



Wyoming
Department
of Health

Commit to your health.

HealthStat 2014 Final Reports

December 31, 2014

HealthStat 2014 : 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. It should be noted that not all WDH programs are represented below, due to a variety of factors, but the majority of programs are included.

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 fourth 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 | Division of Healthcare Financing

Medicaid Overview

Medicaid Members

Financial Stewardship

Provider Network

Analysis, Information, Medicaid Management Information System and Special Projects (AIMS) Unit

Electronic Record Incentive Program

Health Management Program

KidCare CHIP

Long Term Care (LTC) Waiver

Medicaid Behavioral Health

Medicaid Dental Program

Medicaid Pharmacy Program

Medicaid Program Integrity

Medicaid Third Party Liability

Medicaid Utilization Management

Medication Donation Program

Nursing Facilities

Program of All-Inclusive Care for the Elderly (PACE)

Psychiatric Residential Treatment Facilities (PRTF)

Wyoming Medicaid - Overall

Program Description

Medicaid is a Federal-State partnership program, established under Title XIX of the Social Security Act, providing healthcare coverage for all low-income individuals and disabled individuals that meet eligibility criteria. Services consist of healthcare coverage, long-term care services, and home and community based services for the elderly and individuals with disabilities. The primary populations served are children, pregnant women, extreme low-income caretakers of children, and the aged, blind and disabled.

Program Expenditures and People Served

	2012	2013	2014
Total Claims Cost (millions)*	\$500.9	\$517.3	\$506.4
Member Months (enrolled)	838,853	833,702	841,069
Cost per Person (PMPM)	\$599.81	\$616.73	\$602.09
Non-600 Series**	-	-	-

* Does not include Medicaid expenses not paid through the MMIS, including administration, Medicare buy-in premiums, Medicaid Part- D premiums (clawback), provider taxes, or non-Medicaid programs included in the DHCF budget and paid through MMIS, such as PDAP and Children's Special Health.

Program Cost Notes

- Most claims expenses are matched at a 50% Federal medical assistance percentage (FMAP), except family planning (90% FMAP).
- Administrative expenses are matched at a 50% match rate except medical staff (75%), direct eligibility determination staff (75%), MMIS and WES operations and minor updates (75%), and large technology replacements and system changes (90%). Administration expenses have been 4% to 5.5% of total cost.

Program Staffing

- 89 FTE (3 KidCare CHIP)
- 2 part time
- 5 AWEC
- 2 FTEs will be added in SFY 2015 by transfer from within WDH

Program Metrics

- Member services metrics include eligibility, enrollment levels, and benefit design.
- Ensuring client access to a robust provider network through adequate rate coverage and promoting provider participation in the Medicaid network is essential to the program.
- The cost of direct benefits, such as total cost, Per Member Per Month cost, and per recipient cost are used to measure the program.
- Operational efficiency is assessed through administrative cost, time to process claims, electronic versus paper processes, and error rates.
- Quality of healthcare delivery, emergency room usage, admission rates, readmission rates, and health outcomes are also measured.

Events that have Shaped this Program

- Mandatory ACA changes, including rules, processes and the mandatory Medicaid expansion, as well as potential changes, such as the optional Medicaid expansion, have required significant research. Wyoming legislative studies, including Medicaid Option Studies (2012), Medicaid Reform Bill (2013), and other legislative changes to the program have also had an impact.
- Major technology efforts including the Wyoming Eligibility System, Health Information Exchange (HIT), Total Health Record, the Personal Health Record, MMIS ACA compliance, and the MMIS replacement project have shaped this program.

Wyoming Medicaid- Members

PROGRAM CORE PURPOSE

Wyoming Medicaid provides uninsured and eligible low-income, aged, or disabled individuals with comprehensive health care coverage.

OUTCOMES						
Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Average # of months of client enrollment in a year (overall)	>9.5	N/A	9.55	9.52	9.48	9.76
Percent of enrolled clients that use at least one service (recipients by enrollment), by promoting preventive services (dental, vision, check-up, immunizations, screenings)	>87%	87.7%	87.8%	86.3%	87.0%	85.1%
INTERMEDIATE OUTCOMES *						
Estimated uninsured rate for children (number of children uninsured)**	<6.5% due to Mandatory Medicaid expansion	12.5% (3,937)	13.1% (4,200)	13.2% (4,242)	-	-
Estimated uninsured rate for adults (number of uninsured adults)***	N/A	42.7% (24,218)	40.6% (23,782)	39.2% (24,043)	-	-
LONG TERM OUTCOMES *						
Estimated uninsured rate for children of all incomes†	<5% due to Mandatory Medicaid expansion	8.3% (11,645)	8.4% (11,720)	9.2% (12,846)	-	-
Estimated uninsured rate for adults of all incomes‡	N/A	20.9% (73,232)	20.8% (73,341)	20.4% (72,616)	-	-

*U.S. Census Small Area Health Insurance Estimates. <http://www.census.gov/did/www/sahie/data/interactive/> Regional averages calculated using the bordering states of Montana, Colorado, Idaho, South Dakota, Utah and Nebraska as the region, with Wyoming excluded from the regional average calculation. All figures are based on a calendar year.

** Eligible children are under 19 years of age with family incomes less than 138% of the Federal poverty line (FPL). The 2012 regional average for children was 13%.

(-) Indicates data not yet available

*** Eligible adults are ages 18 to 64 with incomes less than 138% FPL. The 2012 regional average for adults was 39.6%.

† The 2012 uninsured regional average for children of all incomes was 8.9%.

‡ The 2012 uninsured regional average for adults of all incomes was 19.8%.

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								
Eligible and enrolled (newly enrolled or renewed, unique individuals)	88,059	88,134	87,946	86,188	N/A*	N/A*	N/A*	N/A*
% of the Wyoming population ever enrolled in Medicaid during the year (population on 1 st day of fiscal year*)	15.6% (564,222)	15.5% (567,329)	15.3% (576,626)	14.8% (582,658)	N/A*	N/A*	N/A*	N/A*
# of recipients who used at least one service in the year	77,258	76,030	76,474	73,310	N/A*	N/A*	60,326	N/A*
# of member months	841,091	838,853	833,702	841,069	N/A*	N/A*	410,476	N/A*
Average monthly enrollment, calendar year	N/A (report change)	7,486	66,735	69,846 (Jan-Nov)	N/A*	N/A*	N/A*	N/A*
Aged, blind, & disabled population enrolled (% of total Medicaid enrollment, all ages)	13,266 (15.0%)	13,423 (15.2%)	13,550 (15.4%)	13,186 (15.3%)	N/A*	N/A*	N/A*	N/A*
% of Wyoming births served, calendar year (# served/ total births)	45% (3,395/ 7,541)	43% (3,166/ 7,339)	41% (3,071/ 7,576)	40% (3,026/ 7,617)	N/A*	N/A*	N/A*	N/A*
Client calls to Xerox regarding benefits	N/A	37,503	36,823	39,249	18,682	18,141	17,879	21,370
EFFICIENCIES								
Payment Error Rate Measurement, eligibility, 3 year cycle, Federal fiscal year**	FFY 2009 5.66%	N/A	FFY 2012 2.16%	N/A	N/A*	N/A*	N/A*	N/A*
N/A* indicates data not available on a quarterly basis * US Census. Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2013 (NST-EST2013-01) N/A indicates data not yet available due to the creation of a new metric **The national 3 year rolling error rate for 2012 was 4.9%.								

STORY BEHIND THE PERFORMANCE

Wyoming Medicaid provides a comprehensive benefits package to eligible and enrolled members. These include benefits similar to the 10 essential health benefits of the Affordable Care Act (ACA), as well as vision and dental. This primary benefit package is available to all full-benefit enrollees (children, pregnant women, disabled, aged, and family care adults) and is similar, but more extensive, than the type of benefits traditionally associated with private health insurance. For some members, such as the Medicare Buy-in group, Wyoming Medicaid only pays the premiums for those individuals to enroll in Medicare, and does not directly pay claims. Limited or emergency services are provided to some smaller groups, such as non-citizens. For most individuals enrolled in Medicaid, the actuarial value of the primary medical benefit package coverage is 95% to 100%.

In addition, for members meeting certain additional standards of need, Wyoming Medicaid also covers institutional levels of care, such as hospice, nursing homes, and intermediate care facilities. As an alternative to individuals meeting institutional level of care need, Wyoming Medicaid also provides home and community based support services, through waivers, to support individuals staying in their homes and communities. These types of services have not traditionally been covered by other forms of insurance.

Wyoming Medicaid – Financial Stewardship

PROGRAM CORE PURPOSE

Wyoming Medicaid effectively provides health insurance coverage for qualified low-income individuals at a stable and reasonable cost.

OUTCOMES						
Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
OUTCOMES – OVERALL						
Per Member Per Month (PMPM)*	< SFY 2013	\$ 625.04	\$ 608.19	\$ 599.81	\$ 616.73	\$602.09
Member Months	N/A	810,543	841,091	838,853	833,702	841,069
OUTCOMES – CHILDREN						
Foster Care Children PMPM	< SFY 2013	\$ 891.90	\$667.12	\$543.44	\$601.30	\$639.15
Member Months		31,295	32,437	33,099	35,193	36,826
Low Income Children** PMPM	< SFY 2013	\$177.40	\$174.98	\$167.40	\$181.13	\$188.40
Member Months		363,152	375,691	374,590	374,291	308,435
Newborns PMPM	< SFY 2013	\$663.88	\$650.71	\$649.61	\$651.49	\$601.84
Member Months		45,850	45,497	41,222	39,283	36,681
OUTCOMES – NON-DISABLED ADULTS						
Family Care Adults*** PMPM	< SFY 2013	\$467.41	\$461.93	\$486.25	\$465.72	\$449.83
Member Months		60,020	62,667	60,719	58,856	63,677
Pregnant Women PMPM	< SFY 2013	\$1,061.96	\$1,077.24	\$1,057.93	\$1,068.94	\$915.13
Member Months		33,690	32,785	30,144	29,380	29,391
OUTCOMES – AGED INDIVIDUALS						
Assisted Living Facility Waiver PMPM	< SFY 2013	\$1,664.84	\$1,722.08	\$1,737.81	\$1,711.13	\$1,744.26
Member Months		1,952	1,979	1,794	1,743	1,871
Long-Term Care Waiver PMPM	< SFY 2013	\$1,586.92	\$1,649.63	\$1,811.07	\$1,677.23	\$1,652.06
Member Months		17,372	17,219	17,027	16,487	17,025
Nursing Home (without provider tax) PMPM	N/A	\$3,867.04	\$3,953.64	\$3,896.13	\$3,867.70	\$3,751.96
Member Months		20,702	20,305	20,568	20,232	20,071
N/A indicates data not available due to the creation of a new metric						

Performance Metric	SFY2014 PMPM Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
OUTCOMES – DISABLED INDIVIDUALS						
Acquired Brain Injury Waiver PMPM Member Months	< SFY 2013	\$ 3,543.06 2,154	\$ 4,013.14 2,108	\$ 3,915.67 2,099	\$ 4,124.62 2,194	\$ 4,119.15 2,070
Adult DD Waiver PMPM Member Months	< SFY 2013	\$5,194.84 15,831	\$5,601.56 16,045	\$5,723.61 16,391	\$5,637.52 16,696	\$5,481.12 16,743
Child DD Waiver PMPM Member Months	< SFY 2013	\$2,451.85 8,942	\$2,446.97 8,736	\$2,369.40 8,755	\$2,470.45 8,537	\$2,392.00 7,901
SSI PMPM Member Months	< SFY 2013	\$721.62 69,835	\$699.16 71,989	\$707.90 73,817	\$686.95 74,329	\$718.21 72,405

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 – OVERALL								
Recipients	74,846	73,887	73,794	73,310	N/A*	N/A*	N/A*	N/A*
Claims Expenditures	\$511,546,395	\$503,149,971	\$514,166,265	\$506,397,591	N/A*	N/A*	N/A*	N/A*
OUTPUTS – CHILDREN								
Foster Care Recipients	3,176	3,177	3,296	3,445	N/A*	N/A*	N/A*	N/A*
Foster Care Expenditures	\$ 21,639,282	\$ 17,987,319	\$ 21,161,550	\$ 23,537,395	N/A*	N/A*	N/A*	N/A*
Low Income Children Recipients	35,278	35,038	34,833	30,607	N/A*	N/A*	N/A*	N/A*
Low Income Children Expenditures	\$65,737,216	\$ 62,706,773	\$ 67,795,518	\$ 58,107,950	N/A*	N/A*	N/A*	N/A*
Newborns Recipients	6,850	6,286	6,016	5,509	N/A*	N/A*	N/A*	N/A*
Newborns Expenditures	\$ 29,604,910	\$ 29,524,511	\$ 25,592,417	\$ 22,076,257	N/A*	N/A*	N/A*	N/A*
OUTPUTS – NON-DISABLED ADULTS								
Family Care Recipients	6,461	6,280	6,137	6,496	N/A*	N/A*	N/A*	N/A*
Family Care Expenditure	\$ 28,947,796	\$ 29,524,511	\$ 27,410,387	\$ 28,644,006	N/A*	N/A*	N/A*	N/A*
Pregnant Women Recipients	5,405	5,134	5,060	4,674	N/A*	N/A*	N/A*	N/A*
Pregnant Women Expenditure	\$ 35,317,205	\$ 31,890,224	\$ 31,405,363	\$ 26,896,503	N/A*	N/A*	N/A*	N/A*
(-) Indicates data not yet available N/A indicates data not yet available due to the creation of a new metric N/A* indicates data not available on a quarterly basis								

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS – AGED								
ALF Waiver Recipients	220	201	196	205	N/A*	N/A*	N/A*	N/A*
Expenditure	\$ 3,407,991	\$ 3,117,629	\$ 2,982,494	\$ 3,263,504				
LTC Waiver Recipients	1,790	1,738	1,735	1,807	N/A*	N/A*	N/A*	N/A*
Expenditure	\$ 28,404,995	\$ 30,837,060	\$ 27,652,547	\$ 28,126,283				
Nursing Home Recipients	2,383	2,399	2,379	2,277	N/A*	N/A*	N/A*	N/A*
Expenditure	\$ 80,278,662	\$ 80,135,655	\$ 78,251,250	\$ 75,305,644				
OUTPUTS – DISABLED								
ABI Waiver Recipients	182	195	192	180	N/A*	N/A*	N/A*	N/A*
Expenditure	\$ 8,459,693	\$ 8,218,986	\$ 9,049,417	\$ 8,526,635				
Adult DD Waiver Recipients	1,380	1,409	1,429	1,433	N/A*	N/A*	N/A*	N/A*
Expenditures	\$ 89,876,972	\$ 93,815,615	\$ 94,124,076	\$ 91,770,353				
Child DD Waiver Recipients	808	789	768	725	N/A*	N/A*	N/A*	N/A*
Expenditures	\$ 21,376,770	\$ 20,744,133	\$ 21,090,190	\$ 18,899,199				
SSI Recipients	5,836	5,946	6,036	5,923	N/A*	N/A*	N/A*	N/A*
Expenditures	\$ 50,331,854	\$ 52,254,955	\$ 51,060,541	\$ 52,001,985				
EFFICIENCIES								
Cost per Claim to Process	\$ 5.68	\$ 5.66	\$ 5.25	\$ 5.32	\$ 5.25	\$ 5.25	\$ 5.32	\$ 5.32
Claims Processing Error Rate-PERM 2012 3-Year Rolling National Average 3.0%	FFY 2009 Cycle 2.84 %	FFY 2012 Cycle 1.41 %	N/A	N/A	N/A*	N/A*	N/A*	N/A*
Paper vs. Electronic Claims (Paper reduction initiative)	21.5% P 78.5% E	19.1% P 80.9% E	14.6% P 85.4% E	12.9% P 87.1% E	15.6% 84.4%	13.8% 86.2%	12.8% 87.2%	13.1% 86.9%
Paper vs. Electronic Remittance Advice Pages (Paper reduction initiative)	31.1% P 68.9% E	17.1% P 82.9% E	9.2% P 90.8% E	7.2% P 92.8% E	10.7%P 89.3%E	7.7% P 92.3% E	7.2% P 92.8% E	7.2% P 92.8% E
Providers not Electronic Funds Transfer (Paper reduction initiative)	502	373	298	242	312	284	260	223
N/A indicates data not yet available due to the creation of a new metric N/A* indicates data not available on a quarterly basis								

STORY BEHIND THE PERFORMANCE

The Per Member Per Month (PMPM) calculates the average cost of a member per month. Expenditures are given by eligibility sub-group. $PMPM = (\text{Claims Expenditures} / \text{Member Months})$. The PMPM is based on claims only, and does not include administration costs, Disproportionate Share Hospital reimbursement, Qualified Rate Adjustment, provider tax, or Electronic Health Record provider incentives. Member months are the number of months a person is eligible and enrolled in Medicaid. Both measures are intended to allow better comparison of costs with other Medicaid programs, private insurance, and other premium based programs. Administration costs are 4%-5.5%, in addition to the amounts shown in the time period of SFY 2011 to SFY 2014.

*Per capita spending on healthcare in Wyoming was \$7,040 in 2009. This equates to \$586.66 per month. More recent data was not available. Online: <http://kff.org/other/state-indicator/health-spending-per-capita/>

**A valid benchmark for the low-income child group would be the Kid Care Chip program, which had an average premium cost of \$224 in SFY 2013 and \$229 in SFY 2014. The least expensive 90% actuarial value Marketplace plan for a Wyoming child (ages 0-18 years) was \$242 per month in 2014 in Laramie County with a \$750 deductible and \$1,500 max out of pocket. Online: <https://www.healthcare.gov/fine-premium-estimates/>

***A potential benchmark for the family care adult group could be a 2014 Marketplace plan for Wyoming. In Laramie County, a 90% actuarial value plan had a \$438 monthly premium for a 40-year old with a \$750 deductible and \$1,500 max out of pocket. Online: <https://www.healthcare.gov/fine-premium-estimates/>



Wyoming Medicaid – Provider Network

PROGRAM CORE PURPOSE

Wyoming Medicaid ensures client access to a quality, cost-effective healthcare provider network through the management of provider enrollment and reimbursement. 42 U.S.C § 1396a(a)(30)(A) requires states to “assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area.”

OUTCOMES

Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
PROVIDER ENROLLMENT						
% of licensed & practicing physicians enrolled with Medicaid (estimated) ¹	99-100%	N/A	99.3%	99-100%	99-100%	99-100%
% of nursing facilities enrolled	100%	100%	100%	100%	100%	100%
% of hospitals enrolled	100%	100%	100%	100%	100%	100%
% of pharmacies enrolled (estimated)	86%	N/A	N/A	N/A	N/A	86%
% of licensed & practicing dentists enrolled (estimated)	94%	N/A	N/A	N/A	93%	94%
REIMBURSEMENT						
Physicians rates as a % of regional average	N/A	N/A	144%	133%	134%	N/A
Physicians rates as a % of Medicare	N/A	N/A	144%	138%	122%	N/A
Nursing facilities % cost coverage w/ UPL*	87%	N/A	90% (FFY)	92% (FFY)	89% (FFY)	87% (FFY)
Hospital inpatient % cost coverage ²	85%	N/A	102%	90%	85%	N/A
Hospital outpatient % cost coverage ²	71%	N/A	81%	66%	71%	N/A
Dental rates as a % of regional average	N/A	N/A	125%	124%	132%	N/A
Dental rates as a % of estimated provider cost	N/A	N/A	133%	107%	107%	N/A

¹National average is 69%. Kaiser Health News. 6 August 2012. “Study: Nearly a Third of Doctors Won’t See New Medicaid Patients.”

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

* UPL implemented mid-year 2011.

²Cost coverage includes QRA payments. Data taken from Navigant’s Benchmark reports.

