4	2014 Q1+Q 2	2014 Q3+Q 4
OUTPUTS								
Beverage Server Trainings	61 (580 Trained)	52 (664 Trained)	*	-	*	*	-	-
Suicide Risk Assessment Trainings Conducted	55 (1074 Trained)	66 (1080 Trained)	136 (3878 Trained)	-	46 (1015)	90 (2863)	-	-
Evidence-based Strategies Implemented	89.7% (185/206)	92.5% (185/200)	100% (182/182)	-	N/A*	N/A*	-	-
EFFICIENCIES								
Non-Personnel Administrative 600 Series Costs (Agency Overhead) ¹⁵	8.2% (\$167,835.79/ \$2,025,282)	8.2% (\$167,835.79/ \$2,025,282)	1.1% (\$64,202.00/ \$5,601,545.50)	-	N/A*	N/A*	-	-
(-) Indicates data not yet available N/A* indicates data not available on a quarterly basis *, 1-15 explained in the Story Behind the Performance section								

STORY BEHIND THE PERFORMANCE

Footnotes:

- * Intervening years between survey dates for which data is unavailable, or future dates for which data is unavailable.
1. Data Source - Participant Information Collection System (PICS), a data collection tool on National Outcome Measures (NOMs).
 2. Grant funding for beverage server training ended. Currently working with law enforcement and communities to continue trainings through leveraging local capacity and creation of collaborations.
 3. Data Source – Wyoming Alcohol and Tobacco Compliance Checks.
 4. In 2013, a sustainable state-wide system for the delivery of suicide prevention was created through the Prevention Management Organization’s four regional suicide prevention professionals.
 5. Data Source - Prevention Needs Assessment (PNA).
 6. Policies or ordinances that impact social availability focus on non-commercial sources of alcohol such as community events; i.e. beer keg registrations, “shoulder-tap” enforcement programs, party-patrols, community event restrictions and checklists and appropriate penalties or civil liabilities for furnishing alcohol to a minor.
 7. Policies or ordinances that impact retail availability focus on the practices and sale of alcohol; i.e. compliance checks, restrict alcohol sales at community events, responsible beverage server programs, happy-hour and other promotion regulation and appropriate penalties for commercial violations.
 8. Data Source - Behavioral Risk Factors Survey (BRFSS).
 9. Adult binge drinking trend line among Wyoming adults has been decreasing since 2002.
 10. Data Source - The Youth Risk Behavior Survey (YRBS).
 11. The percentage of Wyoming Youth who are current drinkers (30 day use) has shown an overall decline since 2001.
 12. Data Source – National Highway Traffic Safety Administration (NHTSA).
 13. Data Source - Vital Statistics is the official source for all death data including suicide.
 14. Since 1980, Wyoming has recorded 3,164 suicide deaths. During the 29 years for which the CDC has been collecting national data, Wyoming recorded the second-highest per capita suicide rate among all states (19.3 per 100,000 persons).
 15. Due to the integration of the Tobacco Prevention and Substance Abuse and Suicide funding, the FY13 amount also reflects Tobacco Prevention expenses whereas previously funding in this line could be calculated separately. Funding not used in non-personnel administrative costs have been reallocated to communities to further prevention efforts.

Tobacco Prevention & Control Program

Program Description

The Tobacco Prevention and Control Program works to achieve the directives of Wyoming Statutes §§ 9-4-1203 and 9-4-1204 by utilizing a science-based approach to develop comprehensive tobacco prevention and cessation and treatment programs.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$6,505,913	\$6,505,913	\$5,549,339
People Served	NA	NA	NA
Cost per Person	NA	NA	NA
Non-600 Series*	51%*	51%*	45%*

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- Program is funded as follows: 22% State General Funds; 19% Federal Funds, 59% State Tobacco Funds.
- 900 series expenditures include costs for: Program Evaluation, Training, Data Collection, Analysis, Compliance, Consultants, and Resource Management Information Dissemination.
- Federal Funds come from the CDC Healthy Communities 5 Year Cooperative Agreement.
- The apparent decrease in funding for 2013 is due to the integration of community prevention funds and activities through the PMO.
- *These percentages do not include administrative costs (100-500 series).

Program Staffing

- 3 FTE
- 0 AWEC
- 0 Other

Program Metrics

- A sample of the program metrics tracked by this program include:
 - Adult Smoking Rates, Youth Smoking Rates
 - WQTP Enrollee 7 Month Quit Rates
 - Percentage of Population Protected by Comprehensive Smoke-free Laws

Events that have Shaped this Program

- Tobacco is the leading preventable cause of death and chronic disease in the United States, leading to more than 700 Wyoming deaths annually and contributing to more than \$136 million in annual direct healthcare costs (SAMMEC, 2007) to the state.
- The Wyoming Statutes §§ 9-4-1203 and 9-4-1204 require the WDH improve the health of Wyoming's residents, including prevention of tobacco use through school and community-based programs that are science-based. The statutes also require collaboration with other efforts of the WDH.
- The program is modeled after the CDC's 2007 Best Practices Guidelines. An effective program contains these components: State and Community Interventions, Health Communication Interventions, Cessation Interventions, Surveillance and Evaluation, and Administration and Management.

Wyoming Tobacco Prevention & Control Program

PROGRAM CORE PURPOSE
Reduce tobacco use in Wyoming.

OUTCOMES						
Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Percentage of Wyoming Quit Tobacco Program (WQTP) enrollees who had not used tobacco in the past 30 days, 6-7 months after enrollment	37.0%	WY: 41% (150/369)	WY: 36% (134/373)	WY: 36% (308/850)	WY: 34% (571/1676)	-
Percentage of Wyoming adults who report that smoking is never allowed in indoor areas of their workplace	89.5%	WY: 88.8% ¹ (819/905)	*	- Data Due 2013	-	-
INTERMEDIATE OUTCOMES						
Percentage of Wyoming adults who reported that smoking is never allowed inside their home	82.5%	WY: 81.8% ¹ (1,433/1,740)	*	- Data Due 2013	-	-
Percentage of middle & high school students who think they would not be seen as cool if they smoked cigarettes	74.0%	WY: 71.2% (11,300/15,603)	*	WY: 73.2% (10,789/14,555)	*	-
Percentage of Wyoming adult smokers who reported that they stopped smoking for one day or longer in the past year, because they were trying to quit	50.0%	WY: 48.8% ¹ (121/242)	*	- Data Due 2013	-	-
LONG TERM OUTCOMES						
Percentage of Wyoming adults who currently smoke	22.5%	WY: 19.5% (1,016/5,815) National: 17.3%	WY: 23% ² (1,249/6,840) National: 21.2%	- Due October 2013	*	-
Percentage of Wyoming high school students who smoked cigarettes on one or more of the past 30 days	21%	*	WY: 22% (514/2,331) National: 18.1%	*	- 2013 YRBS Data Due in 2014	-
Percentage of Wyoming population covered by comprehensive smoke-free laws	29%	*	WY: 18% (105,838/563,626) National: 48%	WY: 28% (161,154/563,626) National: 48%	*	-
(-) Indicates data not yet available						
* Explained in Story Behind the Performance section						
1-2 Explained in the Story Behind the Performance section						

OUTPUTS AND EFFICIENCIES								
Performance Metric	SFY 2010	SFY 2011	SFY 2012	SFY 2013	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
WQTP enrollment	4,630	3,545	3792	3918	1463	2455	-	-
Media								
Radio Spots	N/A	N/A	N/A	11,305	-	11,305	-	-
TV Spots	N/A	N/A	N/A	18,581	3480	15,101	-	-
Site Visits	N/A	N/A	52	38	23	15	-	-
Trainings	N/A	N/A	N/A	13	7	5	-	-
Community Prevention Activities	N/A	N/A	847 (Q3+Q4)	N/A	N/A*	N/A*	-	-
EFFICIENCIES								
Avg. Cost per WQTP Enrollee	\$245 (1,135,390/4630)	\$338 (1,200,000/3545)	\$316 (1,200,000/3792)	\$306 (1,200,000/3918)	N/A	N/A	-	-
Impact of Program Components on Quit Rates, 7 Months after Enrollment								
Used Quitline, Quitnet, or both		Used NRTs, prescription meds, or both			Quit Rate			
No		No			11.8%			
Yes		No			25.6%			
No		Yes			32.3%			
Yes		Yes			42%			
(-) Indicates data not yet available N/A indicates data unavailable due to the creation of a new metric N/A* indicates data not available on a quarterly basis								

STORY BEHIND THE PERFORMANCE

Footnotes

- * Intervening years between survey dates for which data is unavailable, or future dates for which data will be unavailable.
- 1. The ATS was not administered in 2011 and 2012. However, we have developed the County Level Survey to replace the ATS. The County Level Survey mimics the ATS and will provide county-level data as well as statewide data.
- 2. In 2011, the Behavioral Risk Factor Surveillance Survey underwent a change in the raking method to include more variables than previous surveys. It appears the smoking rate has increased; however, this number is more representative of the Wyoming adult smoking rates.

Trends:

- There has been a steady increase in the number of youth who report less favorable attitudes towards smoking.
- The percentage of Wyoming adults who report that smoking is never allowed in indoor areas of their workplace has remained above 80% (2006-2010).
- The percentage of Wyoming adults who reported that smoking is never allowed inside their home increased from 77% to over 80% (2006-2010).
- The percentage of Wyoming high school students who smoked cigarettes on one or more of the past 30 days has decreased from 40% in 1995 to 22% in 2011.

Challenges:

- There has been a plateauing effect for youth smoking rates though rates have decreased over the past 10 years.
- Wyoming does not have a comprehensive, 100% smoke-free state statute.
- Wyoming has the 40th lowest cigarette tax in the nation at \$0.60/pack.
- A bill to increase the state cigarette tax by \$1.00 per pack died in the House during the 2013 legislative session.
- Media has not been consistent, or for extended periods. Enrollment rates to the WQTP are shown to increase when media promoting the program is present.
- Wyoming tobacco prevention is funded under the CDC recommended levels (\$9 million/year). In spite of lower than optimal funding, outcomes have been achieved by focusing program efforts on the most impactful strategies.

Value added to the WQTP for same cost:

- Counseling services were extended to youth (12-17yrs).
- Counseling sessions per enrollee were increased from 3 to 5.
- Spanish line was added.
- Mailing of Nicotine Replacement Therapies (NRT) from centralized supplier increased customer service and satisfaction.