MEDICAID SHARE OF SERVICE UTILIZATION

Performance Metric	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
% of nursing facility bed days paid by Medicaid	N/A	N/A	62%	63%	63%	62%
% of hospital inpatient days paid by Medicaid (State Average)	N/A	14.37%	14.91%	15.42%	15.28%	N/A

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 claims processed	N/A	1,614,377	1,794,929	2,180,439	863,367	931,562	947,495	1,232,944
# of claims returned to provider	N/A	10,074	10,977	13,928	5,797	5,180	5,247	8,681
Provider visits (Xerox)	N/A	499	413	576	227	186	388	188
Provider calls (Xerox)	N/A	52,270	56,007	50,228	28,446	27,561	23,733	26,495
# of physicians enrolled (in-state/ out-of-state)	1580/5476	1655/5717	1658/6016	1606/5572	N/A*	N/A*	N/A*	N/A*
# of nursing facilities enrolled (in state/ out-of-state)	36/9	37/12	37/13	37/11	N/A*	N/A*	N/A*	N/A*
# of behavioral health providers enrolled (in state/ out-of-state)	N/A	1293/181	1615/216	1468/189	N/A*	N/A*	N/A*	N/A*
# of hospitals enrolled (in state/ out-of-state)	28/326	28/330	28/333	28/264	N/A*	N/A*	N/A*	N/A*
# of pharmacies enrolled (in state/ out-of-state)	121/107	122/103	124/82	129/84	N/A*	N/A*	N/A*	N/A*
# of dental providers enrolled (in state/ out-of-state)	231/120	280/134	287/131	290/117	N/A*	N/A*	N/A*	N/A*
EFFICIENCIES								
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
All claims, days from service to bill	28.94	28.9	27.93	26.93	28.3	27.55	27.5	26.35

N/A indicates data not yet available due to the creation of a new metric
 N/A* indicates data not available on a quarterly basis

EFFICIENCIES								
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
All claims TAT, days from receipt to payment	4.36	4.4	4.2	4.35	4.2	4.	4.2	4.5
All claims, days from service to payment	33.3	33.3	32.13	31.28	32.5	31.75	31.7	30.85
% all claims denied	11.08%	11.38%	10.45%	9.65%	10.8%	10.10%	9.35%	9.95%
Dental claims, days from service to bill	16.08	16.1	15.28	15.8	14.05	16.5	15.55	16.05
Dental claims TAT, days from receipt to payment	4.42	3.98	4.5	5.08	4.55	4.45	4.9	5.25
Dental claims, days from service to payment	20.5	20.1	19.78	20.88	18.6	20.95	20.45	21.3
% of dental claims denied	12.32%	11.53%	12.65%	13.38%	12.10%	13.2%	13.1%	13.65%
Inpatient claims, days from service to bill	45.36	47	49.58	45.2	52	47.15	42.75	47.65
Inpatient claims TAT, days from receipt to payment	4.54	4.68	4.58	4.93	4.7	4.45	4.7	5.15
Inpatient claims, days from service to payment	49.9	51.68	54.15	50.13	56.7	51.6	47.45	52.8
% Inpatient claims denied	19.42%	25.45%	20.98%	23.55%	21.55%	20.4%	22.25%	24.85%
Outpatient claims, days from service to bill	41.96	36.28	39.03	35.85	37.8	40.25	35.3	36.4
Outpatient claims TAT, days from receipt to payment	3.76	4.15	4.03	4.43	4.0	4.05	4.2	4.65
Outpatient claims, days from service to payment	45.72	40.43	43.05	40.28	41.8	44.3	39.5	41.05
% outpatient claims denied	13.94%	14.9%	16.6%	17.15%	17.95%	15.25%	14.95%	19.35%
HCFA 1500 claims, days from service to bill	39.26	39.73	39	38.08	40.2	37.8	39.15	37
HCFA 1500 Claims TAT, days from receipt to payment	4.3	4.4	4.1	4.28	4.15	4.05	4.1	4.45
HCFA 1500 Claims, days from service to payment	43.56	44.13	43.1	42.35	44.35	41.85	43.25	41.45
% HCFA claims denied	17.36%	18.03%	16.28%	14.88%	17.10%	15.45%	15.15%	14.6%
Nursing facility claims, days from service to bill	31.76	36.03	38.95	30.03	39.9	38	32.65	27.4
Nursing facility claims TAT, days from receipt to payment	4.08	4.68	5.18	5.13	4.6	5.75	4.85	5.4
Nursing facility claims, days from service to payment	35.84	40.7	44.13	35.15	44.5	43.75	37.5	32.8
% nursing facility claims denied	10.08%	14.03%	11.58%	10.58%	11.95%	11.2%	11.15%	10%
Out of policy approvals, % of total claims (#)	N/A	N/A	N/A	0.0035% (99)	N/A*	N/A*	0.005% (46)	0.002% (53)

N/A indicates data not yet available due to the creation of a new metric
N/A* indicates data not available on a quarterly basis

Story Behind the Performance

- On an annual basis, Medicaid's actuarial contractor produces a benchmark report, detailing Medicaid's expenditure and reimbursement trends over the previous fiscal year. The Department calculates Wyoming Medicaid rates in each service area as a percentage of other states' Medicaid rates, Medicare rates, and cost estimates, when possible. The SFY 2012 Benchmark report outlines data supporting the following:
 1. Wyoming Medicaid generally pays higher than Medicaid programs in surrounding states, with rate benchmarks ranging from 91% of regional state payments for radiology to 151% of regional state payments for ambulance services.
 2. In SFY 2012, Wyoming Medicaid rates continued to meet or exceed the Medicaid rates in neighboring states
- While Medicaid strives to meet the direction set forth in 42 U.S.C. § 1396a(a)(30)(A), there are federal regulations regarding the upper payment limitations of Medicaid payments for hospital, physician, prescription drugs, and laboratory services. For inpatient hospital services, Medicaid cannot exceed the provider's customary charges (42 CFR 447.271). For hospitals that do not receive disproportionate share hospital (DSH) supplemental payments, Medicaid payment cannot exceed a reasonable estimate of what Medicare would have paid (42 CFR 447.272). For outpatient hospital and clinic services, Medicaid payment also cannot exceed a reasonable estimate of what Medicare would have paid.
- Legislation passed in March of 2014 (SF89), allows specified licensed mental health professionals to enroll with Medicaid as a pay-to provider, exclusive of supervisory oversight. MMIS system changes will be completed and deployed effective July, 2014 to allow enrollment and direct billing to Medicaid by these providers.
- A State Plan Amendment is in the final stages of approval with the Centers for Medicare and Medicaid Services (CMS) for an Ambulatory Surgery Center (ASC) payment methodology. This change would convert the current payment structure over to mirror the outpatient prospective payment system (OPPS), currently in place for outpatient hospitals within Medicaid and Medicare. The goal is to incent ASCs to accept more Medicaid volume, thereby increasing patient access and offering a lower cost alternative to procedures performed in an outpatient hospital setting.

Medicaid AIMS Unit

Program Description

The Analysis, Information, Medicaid Management Information System and Special Projects (AIMS) Unit supports the strategic aims of the HCF division Director and State Medicaid Agent. AIMS also manages the fiscal agent contract and the Medicaid Management Information System (MMIS) replacement project.

Program Expenditures

	2012	2013	2014
Total Program Cost AIMS*	\$300,000	\$300,000	\$300,000
Total Program Cost Xerox	\$13,575,275	\$12,414,283	\$12,908,960
Administration	100%	100%	100%
Non-600 Series**	0%	0%	0%

* Estimated costs.

**600 series is defined as direct service contracts.

Program Cost Notes

- The Xerox contract is managed within the AIMS unit. This contract includes fiscal agent activities, operations of the MMIS, claims processing, operations of the decision support system and a number of other activities.
- Two Xerox employees work on the decision support system.
- Xerox, Medicaid's Fiscal Agent, performs a wide array of activities for Wyoming Medicaid.

Program Staffing

- 3 FTE as of SFY 2014
- 2 contract positions at Xerox dedicated to the decision support system (reporting), 1 on-site
- 2 FTE and 1 ETS MSA added for MMIS replacement project as of SFY 2015

Program Metrics

- Analysis & Information: Accurate data, reporting and analysis is provided in a timely manner and meets the needs of the operations or policy staff that requested the information. Timely assistance with presentation of information and review of externally created information and reports.
- MMIS and MMIS Replacement through uptime, modification to the system, and project management.
- Completion of special projects through implementation of Medicaid Reform (SF 60, 2013) and budget reductions.

Events that have Shaped this Program

- The AIMS Unit was created through reorganization in October, 2013.
- The current MMIS and fiscal agent contract with Xerox began July 1, 2009 and ended June 30, 2014. Wyoming has 3, optional 1 year extensions available under the contract until June 30, 2016 and has exercised these extensions in SFY 2014.
- For the upcoming MMIS replacement project, the project is funded with 90% Federal funds and 10% State general funds, with a total project cost of \$75 million. The Wyoming Legislature approved \$3 million of planning funding as an exception request in SFY 2014. The Legislature approved \$18.75 million as an exception request for the design, development, and Implementation of a new system in the 2015-2016 biennium. In the 2017-2018 biennium, a \$53.25 million request is projected.
- The AIMS Unit is the designated project manager for the medical reforms (excluding the coordinated care study) and the long-term care reforms from the Medicaid Reform Bill, passed during the 2013 legislative session.

Medicaid AIMS

PROGRAM CORE PURPOSE

Medicaid AIMS supports continuous improvement and capacity building through analysis, information, Medicaid Management Information System (MMIS) operations and replacement, and special project management.

OUTCOMES						
Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
ANALYSIS AND INFORMATION						
# and % of Current Decision Support System (Cognos) users with training in the last 2 years	100%	N/A	N/A	N/A	N/A	14 out of 57 active licenses, 24.5% (measured May 2014)
Number of reports automated with prompts or automated monthly runs	TBD	N/A	N/A	N/A	N/A	19
Number of active HCF staff fully trained in HealthStat concepts (only staff active within the calendar year)	>12	-	-	9	12	19
MMIS						
Downtime (number of hours the MMIS is unavailable during regular business hours)	0	N/A	2	3	2	0
Successful MMIS payment runs to possible WOLFS payment runs	100%	N/A	52/52	52/52	52/52	52/52
SPECIAL PROJECTS						
Total cost avoidance from Medicaid reform (SF 60, 2013)	TBD	N/A	N/A	N/A	N/A	TBD
TBD indicates to be determined. 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
ANALYSIS AND INFORMATION OUTPUTS								
HCF unique HealthStat reports produced (CY)	-	11	11	18	N/A*	N/A*	N/A*	N/A*
Number of HCF HealthStat presentations, PIT and staff meetings (CY)	-	11 at PIT	11 at PIT	12 at PIT 6 at Staff Meetings	N/A*	N/A*	N/A*	N/A*
Number of ad-hoc Cognos query report requests	94	61	63	55	N/A*	N/A*	N/A*	N/A*
Number of in-depth analytical reports:								
• Annual report	1	1	1	1	N/A*	N/A*	N/A*	N/A*
• County report	-	-	-	2				
• PMPM report	-	-	-	1				
• 1% analysis	-	-	-	1				
Number of trainings in the use of the GUI or decision support system (MMIS trainings by attendees)	33	47	40	26	10	30	15	11
(-) Indicates data not yet available N/A* indicates data not available on a quarterly basis								

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
MMIS								
Number of MMIS change service request hours used (5,000 hours per year contract pool)	4,878.5	4,494.5	6,179.5	4,390	N/A*	N/A*	N/A*	N/A*
Number of MMIS change service request hours used (outside of contract pool)	269	1,688	306	4,164	N/A*	N/A*	N/A*	N/A*
SPECIAL PROJECTS								
Medicaid medical reforms implementations initiated (excluding coordinated care study)	N/A	N/A	2 of 12	7 of 12	N/A*	N/A*	N/A*	N/A*
Medicaid long-term care reforms implementation initiated	N/A	N/A	3 of 3	3 of 3	N/A*	N/A*	N/A*	N/A*
Medicaid medical reforms implementations completed	N/A	N/A	0 of 12	0 of 12	N/A*	N/A*	N/A*	N/A*
Medicaid long-term care reforms implementations completed	N/A	N/A	0 of 3	1 of 3	N/A*	N/A*	N/A*	N/A*
ANALYSIS AND INFORMATION								
Response time to ad-hoc report requests (days)	N/A	N/A	N/A	3.6 days	N/A*	N/A*	N/A*	N/A*
MMIS								
Cost per claim to process	\$ 5.68	\$ 5.66	\$ 5.25	\$ 5.32	\$ 5.25	\$ 5.25	\$ 5.32	\$ 5.32
N/A indicates data not yet available due to the creation of a new metric N/A* indicates data not available on a quarterly basis								

STORY BEHIND THE PERFORMANCE

The MMIS contract with Xerox includes 5,000 hours per year for system changes and major maintenance. If these hours are not used, they carry over into a pool of hours for use in future. In addition, major changes to the system are done outside of the 5,000 hour pool using additional contracted hours. Projects that used other hours include the Wyoming Eligibility System interface and modifications, ACA compliance, T-MSIS, ACA provider certification, HIPAA, and other major system modifications.

Medicaid: Electronic Health Record Incentive Program

Program Description

The Medicaid Electronic Health Record (EHR) Incentive Program provides incentive payments to Eligible Professionals (EPs) and Eligible Hospitals (EHs) 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 Served

	2012	2013	2014
Total Program Cost per CY	\$6,143,432	\$6,571,418	6,935,094
Total AIU for EHR (cumulative)			
Professionals	63	82	131
Hospitals	15	21	25
Total MU for EHR (cumulative)			
Professionals	2	18	31
Hospitals	8	5	12
# Completed Program Hospitals	-	-	7
Non-600 Series*	19%	15%	27%

- Indicates data not available for that year

* 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% federally 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

- 1 FTE
- 1 AWEC
- Other: contractors, Health Tech Solutions, EHR System, Myers and Stauffer, MU audits

Program Metrics

- An estimated 200 Wyoming professionals and 28 hospitals could be eligible to participate in the program.
- 193 Eligible Professionals (EPs) are currently enrolled in the program. 121 EPs are currently paid for AIU with 20 being paid for Stage 1 of MU.
- EPs include 48 physicians/doctors of osteopathy, 41 pediatricians, 18 mid-level, 12 dentists, and 1 physician assistant.
- 26 hospitals are currently enrolled in the program, with 24 paid for AIU and 12 paid for Stage 1 of MU. 6 Hospitals have completed 3 years with Medicaid and received the final payment for the 2013 payment year.
- The total program cost since inception is \$20,339,903. This includes \$15,624,022.84 for incentive payments, and \$4,715,881 for operations and administration (including \$1,539,149 specifically for technical support).
- 20 AIU audits of 20 EPs were completed in the 2012 payment year, including 2 payment recoupments for patient volume methodology error. Myers and Stauffer was contracted to complete the 2013 payment year audits, including 4 AUI EPs, 12 MU audits, and 1 MU recoupment due to inability to produce verifiable documentation.
- Myers & Stauffer is completing 4 AIU audits. Hospital MU audits will be completed by CMS.
- Pre-verification process completed before all payments are made.

Events that have Shaped this Program

- The program launched in Dec. 2011 with the Adopt/Implement/Upgrade phase; eligibility requirements are for professionals/hospitals to adopt, implement, or upgrade to a certified Electronic Health Record.
- Stage 1 Meaningful Use was launched in August of 2012; eligibility requires the use of EHRs in a meaningful way by capturing patient data electronically.
- Stage 2 Meaningful Use was launched in January of 2014; eligibility requires electronic reporting to the State.
- Stage 3 is awaiting CMS guidance; eligibility will require tracking improvement electronically
- The program ends in December, 2021.

Medicaid - Electronic Health Record Incentive

PROGRAM CORE PURPOSE

The Electronic Health Record (EHR) Incentive Program pays Wyoming Eligible Professionals (EPs) and Eligible Hospitals (EHs) for adopting, implementing and/or upgrading (AIU) to Electronic Health Records and using them in a meaningful way (MU) to enable compliance with the EHR Incentive Program per Federal Requirements.

OUTCOMES

Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Number of EPs and EHs (200 Professionals & 28 Hospitals estimated to be eligible)	175 EPs 27 EHs	N/A	-	-	179 EPs 24 EHs	201 EPs 28 EHs
% of eligible professionals & hospitals registered	88% EPs 96% EHs	N/A	-	-	89% EPs 86% EHs	100% EPs 100% EHs
Professionals paid to date for AIU to an Electronic Health Record	159 EPs 25 EHs	N/A	32 EPs 10 EHs	63 EPs 15 EHs	82 EPs 21 EHs	131 EPs 25 EHs
% of registered professionals & hospitals receiving AIU payment	50% Professionals 95% Hospitals	N/A	-	-	46% 88%	65% 95%
INTERMEDIATE OUTCOMES						
Professionals & Hospitals paid to date for meeting Stage 1 Meaningful Use, based on 90 days of capturing clinical data	35 EPs 20 EHs	N/A	N/A	8 EPs 6 EHs	17 EPs 9 EHs	31 EPs 12 EHs
% of professionals/hospitals paid for AIU and achieving Stage 1 Meaningful Use	49% Professionals 80% Hospitals	N/A	N/A	13% EPs 40% EHs	21% EPs 43% EHs	24% EPs 50% EHs
Stage 2 Meaningful Use (reporting a minimum set of Clinical Quality Measures to state electronically)	To begin in January 2014	N/A	N/A	-	-	7 EHs (58%)
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	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	CY 2011	CY 2012	CY 2013	CY 2014	2013	2013	2014	2014
					Q1+Q2	Q3+Q4	Q1+Q2	Q3+Q4
OUTPUTS								
Total program costs based on professionals/hospital participation calendar year	\$609,166 EPs	\$804,667 EPs	\$1,521,500 EPs	N/A	N/A*	N/A*	N/A*	N/A*
	\$4,333,359 EHs	\$4,806,142 EHs	\$3,549,188 EHs					
Performance	CY 2011	CY 2012	CY 2013	CY 2014	2013	2013	2014	2014

Metric					Q1+Q2	Q3+Q4	Q1+Q2	Q3+Q4
Total cumulative program costs since program inception based on participation calendar year	\$609,166 EPs \$4,333,359 EHs	\$1,413,833 EPs \$9,139,501 EHs	\$2,935,333 EPs \$12,688,689 EHs	N/A	N/A*	N/A*	N/A*	N/A*
Total technology costs per FY (State Level Registry(SLR) upgrades and maintenance)	N/A	\$255,000	\$300,000	\$984,149	N/A*	N/A*	N/A*	N/A*
Total admin costs per FY	\$689,959	\$945,907	\$660,609	\$880,257				
Post Payment Provider Audits (10% min. required) (Hosp. MU audits to be completed by CMS)	N/A	13 EPs 21%	36 EPs 24% 4 Hosp (AIU) 19%	N/A	N/A*	N/A*	N/A*	N/A*
On site provider/hospital encounters (outreach)	N/A	138	155	24	N/A*	N/A*	N/A*	N/A*
# Exhibitor events & # approximate attendees (outreach)	N/A	3 events 220 attend.	4 events 320 attend.	1	N/A*	N/A*	N/A*	N/A*
N/A indicates data not yet available due to the creation of a new metric N/A* indicates data not available on a quarterly basis								

EFFICIENCIES								
Performance Metric	CY 2011	CY 2012	CY 2013	CY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
Average incentives per EP at AIU or higher, cumulative (# of EPs)	\$ 21,028 (32)	\$ 22,442 (63)	\$ 32,013 (82)	\$ 22,407 (131)	N/A*	N/A*	N/A*	N/A*
Average incentive per EH at AIU or higher, cumulative (# of EHs)	\$ 433,335 (10)	\$ 608,300 (15)	\$ 514,986 (21)	\$507,547 (25)	N/A*	N/A*	N/A*	N/A*
Start-up, operations and administration % of total cost since inception	N/A	19%	15%	27%	N/A*	N/A*	N/A*	N/A*
Recoupment of payments based on post-payment audits	0	2	1	0	N/A*	N/A*	N/A*	N/A*
N/A indicates data not yet available due to the creation of a new metric N/A* indicates data not available on a quarterly basis								

STORY BEHIND THE PERFORMANCE

Incentive payments made to-date total \$15,624,022. Total start-up, operations, and administrative costs to-date total \$4,715,881. The total program cost since inception is \$20,039,903. This program is funded by the Health Information Technology for Economic and Clinical Health (HITECH) Act, as part of the American Recovery and Reinvestment Act (ARRA) of 2009.

Eligible Professionals (EPs) in this program includes 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 population health management to Medicaid clients and assistance to Medicaid providers in order to improve health outcomes.

Program Expenditures and People Served

	2012	2013	2014
Total Program Cost	N/A	\$5,063,302	\$6,026,960
People Served	N/A	TANF: 50,851 monthly avg. ABD: 10,577 monthly avg.	TANF: 48,472 monthly avg. ABD: 11,732 monthly avg.
Cost per Person	N/A	TANF: \$2.20/PMPM ABD: \$25.00/PMPM	TANF: \$2.20/PMPM ABD: \$25.00/PMPM
Non-600 Series**	N/A	100%	100%

N/A indicates data not available. Note contract effective date was 7/1/12 (SFY 2013).

** 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 Total Cost for SFY 2014: \$6,026,960
 - Temporary Assistance for Needy Families (TANF): \$1,279,273
 - Aged, Blind & Disabled (ABD): \$3,519,500
- Funded by 50% Federal funds, 50% general funds.
- “People Served” may include duplicate clients.
- ABD does not include skilled nursing facilities.

Program Staffing

- 1.25 FTE
- 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 include:
 - 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 prevent unnecessary hospital readmissions;
 - Personal health coaches to assist in improving health status;
 - 24/7 nurse line for clients to inquire about health problems or doctor’s directions;
 - Maternity risk assessment and referral to public health nursing; and
 - Smoking cessation referral to the QuitLine.

Events that have Shaped this Program

- Contract dates are 7/1/12 through 6/30/15, with two additional optional years until 06/30/2017.
- Ongoing projects include the Emergency Room Appropriate Care Site, Admission Reductions, and Weight Management programs.
- Upcoming projects include the Diabetes Incentive Program and Tobacco Cessation.

Medicaid: Health Management Program

PROGRAM CORE PURPOSE

The Health Management Program strives to improve health outcomes for Medicaid clients through population health management.

OUTCOMES						
Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
% of clients with medical claims over \$50,000 and enrolled in case management	10% increase per year	N/A	N/A	N/A	21%	23%
% of recipients with four or more emergency room visits per year	1% reduction	N/A	10.93%	11.05%	10.16% (Jan 2013- Dec 2013)	10.74% (April 2013- March 2014)
% of emergency room visits attributable to recipients with four or more visits per year	1% reduction	N/A	34.25%	34.43%	33.90% (Jan 2013- Dec 2013)	34.13% (April 2013- March 2014)
30-day hospital readmission rate*	1% reduction	N/A	7.53%	7.40%	6.88%	7.09%
Emergency room visits per 1,000 member months	1% reduction	N/A	60.86 (CY)	56.89 (CY)	57.57 (CY)	55.39 (April 2013- March 2014)
Inpatient admissions per 1,000 member months	1% reduction	N/A	13.98	13.89	12.70	9.50**
N/A indicates data not available due to the creation of a new metric *The national average for non-dual readmission for Medicaid is 17.3% (CMS 2007-2010). ** Providers have 12 months to bill for services. Final numbers will be available in 2015.						

OUTPUTS AND EFFICIENCIES							
Performance Metric	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
# of clients served under health management contract (monthly average)	N/A	61,428	60,204	N/A*	N/A*	N/A*	N/A*
# of clients screened/identified that became newly engaged for case management	N/A	1,129 Jan-June	3,921	N/A*	N/A*	N/A*	N/A*
# of clients continuously engaged in care management by Tier Tier 1 (Health & Wellness) Tier 2 (Moderate) Tier 3 (High/Intensive) Abeyance (suspended)	N/A	Total: 777 Tier 1: 307 Tier 2: 238 Tier 3: 226 Abeyance: 6	Total: 693 Tier 1: 192 Tier 2: 233 Tier 3: 250 Abeyance: 18	N/A*	N/A*	N/A*	N/A*
# of clients with medical claims over \$50,000	1,799	1,250	1,537	N/A*	N/A*	N/A*	N/A*
# of emergency room visits	47,286	42,636	42,472 (April 2013- March 2014)	N/A*	N/A*	N/A*	N/A*
# of hospital admissions	11,843	10,688 (CY)	9,720 (CY)	N/A*	N/A*	N/A*	N/A*
# of 30 day hospital readmissions	802	735	752	N/A*	N/A*	N/A*	N/A*
# of Nurse Advice Line calls (started Oct. 2012)	N/A	347	411	N/A*	N/A*	N/A*	N/A*
EFFICIENCIES							
% of nurse advice line callers referred to non-ER alternatives	N/A	58%	81%	N/A*	N/A*	N/A*	N/A*
N/A indicates data not yet available due to the creation of a new metric N/A* indicates data not available on a quarterly basis							

STORY BEHIND THE PERFORMANCE

- This contract focuses on utilizing clinical data to improve health outcomes.
- The program contracts with the Care and Quality Solutions Group (CQS) at Xerox to identify clients with high event rates and claims costs and to enroll them in case management.

Kid Care CHIP

Program Description

The Wyoming Children's Health Insurance Program (CHIP) is a public/private partnership between the Wyoming 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 incomes up to 200% of the Federal Poverty Level (FPL). CHIP is jointly financed by the Federal and State governments, with 65% Federal match and 35% coming from the State General Fund.

Program Expenditures and People Served

	2012	2013	2014
Total Program Cost	\$15,728,257	\$16,106,809	\$14,439,334
People Served*	5,536	5,538	5,209
Cost per Person	\$2,840	\$2,762	\$2,772
Non-600 Series**	5.0%	5.2%	4.2%

*Average monthly enrollment.

**600 series is defined as direct service contracts.

Program Cost Notes

- Prescription drug charges increased by 44% from SFY 2012 to SFY 2013.
- The premium rate has varied from SFY 2012 to SFY 2014.
- Institutional charges increased nearly 30% from SFY 2012 to SFY 2013, with psychiatric disorder contributing to 60% of the catastrophic claims (>\$50,000 is considered catastrophic).

Program Staffing

- 3 FTE

Program Metrics

- CHIP continues to have substantial statewide support from providers.
- CHIP pays a per member per month premium to BCBS for enrolled clients. The average premium was \$230.61 in SFY 014.
- Cost per Person represents total premium costs paid to BCBS divided by the number enrolled.
- Average monthly enrollment for 2014 is 6% lower than 2013.

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 program, rather than a Medicaid Look-a-Like.
- 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. U.S. Senate and House subcommittees have drafted legislation to extend CHIP funding. The legislation is expected to be addressed early in the 2015 Legislative Session.
- In January 2014, CHIP transitioned 1,251 children to Medicaid as a result of new Medicaid income eligibility limits (133% FPL), as per requirements under the Affordable Care Act.
- Beginning in February of 2014, CHIP eligibility determinations are being processed by the Wyoming Eligibility System (WES) Customer Service Center using a single, streamlined application.

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, while overseeing the eligibility and enrollment process. CHIP is intended for low-income children whose families do not qualify for Medicaid but cannot afford private health insurance.

OUTCOMES						
Performance Metric	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	4,464
Percentage of medical providers in network	94%	960/1,076 89%	1,082/1,186 91%	1,254/1,354 93%	1,276/1,376 93%	1,222/1,301 94%
Percentage of dental providers in network	80%	180/245 73.4%	196/246 79%	204/252 80%	200/250 80%	203/284 71.5%
INTERMEDIATE OUTCOMES						
Kid Care CHIP (KCC) 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%	3,476/7,752 44.9%
LONG TERM OUTCOMES						
KCC children receiving any kind of medical service.	76%	6,386/8,338 76%	6,356/8,633 73.6%	6,273/8,714 72%	6,534/8,805 74.2%	5,327/7,769 68.6%
KCC children receiving any kind of dental service	Target not yet set.	4,122/7,091 58%	4,210/7,242 58%	4,282/7,365 58%	4,316/8,260 52%	3,634/6,988 52.9%

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 children enrolled	8,342	8,724	8,841	5,864	4,519	4,322	5,864	4,333
EFFICIENCIES								
Number of paper applications processed/total applications (percentage)	4,997/ 8,681 (57%)	4,647/ 8,969 (51%)	5,055/ 9,816 (51%)	2,391/ 5,037 (47%)	2,461/ 4,757 (51%)	2,594/ 5,059 (51%)	2,391/ 5,037 (47%)	-

(-) Indicates data not yet available

STORY BEHIND THE PERFORMANCE

Reducing the Number of Uninsured Children¹

- 2,662 children remain uninsured in the (new) CHIP age/income category (under 19 years of age in a family income of 138% to 200% FPL).
- Previously, 6,900 children under 19 years of age with a family income below 200% FPL were uninsured.
- Currently, approximately 5,900 under 19 years of age with a family income below 200%FPL remain uninsured.

Enrollment Demographics

- The bulk of the CHIP population is between 7 and 15 years of age.
- The fewest number of children are in the birth to 5 years of age category.
- CHIP has three (3) Plans: A, B, and C. 77% of the CHIP population are enrolled in Plan C (151-200% FPL), 20% are enrolled in Plan B (101% - 150% FPL) and 3% are enrolled in Plan A (at or below 100% FPL, Native American, Alaskan Native children).

Provider Network/Access

- The Program has seen continued growth in the provider network percentages, with a slight increase in the number of providers in Converse, Lincoln, Crook, Sweetwater and Weston Counties, and decreases in the actual number of providers in Campbell, Fremont, Goshen, Hot Springs, Johnson, Laramie, Natrona, Park, Platte, Sublette, Teton, Uinta, Washakie.

¹ 2012 Small Area Health Insurance Estimates (SAHIE). SAHIE 2013 numbers will be available in early 2015.

Long Term Care and Assisted Living Facility HCBS Waiver Programs

Program Description

The Long Term Care HCBS (Home and Community Based Services) Waiver Programs provides in-home services to Medicaid recipients, 19 years of age and older, who require services equivalent to nursing home level of care through the Long Term Care (LTC) and Assisted Living Facility (ALF) waivers.

Program Expenditures and People Served

	2012	2013	2014
Total Program Cost	\$13,355,638	\$13,425,205	\$15,766,600
People Served	1,718	1,872	1,894
Cost per Person	\$7,774	\$7,171	\$8,324
Non-600 Series*	1.5%	1.5%	1.5%

* 600 series is defined as direct service contracts.

Program Cost Notes

- This program is funded by 50% State General Fund and 50% Federal Funds.
- The SFY 2014 budget for Long Term Care waiver services is \$13,295,174 and \$2,804,684 for the Assisted Living Facility waiver.
- Waiver recipients are eligible for Medicaid medical services at an additional cost of \$7,479/person (not charged to this budget).

Program Staffing

- 3 FTEs (allocated from 6 FTEs) handle federal compliance, program management, participant support, provider oversight, data management, and clinical eligibility for this program.

Program Metrics

- 11 eligible individuals were on the waiting list for the Long Term Care Waiver Program as of 8/31/2014.
- 25 eligible individuals were on the waiting list for the Assisted Living Facility Waiver Program as of 8/31/2014
- 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 6/30/2013.

Events that have Shaped this Program

- The LTC Waiver Program was last renewed with the Centers for Medicare and Medicaid Services (CMS) for a five year period that began July 1, 2011.
- The ALF Waiver Program is currently in the process of being renewed with CMS. Once renewed, this waiver program will be active through June 30, 2019.

Long Term Care and Assisted Living Facility HCBS Waiver Programs

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	SFY2014 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%	100%
% of returned participant satisfaction surveys that showed positive satisfaction and experience	95%	88%	94%	92%	88%	85%
Number of eligible individuals on ALF/LTC waitlist at end of FY	0	N/A	N/A	98	67	29
INTERMEDIATE OUTCOMES						
% of program discharges to nursing facility	<2%	N/A	N/A	N/A	1%	1%
% of program discharges due to participant non-compliance	TBD	N/A	N/A	N/A	1%	1%
% of program discharges due to death	TBD	N/A	N/A	N/A	7%	7%
% of program discharges due to leaving program for other programs (waiver, PACE)	TBD	N/A	N/A	N/A	1%	1%
% of program discharges due to lost eligibility (clinical, financial, or other)	TBD	N/A	N/A	N/A	7%	6%
% of program discharges because client moved out of state	TBD	N/A	N/A	N/A	1%	2%
% of program discharges due to no waiver services for over 30 days	TBD	N/A	N/A	N/A	1%	1%
% of program discharges due to client decision to terminate	TBD	N/A	N/A	N/A	1%	1%
LONG TERM OUTCOMES						
LTC % of nursing home cost per person	Less than 60%	N/A	42%	47%	43%	44%
ALF % of nursing home cost per person	Less than 60%	N/A	44%	44%	44%	46%
LTC average LT-101 score	>13	N/A	N/A	16.6	16.9	17
ALF average LT-101 score	>13	N/A	N/A	17.5	17.6	17.9
SNF average LT-101	Provided for Reference	N/A	N/A	20.1	20.5	20.3

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 waiver participants per year	2,019	1,920	1,872	1,894	-	-	-	-
Number of LTC unique/unduplicated waiver participants per year	1802	1718	1681	1698	-	-	-	-
Number of ALF unique/unduplicated waiver participants per year	217	202	191	196	-	-	-	-
Number of providers at end of FY	114	118	120	117	-	-	-	-
# of participant satisfaction surveys mailed	N/A	n/a	2,216	1,948	-	-	-	-
# of applications mailed	N/A	453	1,041	995				
# of unique callers regarding the application process (received)	N/A	463	1,075	1,005	-	-	-	-
EFFICIENCIES								
Average cost per participant (waiver)	\$7,720	\$7,774	\$7,996	\$8,324	-	-	-	-
Average cost per participant (waiver and medical)	\$14,760	\$16,157	\$15,007	\$15,804	-	-	-	-
% of non-satisfied participants from previous year contacted by staff as a quality control mechanism	100%	100%	100%	100%	-	-	-	-
% of plans >\$1200 reviewed for cost to determine expenditure and service appropriateness	100%	100%	100%	100%	-	-	-	-
% of mailed applications returned by applicants	N/A	26%	43%	35%	-	-	-	-
% of mailed satisfaction surveys returned by applicants	N/A	N/A	43%	56%	-	-	-	-

STORY BEHIND THE PERFORMANCE

In July 2011, the LTC waiver program began a five year cycle. The ALF waiver renewal application is currently in process with CMS. This application will extend the ALF waiver through June 30, 2019.

The above data has been combined to reflect both waiver programs as they have been previously been presented as a HealthStat separately.

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

This program provides 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 (CMS) 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

	2012	2013	2014
Total Program Cost	\$27,553,867	\$29,690,743	\$31,995,615
People Served	12,979	13,283	13,840
Cost per Person	\$2,123	\$2,235	\$2,312
Non-600 Series*	N/A	N/A	N/A

* 600 series is defined as direct service contracts.

Program Cost Notes

- SFY 2014 Federal Medical Assistance Percentage (FMAP) was 50%
- SFY 2014 expenditures increased 8% from SFY 2013
- The number of BH clients increased 5% from SFY 2013 to SFY 2014
- SFY 2014 cost per client increased 3% from SFY 2013
- 60% of BH service clients are children and youth

Program Staffing

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

Program Metrics

- SFY 2014 BH services account for 6% of the total Medicaid budget
- The top diagnosis by expenditure for all ages served is depression, accounting for \$6,207,666 and 58% of total SFY 2014 BH program expenditures. Post traumatic Stress Disorder was the second diagnosis by expenditure.

Events that Shaped this Program

- Per Federal guidelines, Medicaid must enroll “any willing and qualified provider”, which allowed enrollment of clinical psychologists and advanced practice psychology registered nurses in 2003. In 2006, licensed mental health professionals, under the supervision of physicians and psychologists, were allowed to be enrolled.
- As of July 1, 2014, Medicaid will begin independent enrollment of licensed mental health professionals, which includes Licensed Clinical Social Workers (LCSW), Licensed Professional Counselors (LPC), Licensed Marriage and Family Therapists, and Licensed Addictions Therapists.

Medicaid Behavioral Health (BH) Services

PROGRAM CORE PURPOSE

This program provides access to and maintains the 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	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%	15%
# of participating BH pay-to providers enrolled with Medicaid, to maintain adequate access to community-based care	434	223	263	304	434	483
# of BH 'treating' providers enrolled with Medicaid, to maintain BH community-based treatment capacity	956	N/A	197	463	956	1,481
INTERMEDIATE OUTCOMES						
Adult Intellectual Disabilities waiver client psychological service cost per recipient	<\$5,000	\$3,593	\$3,867	\$4,146	\$5,076	\$3,695
LONG TERM OUTCOMES						
PRTF aftercare follow up BH service within 7 days post discharge (HEDIS)	70%	N/A	N/A	47% (60/130)	49% (80/164)	52% (80/153)
PRTF aftercare follow up BH service within 30 days post discharge (HEDIS)	85%	N/A	N/A	61% (78/130)	63% (103/164)	70% (107/153)
(-) 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 BH clients	10,529	12,979	13,450	13,840	7,855	8,253	10,608	13,840
% of total Medicaid expenditures for BH services	5%	6%	6%	6%	6%	6%	6%	6%
# of adult ID HCBS waiver clients who received a BH service	1,580	1,605	1,562	1,559	1,401	1,523	1,559	1,567
# of BH clients who are children (ages 0-20 years)	7,606	7,448	7,601	6,649	4,534	4,701	6,649	8,221
EFFICIENCIES								
% of total BH expenditures for clients served by a Community Mental Health Center and/or Substance Abuse Treatment Center	49%	45%	44%	42% YTD	44%	44%	42%	42%
% of total BH expenditures for clients served by a "private" BH provider	51%	55%	56%	58% YTD	56%	56%	58%	58%

STORY BEHIND THE PERFORMANCE

1. The SFY 2014 goal of maintaining a minimum of 956 treating providers has been exceeded, with 1,481 enrolled.
2. SFY 2014 cost per client for Adult Intellectual Disabilities waiver participants with co-occurring diagnoses and served by a psychologist averaged \$3,695.
3. The rate of children who discharged from a PRTF during SFY 2013 who received behavioral health aftercare services in the community post PRTF discharge steadily improved. A very small percentage of children (<1%) who did not have post discharge service claims had ended Medicaid eligibility within 30 days of their discharge from a PRTF. The remainder of children who did not receive follow-up care are eligible for Medicaid during the period following discharge from a PRTF.
4. Wyoming's Centers for Medicare & Medicaid Services (CMS) CHIPRA demonstration grant has assisted Medicaid to contract with a Care Management Entity (CME), WY Access, to serve children with serious emotional disturbance (SED) using the High Fidelity Wraparound model. A combination 1915(a) & 1915(i) State Plan Amendment (SPA) has been submitted to CMS. The SPA is currently in the request for additional information (RAI) process and will require further amendment as the CME project develops further.
5. During SFY 2013/2014, several Wyoming residential treatment providers have retooled their services and product lines to develop more community-based alternatives for children and their families. Several of the residential providers have arranged for staff to become certified to administer the service intensity instrument evaluation necessary to qualify a Medicaid child for Children's Mental Health Waiver and Care Management Entity services. These same residential providers have arranged for staff to receive the training and support necessary to become High Fidelity Wraparound providers, who supports children with SED to remain in the community.

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

	2012	2013	2014
Total Program Cost	\$13,846,214	\$13,582,007	\$13,753,734
People Served	28,954	28,853	29,415
Cost per Person	\$474	\$471	\$468
Non-600 Series*	-	-	-

* 600 series is defined as direct service contracts.

Program Cost Notes

- Dental expenditures were 3% of the total Medicaid expenditures for SFY 2013.
- 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 2013, 103 new orthodontic cases were approved to participate in the Severe Malocclusion Program. In SFY 2014, 95 cases were approved and 28 were placed on hold for eligibility issues, improvement needed in home care, or observation of growth patterns. 279 children are currently in orthodontic treatment for correction.
- Due to revised criteria, the Malocclusion program has seen a savings of \$89,575 in a 2 year period.
- In SFY 2014, only Niobrara County did not have an enrolled Medicaid dentist, however, Niobrara County does not have *any* practicing dentists.

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.
- Using input from the Dental Association and the Dental Advisory Group members, more dental codes have been opened to provide care to potentially compromised recipients.
- In 2013, the dental program revised covered services to discontinue payment on root canal therapies for adults. The expenditures for these services for SFY 2013 were \$503,171, and for SFY 2014 they were reduced to \$234,805. This change allowed for more services to be opened for children and targeted adult populations. There has not been an increase to emergency dental needs of adult clients.
- 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 now receive two cleanings per year in an effort to help prevent advancement of dental disease and promote overall health.



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	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES – ACCESS TO DENTAL CARE						
% of licensed Wyoming dentists enrolled as Medicaid providers (# enrolled/total)	>65%	N/A	62% (310/498)	64% (325/504)	65% (331/511)	61% (314/519)
% of practicing licensed Wyoming dentists enrolled as Medicaid providers (# enrolled/total)	>85%	N/A	N/A	N/A	93% estimated (331/357)	76%* (215/283)
% of counties with at least one Medicaid enrolled dentist	100%	100%	100%	100%	100%	100%
INTERMEDIATE OUTCOMES – PREVENTION						
% of nursing home clients seen for a dental visit (# seen/total)	15%	8% (203/2,412)	12% (289/2,385)	13% (327/2,388)	14% (334/2,359)	19% (426/2,222)
% of Medicaid children that received a dental cleaning (# seen/total)	36%	30% (19,069/64,217)	33% (20,242/60,537)	34% (20,392/60,335)	34% (20,506/59,822)	38% (20,856/54,417)
% of eligible clients seen for a dental exam (# seen/total)	30%	29% (25,019/86,995)	30% (26,665/90,047)	30% (26,864/90,037)	27% (24,599/89,685)	32% (27,308/86,188)
LONG TERM OUTCOMES – EMERGENCY/CORRECTIVE TREATMENT AVOIDANCE						
# of clients seen for a dental emergency in the ER	N/A	25	24	23	14	15
% of orthodontic cases approved (approved/total)	26%	N/A	N/A	35% (129/395)	28% (103/373)	30% (95/310)
(-) 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 unique children served/total (percent)	23,661/60,537 (39%)	23,944/60,335 (40%)	23,969/59,822 (40%)	24,311/54,417 (45%)	N/A*	N/A*	N/A*	N/A*
# of unique adults served/total (percent)	5,252/29,510 (18%)	5,243/29,702 (18%)	5,245/29,863 (18%)	5,395/31,771 (17%)	N/A*	N/A*	N/A*	N/A*
# of referrals to the orthodontic program	320	311	274	248	N/A*	N/A*	N/A*	N/A*
# of orthodontic applications processed	322	318	341	310	N/A*	N/A*	N/A*	N/A*
# of clients receiving ongoing orthodontic services (cost)	270 (\$339,837)	336 (\$405,740)	326 (\$377,487)	279 (\$316,165)	N/A*	N/A*	N/A*	N/A*
EFFICIENCIES								
Average cost per recipient per year	\$486	\$478	\$471	\$468	N/A*	N/A*	N/A*	N/A*
Average cost per orthodontic case per year	\$1259	\$1207	\$1158	\$1133	N/A*	N/A*	N/A*	N/A*
Per member per month, dental	\$16.13	\$15.97	\$15.92	\$15.98 (mid-year)	N/A*	N/A*	N/A*	N/A*
(-) Indicates data not yet available N/A indicates data not yet available due to the creation of a new metric N/A* indicates data not available on a quarterly basis								

STORY BEHIND THE PERFORMANCE

- Wyoming Medicaid has researched the difference of licensed Wyoming dentists and those actually practicing. To determine the number of dentists that have an active license and are currently practicing, a list was compiled based on research from phone calls and internet websites. Offices were surveyed via phone calls on who was practicing in the office currently. The number shown here is 215 enrolled Medicaid providers out of 283 practicing Wyoming dentists. The information available at the Wyoming Board of Dental Examiners does not eliminate providers who are no longer in practice.
- The dental program has had many additions in services available to clients, including:
 - The 1+1 Baby & Toddler program incentivizes providers to see children before the age of 3 to prevent and educate on dental disease. Additional codes are being paid to these providers for clients seen between the ages of 1-4 years;
 - The addition of more cleanings and deeper cleanings for developmentally disabled clients and pregnant mothers was added to ensure better overall health for these clients;
 - Nitrous oxide was added to incentivize providers to use this tool to help difficult clients with procedures that would otherwise have to be done in a costly outpatient setting; and
 - A code to be paid to dentists who visit nursing homes to assess patient's dental needs was added. This is to incentivize providers to reach out to those clients who may not be receiving oral care.
- The Severe Malocclusion program has realized additional savings as the number of referrals to this program has been reduced due to continued provider education on appropriate cases to refer and revised criteria.

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 by 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

	2012	2013	2014
Total Program Cost	\$41,352,500	\$43,666,261	\$46,190,410
People Served	48,263	50,783	47,166
Cost per Person	\$868	\$860	\$979
Non-600 Series*	-	-	-

* 600 series is defined as direct service contracts.

Program Cost Notes

- Program costs 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.
- Revenues from rebate programs grew significantly in SFY 2014, making the cost of the program including rebate \$21,419,975. The cost of the SFY 2013 program including rebate was \$22,110,330.

Program Staffing

- 3 FTE
- 0 AWEC
- Contractors: the Pharmacy Benefits Manager (PBM) is Gold Health Systems (GHS) and the Drug Utilization Review (DUR) is the University of Wyoming School of Pharmacy

Program Metrics

- All Medicaid enrollees are eligible for pharmacy coverage. Approximately 57% of enrollees used the pharmacy benefit in SFY 2013, while approximately 60% used the pharmacy benefit in SFY 2014.
- Pharmacy expenditures were approximately 8.4% of total Medicaid expenditures in SFY 2013 and 8.9% of total expenditures in SFY 2014.

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 December 2014. Wyoming is awaiting the final NADAC file before changing reimbursement.
- An increase in the utilization of very costly specialty drugs and first in class blockbuster drugs, as well as increased costs of generic drugs, has contributed to the increased "Cost per Person" in the pharmacy program.

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.

OUTCOMES

Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES – COST EFFECTIVE COVERAGE						
Savings generated by use of the Preferred Drug List and Prior Authorization*	\$7,800,613 (10% increase)	\$3,870,304	\$4,890,538	\$6,008,904	\$7,091,467	\$7,844,047
State Maximum Allowable Cost Savings**	\$18,631,056 (10% increase)	\$5,760,726	\$7,997,545	\$11,218,614	\$16,937,324	\$14,359,484
INTERMEDIATE OUTCOMES – CLINICALLY SOUND TREATMENT						
Number of Prior Authorizations approved/Number reviewed (% approved)	Target Range: (50-60%)	3,870/6980 (55.4%)	3606/6980 (54.9%)	3,715/6650 (55.9%)	3,994/7,038 (56.7%)	4,693/8,507 (55.2%)
# 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%)	9,468/48,508 (19.5%)

* 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 authorization 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.

**An Office of Inspector General (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.

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	47,166	37,613	38,237	35,207	35,679
Number of prescriptions paid	577,692	599,916	588,808	571,568	293,577	295,231	284,923	286,645
Average number of prescriptions per recipient per month	2.71	2.76	2.78	2.84	2.78	2.32	2.86	2.83
Number of medication classes managed on the Preferred Drug List (PDL)	91	109	108	119	N/A*	N/A*	N/A*	N/A*
Number of claims recovered by program integrity	N/A	221	1997*	375	106	1891	252	123
EFFICIENCIES								
Average cost per client served	\$793	\$868	\$860	\$979	\$578	\$574	\$627	\$675
Average cost per prescription	\$71.58	\$69.87	\$74.16	\$80.81	\$74.00	\$74.32	\$77.52	\$84.08
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]	\$1,778,267 [\$889,134]	\$579,157	\$501,823	\$833,905	\$944,362
Program Integrity Recoveries and Savings (No extra cost per year)**	\$63,635	\$71,013	\$149,774	\$296,012	\$42,233	\$107,541	\$124,101	\$171,911
N/A indicates data not yet available due to the creation of a new metric N/A* indicates data not available on a quarterly basis * This increase was the result of an unusually large one-time recovery. ** These numbers reflect money that was recovered on claims that were originally submitted incorrectly by pharmacy providers and, therefore, overpaid by the State. The SFY 2013 and SFY 2014 totals also include cost avoidance achieved by corrections that avoid filling prescriptions too soon or too often.								

STORY BEHIND THE PERFORMANCE

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).

Medicaid Program Integrity

Program Description

Medicaid Program Integrity Staff works to reduce billing errors, waste, abuse, and fraud through monitoring, detection, and prosecution, to ensure the Medicaid program operates in an efficient and effective manner. Program Integrity activities include rulemaking, claims auditing, data mining, overpayment recovery, oversight of the provider enrollment process, and referrals to the Wyoming Attorney General's Office and to the Medicaid Fraud Control Unit.