Media and WQTP Enrollments:

- In March 2013, there were 291 enrollments in the WQTP with no statewide media present. In contrast, in April 2013 there were 464 enrollments in the WQTP. The major contributing factor to the increase of enrollments from March to April is the presence of a statewide media campaign advertising the WQTP services and a national media campaign (TIPS II) sponsored by the Center for Disease Control and Prevention. Both campaigns were initiated on April 1, 2013. This clearly shows the correlation of the presence of media and the number of enrollments to the WQTP on a monthly basis.

Wyoming Trauma Program

Program Description

The Wyoming Trauma Program serves every Wyoming resident by maintaining and improving the Wyoming Trauma System infrastructure through education support and regulation. It is a mandated state program per W.S. § 35-1-801 et seq.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$766,483 ^a	\$154,453	\$143,407
People Served	568,158	568,158	568,158
Cost per Person	\$1.35	\$0.27	\$0.25
Non-600 Series*	42%	91%	91%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- ^aUncompensated funds to hospitals were 80% of the Total Program Cost in FY 2010 and 50% in FY2011 – this funding to facilities was not re-appropriated.
- Supported through Hospital Preparedness & Rural Health FLEX Grant
- FY 13-14 Exception request provided \$110,000 (biennium) in General Fund
- No permanent operating budget other than FTE

Program Staffing

- 1 FTE – Program Manager

Program Metrics

- All 28 Wyoming acute care facilities are mandated to participate in the Trauma System. Specific emergency & medical standards are evaluated & reviewed to ensure quality patient care in each facility every three years for continued compliance
- Provides the mandatory Trauma Patient Registry for all acute care facilities
- Provided support to all Trauma Regional meetings
- Provided (to date) technical registry support to facilities on 81 occasions in 2013
- Provided (to date) 28 data report requests in 2013 including LSO & Workforce Services
- Provided 1 Rural Trauma Team Course
- Provided 1 Abbreviated Injury Scale & Injury Severity Score Coding course to all facilities
- Provided 1 Statewide Trauma Coordinator & Registrar meeting

Events that have Shaped this Program

- Traumatic injury is the #1 killer of Wyoming residents age 1-44 years
- Traumatic injury results in more years of potential life lost than any other disease, including cancer and heart disease
- Wyoming has the 4th highest rate for injury-related death in the nation
- Position of Trauma Program Manager has low retention in the last seven years
- Position of Trauma Coordinators in acute care facilities suffer from low retention

Wyoming Trauma Program

PROGRAM CORE PURPOSE

Regulates all acute care facilities in accordance with Wyoming Trauma Rules & Regulations, maintains the State Trauma Patient Registry and provides training, performance improvement guidance and supporting data to trauma system participants and Regional Trauma Advisory Councils.

OUTCOMES

Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Percent of facilities that have had initial review ¹	100%	0% 0/28	25% 7/28	64% 18/28	79% 23/28	-
Percent of facilities actively contributing to the Trauma Patient Registry ²	96%	0%	86% 23/28	93% 26/28	93% 26/28	-
Percent of active Trauma Regional Advisory Councils ³	100%	40% 2/5	40% 2/5	80% 4/5	80% 4/5	100% 5/5
Percent of facilities with full designation status (3 year status) running total ^a	68%	3.5% 1/28	18% 5/28	39% 11/28	64% 18/28	-
Percent ED trauma patient dwell times <2 hours (% of patients with dwell time <120 minutes) calendar year	25%	N/A	24%	24%	-	-

(-) Indicates data not yet available
N/A indicates data not available

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Number of facility site reviews conducted	7	11	6	-	0	6	-	-
Number of Trauma Regional Advisory Councils meeting quarterly (5 total)	2	4	4	5 YTD	4	4	5	-
Number of educational opportunities sponsored to improve facility compliance	4	7	3	-	2	1	-	-
Percent of facilities sending representation to at least one sponsored educational opportunity per year	96% 27/28	96% 27/28	96% 27/28	-	71% 20/28	96% 27/28	-	-
Number of trauma records in Trauma Registry by WY acute care facilities	3,553	3,682	3,318	-	1,802	1,516	-	-
EFFICIENCIES								
Cost per trauma registry record (# records / \$31,500)	\$8.87 (\$31,500/ 3,553)	\$8.55 (\$31,500 /3,682)	\$9.49 (\$31,500/ 3,318)	-	\$17.48 (1,802 / \$31,500)	\$20.74 (1,516 / \$31,500)	-	-

(-) Indicates data not yet available

Story Behind the Performance

Traumatic injury is the #1 killer of Wyoming residents age 1-44 years.

Wyoming's injury-related death rate is ranked 4th highest in the nation.

Wyoming's work related injury death rate is ranked 2nd highest in the nation.

A trauma system is an organized, coordinated effort in a defined geographic area that delivers the full range of care to all injured patients and is integrated with the public health system. The true value of a trauma system is derived from the seamless transition between each phase of patient care, integrating existing resources to achieve improved patient outcomes. Success of a trauma system is largely determined by the degree to which it is supported by public policy.

Robust trauma systems are effective. There is a demonstrated 15-20% improved survival rate for patients who are injured in an established trauma system. Care of the injured patient that is delivered at a trauma center hospital is associated with less morbidity and mortality than non-trauma center hospitals. A significant decrease of "preventable" deaths among the severely injured has been identified in regions with an established and functioning trauma system.

Wyoming Trauma Program Definitions:

1. *Reviewed facility:* An acute care facility which has had a review by a qualified review team and been designated as "full" or "provisional".

1(a). *Full Designation Status:* Facility meets all standards and will be re-reviewed in three (3) years.

1(b). *Provisional Status:* Facility does not meet all standards and will be re-reviewed in one (1) year. This one (1) year gives the facility the opportunity to meet specific benchmarks and standards while continuing to bill for trauma team activations.

2. *Trauma Patient Registry:* A collection of data on patients who receive hospital care for certain types of injuries. Such data are primarily designed to ensure quality trauma care and outcomes in individual facilities and trauma systems, but have the secondary purpose of providing useful data for the surveillance of injury morbidity and mortality. The Wyoming Trauma Registry does not include all injuries sustained in the state; only the most "severe" injuries based on set criteria are incorporated in this data bank.

3. *Regional Trauma Councils (RTC):* The structure of the five (5) RTCs fosters interagency coordination, ensures local input into the decision making process and maintains strong effective working relationships in the care of the seriously injured patient. This structure allows local systems to develop solutions to local problems through case study, data evaluation and the performance improvement process.

4. *Patient dwell time:* The time interval between a trauma patient's emergency department admission to surgery, discharge, transfer or hospital admission. In Wyoming, a rural/frontier environment, the benchmark is currently less than two (2) hours.

For trauma patients, receiving definitive treatment within the first hour after injury is critical to prevent irreversible internal damage and optimize the chance of survival.

Women & Infant Health

Program Description

The Women & Infant Health Program helps facilitate access to care for women of reproductive years (aged 15 – 44 years old) and their infants (aged 0 – 1 year old). Access includes services for maternal high risk, newborn intensive care, newborn screens including appropriate follow-up and infants with special health care needs. The program also promotes the health and health care needs of these populations throughout the state. Increased access to care and community awareness of health and health care needs leads to decreased infant mortality.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$3.81M	\$2.97M	\$3.11M
People Served	n/a	n/a	n/a
Cost per Person	n/a	n/a	n/a
Non-600 Series*	13.12%	13.36%	16.3%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- Women & Infant Health uses blended funds (SGF and FF from TANF and Title V MCH Block Grant)
- State matching funds required for the Title V MCH Block grant (\$3 for every \$4 Title V); state match must remain at 1989 levels or higher
- Women & Infant Health works closely with Adolescent Health as teens fall into these two programs and benefit from home visits and family planning/reproductive health services. The same is true of the Child Health program and overlap of home visiting and children ages 1 – 3. The program also works closely with Public Health Nursing, who provides home visits; as well as Communicable Disease.

Program Staffing

- 2.9 FTE: 1.0 FTE Women & Infant Health Program Manager, 1.3 Benefits and Eligibility Specialists, 0.3 Unit Manager, and 0.3 Administrative Assistant
- 0 AWEC
- 0 Other

Program Metrics

- Promoting appropriate weight gain during pregnancy, smoking cessation, breastfeeding and safe sleep as well as ensuring early access to prenatal care and access to tertiary care for high risk pregnancies and infants with special health care needs all lead to reduced infant mortality rates.
- Outreach to communities through care coordination visits, training opportunities and seminars helps spread these health messages.

Events that have Shaped this Program

- Title V funding requires a Needs Assessment to be completed every five years. The last assessment was completed in 2010 for years 2011 – 2015. Maternal and Child Health (MCH) is focusing on the nine determined state priorities, whose over-arching theme is to reduce infant mortality. Some of the strategies to do so include improving access to care during the perinatal period as well as improving nutrition among women of reproductive age and their infants; reducing the rate of unintentional injury; and reducing the percentage of women who smoke during pregnancy.



Women & Infant Health Program

PROGRAM CORE PURPOSE

The Women & Infant Health Program facilitates access to care and promotes the physical and reproductive health of women (15-44 years old) and their infants (0-1 year old).

OUTCOMES

Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
% of births that occur in WY with first newborn screen (NBS) completed	98%	N/A	97.4% 6538/6710	96.4% 6613/6858	- Calendar Year	
% of women surveyed about smoking status at each Public Health Nursing (PHN) Healthy Baby home visit	95%	N/A	N/A	N/A	-	
% of women who initiated breastfeeding documented at hospital discharge (VSS)	85%	74.2% 5844/7874	81.6% 6154/7541	81.2% 5964/7341	- Calendar Year	
INTERMEDIATE OUTCOMES						
# (%) of newborn screen positive newborns who received timely follow up to definitive diagnosis and clinical management*	100%	16 (100%)	16 (100%)	19 (100%)	- Calendar Year	
% of infants born to pregnant women who received prenatal care beginning in the first trimester (VSS)	80%	71.3% 5612/7874	74.2% 5593/7541	73.8% 5417/7341	- Calendar Year	
% of women who gained appropriate weight during pregnancy (VSS and PRAMS)	30%	26.7% 2103/7874	28.9% 2180/7541	28.4% 2085/7341	- Calendar Year	
% of infants born to women who smoked during pregnancy (VSS)	15%	18.4% 1448/7874	16.6% 1250/7541	16.0% 1175/7341	- Calendar Year	
% of very low birth weight (≤ 3 lbs 4oz) infants born at facilities with appropriate level of care (VSS)	80%	66.3% 61/92	68.2% 58/85	74.7% 59/79	- Calendar Year	
% of mothers who breastfeed their infants at 6 months of age (NIS)	50%	52.5% 4134/7874	48.2% 3635/7541	-	- Calendar Year	

(-) Indicates not yet available – some data is not available on a SFY basis; it is from annual data from Vital Statistics Services or WY Pregnancy Risk Assessment Monitoring System (PRAMS). Note: Data missing for SFY 2012 and SFY 2013 will be available in early 2014.