Program Expenditures and People Served

	2012	2013	2014
Total Program Cost	\$737,070	\$675,272	\$682,364
Medicaid Providers*	13,702	13,197	14,537
Non-600 Series**	100%	100%	100%

*Provider count determined using a year-end date of 12/31, except for 2014 which uses a year-end date of 11/30/2014.

** 600 series is defined as direct service contracts.

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 administrative hearings and judicial proceedings for unpaid overpayments.

Program Staffing

- 8 FTEs
- 1 AWEC
- 0.25 FTE Attorney General Attorneys
- 0.25 FTE Attorney General Paralegal

Program Metrics

- This Program is dedicated 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 Unit through a memorandum of understanding signed by both entities.

Events that have Shaped this Program

- The Social Security Act provides overall guidance regarding program integrity.
- 42 C.F.R. 455 gives general guidance on Program Integrity requirements.
- The 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), also guides this Program.
- The Deficit Reduction Act of 2005 established the Medicaid Integrity Program (MIP) and the Medicaid Integrity Contractors (MIC).
- The 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.
- State Senate Enrolled Act Number 82, 2013 Session, Section 1(a)(i)(H) also guides this Program.
- Wyoming Medicaid Rules Chapter 4 Hearing, Chapter 16 Program Integrity also guides this Program.

Medicaid Program Integrity (PI) Unit

PROGRAM CORE PURPOSE

This program seeks to identify and recover overpayments due to Medicaid billing errors and abuse and to identify potential provider fraud for referral for prosecution.

OUTCOMES

Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Overpayments collected during current SFY *	>\$710,000	\$425,621	\$1,264,515	\$674,628	\$908,289	\$706,619
% of open cases that are in the Medicaid Fraud Control Unit (MFCU)	N/A	1%	1%	1%	1%	1%
% of MFCU referrals determined to meet prosecutorial criteria	N/A	33%	36%	17%	25%	57%
INTERMEDIATE OUTCOMES						
% of overpayments collected for cases opened during the SFY**	90%	97%	89%	83%	53%	72%
LONG TERM OUTCOMES						
Payment error rate measurement claim error rate, on a Federal 3 year cycle	N/A	2.84 % for FFY 2009	N/A	1.4 % for FFY 2012†	Assigned to MEQC***	Assigned to MEQC

* Some collected overpayments were identified in a previous state fiscal year. Working a case and collecting overpayments may span multiple fiscal years.

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

** This number is affected by multiple factors. Factors could include, but are not limited to, a provider going out of business, bankruptcy, extended payment plans, and waiting to finalize contested case proceedings in order to collect dollars owed to Medicaid, which can all affect the final numbers.

†The 2012 PERM cycle was completed by Program Integrity staff. The CMS goal for the Wyoming 2012 PERM cycle was 2.2%.

***Medicaid Eligibility Quality Control

OUTPUTS AND EFFICIENCIES								
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS								
\$ of potential overpayments identified	\$1,261,757	\$863,027	\$1,441,827***	\$578,022*	N/A*	N/A*	N/A*	N/A*
# of open cases	752	944	676	717	N/A*	N/A*	N/A*	N/A*
# of closed or pending cases	713	888	609	658	N/A*	N/A*	N/A*	N/A*
# of referrals to Medicaid Fraud Control Unit (MFCU) # from EFADs that indicates that it was referred to MFCU	11	6	4	7	N/A*	N/A*	N/A*	N/A*
\$ amount of identified recoveries made by the Recovery Audit Contractor (RAC)	N/A	N/A	N/A	\$12,439	\$0	\$12,439	\$160,467**	TBD
EFFICIENCIES								
<p>Note: In 2014, fifty (50) Program Integrity business processes were mapped to determine inefficiencies and bottlenecks. The State Medicaid Agent is currently reviewing the business processes analysis. In 2015, Program Integrity staff will review three (3) Wyoming Medicaid Rules, Chapters 3, 4, and 16, for inconsistencies and to standardize unit processes.</p> <p>N/A indicates data not yet available due to the creation of a new metric N/A* indicates data not available on a quarterly basis *SFY 2014 PI Manager position moved to MEQC—duties assumed by other PI staff resulting in a reduction of recovery efforts. ** SFY 2013 and part of 2014 vendor was building their data warehouse and analytics ***SFY 2013 The increase in potential recovery amounts may be attributed to several high-dollar audit efforts that are still ongoing (Specialty Pharmacy Medicaid Integrity Contractor (MIC) Audit; DDD Provider Certification Lapse recovery; \$300,000 in Hospital Acquired Conditions (HAC) recoveries—a newly implemented type of recovery action; and the Program Integrity Unit was fully staffed during this fiscal year.</p>								

STORY BEHIND THE PERFORMANCE

The Deficit Reduction Act of 2005 created the Medicaid Integrity Program (MIP) in section 1936 of the Social Security Act (the Act), and dramatically increased the Federal government’s role and responsibilities in combating Medicaid fraud, waste, and abuse. Section 1936 of the Act requires the Centers for Medicare and Medicaid Services (CMS) to contract with eligible entities to review and audit Medicaid claims, to identify overpayments, and to provide education on program integrity issues. Additionally, the Act requires CMS to provide effective education through the Medicaid Integrity Institute (MII) to assist the States in combating Medicaid provider fraud and abuse. Program Integrity Staff have taken advantage of this education and training through certification as Certified Program Integrity Professionals (CPIP).

The Patient Protection and Affordable Care Act of 2010 (ACA) added many more program requirements. Screening of providers is presently occurring through the Know Your Provider (KYP) process with intensive review by Program Integrity (PI). The ACA also requires that a Recovery Audit Contractor (RAC) is hired, which has been done, and auditing has started.

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” The PI unit has already begun meeting and brainstorming activities to determine what PI already has developed to meet the requirements, such as the RAC, and improving PI procedures to more readily identify the authority for overpayment identification and recovery.

Medicaid – Third Party Liability (TPL)

Program Description

As a part of the Program Integrity Unit, third party liability (TPL) staff continually review provider claims to ensure that Medicaid is the payor of last resort, as required by Federal law. If another individual, entity, insurer, or program, such as Worker’s Compensation, has the responsibility to pay all or part of the cost of the claim prior to Medicaid making any payment, this is known as third party liability. TPL Staff concentrate on two (2) major areas to effectively identify third party liability: cost avoidance (recognizing the existence of other insurers’ responsibility and requiring that insurer to pay prior to Medicaid) and pay and chase (recovering money from a liable third party).

Program Expenditures and Total Dollars Recovered

	2012	2013	2014
Total Program Cost	\$738,989	\$661,615	\$666,856
Total TPL Dollars Recovered*	\$5,587,000	\$6,501,269	\$5,140,669
Non-600 Series**	100%	100%	100%

*Includes estate recovery, TPL recovery and credit balances, but it does not include cost avoidance.

** 600 series is defined as direct service contracts.

Program Cost Notes

- A consultant attorney has been contracted for historical knowledge.
- Two Attorney General Attorneys and one paralegal provide legal assistance for estate recovery and third party liability cases.
- Xerox, Medicaid’s Fiscal Agent, performs cost avoidance, pay and chase recoveries, pursues small personal injury recoveries involving medical payments coverage, tort recovery for criminal restitution, product liability, worker’s compensation and preliminary research for estate recovery.
- Recoveries made by TPL are reported on the CMS-64 report. Using the current FMAP rate of 50%, federal funds are returned to CMS.

Program Staffing

- 1 FTE
- 0.69 2 Assistant Attorney General attorneys (1 at 35 hours/week and 1 at 20 hours/week)
- 1 Attorney General Paralegal
- Other: contractors (1 Consultant attorney and 10.6 FTE Xerox TPL Unit Staff)

Program Metrics

- To ensure cost avoidance, pay and chase recoveries, estate recoveries, third party liability recoveries, J-code rebate recoveries, and credit balances recoveries occur to ensure Medicaid is the payor of last resort.

Events that have Shaped this Program

- Social Security Act and United States Code mandate third party liability and estate recovery activities.
- 42 C.F.R. § 433.36, 42 C.F.R. § 433.316 – 433.318 and 42 C.F.R. § 433.135 – 433.154 provide high level guidance for estate recovery and third party liability requirements.
- The Federal Omnibus Budget Reconciliation Act of 1993 established rules for asset transfers by imposing penalties for individuals who transfer assets to qualify for Medicaid (the look back period). It also set forth that States must, at a minimum, recover from assets that pass through probate and, at a maximum, States may recover any assets that a deceased client had a legal title to or interest in at the time of death.
- The Deficit Reduction Act of 2005 strengthened Medicaid’s ability to pursue recovery from a health insurer by creating a timely filing deadline, established data matching requirements, stated that Medicaid claims may not be denied for claim format issues or procedural issues, increased the duration of the look-back period, and made provisions for annuities.
- Wyoming Statutes 42-4-201 – 42-4-207, Medicaid Benefit Recovery, govern this program.
- Wyoming Medicaid Rules, Chapter 35, Benefit Recovery, govern this program.

Medicaid – Third Party Liability (TPL)

PROGRAM CORE PURPOSE

This program seeks to reduce Medicaid costs by pursuing the maximum payment from other responsible parties. To identify and recover from any individual, entity or agency/program that is or may be obligated to pay all or part of the medical assistance costs.

OUTCOMES						
Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
OVERALL OUTCOMES						
% of Medicaid budget offset by total TPL	>3%	3.44%	3.43%	3.78%	4.17%	3.54%
Estimated return on investment (cost avoidance, third party liability and estate recovery)	>\$25 to \$1	\$23 to \$1	\$27 to \$1	\$27 to \$1	\$34 to \$1	\$29 to \$1
COST AVOIDANCE OUTCOMES						
\$ of Cost Avoidance	>\$13,000,000	\$13,823,191	\$13,016,102	\$13,157,314	\$15,071,650	\$12,749,398
ESTATE RECOVERY OUTCOMES						
\$ of Estate Recovery	>\$2,000,000	\$1,178,780	\$1,539,091	\$2,272,704	\$2,297,295	\$2,433,666
TPL RECOVERY AND OTHER OUTCOMES						
\$ of Third Party Liability	>\$2,600,000	\$1,973,010	\$2,826,913	\$3,231,413	\$3,864,732	\$2,433,598
\$ of Credit Balances	>\$80,000	\$15,569	\$45,456	\$82,883	\$339,242	\$273,405
\$ of J Code Rebate	>\$1,300,000	\$485,504	\$1,332,259	\$1,398,774	\$1,442,364	\$1,629,162
(-) 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
COST AVOIDANCE OUTPUTS								
# of paid claims with cost avoidance (TPL payment included on claim)	29,416	29,456	23,205	31,099	15,237	16,541	15,454	8,633
# of denied claims with cost avoidance (No TPL information on claim)	10,369	99,77	7,531	9,936	5,240	4,335	4,626	5,310
% of clients with private health insurance	9%	8.56%	7.34%	5.25%	N/A*	N/A*	N/A*	N/A*
ESTATE RECOVERY OUTPUTS								
# of estate cases with money recovered	83	87	98	93	N/A*	N/A*	N/A*	N/A*
Current open and active cases	761	805	858	1121	N/A*	N/A*	N/A*	N/A*
Closed Cases	831	791	926	973	N/A*	N/A*	N/A*	N/A*
# of estate cases heard before the supreme court	0	0	0	2	0	0	1	1
COST AVOIDANCE EFFICIENCIES								
\$ payment averted/avoided to staff hours*	\$4353 to 1	\$4035 to 1	\$4770 to 1	\$3695 to 1	N/A*	N/A*	N/A*	N/A*
ESTATE RECOVERY EFFICIENCIES								
Recovered dollars to dedicated staff hours	\$167 to 1	\$247 to 1	\$229 to 1	\$243 to 1	N/A*	N/A*	N/A*	N/A*
% of recovered cases to current open and active cases	19.19%	17.52%	18.53%	12.4%	N/A*	N/A*	N/A*	N/A*
TPL RECOVERY AND OTHER ACTIVITIES EFFICIENCIES								
\$ Recovered to dedicated staff hours	\$186 to 1	\$161 to 1	\$160 to 1	\$147 to 1	N/A*	N/A*	N/A*	N/A*
% of recovered cases to current open and active cases	52.07%	55.74%	59.12%	46.5%	N/A*	N/A*	N/A*	N/A*
(-) Indicates data not yet available N/A indicates data not yet available due to the creation of a new metric N/A* indicates data not available on a quarterly basis								
*Includes denied dollars under cost avoidance								

STORY BEHIND THE PERFORMANCE

TPL staff has been successful in recovering medical assistance from third parties due to continued review of cases and effective working relationships with Xerox and with the Attorney General's office.

TPL staff continuously strives to increase cost avoidance efforts to reduce pay-and-chase activities.

TPL staff has been successful in collecting from personal injury settlements or lawsuits due to Xerox's and DHCF's mechanisms that identify and track responsible third parties in tort actions.

TPL staff has been successful in filing liens on deceased Medicaid client's real property, filing claims in probate actions, and collecting Medicaid assistance from a decedent's estate due to Xerox's and Division of Healthcare Financing's ability to expeditiously identify client deaths.

Glossary

Third party payer is a person, entity, insurer, or government program that may be liable to pay, or that pays pursuant to a client's right of recovery arising from an illness, injury, or disability for which funds were paid or are obligated to be paid on behalf of the client. Third party payers may be Medicare, health insurance companies, worker's compensation, casualty insurance companies, a spouse, or parent court ordered to carry health insurance, or a client's estate.

Credit balance occurs when a provider's credits (take backs or adjustments) exceed their debits (pay outs or paid claims), resulting in the provider owing Medicaid money.

J-Code rebates are dollars collected from drug manufacturers for physician administered drugs or injectable drugs. Collecting rebate dollars for physician-administered drugs is mandated by the Deficit Reduction Act of 2005.

Wyoming Medicaid – Utilization Management

Program Description

Per Federal statute, Medicaid is required to establish a statewide program of control of the utilization of all Medicaid services. The Medicaid utilization management program promotes appropriate healthcare expenditures by managing utilization of high cost services while allowing the individual to obtain services that best meet his or her healthcare needs.

Program Expenditures and People Served

	2012*	2013	2014
Total Program Cost	NA	\$960,071	\$1,102,362
Reviews Performed	NA	5,086	5223
Non-600 Series**	NA	100%	100%

* Note that this is a new contract, effective SFY 2013 (7/1/12).

** 600 series is defined as direct service contracts.

Program Cost Notes

- Funded by 75% Federal funds, 25% State general funds.
- Reviews are performed at different costs per review, ranging from \$67.76 to \$583.90 in SFY 2014, depending on the type and extent of work required for the review.

Program Staffing

- 1.25 FTE
- Other: contractor, Xerox Care and Quality Solutions, Inc.

Program Metrics

- The Department contracts with Xerox Care and Quality Solutions (CQS) to provide utilization management and medical review services. The reviews include:
 - Prior authorization (PA) for selected inpatient hospital, all acute hospital psychiatric stays, and psychiatric residential treatment facilities (PRTF) admissions;
 - Continued stay reviews (CSR) for selected inpatient hospital, inpatient psychiatric, and PRTF stays;
 - Retrospective certification of admissions for retroactively eligible clients;
 - Disability determinations for social security applications for Medicaid services only;
 - Extraordinary care reviews;
 - Nursing facility census reports (monthly) and inpatient census reports (weekly);
 - Preadmission Screening and Resident Review (PASRR) Level II for appropriate level of care, or services for a client with mental illness and intellectual disability;
 - Post pay outpatient review for selected services and random sample post-pay reviews of institutional claims; and
 - Mortality reviews for long term care and behavioral health services.

Events that have Shaped this Program

- 42 CFR § 456, Utilization Control, requires the control of utilization of Medicaid services.
- 42 CFR § 483.100-138 delineates the State's responsibility for Preadmission Screening and Resident Review (PASRR) of individuals with mental illness and intellectual disability.
- A new contract was selected through the request for proposal process. Contract dates are 7/1/12 – 6/30/15, with two additional optional years, which would extend the contract through 6/30/17.

Wyoming Medicaid – Utilization Management

PROGRAM CORE PURPOSE

The Medicaid utilization management (UM) program promotes appropriate healthcare expenditures through management of the utilization of high cost services, such as psychiatric residential treatment facilities (PRTFs) while allowing the individual to obtain services that best meet his or her healthcare needs.

OUTCOMES

Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
UTILIZATION AVOIDANCE						
# of PRTF admission denials resulting from prior authorization (PA) reviews	No target	N/A	N/A	N/A	31/301 10%	33/303 10%
# of acute psychiatric admission denials resulting from PA reviews	No target	N/A	N/A	N/A	66/861 8%	180/877 20%
# of procedure denials resulting from PA reviews	<5%	N/A	N/A	N/A	1/74 1%	3/84 3%
# of disability determination denials resulting from disability determination reviews	No target	N/A	N/A	N/A	67/115 58%	105/181 58%
# of PASRR admission denials resulting from reviews	<5%	N/A	N/A	N/A	1/104 1%	1/120 1%
# of extraordinary care denials resulting from PA reviews	<5%	N/A	N/A	N/A	0/12 0%	2/64 1%
PROPER UTILIZATION						
Average length of stay (LOS) in a PRTF (days)	120	N/A	N/A	N/A	144	179
PRTF days avoided, average LOS per discharged child	24	N/A	N/A	N/A	0	14
UTILIZATION COST – ESTIMATED COST AVOIDANCE FOR PRTF						
Cost reduction due to average LOS in PRTF	N/A	N/A	N/A	N/A	N/A	\$833,419
Expenditure reduction, after accounting for PRTF UM costs	N/A	N/A	N/A	N/A	N/A	\$333,149
(-) 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 reviews performed overall (cost)	N/A	N/A	5,086 \$960,071	4,700 \$1,010,707	N/A*	N/A*	N/A*	N/A*
# of PA reviews for PRTF (cost)	N/A	N/A	301 (\$45,806)	471 (\$56,718)	N/A*	N/A*	N/A*	N/A*
# of continued stay reviews (CSR) for PRTFs (cost)	N/A	N/A	2,514 (\$573,871)	2953 (\$750,327)	N/A*	N/A*	N/A*	N/A*
# of PA reviews for acute hospital psychiatric care (cost)	N/A	N/A	861 (\$54,596)	844 (\$59,569)	N/A*	N/A*	N/A*	N/A*
# of CSRs for acute hospital psychiatric care (cost)	N/A	N/A	594 (\$135,592)	548 (\$139,241)	N/A*	N/A*	N/A*	N/A*
# of PA reviews for inpatient hospital procedures (cost)	N/A	N/A	74 (\$4,833)	84 (\$6,107)	N/A*	N/A*	N/A*	N/A*
# of CSRs for inpatient hospital procedures (cost)	N/A	N/A	42 (\$9,587)	56 (\$14,229)	N/A*	N/A*	N/A*	N/A*
# of disability determination reviews (cost)	N/A	N/A	115 (\$17,501)	165 (\$20,036)	N/A*	N/A*	N/A*	N/A*
# of PASRR, Level II reviews (cost)	N/A	N/A	104 (\$39,567)	118 (\$49,971)	N/A*	N/A*	N/A*	N/A*
# of extraordinary care reviews (cost)	N/A	N/A	12 (\$4,565)	51 (\$21,598)	N/A*	N/A*	N/A*	N/A*
# of retrospective reviews (cost)	N/A	N/A	71 (\$4,322)	59 (\$3,998)	N/A*	N/A*	N/A*	N/A*
# of nursing facility census reports produced, monthly (cost)	N/A	N/A	12 (\$2,403)	12 (\$2,674)	N/A*	N/A*	N/A*	N/A*
# of inpatient census reports produced, weekly (cost)	N/A	N/A	50 (\$26,228)	52 (\$30,362)	N/A*	N/A*	N/A*	N/A*
# of random post pay outpatient reviews (cost)	N/A	N/A	177 (\$12,346)	198 (\$15,373)	N/A*	N/A*	N/A*	N/A*
# of random post pay institutional reviews (cost)	N/A	N/A	101 (\$6,788)	213 (\$15,937)	N/A*	N/A*	N/A*	N/A*
# of mortality reviews (cost)	N/A	N/A	58 (\$22,066)	60 (\$25,409)	N/A*	N/A*	N/A*	N/A*
N/A indicates data not yet available due to the creation of a new metric N/A* indicates data not available on a quarterly basis								

EFFICIENCIES								
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
Cost per PA review for PRTFs	N/A	N/A	\$152.18	\$169.39	N/A*	N/A*	N/A*	N/A*
Cost per CSR for PRTFs	N/A	N/A	\$228.27	\$254.09	N/A*	N/A*	N/A*	N/A*
Cost per PA review for acute hospital psychiatric care	N/A	N/A	\$63.41	\$70.58	N/A*	N/A*	N/A*	N/A*
Cost per CSR for acute hospital psychiatric care	N/A	N/A	\$228.27	\$254.09	N/A*	N/A*	N/A*	N/A*
Cost per PA review for inpatient hospital procedures	N/A	N/A	\$65.31	\$72.70	N/A*	N/A*	N/A*	N/A*
Cost per CSR for inpatient hospital procedures	N/A	N/A	\$228.27	\$254.09	N/A*	N/A*	N/A*	N/A*
Cost per disability determinations review	N/A	N/A	\$152.18	\$169.39	N/A*	N/A*	N/A*	N/A*
Cost per PASRR, Level II review	N/A	N/A	\$380.45	\$423.49	N/A*	N/A*	N/A*	N/A*
Cost per extraordinary care review	N/A	N/A	\$380.45	\$423.49	N/A*	N/A*	N/A*	N/A*
Cost per retrospective review	N/A	N/A	\$60.87	\$67.76	N/A*	N/A*	N/A*	N/A*
Cost per nursing facility census report produced, monthly	N/A	N/A	\$200.24	\$222.89	N/A*	N/A*	N/A*	N/A*
Cost per inpatient census report produced, weekly	N/A	N/A	\$524.56	\$583.90	N/A*	N/A*	N/A*	N/A*
Cost per random post-pay outpatient review	N/A	N/A	\$69.75	\$77.64	N/A*	N/A*	N/A*	N/A*
Cost per random post-pay institutional review	N/A	N/A	\$67.21	\$74.82	N/A*	N/A*	N/A*	N/A*
Cost per mortality review	N/A	N/A	\$380.45	\$423.49	N/A*	N/A*	N/A*	N/A*
N/A indicates data not yet available due to the creation of a new metric N/A* indicates data not available on a quarterly basis								

STORY BEHIND THE PERFORMANCE

- Utilization management (UM) is used to monitor appropriate utilization of high cost services, including:
 - PRTFs (average cost of \$325/day or \$9,750/month); and
 - Extraordinary care nursing home stays (average cost of \$319/day).
- Efforts to implement proactive management initiatives to reduce PRTF LOS have resulted in an average decrease of 14 days per discharged youth, which equates to a total savings of \$833,419.