* Indicates rolling three year averages and/or National Immunization Survey (NIS).

N/A indicates data unavailable due to the creation of a new metric

OUTPUTS AND EFFICIENCIES									
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4	
OUTPUTS									
# of site visits to PHN and tertiary care facilities ¹	5	2	26	-	8	18	-	-	
# of women enrolled in Maternal High Risk (MHR)	18	29	47	-	17	30	-	-	
# of infants enrolled in Newborn Intensive Care (NBIC)	131	102	110	-	43	67	-	-	
# of trainings organized and/or contracted by Maternal and Child Health (MCH) ²	3	2	2	-	2	0	-	-	
# of presentations requested by community organizations ³	N/A	N/A	6	-	3	3	-	-	
EFFICIENCIES									
Avg. cost of MHR & NBIC per (client)	\$58.75 (149)	\$274.74 (131)	\$106 (157)	-	\$102.70 (60 ⁺)	\$48.97 (44 ⁺ YTD)	-	-	
Avg. # of participants per organized and/or contracted training	11.3	15	6.5	-	6.5	0	-	-	
Avg. # of attendees at community presentations	N/A	N/A	25.5	-	22.7	28.3	-	-	
Avg. cost per participant:	Nurse Family Partnership (NFP)	\$4800 est.	\$4800 est.	\$4800 est.	-	N/A*	N/A*	-	-
	Nursing Child Assessment Satellite Training (NCAST)	\$3200 est.	N/A	\$985 est.	-	N/A*	N/A*	-	-
	Best Beginnings (BB) 2	N/A	N/A	N/A	-	N/A*	N/A*	-	-
	Certified Lactation Counselor (CLC)	\$0	\$0	\$0	-	N/A*	N/A*	-	-
	Post-Partum Depression (PPD) ¹	N/A	N/A	\$0	-	N/A*	N/A*	-	-
(-) Indicates data not yet available N/A Indicates data not available due to the creation of a new metric N/A* indicates data not available on a quarterly basis + Contains duplicate data 1-3 Explained in the Story Behind the Performance section									

STORY BEHIND THE PERFORMANCE

The Women & Infant program provides leadership and support for the design, implementation and evaluation of state and local policies and programs that address the health needs of women and infants; promotes healthy development within the women and infant populations, including infants with special health care needs; manages contracts; and provides supervision and participation within the overall Maternal and Child Health Unit priorities. Examples of MCH services directly affecting this population are maternal high risk (MHR), newborn intensive care (NBIC), newborn screens (NBS) including appropriate follow-up, and children (infants) with special health care needs (CSH). Infant mortality is an indicator of overall health and well-being of the state.

The Women and Infant Health Program Manager returned to private practice in June 2013. A new Program Manager will begin January 2014.

Footnotes:

¹ Site visits to Public Health Nursing offices as well as surrounding states' tertiary care centers promote care coordination for Wyoming families.

² Trainings organized and/or contracted include PHN Healthy Baby Home Visitation (NFP and BB), NCAST, CLC and PPD. In FY2014 MCH will sponsor curriculum training for the Best Beginnings model of the Healthy Baby Home Visitation.

³ MCH presentations in 2013, focusing on Women and Infant health, included those for the Wyoming Children's Action Alliance, UW's Residency Clinic and the Wyoming Chapter of the March of Dimes.

Women, Infants, and Children (WIC) Program

Program Description

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides quality nutrition education and services, breastfeeding promotion and support, a monthly food prescription (package), and referrals to maternal, prenatal, and pediatric healthcare services.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$10,680,912	\$11,731,448	\$10,697,759
People Served	12,482	12,087	11,319
Cost per Person	\$855.71	\$970.58	\$945.12
Non-600 Series*	41.00%	25.04%	16.95%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- Additional direct service expenditures not included in the 600 series equal \$5,612,374 for the three fiscal years combined.
- Total FY13-14 Budget \$24,260,390 includes 7% GF, 73% FF, 20% infant formula rebates.
- People Served = average monthly caseload.

Program Staffing

- State positions: 16 FT; 12 PT; 12 AWEC
- County positions: 1 FT; 14 PT
- Hospital positions: 4 FT; 4 PT
- Total 45.2 FTE (9.6 state office; 35.6 local agencies)

Program Metrics

- From 2011-2013, an average of 11,963 pregnant, postpartum, and breastfeeding women, infants, and young children were served each month by WIC.
- Over 20,000 total participants served annually by 19 local WIC agencies.
- Approximately half of all babies born in Wyoming and the nation are served by WIC.
- 83 retail grocers are contracted in Wyoming to redeem participant food benefits.
- PRAMS data for 2011 show that 83.8% of women enrolled in WIC initiate breastfeeding.

Events that have Shaped this Program

- Recent changes in the WIC food packages help to ensure that participants can easily make nutritious choices, with an emphasis on fruits, vegetables, low-fat dairy, and whole grains.
- Wyoming was the first state to implement electronic benefit transfer (EBT) for delivery of food benefits, which is now mandated for the country by 2020.
- Wyoming participates with 22 other states, territories, and tribal organizations in the Western States Contracting Alliance (WSCA) infant formula rebate contract to save money that is used to offset the cost of participant food purchases.

Women, Infants, and Children (WIC) Program

PROGRAM CORE PURPOSE

The purpose of the WIC Program is to improve the nutrition and health status of low income pregnant and post-partum women, infants, and children (to age 5) by providing nutritious, supplemental food packages, nutrition, education, breastfeeding promotion and support, and referral to other health and social services.

OUTCOMES

Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Average % of pregnant and breastfeeding women with at least one peer counselor contact/month	63%	46.5% (421/906)	56.8% (437/770)	49.4% (469/950)	63.7% (532/836) 1 st , 2 nd , & 4 th qtr. only ¹	-
% of survey respondents who met with a breastfeeding peer counselor and found it helpful	95%	N/A	N/A	N/A	92.5%	-
% of survey respondents who indicate that WIC helped them eat more vegetables	84%	N/A	N/A	N/A	82.5%	-
% of survey respondents who indicate that WIC helped them eat more fruits	86%	N/A	N/A	N/A	84.1%	-
INTERMEDIATE OUTCOMES						
% of cash value benefits spent on fresh fruits and vegetables by WIC participants	70%	N/A	31.4% (\$271,277/\$864,893)	63.0% (\$540,091/\$857,582)	67.6% (\$378,064/\$559,800) no data July-Oct 2012	-
Of all WIC post-partum women, average % who are breastfeeding	47%	44.2% (855/1935)	43.7% (806/185)	46.2% (829/1793)	44.4% (735/1654)	-
Of all WIC breastfeeding women, average % who are exclusively breastfeeding ²	80%	73.0% (624/855) no data July-Sept 2009	77.1% (621/806)	78.6% (652/829)	79.1% (581/735)	-
LONG TERM OUTCOMES						
Childhood(ages:10-17) obesity rates in Wyoming (85 th % or above) ³	26.7%	N/A	26.7%	26.7%	N/A	-

(-) Indicates data not yet available

N/A indicates data unavailable due to the creation of a new metric 1-7 explained in the Story Behind the Performance section

OUTPUTS AND EFFICIENCIES								
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Average # women served/month ⁴	3,021	2,922	2753	-	2,750	2,755	-	-
Average # children served/month ⁴	6,422	6,228	5,949	-	5,976	5,921	-	-
Average # infants served/month ⁴	3,039	2,397	2,618	-	2,704	2,532	-	-
% of local WIC agencies with breastfeeding peer counselors ⁵	47% (9/19)	53% (10/19)	45% (8.6/19)	-	46% (8.75/19)	45% (8.5/19)	-	-
Total # CLC trained WIC staff ⁵	21	25	27	-	27	27	-	-
Average # referrals documented/month ⁶	N/A	N/A	687 3rd qtr. only	-	N/A	687 3rd qtr. only	-	-
Average # nutrition education contacts/month	N/A	N/A	2,281 3rd & 4th qtr. only	-	N/A	2,281 3rd & 4th qtr. only	-	-
EFFICIENCIES								
Average monthly food cost/participant/month	\$43.56 (\$543,690/ 12,482)	\$47.08 (\$568,953/ 12,086)	\$47.07 (\$532,407/ 11,319)	-	\$44.44 (\$507,960/ 11,431)	\$49.69 (\$556,854/ 11,207)	-	-
Average nutrition education cost/participant/month ⁷	\$4.67 (\$57,889/ 12,385)	\$5.12 (\$61,053/ 11,924)	\$5.10 (\$57,362/ 11,256)	-	\$3.52 (\$39,510/ 11,218)	\$6.66 (\$75,213/ 11,293)	-	-
(-) Indicates data not yet available N/A indicates data unavailable due to the creation of a new metric 1-7 explained in the Story Behind the Performance section								

STORY BEHIND THE PERFORMANCE

- 1 WIC implemented a new management information system in November 2012 and experienced data conversion issues resulting in some reporting problems.
- 2 Women who exclusively breastfeed tend to breastfeed longer. Breastfeeding provides numerous health benefits to both mother and baby. Mothers who breastfeed lose pregnancy weight more quickly and have a reduced risk of breast and ovarian cancer later in life. Infants who are breastfed have better immune systems and are less likely to become obese.
- 3 No reliable data available for childhood obesity rates in Wyoming for children under age 10.
- 4 Overall, WIC participation is decreasing, in part due to lower birth rates, increased SNAP benefits, and limited resources available for program outreach.
- 5 WIC has seen the percentage of exclusively breastfeeding women increase gradually since the implementation of the WIC breastfeeding peer counselor program in 2005, together with efforts to ensure at least one Certified Lactation Educator is available in each local WIC agency. Peer counselors are employed using 600 series contracts.
- 6 Average # of referrals documented is expected to increase over time as WIC staff utilizes new data system reporting. Due to data system problems with updated software build in 4th quarter, only 3rd quarter is reported for 2013.
- 7 Nutrition education cost per participant per month is calculated based upon the federal fiscal year vs. state fiscal year in order to better reflect accurate cost per participant. WIC is required to spend at least 1/6 of all nutrition

WDH | Aging Division

Aging and Disability Resource Center (ADRC)

Community Based In-Home Services (CBIHS)

Legal Services and Legal Developer Program

Long Term Care Ombudsman and Elder Abuse Prevention

Senior Corps Program (CORP)

Title III-B Supportive Services

Title III-C1 Congregate Nutrition Program

Title III-C2 Home Delivered Meal Program

Title III-D Disease Prevention and Health Promotion Program

Title III-E National Family Caregiver Support Program

Wyoming Aging and Disability Resource Center

Program Description

The WyADRC is designed to provide information, referral, education and short-term resource coordination that will assist Wyoming citizens who are either 55+ years of age or 18+ years of age and living with a disability to develop a long-term care plan.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$250,610	\$421,344	\$259,135.36
People Served	197	500	573
Cost per Person	\$1,272	\$842	\$452
Non-600 Series*	18%	18%	12%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- During the first quarter of SFY12-13, the ADRC program had \$38,570 available federal funds remaining. As of September 30, 2012, those funds were completely depleted.
- Provider contributes approximately 15% in-kind match. (This is not a grant requirement)

Program Staffing

- .54 FTE (State Coordinator)
- 0 AWEC
- 0 Other

Program Metrics

A total of 1438 unduplicated callers have contacted the WyADRC since March 14, 2011; resulting in 9839 contacts.