Wyoming Medication Donation Program

Program Description

The Wyoming Medication Donation Program is a comprehensive drug donation, re-dispensing, and disposal site that improves prescription access for Wyoming's low-income patients who lack adequate prescription coverage, while reducing medication waste.

Program Expenditures and People Served (Calendar Year)

	2011	2012	2013	2014 (Jan-Sept)
Total Program Cost	\$173,585	\$249,455	\$266,993	\$221,147
People Served¹	1,748	1,916	1,704	1,368
Cost per Person	\$99	\$130	\$156	\$162
Non-600 Series*	100%	100%	100%	100%

¹ Number of people served is a total of patients served via mail from the central location in Cheyenne and the 9 registered Dispensing Sites. A full quarter of 2014 data was not yet available.

* 600 series is defined as direct service contracts.

Program Cost Notes

- Return on Investment (ROI = Value of dispensed prescriptions/program cost):
 - 2011 ROI = \$7.04
 - 2012 ROI = \$5.34
 - 2013 ROI = \$4.73
 - 2014 ROI = \$5.22
- Revenue Sources include 10.8% Grants in 2013, and 10% grants in 2014

Program Staffing

- 0.75 FTE pharmacist
- 0.75 FTE pharmacy technician
- 0.5 AWEC pharmacy technician

Program Metrics

- Improving Prescription Access
 - Number of prescriptions filled
 - Value of prescriptions filled, based on average wholesale price (AWP)
 - Number of patients served
 - Number of sites sending client referrals
- Donations & Waste Management
 - Pounds of medication and medical supplies donated
 - Value of medication donated (AWP)
 - Number of public donation sites
 - Pounds of unacceptable medication safely disposed via incineration

Events that have Shaped this Program

- Drug Donation Program Act passed in 2005 (W. S. § 35-7-1601 et seq.).
- Pilot program as Laramie County Centralized Pharmacy from 2007-2010.
- Wyoming Medication Donation Program central processing site began serving patients state-wide in 2011.
- Strategic partner on the Wyoming Institute of Population Health's CMS Health Care Innovation Award, Creating Medical Neighborhoods to Transform Rural Healthcare Delivery. The grant period is 2012 to 2015. This partnership has propelled the program into a phase of growth that will result in better provision of prescription access throughout the state.



Wyoming Medication Donation Program (WMDP)

PROGRAM CORE PURPOSE

The Wyoming Medication Donation Program reduces medication waste and improves prescription access for low-income Wyoming residents who lack adequate prescription coverage by re-dispensing donated medications (Rx's).

OUTCOMES

Performance Metric	Target	CY 2010	CY 2011	CY 2012	CY 2013	CY 2014 (Jan-Sept) ¹
Total patients served by re-dispensed medication ¹ (% mailed)	1,900 (14%)	N/A	1,748 (4%)	1,916 (6%)	1,704 (10%)	1,368 (19%)
Number of prescriptions filled using re-dispensed medication ¹	22,500	11,813	24,443	22,071	20,404	12,427
Value of re-dispensed prescriptions, Average Wholesale Price (AWP)	\$1,500,000	\$950,639	\$1,222,816	\$1,332,355	\$1,264,842	\$1,153,417
Return on Investment (ROI) to communities (value of Rx's dispensed/ program cost)	≥ \$5.00	\$5.40	\$7.04	\$5.34	\$4.73	\$5.22

¹ Total number of patients served is a combined total of the average number of patients served quarterly at the dispensing sites plus the number of unique patients served yearly via mail from the central location in Cheyenne. A full year of 2014 data was not yet available.
N/A indicates data not available due to the creation of a new metric

OUTPUTS AND EFFICIENCIES

Performance Metric	CY 2011	CY 2012	CY 2013	CY TD 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4*
OUTPUTS								
# of hospitals & patient centered medical homes that refer patients/total (% of total)	N/A	N/A	14/49 (29%)	28/49 (57%)	N/A*	14/49 (29%)	25/49 (51%)	28/49 (57%)
# Rx's mailed (AWP value)	357 (\$26,691)	727 (\$90,950)	1,255 (\$165,603)	1,998 (\$324,208)	497 (\$51,311)	758 (\$114,292)	1,148 (\$183,390)	850 (\$140,818)
Pounds sent to dispensing sites	2,449	1,810	1,887	1,114	1,202	685	750	364
(-) Indicates data not yet available N/A indicates data not yet available due to the creation of a new metric N/A* indicates data not available on a quarterly basis								
Performance Metric	CY 2011	CY 2012	CY 2013	CY TD 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4*
OUTPUTS								

AWP value sent to dispensing sites	\$598,063	\$1,241,405	\$1,099,239	\$829,209	\$628,470	\$470,769	\$544,420	\$284,789
# of dispensing sites	6	8	9	9	9	9	9	9
Pounds / AWP value of medication donated	9,239/ N/A	8,844/ \$1,808,992	13,410/ \$2,409,988	10,327/ \$2,416,296	8,134/ \$1,060,608	5,276 \$1,349,379	5,870/ \$1,486,497	4,450/ \$929,799
# of public donation sites ¹	1	10	17	27	11	17	23	27
Pounds of donations received via totes (%)	N/A	N/A	434.8 (4.5%)	1,372 (13.3%)	47.6 (0.8%)	387.2 (11.6%)	626 (10.7%)	746 (16.8%)
% of cities with a drug drop box that have a public medication donation site ¹	N/A	N/A	N/A	73% (24/33)	N/A*	N/A*	67% (22/33)	73% (24/33)
Pounds of unacceptable medication properly disposed	2,004	1,921	3,161	2,182	1,336	1,825	1,431	751

EFFICIENCIES

Average program cost per prescription dispensed	\$7.10	\$11.30	\$13.09	\$17.80	N/A*	N/A*	N/A*	N/A*
Average AWP value per prescription dispensed	\$50.03	\$60.37	\$61.99	\$92.82	N/A*	N/A*	N/A*	N/A*
Donation usage rate	N/A	73.7%	52.5%	47.7%	N/A*	N/A*	N/A*	N/A*

*YTD and Q3 + Q4 data reflect services provided January through September, 2014, in order to be consistent with the Program Snapshot.

¹Public donation sites are registered with the WMDP to accept donated medication from the public. Donations are sent to the WMDP central location for processing. Drug Drop Boxes, located in law enforcement agencies, provide drug disposal for the public. Most do not donate usable items to the WMDP.

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

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

STORY BEHIND THE PERFORMANCE

- In mid-2013, the Program partnered with the existing public health courier system to provide free shipping utilizing reusable shipping totes provided to participating donation sites and hospitals, thereby removing a cost barrier for donors.
- The program has experienced significant growth as a result of its involvement with the Wyoming Institute of Population Health's CMS Health Care Innovation Award, Creating Medical Neighborhoods to Transform Rural Healthcare Delivery. From July 2012, the beginning of the grant, through October 2014, the following services have been provided:
 - Value of usable medication donations collected: \$5,977,695;
 - Total value of donated medications dispensed to patients: \$3,337,611;
 - Value of prescriptions filled with donated medication and mailed from the Wyoming Medication Donation Program in Cheyenne to patients state-wide: \$611,734 (in 2011, the baseline value dispensed via mail was \$26,691); and
 - Value of donated medications provided to the program's dispensing sites to dispense to patients: \$2,725,877.
- Nearly all of the dispensing sites provide donated medications to only patients seen by a provider at their clinic. Therefore, mailed prescriptions are vital in providing access for patients who are seen at other sites of care. The increased volume of mailed prescriptions is a direct reflection of improved prescription access state-wide. This improvement resulted from strategies implemented to improve coordination with hospitals and patient centered medical homes to send referrals. An online inventory, updated daily, is available to assist referrals and prescribing.

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 2014, Wyoming had 33 SNFs and 4 NFs. There are also two Transitional Care Units in Wyoming.

Program Expenditures and People Served

	2012	2013	2014
Total Program Cost*	\$79,997,789	\$78,185,855	\$ 75,305,644
People Served	2,399	2,380	2,277
Cost per Person	\$33,346	\$32,851	\$33,077
Non-600 Series**	0.3%	0.4%	0.3%

*Costs for the Nursing Home eligibility sub-groups, which includes medical costs but does not include Provider Tax.

**600 series is defined as direct service contracts and does not include claims processing or eligibility costs that are shown on other HealthStat forms.

Program Cost Notes

- 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 have severe conditions that require a special negotiated rate, for approximately 15 cases per month.
- Nursing facility provider assessment is approximately \$30 million per year, Funding is 50% Federal, 50% Provider Match.

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

- This program ensures access to nursing home services by covering provider allowable 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, which average 8-12%.
- The cost coverage weighted average history by FFY is: 92% for 2012, 89% for 2013, and 87% for 2014, including provider assessments.
- Extraordinary Care Clients are approved for additional funding based on clinical documentation which meets medical criteria. Currently there are fifteen (15) extraordinary clients in Wyoming and three (3) out of state. Last SFY the Department had six (6).
- 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 2009, 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. Wyoming is currently working towards establishing a new rate methodology.
- 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 laws.

OUTCOMES						
Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
NH providers educated on preadmission screening and resident review (PASRR) processes and policies	100%	75%	86%	94%	100%	100%
INTERMEDIATE OUTCOMES						
# of Nursing Homes achieving 100% cost coverage reimbursement with upper payment limit (UPL) (percentage)*	32 (85%)	N/A	31 (85%)	8 (22%)	9 (25%) (6 more above 95%)	7 (95%) (3 more above 95%)
LONG TERM OUTCOMES						
# of Nursing Homes achieving 100% cost coverage reimbursement without UPL (percentage)*	32 (85%)	5 (14%)	3 (8%)	3 (8%)	0 (0%)	0 (0%)
*FFY data 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 Wyoming Medicaid clients served in a Nursing Home (percent of total)	2,460 (3%)	2,399 (3%)	2,380 (3%)	2,277 (3%)	N/A*	N/A*	N/A*	N/A*
N/A* indicates data not available on a quarterly basis								

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 nursing home client (including medical costs)	\$33,626	\$33,346	\$32,851	\$33,072	\$18,473	\$17,601	\$18,198	\$12,716
Total cost for extraordinary care clients costs	\$600,887	\$531,893	\$873,421	\$1,436,290	\$529,314	\$344,107	\$608,629	\$827,661
Average per member per month cost (PMPM) for nursing home clients (without UPL)	\$3,949.25	\$3,889.24	\$3,864.46	\$3,751.96	N/A*	N/A*	N/A*	N/A*
Number of member months	20,307	20,569	20,232	20,071	N/A*	N/A*	N/A*	N/A*
Average length of stay (member months divided by unique recipients)	8.3 months	8.6 months	8.5 months	8.8 months	N/A*	N/A*	N/A*	N/A*
Percent of nursing home bed days paid for by Medicaid (FFY from UPL calculation)	62%	63%	63%	64%	N/A*	N/A*	N/A*	N/A*
N/A* indicates data not available on a quarterly basis								

STORY BEHIND THE PERFORMANCE

- The Nursing Home Reform Act of 1987 charged State Medicaid Agencies with oversight of Pre-admission Screenings and Resident Reviews (PASRR), to avoid inappropriate institutionalization of persons with a mental illness or mental retardation.
- By ensuring that the State has provided the resources and opportunity for clients to be served in the most appropriate setting, PASRR helps ensure that clients are served appropriately at home, in a waiver program, in a nursing facility, or in another setting, thereby ensuring quality of care.
- The DART chart project, beginning in SFY 2015, will ensure that all residents with Medicare remain Medicare primary to full maximum allowable days, using resource utilization group (RUG)-based methodology.

Program of All-Inclusive Care for the Elderly (PACE)

Program Description

PACE is a Medicare/Medicaid program for adults, ages 55 and over, living with disabilities. PACE provides and coordinates medical care and long term care services covered by Medicare and Medicaid. PACE providers also have the flexibility to cover additional services not covered by Medicare and Medicaid, if recommended by the interdisciplinary team. PACE provides coverage of prescription drugs, doctor care, transportation, home care, day services, check-ups, hospital visits, and nursing home stays.

Program Expenditures and People Served

	2012	2013*	2014
Total Program Cost	N/A	\$197,418	\$1,063,834
People Served	N/A	22	64
Cost per Person	N/A	\$8,973	\$16,622
Non-600 Series**	N/A	19%	8.5%

*Note that the program did not begin until 2013. 2013 data is for a partial (5 month) year, beginning February 2013.

**Estimated allocation from Home Care Services Unit cost. Administration costs are approximately \$90,000 per year.

Program Cost Notes

- This program is funded by 50% State General Funds and 50% Federal Funds.
- The all-inclusive monthly premium for this program is \$2,458 for Medicaid/Medicare clients and \$3,683 for Medicaid/Medicaid clients. Rates were the same for SFY 2013 & 2014.

Program Staffing

- 1 FTE (allocated from 3 FTEs) for federal compliance, program management, participant support, provider oversight, data management, and clinical eligibility for this program.

Program Metrics

- 64 unduplicated participants received services in SFY 2014.
- 1 provider is enrolled to provide services for the Program of All-Inclusive Care for the Elderly (PACE) as of 6/30/14.

Events that have Shaped this Program

- Wyoming Statue (W.S. 42-4-121), Program of All-Inclusive Care for the Elderly (PACE), was passed in the Sixtieth Legislature of the State of Wyoming 2010 Budget Session.
- By CMS Regulation and W.S. 42-4-121, the capitation rate (premium) shall be no less than ninety percent (90%) of the fee for services equivalent cost; this includes the Department's cost of administration, which the Department has estimated would be payable for all services covered under the PACE organization contract, if all of those services were to be provided on a fee-for-service basis.
- The Program of All-Inclusive Care for the Elderly (PACE) began February 1, 2013. The first provider is located in Cheyenne.

Program of All-Inclusive Care for the Elderly (PACE)

PROGRAM CORE PURPOSE

PACE coordinates medical and long-term care services (including home-based, day center, and medical services) for eligible individuals, in order to provide quality, cost-effective care for Medicaid/Medicare recipients, 55 years of age and older, who require services equivalent to a nursing home level of care.

OUTCOMES						
Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
COMPLIANCE						
% of participants receiving services based on assessed and interdisciplinary team identified needs as monitored by CMS and State Audits	100%	N/A	N/A	N/A	100%	100%
PARTICIPANT						
% of program participants discharged due to participant non-compliance, moving out-of-state, lost eligibility (clinical, financial, or other), or did not receive PACE services for 30 days or more	< 1%	N/A	N/A	N/A	0%	0%
% of program participants discharged due to death	TBD	N/A	N/A	N/A	9%	1%
% of program participants choosing other Medicaid programs (LTC or ALF waivers)	< 5%	N/A	N/A	N/A	0%	3%
% of program participants discharged due to client choice to leave program	< 5%	N/A	N/A	N/A	0%	4%
Average PACE LT-101 Score	*See Note	N/A	N/A	N/A	18.59	17.98
COST						
PACE cost per person per month compared to nursing home cost (Medicare/Medicaid individuals)	<60% Target	N/A	N/A	N/A	63.6% (\$2,458 / \$3,864)	65.5% (\$2,458 / \$3,752)
PACE cost per person per month compared to nursing home cost (Medicaid/Medicaid individuals)	<90% Target	N/A	N/A	N/A	95.3% (\$3,683 / \$3,864)	98.2% (\$3,683 / \$3,752)
*The average LT-101 scores for other long-term care programs were 20.4 for SNF, 18.7 for ALF, and 17.3 for LTC. Medical necessity for a nursing home level of care is determined by a score of 13 or greater on the LT-101.						

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	N/A	N/A	22	64	0	22	46	58
# of Medicare/Medicaid participants	N/A	N/A	21	59	0	21	43	56
# of Medicaid/Medicaid participants	N/A	N/A	1	5	0	1	3	2
Number of providers at end of SFY (or quarter)	N/A	N/A	1	1	0	1	1	1
# of applications received	N/A	N/A	42	86	0	42	42	44
# of non-satisfied participant calls	N/A	N/A	0	1	0	0	0	1
EFFICIENCIES								
Cost per PACE Medicare/Medicaid participant (monthly premium)	N/A	N/A	\$2,458	\$2,458	N/A	\$2,458	\$2,458	\$2,458
Cost per PACE Medicaid/Medicaid participant (monthly premium)	N/A	N/A	\$3,683	\$3,683	N/A	\$3,683	\$3,683	\$3,683
% of non-satisfied participants, complaints, services, or issues resolved by staff	N/A	N/A	N/A	100%	N/A	100%	N/A*	100%
(-) Indicates data not yet available N/A indicates data not yet available due to the creation of a new metric N/A* indicates data not available on a quarterly basis								

STORY BEHIND THE PERFORMANCE

This program began February 1, 2013 in Cheyenne, with Cheyenne Regional Medical Center as the PACE provider, with five (5) participants. PACE has exceeded the initial estimates of sixteen (16) participants the first year and forty (40) participants for the second year. As the current PACE provider is nearing capacity for their facility, they are in the process of expanding the facility and program at their current location.

The unit that manages the PACE program is planning to expand use of the Long-Term Care Waiver and Assisted Living Facility Waivers customer satisfaction survey to the PACE participant population in calendar year 2015.

PRTF- Psychiatric Residential Treatment Facility

Program Description

Wyoming Medicaid covers care in a psychiatric residential treatment facility (PRTF) for individuals, under age 21, who meet medical necessity for a PRTF level of care.

Program Expenditures and People Served

	2012	2013	2014
Total Program Cost	\$14,912,124	\$16,335,338	\$15,618,134
People Served	401	434	344
Cost per Person	\$37,187	\$37,639	\$45,402
Non-600 Series*	N/A	N/A	N/A

* 600 series is defined as direct service contracts.

Note that program costs include both Medicaid and State General Funds expenditures.

Program Cost Notes

- Medicaid youth are funded by 50% Federal funds, 50% State general funds.
- Court ordered youth with incorrectly worded court orders prior to 7/1/2013, or not meeting PRTF medical necessity, are funding using 100% State general funds.
- Medicaid costs by year; SFY 2014 = \$14,906,432, SFY 2013 = \$11,901,173
- SGF costs by year: SFY 2014 = \$711,702, SFY 2013 = \$4,434,165

Program Staffing

- 1 FTE
- 0 AWEC
- Other:
Contractor (WY Health)

Program Metrics

- The number of unique clients served in SFY 2014 was 344.
- The number of PRTFs currently enrolled in the program is 22, including 3 in-state and 19 out-of-state.
- The average length of stay in SFY 2014 was 147 days.

Events that have Shaped this Program

- House Enrolled Act No. 57 became effective July 1, 2013. This specifies that any court order regarding potential placement at a PRTF shall not specify a particular PRTF or level of care for the placement of the child.
- Payment is no longer made using 100% State General Funds for any clients with an incorrectly worded court order after July 1, 2013.
- State General Funds are only used for clients who are in placement with an incorrect court order dated before July 1, 2013, or are court ordered, no longer meeting PRTF criteria, and awaiting discharge.

Psychiatric Residential Treatment Facility (PRTF)

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	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
% of correctly worded court orders*	100%	N/A	N/A	13% (29/217)	71% (52/73)	96% (74/77)
% of PRTF placements w/a previous PRTE/RTC admit (Medicaid only)	25%	N/A	N/A	41% (107/264)	30% (97/319)	36% (121/336)
% of PRTF placements w/a previous PRTE/RTC admit (SGF only)	25%	N/A	N/A	55% (76/137)	43% (50/115)	41% (9/22)
Average length of stay (Medicaid only)	120 days	135 days	126 days	95 days	123 days	147 days
% of recipients with a length of stay exceeding 6 months (Medicaid only)	20%	N/A	25%	16%	25%	30%

*Incorrectly worded court orders prior to 7/1/13 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	74	N/A*	N/A*	N/A*	N/A*
# of Medicaid recipients	404	264	319	336	179	249	228	242
# of SGF recipients	73	137	115	22	N/A*	N/A*	N/A*	N/A*
# of lengths of stay exceeding 6 months (Medicaid only)	101	42	81	100	35	22	38	34
# of in-state placements (Medicaid only)	186	130	153	143	73	107	98	91
# of in-state placements (SGF only)	50	83	74	15	N/A*	N/A*	N/A*	N/A*
# of out-of-state placements (Medicaid only)	232	157	189	159	112	154	139	159

N/A indicates data not yet available due to the creation of a new metric
N/A* indicates data not available on a quarterly basis

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
# of out-of-state placements (SGF only)	23	54	41	7	N/A*	N/A*	N/A*	N/A*
# of Medicaid covered/paid days	50,283	26,256	41,102	50,352	17,816	23,286	25,233	25,119
# of PRTF reported incidents	N/A	N/A	34 [†]	326	N/A*	34	176	150
# of PRTFs enrolled in-state/out-of-state	N/A	N/A	2/ 16	3/ 19	N/A*	N/A*	N/A*	N/A*
# of PRTF continued stay reviews completed	N/A	N/A	2,537	2,287	1,096	1,441	1,247	1,040
EFFICIENCIES								
% of PRTF placements in-state/out-of-state-Medicaid only	46%/ 57%	49%/ 59%	48%/ 59%	43%/ 47%	41%/ 63%	43%/ 62%	43%/ 61%	38%/ 66%
Average cost per SGF client	\$24,090	\$50,564	\$37,257	\$32,350	N/A*	N/A*	N/A*	N/A*
Average cost per Medicaid client	\$37,734	\$30,246	\$37,777	\$44,364	\$29,341	\$27,304	\$32,817	\$30,678
N/A* indicates data not available on a quarterly basis								
† Partial year beginning May 2013.								
N/A indicates data not yet available due to the creation of a new metric								

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 the Joint Commission on Accreditation, Health Care, and Certification (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 or level of care or who no longer meet the criteria for the PRTF level of care. Payment for these clients' PRTF services was made from State General Funds since SFY 2010. Effective July 1, 2013, there is no longer payment using 100% SGF for court orders with incorrect wording.

WDH | Behavioral Health Division

Acquired Brain Injury (ABI) Waiver

Adult Developmental Disabilities (DD) Waiver

Child Developmental Disabilities (DD) Waiver

Court Supervised Treatment (CST) Programs

Early Intervention and Education Program

Mental Health Outpatient Treatment

Mental Health Residential Treatment

Recovery Supports – Peer Specialists

Substance Abuse Outpatient Treatment

Substance Abuse Residential Treatment

Veteran Outreach and Advocacy Program



Acquired Brain Injury Waiver

Program Description

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

Program Expenditures and People Served

	2012	2013	2014*
Total Program Cost	\$8,255,804	\$9,012,979	\$8,630,560
Waiver Cost	\$6,928,794	\$7,713,253	\$7,377,150
Medical Costs	\$1,327,010	\$1,299,726	\$1,253,410
People Served	201	198	183
Cost per Person (Waiver)	\$36,855	\$41,247	\$40,727
*Non-600 Series**	3.24%	4.31%	4.68%

**600 series is defined as direct service contracts.

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 (4) Behavioral Health Division (Division) waivers is based upon the number of Division-Developmental Disability (DD) Section staff proportional to the number of participants active in the Waiver Program.