Of these calls:

- 66% were for Information and Referral
- 21% were for short term case management
- 69% required options counseling
- 7% were for other services including benefits counseling and longer-term case management

Of these callers:

- 70% were over the age of 55 years
- 26% were over 18 years of age and living with a disability
- 4% were not able to be categorized

Events that have shaped this Program

- The Wyoming Legislature appropriated \$200,000 to the ADRC direct services during SFY12-13.

Wyoming Aging and Disability Resource Center

PROGRAM CORE PURPOSE

To assist as many older Wyoming residents and adults with disabilities to remain at the safest and lowest level of care for as long as possible with preference given to those at highest need of services by providing case management (non-medical) and referral to state and local community services.

OUTCOMES

Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Number of consumers assisted	699	N/A	296	504	635	-
INTERMEDIATE OUTCOMES						
Total number of consumers assisted by the ADRC who live alone	10%	N/A	N/A	N/A	N/A	-
Total number of consumers assisted by the ADRC who live at or below 100% of the federal poverty level.	25%	N/A	N/A	N/A	N/A	-
Total number of consumers assisted by the ADRC who are a minority	5%	N/A	N/A	N/A	N/A	-
Total number of consumers assisted by the ADRC who are veterans	5%	N/A	N/A	N/A	N/A	-
LONG TERM OUTCOMES						
Total percentage of clients who took part in services after referral	85%	N/A	N/A	N/A	N/A	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric						

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Number of WyADRC personnel	9	5	5	-	N/A*	N/A*		
Cumulative total of Unduplicated Callers who received assistance	296	504	1435	-	320	418	-	-
Total number of consumers who utilized Community Based In-Home Services (WyHS)	6	51	71	-	48	23	-	-

Total number of consumers who utilized National Family Caregiver Program (NFCP)	9	88	153	-	104	49	-	-
Total number of consumers who utilized Other Programs	N/A	383	1625	-	1273	352	-	-
Number of MOU's with various entities providing discharge planning to facilitate resource coordination and education	N/A	N/A	0	-	N/A*	N/A*	-	-
Total outreach events	N/A	N/A	82	-	N/A*	N/A*	-	-
EFFICIENCIES								
Average cost per consumer/year	\$1015	\$400	\$373	-	\$329.30	\$520.55	-	-
Average number of contacts per consumer	7.5	4	7.2	-	8	8	-	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric N/A* indicates data not available on a quarterly basis								

STORY BEHIND THE PERFORMANCE

- The number of contacts per caller has decreased due to the WyADRC staff's increased expertise and familiarity with resources.
- The Wyoming ADRC has become more widely known and utilized; therefore the number of callers has increased.
- The WyADRC budget has been cut by a little over 50%. Therefore, they are employing half the number of people they were during SFY11-12. This may result in increased cost per caller and number of diversions attributed to the ADRC.
- The WyADRC compiles an annual cost containment analysis designed to illustrate the savings to the state Medicaid program as well as private-pay citizens as a result of ADRC intervention. The most recent cost containment analysis done as of June 30, 2012 indicated a conservative cumulative dollar figure of approximately \$4.5 million savings. This report is compiled from real callers who were assisted in remaining or returning to their homes rather than enter a long-term care facility.

Community Based In-Home Services

Program Description

Community Living Section, Aging Division - Community Based In-Home Services program is a state funded grant program contracted to 23 providers (one per county) to provide in-home services to persons 18 years and older in Wyoming who are at risk of placement in nursing homes, assisted living or other institutional care. Services are primarily care coordination, homemaking, and personal care.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$4,459,523	\$4,455,658	\$4,353,893
People Served	2,525	2,384	2,328
Cost per Person	\$1766	\$1863	\$1870
Non-600 Series*	0%	0%	0%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- SFY13 CBIHS Budget expenditures were \$3,086,631 GF and there is a 5% local match required to the state funds for all contractors. In SFY 2013, the contractors used the state funds plus \$833,096 local match and \$424,241 client contribution. In 2013 local contractors over matched the program by \$680,981.

Program Staffing

- 1.0 FTE
- 0.0 AWEC
- 0.0 Other

Program Metrics

- Number of people served. In 2013, 2,328.
- Cost of services per person. In 2013, \$1,870 per client.
- Program income generated. In 2013, \$424,241.
- Number of potential clients on the waiting list. In 2013, ranged from low of 50 to a high of 124.
- Services to be provided in every county. In 2013, 23 countywide programs serving 2,328 clients.

Events that have Shaped this Program

- More clients are on the program longer and needing more services to be able to stay in the home. More potential clients are on waiting lists.

Community Based In-Home Services

PROGRAM CORE PURPOSE

The core purpose of the Community Based In-Home Services program (CBIHS) is to prevent premature institutionalization of aging individuals and disabled adults in Wyoming.

OUTCOMES

Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Number of CBIHS clients with an ADL of 2 or higher	1, 883 (78%)	1,727 (72%)	1,840 (74%)	1,770 (76%)	1,588 (75%)	-
Number of CBIHS clients with an IADL of 2 or higher	2,293 (95%)	2,192 (92%)	2,307 (93%)	2,218 (93%)	1,987 (93%)	-
Number of CBIHS clients with an ADL of 1 or lower	531 (22%)	658 (28%)	634 (26%)	614 (24%)	537 (25%)	-
Number of CBIHS clients with an IADL of 1 or lower	120 (5%)	193 (8%)	167 (7%)	166 (7%)	138 (7%)	-
Number of CBIHS clients served by other WY Department of Health programs	N/A	N/A	N/A	N/A	N/A	-
Number of CBIHS clients served by other state agencies	N/A	N/A	N/A	N/A	N/A	-
INTERMEDIATE OUTCOMES						
Number of reported alleged abuse, neglect, exploitation cases	50	N/A	N/A	N/A	40	-
Average number of potential clients on the CBIHS waiting list	146	33	77	146	185	-
LONG TERM OUTCOMES						
Number of qualified aging and disabled residents in Wyoming being served by CBIHS	2,414	2,385	2,474	2,384	2,125	-
Number of CBIHS clients that are at immediate risk of institutionalization	N/A	N/A	N/A	N/A	N/A	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric Note: data for newest metrics will be available in 2014						

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Number of CBIHS clients receiving Care Coordination (required service)	2,298	2,278	1,981	-	1,579 +1,547	1,390	-	-
Average number of hours per client for Care Coordination	9	9	7	-	3+3	2.75	-	-
Number of CBIHS clients	274	227	141	-	82+94	74	-	-

receiving Chore Services								
Average number of hours per client for Chore Services	8.5	7	7.75	-	3.5+3.5	6.25	-	-
Number of CBIHS clients receiving Homemaking Services	1,571	1,531	1,428	-	1,160+1,155	1,066	-	-
Average number of hours per client for Homemaking Services	41.5	40	27.5	-	11.5+12.5	9.5	-	-
Number of CBIHS clients receiving Personal Care	529	479	411	-	309+303	257	-	-
Average number of hours per client for Personal Care	44.5	41	31	-	16+15	11	-	-
Number of CBIHS clients receiving Personal Emergency Response Systems	814	762	657	-	532+517	479	-	-
Average number of hours per client for Personal Emergency Response Systems	7.5	7.5	5.5	-	2.5+2.5	2	-	-
Number of CBIHS clients receiving Respite	62	43	49	-	23+29	31	-	-
Average number of hours per client for Respite	39	46	44.5	-	13.5+31.5	30.25	-	-
EFFICIENCIES								
Average Cost Per Client	\$1,766	\$1,903	\$1,131	-	\$1,131	-	-	-
Average State Cost Per Client	\$1,217	\$1,453	\$797	-	\$797	-	-	-
(-) Indicates data not yet available								

STORY BEHIND THE PERFORMANCE

- The Community-Based In-Home Services program provides services to aging and/or disabled people in Wyoming, regardless of income. The State funded CBIHS program clients pay for services based on their ability to pay. These funds are considered program income.
- Activities of Daily Living (ADL) are basic activities necessary for daily life: bathing, eating, dressing, toileting, transferring and mobility.
- Instrumental Activity of Daily Living (IADL) are not necessary for fundamental functioning but allow an individual to live independently: meal preparation, shopping, managing medications, managing money, using telephone, heavy housework, light housekeeping, and transportation.
- Without CBIHS, people not eligible for Medicaid could become prematurely institutionalized. Individuals could be forced to spend down their assets to qualify for Medicaid. The cost for institutionalization would be absorbed by the State.
- The average cost of institutionalization per client per year in Wyoming is \$68,649. The average state cost per client per year enrolled in CBIHS program is less than \$2,000.
- In SFY12, there were 1,780 CBIHS clients with an ADL of 2 or higher living in poverty per the federal poverty guidelines.

Legal Services and Legal Developer Program

Program Description

The Legal Services and Legal Developer is a federally mandated program that provides funds to maintain the number of seniors over the age of sixty (60) who receive free civil legal services or are referred to the provider developed legal network that will provide affordable legal services. The state provides matching state funds for maintenance of effort to allow seniors to continue to receive this legal help.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$88,300	\$88,300	\$75,384
People Served	N/A	727**	274
Cost per Person	N/A	\$121	\$231.70
Non-600 Series*	0%	0%	0%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

**This count includes both duplicated and unduplicated clients

Program Cost Notes

The state funds match federal funds which are provided to the Legal Services and Legal Developer Program. The State funds are a 10-30% match to the Federal funds.