Program Staffing

- 1.75 FTE

Program Metrics

- Waiver recipients received Medicaid medical services at an average cost of \$3,250/person as of December 31, 2013. Services available through the ABI 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, cognitive retraining, and dietician services.
- Twenty-one (21) participants received some self-directed waiver services in FY14. Additional services available through self-direction are goods and services and unpaid caregiver training.
- Seventy-six (76) eligible individuals were on the waiting list for the ABI Waiver as of February 28, 2014.
- Four hundred forty-five (445) providers, certified and monitored by the Division, were available to provide services for the ABI Waiver Program as of February 28, 2014.

Events that have Shaped this Program

- As required by Senate Enrolled Act (SEA) 82 from the 2013 legislative session, the Division developed a redesign of the ABI and DD Waivers to serve more people on the wait list with the same amount of funding. The redesign enhances employment and independent living options through introducing a more robust continuum of services for employment and supported living. These objectives are further enhanced with the passing of House Enrolled Act (HEA) 52 on the state's adoption of the Employment First philosophy and coordination of state agencies efforts to improve employment options for people with disabilities.
- In FY10, the Division added the self-direction option to the ABI Waiver. Self-direction is a nationally recognized best practice for Home and Community Based Services waivers to offer the participant more choice and control.
- In FY11, HEA 91 allowed relatives to be paid as providers, which impacts the use of natural, unpaid supports by participants on the Waiver.
- In FY13, the Division issued a bulletin limiting increases to the Individual Budget Amount (IBA) for all waiver participants. All increases must meet Extraordinary Care Committee (ECC) criteria. The ECC has the authority to approve or deny individual plans of care, emergency funding, and funding due to a material change in circumstance or other condition justifying an increase in funding.
- The Division also issued a bulletin in July 2013, which provided further cost containment measures, such as restricting use of self-directed goods and services, home modifications and specialized equipment, tightening the definition for skilled nursing, and implementing a daily respite rate, as well as decreasing all service rates and IBAs by 1%. The expenditures in FY14 are projected to be \$245,588 less than in FY13 due to lower enrollment and cost containment measures.



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 2015 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014*
SHORT TERM OUTCOMES						
# of participants self-directing some or all of their waiver services (% of waiver participants involved)	21 (11%)	N/A	5 (3%)	16 (8%)	23 (11%)	22 (12%)
LONG TERM OUTCOMES						
# of waiver participants living in a place they own or lease (% of waiver participants involved)	91 (50%)	N/A	N/A	16 (8%)	78 (39%)	77 (42%)
# of waiver participants that are employed (% of waiver participants involved)	55 (30%)	N/A	N/A	16 (8%)	53 (27%)	42 (22%)
* As of February 10, 2014 N/A indicates 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	12	15	19	21	15	19	21	20
# of participants on the waiver	186	201	191	183	191	191	183	183
EFFICIENCIES								
Average cost per participant (waiver and medical)	\$45,828	\$41,074	\$45,520	\$46,647	\$23,711	\$23,477	\$24,124	\$22,523
Average cost per participant (waiver only)	\$39,384	\$36,855	\$41,247	\$40,727	\$20,873	\$21,396	\$20,875	\$19,852
N/A New metric- data not collected. (-)Data not yet available								

STORY BEHIND THE PERFORMANCE

- The Behavioral Health Division (Division) has not been able to fund applicants from the wait list, except for emergency cases. Therefore, the ABI Waiver count has decreased by eight (8) over the past year. In addition, the number of employed participants on the ABI Waiver has decreased by eight (8), while the number of those living in a leased or owned home or apartment has increased by two (2). After July 1, 2014, the Division will fund up to fifty-five (55) applicants from the ABI wait list who have been waiting in excess of eighteen (18) months as of September, 2013. The Division has formed a workgroup to address issues of independent living, provide an explanation on the array of residential supports, address common obstacles to independent living, and to direct the conversation around independent living for participants on the ABI Waiver.
- The Division DD Waivers offer the option of self-direction to participants, which allows the participant and family to have more choice in supports and employees hired, and to 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. Only about 11% of participants on the ABI Waiver self-direct their services.
- The Division has formed an Integrated Employment Committee with members from other agencies, providers, and self-advocates. This Committee is 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. With the waiver redesign, more employment services have been put in place to promote community integrated employment. The plan of care, which encourages the highest level of independence and participation of the person served, has been adapted to promote greater plan of care team discussion around employment planning for all waiver participants, and an employment guide has been developed that provides a resource for addressing many concerns about employment, such as how Division programs can work together and how post-employment income is treated by the Social Security Administration. As more waiver participants become employed and increase their income, they will be able to live with a higher independence level and become more involved in community activities. The Division is also modifying the plan of care to enhance the discussion around employment options and opportunities. These goals are further aided by the state's adoption of House Enrollment Act 52, which identifies Wyoming as an Employment First state, requiring agencies to work together to enhance employment opportunities for people with disabilities.



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

	2012	2013	2014
Total Program Cost	\$93,787,979	\$93,423,252	\$93,187,007
Waiver Cost	\$84,855,661	\$84,227,672	\$83,519,931
Medical Cost	\$8,932,319	\$9,195,580	\$9,667,076
People Served	1,423	1,442	1,455
Cost per Person(Medical & Waiver)	\$65,909	\$64,767	\$64,046
Non-600 Series*	2.92%	2.06%	1.99%

* 600 series is defined as direct service contracts.

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 \$6,869/person in FY 2014.
- 73 participants received some self-directed waiver services in FY14. Additional services available through self-direction are goods and services and unpaid caregiver training.
- 236 eligible individuals were on the waiting list for the Adult DD waiver as of June 30, 2014. 172 Adults may be funded after 7/1/14 with Budget Exception Funding
- 579 providers, certified and monitored by the Behavioral Health Division, were available to provide services for the Adult DD Waiver Program as of June 30, 2014.

Events that have Shaped this Program

- In FY10, the Adult DD Waiver implemented targeting criteria for residential services. Participants who need 24 hour services, and do not yet receive them, 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, allowing relatives to be paid as providers, which impacts the use of natural, unpaid supports by participants on the waiver.
- As required by Senate Enrolled Act (SEA) 82 from the 2013 legislative session, the Division developed a redesign of the ABI and DD Waivers to serve more people on the wait list with the same amount of funding. The redesign enhances employment and independent living options through introducing a more robust continuum of services for employment and supported living. These objectives are further enhanced with the passing of House Enrolled Act (HEA) 52 on the State's adoption of the Employment First philosophy and coordination of state agencies' efforts to improve employment options for people with disabilities.
- The Division also issued a bulletin in July 2013, which provided some further cost containment measures, such as restricting use of self-directed goods and services, home modifications and specialized equipment, tightening the definition for skilled nursing, and implementing a daily respite rate, as well as decreasing all service rates and IBAs by 1%.

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	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Number of waiver participants that are employed (percent)	650 (46%)	N/A	N/A	N/A	662 (48%)	626 (45%)
Number of waiver participants living in a place they own or lease (percent)	300 (21%)	N/A	N/A	201	327 (23.9%)	271 (19.4%)

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	212	195	201	206	212
# of participants on the waiver	1,392	1,423	1,442	1,398	1,409	1,421	1,387	1,398
EFFICIENCIES								
Average cost per participant (waiver and medical)	\$64,117	\$65,909	\$64,767	\$64,046	\$33,032	\$32,991	\$34,555	\$29,491
Average cost per participant (waiver only)	\$60,231	\$61,579	\$60,425	\$59,276	\$30,584	\$30,515	\$31,086	\$28,190

(-) Indicates data not yet available

N/A indicates a new metric - data not collected.

STORY BEHIND THE PERFORMANCE

- The Behavioral Health Division (Division) has not been able to fund applicants from the Adult DD wait list, except for emergency cases. Therefore, the ADD Waiver count has decreased by 23 over the past year. In addition, the number of employed participants on the ADD Waiver has decreased by 36, while the number of those living in a leased or owned home or apartment has decreased by 56. After July 1, 2014, the Division will fund up to 166 applicants from the ADD wait list who have been waiting in excess of 18 months as of September, 2013. The Division has formed a workgroup to address issues of independent living, provide an explanation on the array of residential supports, and address common obstacles to independent living, in order to direct the conversation around independent living for participants on the ADD Waiver.
- For most participants on the ADD Waiver, living safely in their home entails assistance with managing their medications according to physician orders. A program metric was added to address the incidence of medication errors with the intention of decreasing these errors. The Division provides Medication Assistance Training (MAT) and MAT Train the Trainer opportunities throughout the state in order to ensure correct administration assistance to participants. The Division plans to develop a training program to involve nurses around the state to provide this training regionally, to ensure professional and standardized training.
- In 2011, Division staff participated in the Supported Employment Leadership Network (SELN) to address and enhance supported employment opportunities in Wyoming. As a continuation of this work, the Division has formed an Integrated Employment Committee with members from the Supported Employment Leadership Network (SELN), providers, and self-advocates. This Committee is tasked with increasing awareness of the need for employment, implementing better training for providers and families, and developing partnerships and resources for providers, families, and employers. With the waiver redesign, more employment services have been put in place to promote community integrated employment. The plan of care, which encourages the highest level of independence and participation of the person served, has been adapted to promote greater plan of care team discussion around employment planning for adult waiver participants, and an employment guide has been drafted that will provide a resource for addressing many concerns about employment, such as how Division programs can work together with School and Vocational Rehabilitation services, and how post-employment income is treated by the Social Security Administration. As more waiver participants become employed and increase their income, they will be able to live with a higher independence level and become more involved in community activities. The Division is also modifying the plan of care to enhance the discussion around employment options and opportunities. A Pathway to Employment packet was developed for the new Supported Employment Discovery and Customization service that will enhance the discussion around supported employment goals for youth who are transitioning from school to adult life. These goals are further aided by the state's adoption of House Enrollment Act 52, which identifies Wyoming as an Employment First state, requiring agencies to work together to enhance employment opportunities for people with disabilities.

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 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, fully included in society.

Program Expenditures and People Served

	2012	2013	2014
Total Medical & Waiver Cost	\$20,943,614	\$21,044,866	\$19,151,065
Total Waiver Cost	\$13,640,845	\$13,327,219	\$11,486,172
Total Medical Costs	\$7,302,769	\$7,717,647	\$7,664,893
Total People Served	811	796	741
Cost per Person (Waiver)	\$25,824	\$26,438	\$25,845
Non-600 Series*	3.28%	4.52%	5.96%

* 600 series is defined as direct service contracts.

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 \$8,918/person in SFY 2014.
- 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.
- 257 participants self-directed some of their waiver services in SFY 2014. Additional services available through self-direction include goods, services, and unpaid caregiver training.
- 276 eligible individuals were on the waiting list for the Child DD waiver as of June 30, 2014. 115 may be funded after 7/1/14 with Budget Exception Funding.

Events that have Shaped this Program

- In SFY 2010, 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 receiving 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 SFY 2011, House Enrolled Act 91 passed, allowing relatives to be paid as providers, which impacts the use of natural, unpaid supports by participants on the waiver.
- As required by Senate Enrolled Act (SEA) 82 from the 2013 legislative session, the Division developed a redesign of the DD Waivers to serve more people on the wait list with the same amount of funding. The redesign enhances employment and independent living options by introducing a more robust continuum of services for employment and supported living. These objectives are further enhanced with the passing of House Enrolled Act (HEA) 52 and the State's adoption of the Employment First philosophy and coordination of state agencies efforts to improve employment options for people with disabilities.
- The Division also issued a bulletin in July of 2013, which provided some further cost containment measures, such as restricting use of self-directed goods and services, home modifications, and specialized equipment, tightening the definition for skilled nursing, and implementing a daily respite rate, as well as decreasing all service rates and individual budget amounts (IBAs) by 1%.

Child Developmental Disabilities Waiver

PROGRAM CORE PURPOSE

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

OUTCOMES

Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY2014*
SHORT TERM OUTCOMES						
% of participants ages 5 to 21 attending school regularly	85%	N/A	N/A	N/A	84%	81%
% of participants living with their families	96%	N/A	N/A	N/A	N/A	94%
# of participants ages 17 to 21 who are employed (percent)	31 (18%)	N/A	N/A	N/A	33 (N/A)	28 (16%)

*Data as of June 30, 2014

N/A indicates data not available from either before or after 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
OUTPUTS							
# of participants using habilitation services on the waiver	N/A	431	354	416	413	373	354
# of participants on the waiver	811	796	701	759	739	698	701
# of participants age 17 to 21	N/A	N/A	171	N/A	N/A	N/A	171
EFFICIENCIES							
Average cost per child (waiver and medical costs)	\$25,824	\$26,448	\$25,845*	\$14,110	\$13,986	\$14,234	\$11,611*
Average cost per child (waiver only)	\$17,669	\$17,529	\$16,432*	\$9,735	\$8,831	\$8,919	\$7,513*

N/A indicates data not available from either before or after the creation of a new metric

*As of June 30, 2014 (4th quarter data)

STORY BEHIND THE PERFORMANCE

- The Behavioral Health Division (Division) has not been able to fund applicants from the Child DD wait list, except for emergency cases. Therefore, the CDD Waiver count has decreased by 38 over the past year. During the fourth quarter, however, to meet CDD Maintenance of Effort, the Division funded 55 children from the wait list. After July 1, 2014, the Division will fund up to 115 applicants from the CDD wait list who have been waiting in excess of 18 months as of September, 2013. The Division has formed a workgroup to address issues of independent living, provide an explanation on the array of residential supports, and address common obstacles to independent living, in order to direct the conversation around independent living for participants on the CDD Waiver.
- Performance Metric 2 was met last year: to increase the number of participants self-directing some or all of their services. This Metric is a new measurement. It is important for many reasons to support children in their family homes, whether that is through habilitation services, behavior support services, or respite. The pursuit of independence begins early on. The Division is encouraging the use of habilitation services on the CDD over the use of respite, for example, and has introduced a new service, behavioral support services, to help children and families respond more positively to challenging behavior. In the one case where behavioral supports were approved and utilized, a young man was able to stay with his mother where otherwise he would have been placed in a group home with more costly residential habilitation supports.
- In 2011, Division staff participated in the Supported Employment Leadership Network (SELN) to address and enhance supported employment opportunities in Wyoming. As a continuation of this work, the Division has formed an Integrated Employment Committee with members from the Supported Employment Leadership Network (SELN), providers, and self-advocates. This Committee is 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. With the waiver redesign, more employment services have been put in place to promote community integrated employment. The plan of care, which encourages the highest level of independence and participation of the person served, has been adapted to promote greater plan of care team discussion around employment planning for waiver participants ages 18 to 21 (as well as adults), and an employment guide has been drafted that will provide a resource for addressing many concerns about employment, such as how Division programs can work together with School and Vocational Rehabilitation services, and how post-employment income is treated by the Social Security Administration. As more waiver participants become employed and increase their income, they will be able to live with a higher independence level and become more involved in community activities. The Division is also modifying the plan of care to enhance the discussion around employment options and opportunities. A Pathway to Employment packet was developed for the new Supported Employment Discovery and Customization service that will enhance the discussion around supported employment goals for youth who are transitioning from school to adult life. These goals are further aided by the state's adoption of House Enrollment Act 52, which identifies Wyoming as an Employment First state, requiring agencies to work together to enhance employment opportunities for people with disabilities.

Court Supervised Treatment Programs

Program Description

The Court Supervised Treatment Programs (CST Programs) exist to provide alternative sentencing options, instead of jail or prison, within the judicial system by combining judicial supervision, probation, and substance abuse treatment to individuals who have committed crimes stemming from their addiction to drugs and/or alcohol.

Program Expenditures and People Served

	2012	2013	2014
Total Program Cost	\$4,340,415	\$4,080,475	\$3,818,960
People Served	710	668	636
Cost per Person	\$5,551	\$6,108	\$6,005
Non-600 Series*	9%	11%	6%

* 600 series is defined as direct service contracts.

Program Cost Notes

- Funds allocated for the CST Programs include \$3,815,112 in State General Funds and \$3,924 in State Tobacco Funds. All funds reside in Fund 558, which was established in accordance to W.S. 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 (Memorandum of Understanding) are not included in administration. The state lab performs all drug screens on testing kits.

Program Staffing

- 1 FTE
- 1 AWEC (vacant)

Program Metrics

- There were 20 funded CST Programs in SFY 2014 (11 adult, 3 juvenile, 1 DUI, 3 adult/juvenile combined, and 2 Tribal Wellness).
- There were 636 unique participants in SFY 2014 (539 adults and 97 juveniles).
- Ancillary services include education, medical/dental, life skills, 12-Step programs, church, and more. These services are important to support the completion of treatment services, reduce recidivism, and increase duration of sobriety. The number of units provided in SFY 2014 was 37,054.
- Supervision services include probation officers conducting home visits, verifying that a participant is on their agreed upon program schedule of where they are allowed to be and when, and that participants are hanging out with program approved contacts only. Supervision services are important to monitor compliance or violation of program requirements. The number of units provided in SFY 2014 was 42,624.
- The number of treatment sessions provided in SFY 14 was 34,585.
- The number of battery drug tests performed in SFY 14 was 35,743.

Events that have Shaped this Program

- Funding for this program comes from House Enrolled Act (HEA) 67 (2001), HEA 42 (2002), the Substance Abuse Division Budget (2005, 2006), and HEA 21 (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.
- The CST Funding Panel makes all funding decisions for the programs. The Panel consists of the Attorney General, the Directors of the Department of Health, Department of Family Services, and Department of Corrections, the Chairman of the Governor's Advisory Board on Substance Abuse and Violent Crimes, and the State Public Defender, or their designees (W.S. §7-13-1605(d)).
- Executive Order 2008-3 designates the Wyoming Survey & Analysis Center (WYSAC) to compile and analyze criminal justice statistics on behalf of the State of Wyoming. WYSAC has been maintaining and enhancing the WyCST database. It still needs several improvements, and we can only do as many as the dollars allow. The next enhancement contract will be in SFY 2016.

Court Supervised Treatment Programs

PROGRAM CORE PURPOSE

The core mission of the Court Supervised Treatment Programs (CST Programs) is to provide sentencing alternatives for the judicial system by combining ancillary services, probation managed supervision, substance abuse treatment services, and substance abuse testing for substance offenders, in order to increase durations of sobriety, graduate participants from the CST Program, and to reduce recidivism.

OUTCOMES

Performance Metric	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%	90% adult 75% juvenile
Retention rate: % of participants who graduate	67% adult 48% juvenile	N/A	46% adult 25% juvenile	69% adult 67% juvenile	64% adult 51% juvenile	70% adult 57% juvenile
In-Program Recidivism: % of participants re-arrested during their program participation	< 12%	N/A	12%	15%	7%	8% adult 12% juvenile
*We are not able to break out all adults and juvenile data prior to SFY 2014						
N/A indicates data not available due to the creation of a new metric						
**Sobriety was incorrectly calculated for SFY2011 and SFY2012, as reported in last years' HealthStat report						

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 participants	708	710	668	636 (539 adults 97 juveniles)	519	490	490	498
# of ancillary services (per month, per participant)	3	5	5	5 per adult 2 per juvenile	6	7	3 per adult 1 per juvenile	4 per adult 1 per juvenile
# of supervision contacts (per month, per participant)	4	5	5	5 per adult 6 per juvenile	7	7	4 per adult 4 per juvenile	3 per adult 4 per juvenile
# of treatment sessions (per month, per participant)	4	4	4	5 per adult 4 per juvenile	5	5	3 per adult 2 per juvenile	3 per adult 3 per juvenile
#of substance abuse tests (per month, per participant)	4.52	4.8	4.5	5 per adult 4 per juvenile	5.41	6.0	3 per adult 2 per juvenile	3 per adult 2 per juvenile
# of units of service (per participant per month)	15	19	19	20 per adult 16 per juvenile	24	25	13 per adult 9 per juvenile	13 per adult 10 per juvenile
*Not able to break out all adults/juvenile data before SFY 2014								

EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014*	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
Cost per unit of service (ancillary, treatment, supervision, & drug test)	\$34.39	\$24.69	\$26.79	\$25.02 per adult \$31.28 per juvenile	N/A*	N/A*	N/A*	N/A*
Program cost per participant	\$5,412	\$5,551	\$6,108	\$6,005	N/A*	N/A*	N/A*	N/A*

*Not able to break out all adults/juvenile data before SFY 2014
N/A* indicates data not available on a quarterly basis

STORY BEHIND THE PERFORMANCE

- In SFY 2014, some enhancements within the database were implemented, but not all could be accomplished. SFY 2016 is the next year for database enhancements, if the budget can provide for them. Areas identified for improvement thus far include recidivism calculation and a more thorough user manual so everyone is entering the right kind of data in similar ways.
- In SFY 2014, CST Program manager highlighted three programs to the funding panel which are now under “action plans” for improvement. The programs are showing improvement, and one has now reached capacity.
- Site visit reports have been drastically altered to monitor compliance with state statutes, rules and regulations, policies and procedures, and national level best practices/standards. The new format is much faster and allows programs and the CST Program Manager to identify and communicate target areas for improvement.
- In SFY 2014, one juvenile program closed. They cited high risk/high needs assessment score requirements as the reason. After the CST Program Manager offered technical assistance and alternative ideas and approaches, the program still chose to close its doors.
- In SFY 2014, one program expanded to serve an adult population within their county, another county expressed interest in opening a juvenile program, and a county that currently has no CST program expressed interest in getting one started.

Early Intervention & Education Program

Program Description

The Early Intervention & Education Program (EIEP) provides oversight of 14 Regional Child Development Centers that are contracted to provide early intervention, special education, and related services to children, birth through age five years, who are identified with developmental delays and/or disabilities. It is a State mandated program according to W.S. §21-2-701-706.

Program Expenditures and People Served

	2012	2013	2014
Total Program Cost	\$39,162,037	\$40,468,304	\$38,070,705
People Served	3,992	4,042	4,014
Cost per Child (SGF only)	\$8,743	\$8,743	\$8,452
Non-600 Series*	10 %	10%	10%

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

2014 Program Cost Notes

- Total State general funds birth through five years: \$34,693,583
 - State Part C (birth through two years): \$10,645,751
 - State Part B (three through five years): \$24,047,832
- Federal Part C funds birth through two years: \$1,680,987
- Federal Part B funds three through five years: \$1,696,135

Program Staffing

- 4 FTE

Program Metrics

- 14 Regional Child Development Centers with 41 locations statewide.
- Annual Focused Monitoring of both Part C and B programs based on results of Federal compliance indicators from State Performance Plan(s).
- Annual parent survey data, which indicates the level of involvement and satisfaction families feel from early intervention or special education programs.
- Child Outcomes Summary data, which indicates growth a child shows from receiving early intervention or special education services.

Events that have Shaped this Program

- W.S. §21-2-701-706, 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
- Office of Special Education Programs: 2010 on-site monitoring of the Department of Education and Behavioral Health Division services for children, ages three through five, with disabilities.
- State Performance Plan and Annual Performance Report for both Part C and Part B.
- Resolution to Maintenance of Effort, which ensures the State level of fiscal support for services for children, birth through age five, meets all federal requirements.



Early Intervention & Education Program

PROGRAM CORE PURPOSE

The purpose of the Early Intervention & Education Program (EIEP) 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	SFY2015 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Part C: The percent of children who substantially increased ¹ their rate of growth in Social-Emotional skills	81.9%	N/A	N/A	50.0%*	67.5%*	81.9%
Part C: The percent of children who substantially increased ¹ their rate of growth in Acquiring and Using Knowledge and skills	80.7%	N/A	N/A	56.7%*	68.6%*	80.7%
Part C: The percent of children who substantially increased ¹ their rate of growth in Taking Appropriate Action to Meet Needs	81.6%	N/A	N/A	61.4%*	76.0%*	81.6%
Part B: The percent of children who substantially increased ¹ their rate of growth in Social-Emotional skills	89.3%	N/A	N/A	76.4%	85.3%	88.5%
Part B: The percent of children who substantially increased ¹ their rate of growth in skills Acquiring and Using Knowledge and skills	90.7%	N/A	N/A	81.4%	88.2%	89.9%
Part B: The percent of children who substantially increased ¹ their rate of growth in Taking Appropriate Action to Meet Needs	91.3%	N/A	N/A	79.0%	87.5%	90.4%

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.

*For Part C, prior to 2014, children's exit ratings were not included in the "substantially increased" formula, instead exit scores for children in Part C were based on their entry scores for Part B. Beginning in 2013, the scores from children who demonstrated progress on exit from Part C were included in the formula thus increasing the percentage of children who "substantially increased" in all three areas. Therefore, in 2012 and 2013 the exit scores were automatically lower because of the higher, developmentally appropriate age expectations for 3 year olds for Part B.

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	N/A	1,188	1,219	1,210	N/A*	N/A*	N/A*	N/A*
Part C: Number of children served annually (unduplicated)	N/A	1,932	1,917	1,896	N/A*	N/A*	N/A*	N/A*
Part B: Number of children served based on November 1 st count	N/A	2,804	2,823	2,804	N/A*	N/A*	N/A*	N/A*

Part B: Number of children served annually (unduplicated)	N/A	3,771	3,794	3,621	N/A*	N/A*	N/A*	N/A*
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
EFFICIENCIES								
Per child amount budgeted	N/A	\$8,743	\$8,743	\$8,643	N/A*	N/A*	N/A*	N/A*
Per child amount based on total number of children served annually	N/A	\$5,983	\$6,193	\$6,288	N/A*	N/A*	N/A*	N/A*
(-) Indicates data not yet available N/A indicates data not yet available due to the creation of a new metric N/A* indicates data not available on a quarterly basis								

STORY BEHIND THE PERFORMANCE

- The 2004 Individuals with Disabilities Education Improvement Act (IDEA) re-authorized and continues to require children, ages 3 through 21 years, Free Appropriate Public Education (FAPE), and also continues to fund early intervention services for children birth through age two.
- Part C: infants and toddlers with disabilities; IDEA allows states to apply and receive federal funds to ensure services are provided to families and their children birth through age two who have developmental delays.
- Part B: assistance to states for the education of all children with disabilities; Section 611 of the IDEA provides federal funding to a State Education Agency (SEA) to ensure children ages three through 21 receive FAPE; Section 619 of IDEA is specific to funding children ages three through five.
- The Wyoming Department of Health (WDH) is the lead agency for Part C and directly receives a Federal grant to fund early intervention programs.
- The Wyoming Department of Education (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 ages three through five.
- All children who are suspected of having a developmental delay or disability are evaluated through a series of research based and 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, and 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 Child Development Centers (CDC) on a per child amount in order to meet maintenance of effort requirements.
- A 2014 Eligibility Study was conducted to capture data on eligibility trends, practices, and rates.
- W.S. §21-2-706(d)(i),(ii) requires professional social-emotional services as a component of Individual Family Service Plans (IFSP) and Individual Education Plans (IEP) as determined by each team; it also requires training and technical assistance be provided to CDC service providers.
- The Early Intervention and Education Program unit received the highest program determination from the U.S. Department of Education. The determination of “meets requirements” is based on the results submitted in our Annual Performance Plan (APR) which specifically reviews the progress made in meeting measurable and rigorous targets established in our State Improvement Plan (SIP).

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

	2012	2013	2014*
Total Program Cost	\$23,795,263	\$22,488,617	\$21,865,991
People Served	17,200	17,131	17,477
Cost per Person	\$1,383	\$1,313	\$1,251
Non-600 Series*	-	-	-

*Does not include mental health residential contract dollars

Program Cost Notes

- SFY 2014 Program funding: 100% State General Funds

Program Staffing

- 8 FTE*
- *Shared with Mental Health Residential, Substance Abuse Outpatient and Residential program staffing

Program Metrics

- 17,477 Wyoming residents received outpatient mental health treatment services in SFY 2014.
- A total of 370,948 hours of mental health outpatient service were delivered with an average of 21 hours of service per client.
- Of those served, 38.01% were adults with Serious and Persistent Mental Illness (SPMI) or Serious Mental Illness (SMI), 10.38% were youth with Severe Emotional Disturbance (SED), and 51.61% were not SPMI or SED.
- The payor source for those served was: 67.22% from state contract/sliding fee/none, 17.49% from Medicaid, and 15.29% from 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 serious and persistent mental illness (SPMI).
- The Select Committee on Mental Health and Substance Abuse produced the 2006 House Enrolled Act (HEA) 21, which was intended in part to provide enhancements to the community based mental health and substance abuse treatment system.
- The 2002 HEA42 established the Substance Abuse Control Plan.
- The 2007 Senate Enrolled Act (SEA) 77 was developed as a continuation of HEA21.
- The 2008 SEA24 provided for increased funding for expanding mental health services, including early intervention, group homes, psychiatric and nursing supports, and promoted the concept of regionalization of services.
- The 2013 HEA41 enacted a "Payer of last resort" footnote, which mandates any payment made by the Department of Health from general funds or tobacco settlement trust income account funds appropriated shall be a payment of last resort for mental health care services rendered, and the Department shall reduce any payment to mental health care service providers for services described in this footnote by all other public and private sources which are available. This footnote is effective July 1, 2015.

Mental Health Outpatient Treatment

PROGRAM CORE PURPOSE

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

OUTCOMES

Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Penetration rate: # of persons served divided by # of residents in a provider catchment area (penetration rate Serious and Persistent Mental Illness (SPMI) only)	3.00%	N/A (N/A)	3.21% (N/A)	2.99% (N/A)	2.95% (N/A)	2.97% (0.71%)
% of clients employed upon discharge	60%	N/A	57%	59%	63%	66% (4,263)
% of clients that were not homeless from admission to discharge	98%	N/A	98%	98%	98%	99% (12,916)
% of clients that were arrested prior to admission and who were not arrested prior to discharge (total arrests), adult and youth	25%/35%	N/A	N/A	8%/18%	23%/33%	26% (278) 30% (49)
% of clients showing increase in Global Assessment of Functioning (GAF) scores from admission to discharge ¹	70%	N/A	62%	65%	78%	82%
% of school-aged clients attending school regularly upon discharge (age 6-19)	90%	N/A	N/A	N/A	91%	94%
% of clients completing treatment ²	55%	N/A	42%	41%	50%	51%
Average wait time for services, in days ³	≤ 14 days	N/A	N/A	N/A	10 days	5.32 days
Client satisfaction ratings	86%	N/A	86%	86%	88%	88%

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

¹ One point or greater indicates an increase in Global Assessment of Functioning (GAF) score. 13 of 14 providers met this target.

² 5 of 14 providers met this target.

³ 14 of 14 providers met this target.

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	17,477	9,932	10,634	9,086	9,535
Number of persons admitted	10,227	11,522	10,344	8,855	5,637	4,707	4,396	4,460
Number of persons discharged	14,274	14,443	11,576	10,178	6,349	5,227	4,585	5,592
Amount of outpatient services delivered (hours)	373,122	360,003	351,746	370,948	176,127	175,619	162,614	178,410

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 client	\$1,207	\$1,383	\$1,313	\$1,251	N/A*	N/A*	N/A*	N/A*
Average service cost per hour	\$46	\$64	\$64	\$60	N/A*	N/A*	N/A*	N/A*

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

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 Mental Health and Substance Abuse (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.

Many Community Mental Health Center and Substance Use Treatment Centers are in the process of implementing nationally certified Electronic Health Record (EHR) systems. It is anticipated that this will improve the quality of data submitted to the State. SFY 2014 data submissions have been challenged because of the implementation process for many providers.

Global Assessment of Functioning (GAF) scores are an indicator of an individual's functioning level. Most providers have implemented the utilization of the Daily Living Activities 20 (DLA-20), which is an evidenced-based tool that measures functional outcomes. When partnered with the GAF rating, it lends greater inter-rater reliability to the overall functional assessment process.

Outcome measures expected in the SFY 2015 contracts include wait time for treatment services less than 14 days, treatment completion, and improved GAF scores.

The Key Components of the SFY 2014 Data Quality Management Framework are:

1. SFY 2014 contract requirements for timeliness of data submissions, completeness of data files, and accuracy of data through provider data reconciliation.
2. Division Quality Management Program
 - a. 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.
 - i. The Performance and Outcome Improvement Team meets weekly to monitor and analyze WCIS data, works individually with providers regarding data quality issues, prepares provider performance profile reports, and trends data.
 - ii. The Quality Management and Outcomes Unit enhanced monitoring practices through the development of the Performance and Outcomes Monitoring Initiative (POMI). by developing individual profile reports for each funded provider.
 - iii. The Quality Management and Outcomes Unit, in collaboration with the Knowledge Management and Technology unit, provided on-site discussion with all funded providers regarding appropriate data submission practices and discussion of outcome analysis based on individual profile reports.
 - iv. Biannual on-site review.
 - v. Annual program evaluation.
3. The Statewide Data Quality and Outcomes Committee meets monthly to review data quality management issues and strategies to improve data quality, analytical methodologies, and outcome and performance results.

The Wyoming Consumer Satisfaction rating is 88%, compared to the 2011 U.S. rating of 88.4%).

Mental Health Residential Program

Program Description

Funding is contracted to community mental health treatment centers for residential supports that assist Wyoming residents in need of community based, 24 hour intensive services and/or supports to achieve and maintain recovery from mental illness. This programming includes Therapeutic Living Environments (TLE), which include group homes and Supported Independent Living (SIP) programs, and Crisis Stabilization. The program is authorized by W.S. § 9-2-102 et seq.

Program Expenditures and People Served

	2012	2013	2014
Total Program Cost (TLE)	-	-	\$4,331,847
Crisis Stabilization	-	-	\$1,771,107
People Served (TLE)	-	-	281*
People Served (Crisis Stabilization)	-	-	156
Cost per person (TLE)	-	-	\$15,415
Cost per Person (Crisis Stabilization)	-	-	\$11,353

* Self-reported information via funded provider Electronic Health Record (EHR)

- Indicates data not available due to the creation of a new metric

Program Cost Notes

- SFY 2014 is the first year of reporting Mental Health Residential
- SFY 2014 Program Funding: 100% General Funds

Program Staffing

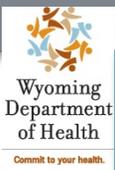
- 8 FTE (Shared with Mental Health Outpatient, Substance Abuse Outpatient and Residential program staffing)

Program Metrics

- 281 Wyoming residents resided in Therapeutic Living Environments (TLE) in SFY 2014.
- A total of 52,458 residential bed days were provided in TLE programs in SFY 2014.
- Repeated emergency contacts are an indicator of relapse in recovery from mental illness.
- 156 Wyoming residents received crisis stabilization services in SFY 2014.
- A total of 2,400 days of crisis stabilization services were delivered in three regions throughout the state.
- 77% (120) of those individuals admitted to crisis stabilization were diverted from a higher level of care, such as local or state hospitalization.

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 serious and persistent mental illness (SPMI).
- The Select Committee on Mental Health and Substance Abuse produced the 2006 House Enrolled Act (HEA) 21, which was intended, in part, to provide enhancements to the community based mental health and substance abuse treatment system.
- The 2002 HEA42 established the Substance Abuse Control Plan.
- The 2007 Senate Enrolled Act (SEA) 77 was developed as a continuation of HEA21.
- The 2008 SEA24 provided for increased funding for expanding mental health services, including early intervention, group homes, psychiatric and nursing supports, and promoted the concept of regionalization of services.



Mental Health Residential Program

PROGRAM CORE PURPOSE

The Mental Health Residential program is a conduit for access to effective community based mental health outpatient treatment services for serious and persistently mentally ill (SPMI) individuals whose level of functioning requires 24/7 supports. Crisis Stabilization and Therapeutic Living Environments (TLE) decrease emergency services and hospitalizations.

OUTCOMES

Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Title 25 Diversions (as indicated through Crisis Stabilization)	Establish Baseline	N/A	N/A	N/A	N/A	77%* (120)
Emergency Services Utilization of residential clients	Establish Baseline	N/A	N/A	N/A	N/A	-

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

(-) Indicates data not yet available

This is the first year reporting Mental Health Residential Programming. SFY 2014 contracts were already in place as of July 1, 2013. SFY 2015 contracts require specific reporting measures that will establish baseline data for next year.

All data in this report is self-reported information via funded provider Electronic Health Record (EHR)

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, crisis stabilization	N/A	N/A	N/A	156	N/A	N/A	N/A*	N/A*
Amount of crisis stabilization services delivered (days)	N/A	N/A	N/A	2,408	N/A	N/A	N/A*	N/A*
Number of persons served, mental health residential (TLE)	N/A	N/A	N/A	281	N/A	N/A	N/A*	N/A*
Amount of residential services delivered (days) (TLE)	N/A	N/A	N/A	52,458	N/A	N/A	N/A*	N/A*

(-) Indicates data not yet available

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

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

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
EFFICIENCIES								
Average cost per client, crisis stabilization	N/A	N/A	N/A	\$11,353	N/A	N/A	N/A*	N/A*
Average service cost per day, crisis stabilization	N/A	N/A	N/A	\$735	N/A	N/A	N/A*	N/A*
Average cost per client, TLE	N/A	N/A	N/A	\$15,415	N/A	N/A	N/A*	N/A*
Average service cost per day, TLE	N/A	N/A	N/A	\$82.58	N/A	N/A	N/A*	N/A*
(-) Indicates data not yet available N/A indicates data not yet available due to the creation of a new metric N/A* indicates data not available on a quarterly basis								

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 Mental Health and Substance Abuse (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.

Many Community Mental Health Center and Substance Use Treatment Centers are in the process of implementing nationally certified Electronic Health Record (EHR) systems. It is anticipated that this will improve the quality of data submitted to the state. SFY 2014 data submissions have been challenged because of the implementation process for many providers.

Global Assessment of Functioning (GAF) scores are an indicator of an individual's functioning level. Most providers have implemented the utilization of the Daily Living Activities 20 (DLA-20), which is an evidence-based tool that measures functional outcomes. When partnered with the GAF rating it lends greater interrater reliability to the overall functional assessment process.

The Key Components of the SFY 2014 Data Quality Management Framework are:

1. SFY 2014 Contract requirements for timeliness of data submissions, completeness of data files, and accuracy of data through provider data reconciliation.
2. Division Quality Management Program
 - a. 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.
 - a. The Performance and Outcome Improvement Team meets weekly to monitor and analyze WCIS data, works individually with providers regarding data quality issues, prepares provider performance profile reports, and trends data.
 - b. The Quality Management and Outcomes Unit enhanced monitoring practices through the development of the Performance and Outcomes Monitoring Initiative (POMI) by developing individual Profile reports for each funded provider.
 - c. The Quality Management and Outcomes Unit, in collaboration with the Knowledge Management and Technology unit, provided on-site discussion with all funded providers regarding appropriate data submission practices, and discussion of outcome analysis based on individual profile reports.
 - d. Biannual on-site review.
 - e. Annual program evaluation.
3. The Statewide Data Quality and Outcomes Committee meets monthly to review data quality management issues and strategies to improve data quality, analytical methodologies, outcomes, and performance results.

The Wyoming Consumer Satisfaction rating is 88%, compared to the 2011 U.S. rating of 88.4%.

Recovery Supports: Peer Specialists

Program Description

Peer Specialists are persons with their own experience of recovery who work as fully integrated treatment team members. Because of their experience and training, they provide recovery supports, advance advocacy, provide a consumer perspective within the agency where they work, demonstrate that recovery is possible, and promote hope. The Peer Specialist initiative complements and supports treatment activities to improve outcomes and enhance the recovery of persons with mental illness and/or substance use disorders.

Program Expenditures and People Served

	2012	2013	2014
Total Program Cost	\$413,400	\$552,500	\$541,875
People Served*	844*	759	926
Cost per Person	\$490	\$688	\$585
Non-600 Series*	-	-	-

*2012 persons served is estimated. 2013 and 2014 may under represent the actual total served.

** 600 series is defined as direct service contracts.

Program Cost Notes

- The program is funded with:
 - 51% Federal block grants - \$276,356
 - 49 % State General Funds - \$265,519

Program Staffing

- ¼ FTE program management
- 1 FTE peer specialist at WSH
- Community mental health centers employ 13 FTE peer specialists via contracts

Program Metrics

- The use of peer specialists has increased in Wyoming and nationwide because research indicates the addition of this approach can increase treatment engagement and can yield results that are as good as, if not better, than traditional care¹.
- Average time spent in all treatment services is used as a proxy measure to show increased treatment engagement.
- Average increased GAF score (improved functioning) upon treatment discharge is used as a proxy measure to show treatment results.

¹Davison, L., Bellamy, C., et al. 2012. "Peer support among persons with severe mental illness: a review of evidence and experience." *World Psychology*; 11: 125-128.

Events that have Shaped this Program

- This approach is grounded in historic events, such as the Olmstead decision, Wyoming Chris S. settlement agreement, and efforts to promote the civil rights of persons with mental illness and/or substance use disorder diagnosis, to be sure they are ensured voice, choice, self-determination, and a life in the community, similar to that of others.
- Following demonstration by insurance providers and others of the approach's efficacy, peer specialist services became billable to Medicaid in 2007. Since then, States, including Wyoming, have prioritized training, credentialing, and workforce development.
- Evaluation efforts and the body of literature have continued to increase. Among these is a replicated study by the South Carolina Department of Mental Health that showed several client-based outcomes, which was used as a catalyst for our report².
- As other projects with less evidence are closed, funding has been moved to advance and grow the peer specialist project. During SFY 2013, fourteen peer specialists worked in seven community health centers and at the Wyoming State Hospital.

Recovery Supports: Peer Specialists

PROGRAM CORE PURPOSE

The Peer Specialist initiative provides funding and resources to hire, train, and retain persons in recovery to help persons with mental illness and/or substance use disorders to increase treatment engagement, improve functioning, and demonstrate that recovery is possible, to increase hope.

OUTCOMES

Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Average time spent in treatment services for persons with an SPMI diagnosis: Persons receiving peer specialist services vs. persons in treatment not receiving peer specialist services (engagement)	Establish baseline	N/A	N/A	N/A	N/A	177 hrs (peer specialist) 18 hrs (without peer specialists)
Percentage of persons discharged from treatment who have received peer specialist services (245) who also show improved functioning as measured on the Global Assessment of Functioning Scale as compared to persons who did not receive peer specialist services (5,320).	72% (peer specialists)	N/A	N/A	N/A	77% (peer specialists) 74% (without peer specialists)	79% (peer specialist) 82% (without peer specialists)
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								
Number of peer specialists working within the state funded treatment system	10	10	14	14	14	14	14	14
Percentage of peer specialists who have completed initial training requirements	N/A	66%	100%	100%	61%	100%	100%	100%
EFFICIENCIES								
Percent of clients who have a diagnosis of SPMI or Substance Use Disorder (SUD) who received peer specialist services	SPMI – N/A SA – N/A Neither – N/A	N/A N/A N/A	10% 10% 1%	12% 14% 1%	N/A	N/A	N/A	N/A
Number of clients served per full time peer specialist	N/A	N/A	58	71	N/A	N/A	N/A	N/A
N/A indicates data not available from either before or after the creation of a new metric								

STORY BEHIND THE PERFORMANCE

- The Division began tracking these statistical measures via the Wyoming Client Information System (WCIS) in SFY 2013. Utilizing the WCIS allows for demonstration that client level outcomes are achieved.
- During SFY 2013 and SFY 2014, complementary data on number of actual persons served were obtained via contractor quarterly reports. These reports indicate that the number of persons served may be underreported in the WCIS. A conversation with the peer specialists indicates that this may be because some clients are being credited to counselors or other licensed staff, or the supervisors. We will work with the CMHC's to obtain accurate data in the future.
- Community mental health centers utilize the Global Assessment of Functioning (GAF) as a tool to measure an individual's functioning level. Most providers have increased overall ability to report accurate GAF scores by utilizing the Daily Living Activities 20 (DLA-20) measure. Of the 5,565 outpatient clients who completed treatment, 4% (245) had utilized peer specialist services.
- The Division changed the timeline for peer specialist training requirements, which has resulted in nearly complete and quick completion of credentialing and training requirements.
- Reports and documents from other states indicate that peer specialist training is positively associated with better outcomes for the persons they serve.

- 1 Davison L, Bellamy C, et al. Peer support among persons with severed mental illness: a review of evidence and experience. *World Psychology* 2012; 11: 125-128.
- 2 Roberts K, Salaam M, et al. Evaluating the impact of peer support services at the South Carolina Department of Health. 2014 MS provided by the author.

Substance Use Outpatient Treatment

Program Description

Funding is contracted to community substance use treatment 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

	2012	2013	2014
Total Program Cost	\$10,008,119	\$10,069,342	\$9,897,546
People Served	6,963	6,878	6,560
Cost per Person	\$1,437	\$1,464	\$1,509
Non-600 Series*	-	-	-

* 600 series is defined as direct service contracts.

Program Cost Notes

- Distribution of SFY 2014 Program funds:
 - 50% State Tobacco Funds (\$4,948,773)
 - 40% State General Funds (\$3,959,018)
 - 10% Federal Funds (\$989,755)

Program Staffing

- 8 FTE (Shared with Mental Health Outpatient, Residential, and Substance Use Residential program staffing)

Program Metrics

- 6,560 Wyoming residents received outpatient substance abuse treatment services in SFY 2014.
- A total of 209,729 hours of outpatient service were delivered by community substance use providers, with an average of 31.97 hours of service per client.
- 57% of persons served in SFY 2014 were admitted for alcohol dependency, 20% for marijuana/hashish, 9% for methamphetamine, 2% for heroin, and 12% related to other drugs.
- Payor sources for clients served included 82% from state contract/sliding fee/none, 8% from Medicaid, and 10% from third party pay/other.