Program Staffing

- 0.1 FTE position (State Coordinator)
- 0 AWEC
- 0 Other

Program Metrics

- In SFY 2013, 274 unduplicated seniors were afforded legal assistance in the form of direct assistance from the provider. No clients were turned away or referred for outside affordable legal assistance.
- In SFY 2013, total client hours performed by the provider equaled 944.75.
- In SFY 2013, the average cost per client was \$231.70.
- In SFY 2013, the average number of hours spent/client was 3.5
- The average cost savings per client, based on the average \$250.00/hour cost for private legal assistance equaled \$875.00
- This program helps Wyoming citizens over the age of 60 to remain in their homes and communities by allowing them to keep more of their money to spend on food, clothing, shelter, medicine, transportation, etc.
- No criminal cases are accepted through this program.

Events that have shaped this Program

- The Legal Services and Legal Developer Program received the same amount of funding in FY2011 and FY2012. Their funding for FY2013 was cut by 14% and will be cut an additional 4% in FY14.
- Wyoming State Statute W.S. 35-20-102 (xvii) reads:
Vulnerable adult means any person eighteen (18) years of age or older who is unable to manage and take care of himself or his money, assets or property without assistance as a result of advanced age or physical or mental disability. Advanced age is defined as age 60 in statute but does not in any way assume those 60 and over are vulnerable and the same goes for those with a physical or mental disability.

Legal Services and Legal Developer Program

PROGRAM CORE PURPOSE

The Legal Service and Legal Developer program delivers free civil legal assistance to older individuals with the most social and/or economic needs.

OUTCOMES						
Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Percentage of Wyoming's population who are age 60 and over who received legal services.	2%	N/A	N/A	1% (727 of 100,144)	<1% (274 of 97,182)	-
INTERMEDIATE OUTCOMES						
Percentage of Wyoming's population who are age 60 and over who live alone and received legal services.	2%	N/A	N/A	N/A	1% (167 of 26,282)	-
Percentage of Wyoming's population who are age 60 and over, who are minority and received legal services.	2%	N/A	N/A	N/A	<1% (41 of 52,347)	-
Percentage of Wyoming's population who are age 60 and over, who are at or below the federal poverty level and received legal services.	2%	N/A	N/A	N/A	1% (110 of 8827)	-
LONG TERM OUTCOMES						
Total number of hours spent performing legal services to individuals over the age of 60.	992 (5% increase)	N/A	N/A	N/A	944.75	-
Savings to clients who received services	\$248,000	N/A	N/A	N/A	\$236,187.50	-

OUTPUTS AND EFFICIENCIES								
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Total unduplicated number of individuals requesting help with bankruptcy, collections or garnishments	N/A	N/A	49	-	N/A	49	-	-
Total unduplicated number of individuals requesting help with wills, estates	N/A	N/A	36	-	N/A	36	-	-
Total unduplicated number of individuals requesting help with advance directives or powers of attorney	N/A	N/A	11	-	N/A	11	-	-
Total unduplicated number of individuals requesting help with divorce	N/A	N/A	8	-	N/A	8	-	-
Total unduplicated number of individuals requesting help with employment discrimination	N/A	N/A	1	-	N/A	1	-	-
Total unduplicated number of individuals requesting help with custody/visitation	N/A	N/A	1	-	N/A	1	-	-
Total number of outreach and educational events conducted and/or attended by the provider.	N/A	N/A	34	-	21	13	-	-
Total number of cases	N/A	N/A	274	-	121	153	-	-
EFFICIENCIES								
State General Fund	\$8100	\$8100	\$8100	-	\$2025	\$5400	-	-
Average cost per hour to the State General Fund based on 944.75 hours spent in SFY13	N/A	N/A	\$8.58	-	\$4.92	\$10.12	-	-
Federal AoA Funds	\$80,200	\$80,200	\$67,284	-	\$20,548	\$42,444	-	-
Average cost per hour to the Federal funds	N/A	N/A	\$71.22	-	\$49.96	\$79.56	-	-
Average cost per unduplicated client	N/A	N/A	\$231.70	-	\$221.30	\$312.71	-	-
Average salary of each Legal Aid employee providing services	\$9800	\$9800	\$8376	-	N/A*	N/A*	-	-

STORY BEHIND THE PERFORMANCE

- Until 2013, the provider was not able to give an unduplicated count of clients. Since January 2013, they have improved the data collection method to show unduplicated client counts. This accounts for the “decrease” in client numbers.
- Funding for this program was cut by 14% for fiscal year 2013 and an additional 4% for fiscal year 2014.
- **Most elder abuse and neglect takes place at home.** About 95% of older people live on their own or with their spouses, children, siblings or other relatives not in institutional settings. When elder abuse happens, family, other household members or paid caregivers are usually the abusers. Although there are extreme cases of elder abuse, often the abuse is subtle, and the distinction between normal interpersonal stress and abuse is not always easy to discern.

Long Term Care Ombudsman & Elder Abuse

Program Description

Community Living Section, Aging Division – Title VII of the Older Americans Act, 1965, as amended, the State Unit or Area Unit on Aging is required to have programs in place for clients to be represented by an independent advocate (ombudsman) for persons living in Long Term Care (LTC) settings and provide education and information to persons 60 and older or their families about prevention of physical, financial, mental or verbal abuse. There is one contractor statewide for these services.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$279,044	\$271,227	\$271,859
People Served	1142	1574	1655
Cost per Person	\$244	\$173	\$165
Non-600 Series*	0%	0%	0%

*600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- In the 2014 budget for these programs, 46% are federal funds and 54% are state funds. No local matching funds are required. These funding sources are expected to decrease from both federal and general fund sources.

Program Staffing

- 0.1 FTE
- 4 FTE Ombudsmen through contract with Wyoming Senior Citizens, Inc.
- 0.00 Temp

Program Metrics

- Evaluate case loads – cases closed, type of cases and cases open. (Monitor location of cases, i.e. in-home care vs. institutional care.) Ombudsman caseload for 2011 was 1124 cases, and caseload for 2012 was 1320 cases. All complaints or requests for assistance are reported quarterly to Community Living Section, Aging Division. All cases are monitored from the beginning to end by Ombudsman. LTC Ombudsman cases not resolved satisfactorily for the complainant was 2.5% in 2011 and 1.6% in 2012.
- All licensed long term care facilities in the state are visited quarterly which equaled 268 visits in 2011 and 316 visits in 2012. The licensed facilities were nursing homes, assisted living facilities and boarding homes. Other agencies visited by the LTC Ombudsman were senior centers, hospice, adult day care, home health and public health.

Events that have Shaped this Program

No additional funding for the Ombudsman and Elder Abuse Prevention is expected from the federal or state funding. Four full-time Long Term Care Ombudsmen cover the entire State of Wyoming with a caseload of approximately 300-400 cases of complaints or requests for information per Ombudsman. More emphasis has been given to the subject of financial exploitation in the training and information on Elder Abuse Prevention to elders, facilities, and senior centers. The number of cases referred to Adult Protective Services for alleged financial exploitation has been increasing.



LONG TERM CARE OMBUDSMAN & ELDER ABUSE PREVENTION

PROGRAM CORE PURPOSE

The long term care ombudsman program investigates, advocates, mediates, and resolves issues on behalf of long-term care facility residents. The elder abuse prevention program educates Wyoming citizens on elder rights and the prevention of elder abuse, neglect, exploitation.

OUTCOMES

Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
LONG TERM OUTCOMES						
Percent of LTC Ombudsman cases resolved to the satisfaction of the complainant per year	95%	97.45	97.5%	98.4%	92.5%	-
National percentage	N/A	94.43%	94.8%	93.8%	91.8%	-
Percent of people with increased knowledge, as a result of elder abuse presentations	N/A	N/A	N/A	N/A	N/A	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric						

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Average number of visits to all LTC or other elderly or disabled services per quarter by Ombudsman program.	123	157	150	-	137	162	-	-
Percent of licensed facilities visited (nursing home, assisted living and boarding homes, hospice) visited each quarter (Note, a licensed facility may be visited more than once during a quarter.)	100%	108%	100%	-	100%	105%	-	-
Persons attending Adult Protective Services educational events.	652	659	771	-	-	198	-	-
Number of complaints received by Ombudsman.	1320	1359	1379	-	-	-	-	-
Percentage of complaints regarding 'Resident Rights'.	N/A	N/A	N/A	-	N/A	N/A	-	-
Percentage of complaints	N/A	N/A	N/A	-	N/A	N/A	-	-

regarding 'Resident Care'.								
Percentage of complaints regarding 'Quality of Life'.	N/A	N/A	N/A	-	N/A	N/A	-	-
Percentage of complaints regarding 'Administration'.	N/A	N/A	N/A	-	N/A	N/A	-	-
Percentage of complaints 'Not Against a Facility'	N/A	N/A	N/A	-	N/A	N/A	-	-
Percentage of alleged financial abuse complaints to total alleged abuse situations.	N/A	7%	9%	-	-	-	-	-
Number of informational materials distributed.	N/A	-	-	-	-	4285	-	-
EFFICIENCIES								
Cost per persons served	\$244	\$173	\$165	-	\$208	\$146	-	-
Ombudsman cost per case	\$223	\$190	\$156	-	\$152	\$207	-	-
Elder Abuse Prevention cost per person trained	\$34	\$31	\$34	-	\$41	\$32	-	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric								

STORY BEHIND THE PERFORMANCE

The Long Term Care Ombudsman and the Elder Abuse Prevention educational programs have a great impact on the lives of persons living in long term care settings in Wyoming. Many times the residents of long term care facilities have no one to represent them, because there is no family or friend to provide a voice for their concerns or complaints to the staff or administration of the facility. Residents are afraid that if they complain that there will be retribution and intolerance by those they depend every day for their care and feeding. The advocacy and voice that the Ombudsman is able to provide to these residents is essential for the mediation and resolution of the resident's complaints.

The amount of financial abuse is reportedly on the increase, but clear data as to this issue has not been tracked. It is important that the Ombudsman, when reporting these statistics try to determine the extent of this alleged increasing problem. Since the financial downturn, the Ombudsman has been reporting that this problem is on the increase in Wyoming, but these statistics are estimates and not necessarily correct. There is also an increase in the amount of complaints coming in on home care programs, which the Ombudsman will also handle because of the state funds designated for long term care service, not just licensed facilities. As home care increases, more complaints are coming in from home care clients to ask the Ombudsman to help resolve issues with home care providers. This is really not the responsibility of the federal Long Term Care Ombudsman program, but no other program is available to help mitigate these issues. Another issue of concern for the Ombudsmen is the lack of resources in Wyoming for those persons needing both nursing home care and appropriate psychiatric and behavioral services. Since long term care facilities are not allowed to restrain residents physically or medically, this has created some concern as to the appropriateness of care to residents who may need long term behavioral care services.

The federal government has put out *draft* Long Term Care Ombudsman regulations that are expected to go into effect by 2014. It is important to note that the draft federal regulations would exclude LTC Ombudsman from reporting abuse cases to Adult Protective Services. This would be counter to current state law. The reason the federal regulations have this in the proposed regulations is to protect the confidentiality of the complainant. In other states Ombudsman services are provided by volunteers, but the ongoing training required for the Long Term Care Ombudsman volunteers is quite costly and could not be funded by the current or projected budget.

In summary, the Long Term Care Ombudsman Program and the Elder Abuse Programs have been successful in Wyoming by investigating, advocating, mediating, and resolving issues on behalf of long term care residents, and by educating Wyoming citizens on elder rights and the prevention of elder abuse, neglect, exploitation.

Senior Corps Programs

Program Description

The state provides matching funds for maintenance of effort to allow seniors to remain active, vital and assist in their financial support. By providing unique services, the volunteers receive stipends through the Senior Companion and Foster Grandparent programs. Volunteer stipends are not taxed and do not affect Social Security or retirement payments.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$245,000	\$245,000	\$245,000
Total Volunteers	225	225	171
Cost per Volunteer	\$1089	\$1089	\$1433
Non-600 Series*	0%	0%	0%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- The state funds are a 10-30% match to federal funds.
- Total federal dollars received by the program equal \$1,109,610

Program Staffing

- .01 FTE
- 0 AWEC
- 0 Other

Program Metrics

- There is a maximum of 225 volunteers allowed on these programs at one time.
- In SFY13 there were 171 total Senior Corps volunteers statewide.
- In SFY13 the total volunteer hours claimed for the Foster Grandparent program were 166,690.
- In SFY13 the total volunteer hours claimed for the Senior Companion program were 11,959.

Events that have Shaped this Program

- Cost per volunteer went up significantly due to the current economic situation. More seniors are working full-time jobs for a longer period of time and are therefore unable to volunteer.

Senior Corp Programs

PROGRAM CORE PURPOSE

To enable senior volunteers to remain engaged in their community and support themselves financially.

OUTCOMES

Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Percent of volunteers surveyed who indicated a sense of accomplishment	98%	N/A	N/A	N/A	96%	-
Percent of volunteers surveyed who indicated a feeling they have a purpose in life	95%	N/A	N/A	N/A	93%	-
Percent of volunteers surveyed who indicated they feel they can make a positive difference in another person's life	98%	N/A	N/A	N/A	96%	-
Percent of volunteers surveyed who indicated they have an increased sense of self-esteem	90%	N/A	N/A	N/A	86%	-
Percent of volunteers surveyed who indicated they have an increased ability to make ends meet	85%	N/A	N/A	N/A	82%	-
Percent of volunteers surveyed who indicated they have an increased sense of well-being	80%	N/A	N/A	N/A	74%	-
Percent of volunteers surveyed who indicated they have an increased quality of life	93%	N/A	N/A	N/A	91%	-
Percent of volunteers surveyed who credit their participation in the program with their increased quality of life	95%	N/A	N/A	N/A	93%	-

(-) Indicates data not yet available
N/A indicates data not available due to the creation of a new metric

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Average number of seniors receiving stipends through the Senior Corps programs	225	225	171	-	N/A*	N/A*	-	-
Number of children served by volunteers through the Foster Grandparent program	N/A	N/A	5267	-	2436	2831	-	-

Number of seniors helped by the Senior Companion program	N/A	N/A	363	-	173	190	-	-
Percent of volunteers who receive a meal	N/A	N/A	95%	-	N/A*	N/A*	-	-
Number of volunteers who receive an annual physical	N/A	N/A	100%	-	N/A*	N/A*	-	-
Number of volunteer hours claimed	N/A	N/A	178,649	-	N/A*	N/A*	-	-
EFFICIENCIES								
Average cost per child who received assistance from a Foster Grandparent volunteer (state funds)	N/A	N/A	\$46	-	\$0	\$37	-	-
Average cost per senior who received assistance from a Senior Companion volunteer. (state funds)	N/A	N/A	\$462	-	\$398	\$494	-	-
Average monthly stipend received per volunteer	N/A	N/A	\$286	-	N/A*	N/A*	-	-
Average cost per volunteer who received training	N/A	N/A	\$39	-	N/A*	N/A*	-	-
Cost Per Hour (state funds)	N/A	N/A	\$1.36	-	N/A*	N/A*	-	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric N/A* indicates data not available on a quarterly basis								

STORY BEHIND THE PERFORMANCE

- Foster Grandparents volunteers are assigned to schools, Boys and Girls Clubs, and other service organizations that focus on children. They help numerous children at one time.
- Senior Companion volunteers are assigned specific seniors to assist. They help one individual at a time.
- Volunteers are allowed to serve up to 40 hours per week at \$2.65 per hour. However, the average number of volunteer hours per week per volunteer is 27 totaling a monthly stipend of \$286.00
- Monthly in-service trainings are required at 4 hours per month.

Title III-B Supportive Services

Program Description

The Title III-B Supportive Services Program allows community providers to coordinate services, educate staff, and promote a social environment for Wyoming's adults age 60 and older. This environment empowers Wyoming's adults age 60 and older to remain physically, mentally, and socially active with preference given to those at the highest risk of premature institutionalization. The four major categories of service that the program provides are:

- 1) **Health:** Clients will increase their participation in physical activity to remain an active member of the community.
- 2) **Socialization:** Clients will decrease their social isolation and maintain physical and mental well-being.
- 3) **Support Services:** Clients will have access to services and information about community resources.
- 4) **Transportation:** Clients will be self reliant and less dependent on family and friends to meet their transportation needs.

The Title III-B program is funded by Administration on Aging (AoA), Section 321 of the Older Americans Act.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$1,792,254	\$1,798,449	\$1,645,022
People Served	22,083	20,499	19,010
Cost per Person	\$81	\$88	\$87
Non-600 Series*	30%	30%	30%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- Expenditures – 85% Federal Funds, 13.02% General Funds, and 1.98% local match
- Grantees contributed a total of \$1,281,624 in SFY 2013.

Program Staffing

- .75 FTE
- 0 AWEC
- Other

Program Metrics

- In SFY 2013 Title III-B had a total of 37 grantees covering 23 counties in Wyoming. These grantees served a total of 19,010 clients representing approximately 20% of Wyoming's adults aged 60 and older based on 2012 Census data. A total of \$1,281,624 was generated by the grantees to supplement the program including program income, local match, and in-kind.

Events that have shaped this Program

- In 2010 the number of Wyoming's adults age 60 and over increased by 32.7% from the 2000 U.S. Census. By 2030, those 60 and older will comprise 32.2% of the total population making Wyoming the fourth oldest state in the nation.
- In October of 2012 the Aging Division, Community Living Section collaborated with the Wyoming Association for Senior Project Directors (WASPD) to consolidate the Title III-B Program to 4 major service categories and 16 services to enhance data collection and efficiency/effectiveness of services provided.
- Due to sequestration Title III-B took a significant cut in Federal and State funding putting a strain on grantees providing Title III-B services to Wyoming's adults age 60 and older.

Title III-B Supportive Services

PROGRAM CORE PURPOSE

To help as many of Wyoming's older adults as possible remain physically, mentally, and socially active by providing comprehensive, coordinated and cost effective services, with preference given to those who have been identified by the Older Americans Act to have the greatest need for services.

OUTCOMES

Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
INTERMEDIATE OUTCOMES						
Percent of Wyoming's total minority population age 60 and over served by Title III-B.*	19%	18% (613/ 3,501)	20% (691/ 3,396)	12% (642/ 5,273)	19% (574/ 3,030)	-
Percent of Wyoming's total population living at or below 100% of the Federal poverty level age 60 and over served by Title III-B.*	41%	37% (4,281/ 11,610)	39% (4,320/ 11,122)	41% (3,895/ 9,469)	41% (3,595/ 8,827)	-
Percent of Wyoming's total population living alone age 60 and over served by Title III-B.*	21%	20% (7,390/ 37,361)	23% (7,548/ 32,286)	22% (7,134/ 32,426)	21% (6,576/ 31,003)	-
LONG TERM OUTCOMES						
Percentage of client survey indicated that services they received helped them to be more physically active.	75%	N/A	N/A	N/A	N/A	-
Percentage of client survey indicated that services they received helped them to remain socially active.	75%	N/A	N/A	N/A	N/A	-
Percentage of client survey indicated that the services they received helped them to be more mentally active.	75%	N/A	N/A	N/A	N/A	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric * Percentages based on data collected by U.S. Census Bureau.						

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Number of unduplicated clients who received a Health Service.	6,720 ¹	6,338 ¹	6,061 ¹	-	4,552 ¹	3,878	-	-
Number of Health Service units provided.	79,209	77,993	73,064	-	36,101	37,053	-	-

Number of unduplicated clients who received a Socialization Service.	10,331 ¹	10,144 ¹	10,275 ¹	-	8,151 ¹	7,844	-	-
Number of Socialization Service units provided.	256,041	256,275	272,896	-	131,305	142,576	-	-
Number of unduplicated clients who received a Support Service.	14,714 ¹	12,702 ¹	10,807 ¹	-	7,936 ¹	6,286	-	-
Number of Support Service units provided.	225,849	222,504	233,281	-	113,739	114,403	-	-
Number of unduplicated clients who utilized a Transportation service.	3,004 ¹	2,865 ¹	2,346 ¹	-	1,833 ¹	1,621	-	-
Number of Transportation Service units provided.	188,680	157,054	140,306	-	71,526	70,042	-	-

EFFICIENCIES

Total amount reimbursed (Federal)	\$1,589,536	\$1,596,986	\$1,445,482	-	\$742,018	\$703,464	-	-
Total amount reimbursed (State)	\$202,718	\$201,463	\$199,540	-	\$99,895	\$99,645	-	-
Cost per client (Federal and State)	\$81.15	\$87.73	\$86.53	-	\$54.79	\$58.81	-	-
Cost per unit (Federal and State)	\$2.39	\$2.48	\$2.28	-	\$2.37	\$2.19	-	-

(-) Indicates data not yet available

¹ This figure includes care plan required services, which no longer fall under Title III-B effective 9/30/2012.

STORY BEHIND THE PERFORMANCE

- Based on the most current Census data, from the 2012 calendar year, in SFY 2013 Title III-B served approximately 20% of Wyoming's total population age 60 and over. Title III-B also served approximately 19% of Wyoming's total population age 60 and over who are a minority, 41% of Wyoming's total population age 60 and over who live at or below one hundred percent of the Federal poverty level, and 21% of Wyoming's total population age 60 and over who live alone.
- The total number of clients served has shown a decrease from year to year due to data collection becoming more defined.
- In October of 2012 the Aging Division, Community Living Section collaborated with the Wyoming Association for Senior Project Directors (WASPD) to consolidate the Title III-B Program to 4 major service categories and 16 services to enhance data collection and efficiency/effectiveness of services provided.

Title III-C1 Congregate Nutrition Program

Program Description

The Title III-C1 congregate nutrition program provides nutrition education, nutrition counseling, meals, and nutrition screening to eligible clients. Additional services may be offered including cooking, shopping, and positive social contacts, including the gateway to additional services. This program gives priority to low-income minority persons, those residing in rural areas, those with limited English proficiency, and those at greatest nutritional risk.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$1,933,050	\$2,078,314	\$1,655,909
People Served	18,004	18,707	19,183
Cost per Person	\$109.34	\$113.84	\$86.32
Non-600 Series*	0%	0%	0%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- Funded 85% federal funds 15% state and local match funds.
- Providers contributed an average of \$970,162 per quarter in matching funds

Program Staffing

- 0.5 FTE

Program Metrics

- In SFY 2013 Title III-C1 Congregate Nutrition Program had a total of 33 grantees covering 23 counties in Wyoming. These grantees served a total of 19,183 clients representing approximately 19.7% of Wyoming's total population of older adults based on 2012 Census data. These 19,183 clients received a total of 643,819 meals that they may not have otherwise received.

Events that have shaped this Program

- Redefined program tracking measures and reduction of duplication of counting has caused fluctuation in the numbers reported from year to year.
- Sequestration is anticipated to cause a significant reduction in the number of meals served by the program as well as the total number of clients served.



Title III-C1 Congregate Nutrition Program

PROGRAM CORE PURPOSE

Reduce food insecurity and hunger while promoting socialization among Wyoming's older adults.

OUTCOMES

Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Percent of clients surveyed who indicated that the meals they receive help them financially.	-	N/A	N/A	N/A	N/A	-
Percent of clients surveyed who indicated that they depend on the meals they receive.	-	N/A	N/A	N/A	N/A	-
Percent of clients surveyed who indicated that they eat fewer than three meals a day.	-	N/A	N/A	N/A	N/A	-
Percent of clients surveyed who indicated that the meals they receive help them to remain in their home and out of an institution.	-	N/A	N/A	N/A	N/A	-
Percent of clients surveyed who indicated they would not have access to food if they did not receive a meal.	-	N/A	N/A	N/A	N/A	-
Percent of clients surveyed who indicated that the nutrition education services help them with their health.	-	N/A	N/A	N/A	N/A	-
Percent of clients surveyed who indicated that the nutrition counseling services help them with their health.	-	N/A	N/A	N/A	N/A	-

(-) Indicates data not yet available
 N/A indicates data not available due to the creation of a new metric
 Note: data will be available for new outcomes in 2014

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Percent of Wyoming's older adult population who received services.	18.0% (18,004/99,555)	18.6% (18,707/100,144)	19.7% (19,183/97,182)	-	N/A*	N/A*	-	-
Total number of meals served.	615,204	663,957	643,819	-	323,388	320,431	-	-

Total units of Nutrition Education provided. ¹	11,889	13,075	12,466	-	8,717	3,749	-	-
Total units of Nutrition Counseling provided. ²	25.5	38.5	73	-	29.25	43.75	-	-
EFFICIENCIES								
Average raw food cost per meal.	\$3.12	\$3.23	\$3.18	-	\$3.14	\$3.20	-	-
Average total cost per meal.	\$9.95	\$10.03	\$9.77	-	\$10.04	\$9.50	-	-
Reimbursement per meal State.	\$0.27	\$0.29	\$0.25	-	\$0.27	\$0.25	-	-
Reimbursement per meal Federal.	\$3.08	\$3.18	\$2.52	-	\$2.85	\$2.52	-	-
(-) Indicates data not yet available N/A* indicates data not available on a quarterly basis 1 One unit of Nutrition Education is a presentation, given or prepared by a Registered Dietitian (RD) or someone of equal qualification*, to a group of C-1 participants pertaining to more general knowledge regarding health or nutrition. 2 One unit of Nutrition Counseling is defined as increments of hours of a <u>one on one</u> session, between a RD and a C-1 participant that has a high nutritional risk of being malnourished, pertaining to the C-1 participant's <u>personal</u> health or diet.								

STORY BEHIND THE PERFORMANCE

- With the anticipated reduction in funding the overall goal of the program is to maintain the total number of clients served but increase those populations which have been mandated by the Older Americans Act to be at greatest need of service. To maintain the total number of clients served may become difficult in the future as the cost of food rises and amount reimbursed per meal served decreases.
- Mandating a waiting list policy and procedure so the providers serve those most likely to experience food insecurity or hunger will help increase these numbers and also increase the number of meals served to these populations.

Title III-C2 Home Delivered Meal Program

Program Description

The Title III-C2 home delivered meals nutrition program provides nutrition education, nutrition counseling, meals, and nutrition screening to eligible clients. Additional services may be offered including cooking, shopping, and positive social contacts including the gateway to additional services. This program gives priority to low-income minority persons, those residing in rural areas, those with limited English speaking proficiency, and those at greatest nutritional risk.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$1,474,885	\$1,533,608	\$1,368,272
People Served	5,117	5,385	5,006
Cost per Person	\$303.84	\$295.09	\$278.21
Non-600 Series*	0%	0%	0%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- Funded 85% federal funds 15% state and local match funds.
- Providers contributed an average of \$859,259 per quarter in matching funds.

Program Staffing

- 0.5 FTE

Program Metrics

- In SFY 2013 Title III-C2 Home Delivered Meals Program had a total of 33 grantees covering 23 counties in Wyoming. These grantees served a total of 5,066 clients representing approximately 5.2% of Wyoming's older adult population based on 2012 Census data. These 5,066 clients received a total of 526,333 meals that they may not have otherwise received.

Events that have shaped this Program

- Redefined program tracking measures and reduction of duplication of counting has caused fluctuation in the numbers reported from year to year.
- Sequestration is anticipated to cause a significant reduction in the number of clients served by the program as well as the total number of meals served.



Title III-C2 Home Delivered Meal Program

PROGRAM CORE PURPOSE

Reduce food insecurity and hunger while promoting socialization among Wyoming's older adults.

OUTCOMES

Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Percent of clients surveyed who indicated that the meals they receive help them financially.	-	N/A	N/A	N/A	N/A	-
Percent of clients surveyed who indicated that they depend on the meals they receive.	-	N/A	N/A	N/A	N/A	-
Percent of clients surveyed who indicated that they eat fewer than three meals a day.	-	N/A	N/A	N/A	N/A	-
Percent of clients surveyed who indicated that the meals they receive help them to remain in their home and out of an institution.	-	N/A	N/A	N/A	N/A	-
Percent of clients surveyed who indicated they would not have access to food if they did not receive a meal.	-	N/A	N/A	N/A	N/A	-
Percent of clients surveyed who indicated that the nutrition education services help them with their health.	-	N/A	N/A	N/A	N/A	-
Percent of clients surveyed who indicated that the nutrition counseling services help them with their health.	-	N/A	N/A	N/A	N/A	-

(-) Indicates data not yet available
 N/A indicates data not available due to the creation of a new metric
 Note: data for new outcomes will become available in 2014

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Percent of Wyoming's older adult population who received services.	5.1% (5,117/99,555)	5.3% (5,385/100,144)	5.2% (5,066/97,182)	-	N/A*	N/A*	-	-
Total number of meals served.	490,656	510,183	526,333	-	266,841	259,492	-	-
Total units of Nutrition Education provided. ¹	15,262	15,875	11,299	-	8,030	3,629	-	-

Total units of Nutrition Counseling provided. ²	85.75	50.75	76.5	-	37.25	39.25	-	-
EFFICIENCIES								
Average raw food cost per meal.	\$3.04	\$3.42	\$3.10	-	\$3.11	\$3.08	-	-
Average total cost per meal.	\$10.31	\$11.33	\$10.39	-	\$10.81	\$9.98	-	-
Reimbursement per meal State.	\$0.27	\$0.29	\$0.25	-	\$0.27	\$0.25	-	-
Reimbursement per meal Federal.	\$3.08	\$3.18	\$2.52	-	\$2.85	\$2.52	-	-
(-) Indicates data not yet available N/A* indicates data not available on a quarterly basis 1 One unit of Nutrition Education is a flyer, written or approved by a Registered Dietitian (RD) or someone of equal qualification, sent to a <u>group of individuals</u> participating in C-2 services that pertains to <u>more general knowledge</u> regarding health or nutrition. 2 One unit of Nutrition Counseling is defined as increments of hours of a <u>one on one</u> session, between a RD and a C-2 participant that has a high nutritional risk of being malnourished, pertaining to the C-2 participant's <u>personal</u> health or diet.								

STORY BEHIND THE PERFORMANCE

- With the anticipated reduction in funding the overall goal of the program is to maintain the total number of clients served but increase those populations which have been mandated by the Older Americans Act to be at greatest need of service. To maintain the total number of clients served may become difficult in the future as the cost of food rises and amount reimbursed per meal served decreases.
- Mandating a waiting list policy and procedure so the providers serve those most likely to experience food insecurity or hunger will help increase these numbers and also increase the number of meals served to these populations.

Disease Prevention and Health Promotion Program

Program Description

Title III Disease Prevention and Health Promotion (Title III-D) Program of the OAA was established in 1987 is an educational and support program, designed to assist individuals, 60 and over, in the self-management of their physical and mental health. This program provides grants to States and Territories based on their share of the population for education and implementation activities that support healthy lifestyles and promote healthy behaviors. Health education and prevention may reduce the need for more costly medical interventions. Priority is given to serving older adults living in medically underserved areas of the State who are of greatest economic needs.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$93,313	\$97,448	\$97,000
People Served	2,727	2,827	2,486
Cost per Person	\$34.23	\$28.19	\$39.02
Non-600 Series*	0%	0%	0%

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- 100% Federal funds
- Direct services only program

Program Staffing

- .15 FTE
- Zero AWEC
- Other

Program Metrics

- Eighteen (18) grantees received III-D funding for SFY 2013 to provide services including Health Education, Health Exercise, and Disease Prevention and Health Promotion Services.
- 2,486 older adults received Title III D services in SFY 2013.
- Innovative programs include healthy bone exercises, Parkinson's work group, toenail clinic, and depression reduction therapy.

Events that have shaped this Program

- Title III-D Program is funded through Legislation provided to AoA, and to the States
- Starting FFY2012, HHS, AoA initiates evidence-base programmatic function for Title III-D services, detail information is listed in: http://www.aoa.gov/AoA_Programs/HPW/Title_IIID/index.aspx
- Information and outreach, including the distribution of information to seniors through senior centers, congregate meal sites, and the home-delivered meals program about healthy lifestyles and behaviors. Health prevention includes screening and risk assessments for a variety of conditions: hypertension, diabetes, cholesterol, hearing, vision, depression and behavioral health. Fitness programs, including physical activity and exercise programs that help to maintain both physical and mental well being. Wellness programs that help older adults prevent and manage chronic disease and improve their overall health including Medication Management Program.



Disease Prevention and Health Promotion Program

PROGRAM CORE PURPOSE

To provide activities and education that promote healthy aging behaviors in Wyoming residents age 60 and over.

OUTCOMES						
Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Unduplicated Clients Served	2.5%	2.1% (2,140/97,818)	2.7% (2,727/99,555)	2.8% (2,827/100,144)	2.5% (2,486/97,182)	-
Units* of Service Provided	25,065	22,970	22,358	24,975	24,817	-
INTERMEDIATE OUTCOMES						
Percent of Wyoming's total minority population age 60 and over served by Title III-D.	4%	2% (68/3,501)	3% (85/3,396)	2% (88/5,273)	2% (69/3,030)	-
Percent of Wyoming's total population living at or below 100% of the Federal poverty level age 60 and over served by Title III-D.	8%	4% (446/11,610)	5% (604/11,122)	6% (568/9,469)	6% (493/8,827)	-
Percent of Wyoming's total population living alone age 60 and over served by Title III-D.	5%	2% (887/37,361)	4% (1,224/32,286)	4% (1,147/32,426)	3% (975/31,003)	-
LONG TERM OUTCOMES						
Percent of clients surveyed who indicated that Health Education Services they received helped them to better care for themselves	50%	N/A	N/A	N/A	N/A	-
Percent of clients surveyed who indicated that Health Exercise Programs they received helped them feel better	50%	N/A	N/A	N/A	N/A	-
Percent of clients surveyed who indicated that the Preventive Health Services they received improved their health	50%	N/A	N/A	N/A	N/A	-
Percentage of clients surveyed, who has fallen, indicated that Health services they received provided them with a better quality of life	10%	N/A	N/A	N/A	N/A	-
Percentage of clients surveyed who indicated that the Health Services they received help to better managed their blood pressure	30%	N/A	N/A	N/A	N/A	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric *One unit = an exercise class, a health screening session, or educational workshop, under the supervision of certified practitioners (certified exercise trainer, R.N., or pharmacist).						

OUTPUTS AND EFFICIENCIES								
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Number of unduplicated clients who received Health Education Services.	1,210	1,190	977	-	716	563	-	-
Number of Health Education units provided.	3,829	5,790	5,505	-	3,221	2,284	-	-
Number of unduplicated clients who participated in Health Exercise.	640	547	650	-	387	501	-	-
Number of Health Exercise units provided.	12,631	12,642	14,357	-	3,793	8,164	-	-
Number of unduplicated clients who received Preventive Health Services.	1,262	1,464	1,175	-	722	916	-	-
Number of Preventive Health Services units provided	5,899	6,486	4,954	-	2,359	2,595	-	-
Number of unduplicated clients who participated in Medication Management Workshops	537	418	318	-	N/A*	N/A*	-	-
EFFICIENCIES								
Cost per Person	\$34.22	\$28.19	\$39.02	-	N/A*	N/A*	-	-
Cost per Unit	\$4.17	\$3.90	\$3.91	-	N/A*	N/A*	-	-
(-) Indicates data not yet available N/A* indicates data not available on a quarterly basis *One unit = an exercise class, a health screening session, or educational workshop, under the supervision of certified practitioners (certified exercise trainer, R.N., or pharmacist).								

STORY BEHIND THE PERFORMANCE

- The new SAMS system has enhanced the reporting format and accuracy on statistically data gathering by eliminating the “duplicate client counts” and “under 60” creating a drop in number of clients for SFY 2013, from the previous years.
- The implementation of the required evidence-based programming has increased program cost due to the increase of material cost as well as staff time for tracking of activities performed.
- Aging Division collaborated with the Wyoming Association of Senior Project Director (WASPD) in 2012 to redesign the annual client satisfaction survey to capture evidence-base outcomes and report in the SFY 2014 report.
- Older Americans are disproportionately affected by chronic diseases and conditions, such as arthritis, diabetes and heart disease, as well as by disabilities that result from injuries such as falls. More than one-third of adults aged 65 or older fall each year. Twenty-one percent of the population aged 60 and older – 10.3 million people – have diabetes. Seven of every 10 Americans who die each year, or more than 1.7 million people, die of a chronic disease.
- The criteria for Evidence-Based Disease and Disability Prevention Programs have been provided by AoA to empower older adults to take control of their health. In these programs, seniors learn to maintain a healthy lifestyle through increased awareness and self-management behaviors. These programs may include:
 - Physical activity programs, such as Enhance Fitness or Healthy Moves, which provide safe and effective low-impact aerobic exercise, strength training, and stretching.
 - Falls management programs such as Matter of Balance, which addresses fear of falling, and Stepping On and Tai Chi, which build muscle strength and improve balance to prevent falls.
 - Nutrition Programs, such as Healthy Eating, which teaches older adults the value of choosing and eating healthy foods, and maintaining an active lifestyle.
 - Depression and/or Substance Abuse Programs, such as PEARLS and Healthy IDEAS, which teach older adults how to manage their mild to moderate depression.
 - Stanford University Chronic Disease Self-Management Programs that are effective in helping people with chronic conditions change their behaviors, improve their health status, and reduce their use of hospital services.

National Family Caregiver Support Program

Program Description

The National Family Caregiver Support Program provides supports to Caregivers, 18 and older, caring for a person who is 60 years old or older, or has Alzheimer's or related dementia, or is a grandparent or relative caregiver, 55 and older, of a child 17 and younger, or of an adult child between the ages of 19-59 who has a disability.

Program Expenditures and People Served

	2011	2012	2013
Total Program Cost	\$768,686.00	\$833,627.00	\$728,941.00
People Served	927	725	684
Cost per Person	\$829.00	\$1,150.00	\$1,066
Non-600 Series*			

* 600 series is defined as direct service contracts; each program should be prepared to defend how it chooses to report these dollars.

Program Cost Notes

- 75% Federal Funds, 25% Match
- Federal and state funds are used to maintain this program, along with provider match (local funds and state funds) and program income.

Program Staffing

- 0.5 FTE National Caregiver Support Program
- 0.5 FTE Social Assistance Management Software (SAMS) – Consumer and Service database by 48

Program Metrics

- 26% of Caregivers are 18 to 59 years old.
- 74% of Caregivers are 60 and older.
- Thirteen grantees provide services to Caregivers in 18 counties in Wyoming.
- Two grantees provide services to Grandparents Raising Grandchildren who are 17 years of age or younger. Services provided to Grandparents Raising Grandchildren are: Information, Assistance (Case Management), Counseling/Support Groups/Trainings, Respite and Supplemental Services (chore, homemaking, personal emergency response systems, etc.).

Events that have shaped this Program

- The Caregiver program was implemented in 2001.
- The Caregiver program also serves Grandparents, age 55 and older, Raising Grandchildren, 17 years of age or younger in three counties.
- Grantees have to meet a 25% match to receive the federal funds. Potential grantees have opted to not apply for the funds because of the match rate. Years when state funds have not been available the providers had to make the match themselves.
- FFY2010 and 2014 the Caregiver program received no state funds.
- SAMS data entry may have over counted Caregivers in the past.

National Family Caregiver Support Program

PROGRAM CORE PURPOSE

The National Family Caregiver Support Program provides supportive services to Wyoming Caregivers to continue their caregiving abilities.

OUTCOMES

Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Average length of Participation in Program	N/A	N/A	N/A	N/A	N/A	-
INTERMEDIATE OUTCOMES						
Supportive Services provided to Caregivers	32,000	N/A	N/A	31,129	30,183	-
LONG TERM OUTCOMES						
Provider's Caregiver Evaluation Avg. Score	Less than 15/30	N/A	N/A	N/A	11/30	-
Provider's Caregiver Evaluation Avg. Score on newly enrolled Caregivers	17/30	N/A	N/A	N/A	N/A	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric						

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS							
Number of Outreach events (estimated number of consumers who attended)	3326 (37,198)	1210 (21,488)	-	847 (15,767)	363 (5,721)	152 (1233)	-
Number of Caregivers the ADRC referred	N/A	137	-	49	88	49	-
Number of unduplicated Caregivers	725	684	-	527	469	305	-
Number of Care Recipients	N/A	N/A	-	N/A	N/A	N/A	-
Avg. Number Potential Caregivers on Waiting List per month	21	11	-	10	11	3	-
Provider's reported potential Caregiver abuse	N/A	1	-	0	1	0	-
Number of Caregivers receiving services (duplicated):							
Assistance	615	597	-	444	414	246	-
Respite	231	265	-	200	162	101	-
Counseling/Support Group/Training	229	267	-	204	179	116	-

Supplemental Services	218	252	-	192	163	140	-
EFFICIENCIES							
Average Cost per Caregiver	\$1,150.0	\$1,066	-	\$1,066	\$1,066	\$549	-
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric							

STORY BEHIND THE PERFORMANCE

1. THE NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM PROVIDES SERVICES TO CAREGIVERS, 18 AND OLDER, WHO ARE TAKING CARE OF LOVED ONES. ELIGIBILITY IS NOT BASED ON INCOME OF THE CAREGIVER OR LOVED ONES.
2. TRACKING EACH NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM PROVIDER'S AVERAGE CAREGIVER EVALUATION SCORE STARTED OCTOBER 2012.
3. GETTING CAREGIVERS TO ACCEPT THE SERVICES HAS CONTINUED TO BE A CHALLENGE.
4. INFORMATION SERVICES ARE BEING USED TO ENCOURAGE CAREGIVERS TO APPLY FOR THE PROGRAM, I.E. RADIO ADS, FLYERS, HEALTH FAIRS, BOOTHS FOR CAREGIVER MONTH-NOVEMBER, ETC.