Events that have Shaped this Program

- The 2002 House Enrolled Act (HEA) 42 established the Substance Abuse Control Plan. The Substance Abuse Control Plan (2002), authorized by W.S. § 9-2-2701 *et seq.*, requires a comprehensive plan to address substance use, 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 use.
 - The Department of Health certifies all programs, providers and facilities which receive state funds for substance use treatment, and those serving court referred individuals.
- The Select Committee on Mental Health and Substance Abuse produced the 2006 HEA21, 2007 Senate Enrolled Act (SEA) 77, and 2008 SEA24, resulting in substantial increases in funding for substance abuse residential programs and promoting the concept of regionalization of services.
- The 2012 SEA29 requires the Behavioral Health Division to promulgate rules requiring reimbursement of State funds only to providers with a national accreditation for mental health and substance abuse treatment services.



Substance Use Outpatient Treatment

PROGRAM CORE PURPOSE

The Substance Use Outpatient Treatment Program provides access to effective outpatient substance use treatment services, decreases alcohol and drug use, increases levels of personal functioning, including employment, stable housing, and enhanced client satisfaction with treatment outcomes.

OUTCOMES						
Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Penetration rate (# of persons served divided by the number of persons residing in the catchment area)	1.25%	N/A	1.29%	1.21%	1.18%	1.12%
% of clients employed upon discharge	60%	N/A	57%	59%	61%	65% (2,840)
% of clients that were not homeless from admission to discharge	98%	N/A	98%	98%	98%	98% (5,788)
% of clients that were arrested prior to admission and who were not arrested prior to Discharge (Adult/Youth)	50%/50%	N/A	53%/38%	57%/54%	61%/45%	58% (664) 40% (45)
% of clients showing an increase in Global Assessment of Functioning (GAF) scores from admission to discharge ¹	70%	N/A	59%	51%	72%	82%
Rate of abstinence from alcohol at discharge	65%	N/A	58%	65%	68%	72%
Rate of abstinence from drug use at discharge	73%	N/A	58%	64%	79%	77%
% of school-aged clients attending school regularly upon discharge (ages 6-19)	90%	N/A	N/A	N/A	87%	90%
% of clients completing treatment ²	60%	N/A	51%	51%	53%	59%
Average wait time for services, in days	≤ 14	N/A	N/A	N/A	12	5.69
Client satisfaction ratings	77%	N/A	86%	75%	79%	79%

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

¹ One point or greater indicates an increase in Global Assessment of Functioning (GAF) score. 15 of 16 providers met this target.

² 10 of 16 providers met this target.

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	6,560	3,059	3,205	2,573	2,540
Number of persons admitted	5,197	5,328	5,140	4,372	2,521	2,619	2,267	2,105
Number of persons discharged	7,015	6,317	6,037	5,236	3,149	2,888	2,608	2,628
Amount of outpatient services delivered, hours	204,724	200,433	211,862	209,729	102,331	109,531	80,250	92,934

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
EFFICIENCIES								
Average cost per client	\$1,442	\$1,437	\$1,464	\$1,509	N/A*	N/A*	N/A*	N/A*
Average service cost per hour	\$51	\$49	\$48	\$47	N/A*	N/A*	N/A*	N/A*
(-) Indicates data not yet available N/A indicates data not yet available due to the creation of a new metric N/A* indicates data not available on a quarterly basis								

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 Mental Health and Substance Abuse (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.

Many Community Mental Health Centers and Substance Use Treatment Centers are in the process of implementing nationally certified Electronic Health Record (EHR) systems. It is anticipated that this will improve the quality of data submitted to the State. SFY 2014 data submissions have been challenged because of the implementation process for many providers.

Global Assessment of Functioning (GAF) scores are an indicator of an individual's functioning level. Most providers have implemented utilization of the Daily Living Activities 20 (DLA-20) measure, which is an evidence-based tool that measures functional outcomes. When partnered with the GAF rating, it lends greater interrater reliability to the overall functional assessment process.

The Key Components of the SFY 2014 Data Quality Management Framework are:

1. SFY 2014 Contract requirements for timeliness of data submissions, completeness of data files, and accuracy of data through provider data reconciliation.
2. Division Quality Management Program
 - a. 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.
 - a. The Performance and Outcome Improvement Team meets weekly to monitor and analyze WCIS data, works individually with providers regarding data quality issues, prepares provider performance profile reports, and trends data.
 - b. The Quality Management and Outcomes Unit enhanced monitoring practices through the development of the Performance and Outcomes Monitoring Initiative (POMI) by developing individual profile reports for each funded provider.
 - c. The Quality Management and Outcomes Unit, in collaboration with the Knowledge Management and Technology Unit, provided on-site discussion with all funded providers regarding appropriate data submission practices and discussion of outcome analysis based on individual profile reports.
 - d. Biannual on-site review.
 - e. Annual program evaluation.
3. The 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.

Substance Use Residential Treatment

Program Description

Funding is contracted to community substance use treatment 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

	2012	2013	2014
Total Program Cost	\$13,258,183*	\$14,548,001	\$15,331,476
People Served	1,106	1,149	1,099**
Cost per Person	*	\$12,661	\$13,950
Non-600 Series***	-	-	-

* SFY 2012 funding distribution does not include Federal dollars expended on this program. Cost per person cannot be accurately reported.

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

***600 series is defined as direct service contracts.

Program Cost Notes

- SFY 2014 program funding:
 - 90% General Funds (\$13,798,328)
 - 10% Federal Funds (\$1,533,148)

Program Staffing

- 8 FTE (Shared with Substance Use Outpatient program staffing, mental health Outpatient and Residential programming staff)

Program Metrics

- 1,099 Wyoming residents received substance use residential treatment services in SFY 2014.
- A total of 81,057 days of residential treatment were delivered statewide with an average of 73.76 days of service per client.
- 49% of persons served in SFY 2014 were admitted for alcohol dependency, 12% for marijuana/hashish, 17% for methamphetamine, 4% for heroin, and 18% were related to other drugs.
- Payor sources for clients served included 93% from state contract/sliding fee/none, 1% from Medicaid, and 6% from third party pay/other.

Events that have Shaped this Program

- The Select Committee on Mental Health and Substance Abuse produced the 2006 House Enrolled Act (HEA) 21, 2007 Senate Enrolled Act (SEA) 77, and 2008 SEA24, resulting in substantial increases in funding for substance abuse residential programs and promoting the concept of regionalization of services.
- The 2002 House Enrolled Act (HEA) 42 established the Substance Abuse Control Plan. The Substance Abuse Control Plan authorized by W.S. §9-2-2701 *et seq.* requires a comprehensive plan to address substance use, 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 use.
 - The Department of Health certifies all programs, providers, and facilities which receive State funds for substance use treatment, and those serving court-referred individual.
- The 2012 SEA29 requires the Behavioral Health Division to promulgate rules requiring reimbursement of State funds only to providers with a national accreditation for mental health and substance abuse treatment services.



Substance Use Residential Treatment

PROGRAM CORE PURPOSE

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

OUTCOMES

Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Utilization rate	85%	N/A	N/A	N/A	85%*	87%*
Treatment completion rates ¹	65%	N/A	58%	62%	60%	64% (530)
% of clients showing improved Global Assessment of Functioning (GAF) scores from admission to discharge	75%	N/A	56%	49%	73%	80%

* Primary Residential Treatment Beds only, Transitional and Detox beds are not included
 N/A indicates data not available due to the creation of a new metric
¹ 3 of 6 providers met the target.
 NOTE: There are only these three 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	1,099	321	353	267	282
Number of persons admitted	971	881	902	921	447	455	433	488
Number of persons discharged	1,045	948	973	930	461	512	450	480
Amount of residential services delivered (days)	83,844	79,262	79,267	81,057	39,854	39,413	39,818	40,874
EFFICIENCIES								
Average cost per client	N/A	N/A	\$12,661	\$13,950	N/A*	N/A*	N/A*	N/A*
Average service cost per day	N/A	N/A	\$184	\$189	N/A*	N/A*	N/A*	N/A*

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

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 Mental Health and Substance Abuse (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.

Many Community Mental Health Centers and Substance Use Treatment Centers are in the process of implementing nationally certified Electronic Health Record (EHR) systems. It is anticipated that this will improve the quality of data submitted to the State. SFY 2014 data submissions have been challenged because of the implementation process for many providers.

Global Assessment of Functioning (GAF) scores are an indicator of an individual's functioning level. Most providers have implemented utilization of the Daily Living Activities 20 (DLA-20) measure, which is an evidence-based tool that measures functional outcomes. When partnered with the GAF rating, it lends greater inter-rater reliability to the overall functional assessment process.

The Key Components of the SFY 2014 Data Quality Management Framework are:

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2. Division Quality Management Program
 - a. 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.
 - i. The Performance and Outcome Improvement Team meets weekly to monitor and analyze WCIS data, works individually with providers regarding data quality issues, prepares provider performance profile reports, and trends data.
 - ii. The Quality Management and Outcomes Unit enhanced monitoring practices through the development of the Performance and Outcomes Monitoring Initiative (POMI) by developing individual profile reports for each funded provider.
 - iii. The Quality Management and Outcomes Unit, in collaboration with the Knowledge Management and Technology unit, provided on-site discussion with all funded providers regarding appropriate data submission practices, and discussion of outcome analysis based on individual profile reports.
 - iv. Biannual on-site review.
 - v. Annual program evaluation.
3. The Statewide Data Quality and Outcomes Committee meets monthly to review data quality management issues and strategies to improve data quality, analytical methodologies, outcomes, and performance results.

Veterans Outreach & Advocacy Program

Program Description

The Veterans Outreach and Advocacy Program provides Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), and Operation New Dawn (OND) veterans with assistance in addressing reintegration challenges by connecting them with community resources, resulting in improved functioning and integration back into their families and community.

Program Expenditures and People Served

	2012	2013	2014
Total Program Cost	\$261,888	\$246,942	\$185,303*
People Served	192	163	232
Cost per Person	\$1,364	\$1,515	\$574
Quality of Life*	\$35,339	\$24,645	\$46,486
Non-600 Series**	-	-	-

* Quality of Life funds are included in the total program cost. They have been separated out for tracking purposes.

** 600 series is defined as direct service contracts.

Program Cost Notes

- The Veterans Outreach and Advocacy program has a budget of \$325,000 per year (\$650,000 biennium).
- The veterans' advocacy program is one of the largest initiatives in the Recovery Supports program. Supportive Services for Veterans and Families grant impacted program spending.
- The program is 100% funded with State General Funds.

Program Staffing

- 0.30 Program/Contracts Manager
- 3 Contracted FTE
- 0.5 Vacancy

Program Metrics

- In SFY 2014, the Wyoming Veterans' Outreach and Advocacy program provided outreach, case management, and advocacy services to 232 OIF/OEF and post 9/11 veterans and their families.
- The veterans self-identify the reintegration challenges for which they need assistance. The metric was designed to evaluate if this assistance was beneficial.
- During SFY 2014, Quality of Life funds were primarily used to assist veterans with housing (\$24,785) and transportation (\$8,046).

Events that have Shaped this Program

- During the 2012 Budget Session, there was a legislative budget footnote that directed the Behavioral Health Division of the Wyoming Department of Health to purchase up to \$85,000 of Answer Rings, a tool to help veterans identify barriers to reintegration. The Veterans' Outreach and Advocacy Program purchased the Answer Rings and distributed them across the state.
- The program has been redesigned for SFY2015/16, based upon events and performance of the veterans' advocates. The redesign includes contracting with two veteran's advocates instead of three.
- Having the ability to collect program data within the Wyoming Client Information System (WCIS) has provided the program with the means to determine whether veterans are being positively impacted by services provided through this program.

Veterans' Advocacy Program

PROGRAM CORE PURPOSE

To provide case management services to veterans and their families who are experiencing challenges to reintegration back into civilian, family, and community life.

OUTCOMES

Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
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%	89%
The percentage of veterans who report that they are in "a better position now" than before getting assistance from the veterans' advocate as reported through a consumer survey administered at discharge from the program. There were 46 out of 173 surveys returned for a 27% return rate.	70%	N/A	N/A	N/A	N/A	83%
Percentage of veterans who went from being homeless at intake to being housed at discharge.	76%	N/A	N/A	N/A	N/A	75%
Percentage of veterans who went from being unemployed at intake to being employed at discharge.	95%	N/A	N/A	N/A	N/A	93%

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								
Number of veterans' advocates statewide	3	5	2	2.5	2	2	2.5	2.5
Number of veterans admitted by veterans' advocates	151	192	163	232	94	69	121	111
Number of veterans who received Quality of Life (QOL) Assistance	23	51	52	18	39	13	6	12
Number of veterans in treatment	NA	NA	75	77	52	23	43	34
Number of veterans not in treatment, but referred	NA	NA	76	155	42	34	76	79
EFFICIENCIES								
Average Cost of Program per veteran served	\$1,729	\$1,364	\$1,515	\$574	\$758	\$1,515	\$574	\$574

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

STORY BEHIND THE PERFORMANCE

- 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.
- Using the national average of 40% of returning veterans, we can estimate that of the 3,500 post 9/11 veterans in Wyoming, 1,400 experience PTSD and/or TBI. In SFY 2014, the Veterans' Outreach and Advocacy Program served 232 veterans, from which we can then estimate that 17% of the 1,400 veterans have received services from this program.
- All veterans who are admitted to the Veterans' Outreach and Advocacy Program are referred for treatment services. 33% self-report they are engaging in treatment services.
- Two additional outcome measures were added, including the percentage of veterans who were homeless at intake and the percentage housed at discharged, and the percentage of veterans who were not employed at intake and the percentage employed at discharge. Case management includes assisting the veteran in securing housing and employment and other basic needs.

WDH | Public Health Division

Adolescent Health Program

Cancer Early Detection Screening Programs

Community Medical Access and Capacity Program

Community Services Program

Emergency Medical Services

End State Renal Disease (ESRD)

Environmental and Occupational Health

Healthcare Workforce Recruitment, Retention and Development (HWRRD)

Healthy Baby Home Visitation Program

Hospital Preparedness Program (HPP)

Immunization Program

Infectious Disease Epidemiology

Office of Multicultural Health

Oral Health Program

Public Health Emergency Preparedness (PHEP)

Public Health State Laboratory

Public Health Nursing

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

	2012	2013	2014
Total Program Cost	N/A	194,307	337,464
People Served	N/A	N/A	N/A
Cost per Person	N/A	N/A	N/A
Non-600 Series*	N/A	N/A	66%

N/A indicates data not available. Note that the program did not begin until SFY 2014.

* 600 series is defined as direct service contracts.

Program Cost Notes

- Adolescent Health uses blended funding (SGF, Title V, RPE, PREP)
- 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 2013, 10.3% of Wyoming high school students reported during the past 12 months, that someone they were dating or going out with physically hurt them on purpose at least one time. Some reported being hurt on purpose more than six times. This is not comparable to the previous data as the measurement question on the YRBS changed in 2013.
- In 2013, there were 29.8 births per 1,000 women ages 15 to 19 years. This rate dropped from the 33.7 births per 1,000 women ages 15 to 19 years in 2012.

Events that have Shaped this Program

- MCH created the Adolescent Health Program in 2013.
- 3 national performance measures and 5 state performance measures are directly related to adolescent health and are reported annually for the Title V grant.
- The Adolescent Health Program manager has established collaborations with several programs within the Wyoming Department of Health, including Immunizations, Suicide Prevention, HIV/STD, PHN, and Behavioral Health, lending adolescent expertise and educating programs on best practices and evidence-based interventions for the adolescent population.

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	Target	CY2010	CY2011	CY2012	CY2013	CY 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	57.1% 8/14	35.7% 5/14	35.7% 5/14	42.8% 6/14	50% 7/14	-
INTERMEDIATE OUTCOMES						
Reproductive /Physical Health Rate of births (per 1000) among 15 - 19 year old girls ² (Wyoming and National Vital Statistics System)	29	WY: 35 US: 31.3	WY: 34.9 US: 29.4	WY: 33.7 US: 29.4	WY: 29.8 US: 26.6	-
Physical/Emotional Health % of high school students reporting they were physically hurt on purpose by someone they were going out with or dating within the previous 12 months ³ (YRBS)	9.5%	*	14.2%	*	WY: 10.3% US: 10.3%	-
LONG TERM OUTCOMES						
Physical/Emotional Health Rate (per 100,000) of suicide deaths among youths aged 15 through 19 ⁴ (VSS)	21	WY: 18.3 22/120,54 6 US: 10.5	WY: 22.51 26/115,51 3 US: 10.9	WY: 20.4 23/112,81 9 US: 10.9	WY: 21.5 24/111,68 0 US: N/A	-
*The Wyoming Youth Risk Behavior Survey is collected every two years. The next time it is to be offered is 2015. (-) 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								
# Communities participating with Rape Prevention Education (RPE) grant	4	6	8	9	0	2	0	1
# Adolescents receiving reproductive health services through PHN offices	N/A	N/A	N/A	154	N/A	N/A	N/A	154
% MCH budget spent on Adolescent Health	N/A	N/A	4.9%	6.8%	2.45%	2.45%	2.5%	4.3%
EFFICIENCIES								
Clients served with pregnancy tests and multivitamins/dollar spent	N/A	N/A	N/A	\$8.62 126/\$1086	N/A	N/A	N/A	\$8.62 126/\$1086
Clients served with hormonal contraception/dollar spent	N/A	N/A	N/A	\$64.45 405/\$26,104	N/A	N/A	N/A	\$64.45 405/\$26,104

N/A Data not available. Note that the Adolescent Health Program did not begin until FY 2014.

STORY BEHIND THE PERFORMANCE

The Adolescent Health Program manager position was hired in September 2013. 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, death by suicide, injury, and inadequate nutrition.

¹Basic 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. These numbers are tracked per state fiscal year, not calendar year.

²Nationally, 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.

³The question related to teen dating violence changed on the 2013 YRBS. The next time the new question will be asked is 2015. Data from 2013 are not comparable to previous data due to the question change. 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, substance use/misuse, and suicide. The Rape Prevention and Education (RPE) grant, managed by the Adolescent Health Program Manager, 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).

⁴Unintentional injuries are the leading causes of death for Wyoming adolescents (15-19 yrs.). Suicide is the second leading cause of death among youth 15 to 19 years of age. Nationally, suicide is the third leading cause of death among youth 10-24 years of age (CDC, 2010). The Adolescent Health Program manager has an active role on the Wyoming Suicide Prevention Advisory Council and ensures that the State Suicide Prevention plan implements strategies that involve youth input and are evidence-based for the adolescent population.

Acronyms for Data Sources:

CDC= Centers for Disease Control and Prevention

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

	2012	2013	2014
Total Program Cost	\$2,088,608	\$2,076,557	\$2,064,667
People Served	2,359	1,808	1,812
Cost per Person	\$885	\$1148	\$1,002
Non-600 Series*	38%	39%	38%

* 600 series is defined as direct service contracts

Program Cost Notes

- Breast and Cervical was \$1,016,171 for FY 2013/2014 (66.1% Federal, 11.3% SGF, 13.9% Tobacco, and 8.7% other).
- State statutes require funding of 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 13/14 (33% GF and 67% tobacco).

Program Staffing

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

Program Metrics

- WBCCEDP has existed for over 15 years (since 1997); during that time, over 7,000 women have received clinical services.
- Since October 2001, WBCCEDP detected 323 breast cancers, 34 cervical cancers and 530 high-grade cervical pre-cancers.
- WCCSP has existed for seven years (since 2007); during that time, 2,844 Wyoming residents have received colonoscopies; 45% had polyps removed, 25% had pre-cancerous polyps, 55 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: 285 people have been re-screened; 55% had polyps removed; 33% had pre-cancerous polyps removed. These rates are much higher than in 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, amounting to more than \$6 million over the past five years.

Events that have Shaped this Program

- Wyoming's cancer screening rates are low: 61.9% for breast cancer screening (U.S. 74.0%); 79.2% for cervical cancer screening (U.S. 82.9%); and 60.9% for colorectal cancer screening (U.S. 67.3%). (2012 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 statutorily 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	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% 178/395	54.3% 247/455
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% 102/395	33.2% 151/455
Rate of women with abnormal pap tests or mammograms	22%	30% 372/1202	23% 294/1237	21% 289/1369	17% 200/1166	12% 161/1357
Rate of colonoscopies requiring polyp removal ^{1,2}	45%	42.7% 210/492	42.3% 199/470	48.3% 212/439	44.6% 178/395	54.3% 247/455
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	3.3% 15/455
Rate of breast cancers detected	Less than 4.5%	4.93% 34/	4.26% 33/775	4.61% 34/737	4.58% 29/633	5.3% 42/793
Rate of cervical cancers detected	Less than 0.6	0.3% 2/513	0.4% 2/46	0.5% 3/632	0.8% 4/533	0.7% 4/564
LONG TERM OUTCOMES						
Colorectal Cancer mortality ⁴	13.6/100,000	15.6/100,000	14.0/100,000	15.7/100,000	-	-
Breast Cancer mortality ⁴	21.2/100,000	22.4/100,000	21.7/100,000	15.4/100,000	-	-
Cervical Cancer mortality ⁴	1.98/100,000	3.71/100,000	2.01/100,000	3.2/100,000	-	-

(-) 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 colonoscopies per year	470	439	390	339	169	226	200	139
Number of colonoscopy re-screenings	5	88	90	116	31	59	56	60
Number of breast early detection clinical services per year	775	737	639	793	274	359	367	426
Number of cervical early detection clinical services per year	462	632	533	564	246	287	236	328
EFFICIENCIES								
Cost per colonoscopy ⁵	\$1,563	\$1,729	\$1,720	\$1704	\$1700	\$1722	\$1704	\$1704
Cost per woman (B & C clinical services) ⁵	\$294	\$300	\$300	\$300	\$300	\$300	\$300	\$300
Cost per stool test completed	-	-	-	\$218.63	-	-	-	-
(-) Indicates data not yet available 1. The WCCSP data for Adenoma find rate and Colorectal Cancer detection rates exceed CDC's national average. 2. All numbers for testing are YTD as of May 31, 2014. 3. As was noted in the 2013 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. 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, and 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 \$2,750,000 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 SFY 2011- 2013. Marketing efforts have resumed. In addition, there was a staff turn-over in SFY 2013, 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 ages 50-64 whose income is at or below 250% of the federal poverty level; these data are from the U.S. Census Bureau, Population Estimates, 2010.
- WCCEDP has provided clinical services for 7,539 Wyoming women over the past 15 years; 943 women have been diagnosed with cancer or pre-cancer through this program.
- WCCEDP has the highest CDC data rating possible with a zero % error rate and full compliance with 11 core performance indicators.

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

	2012	2013	2014
Total Program Cost	\$705,313	\$1,019,170	\$1,622,880
People Served	N/A	N/A	N/A
Cost per Person	N/A	N/A	N/A
Non-600 Series*	5%	13%	7.15%

* 600 series is defined as direct service contracts.

Program Cost Notes

- Program Costs for SFY 2014 were 57% SGF and 43% FF
- Medicare Rural Hospital Flexibility Grant Program 100% FF \$437,239
- Small Rural Hospital Improvement Program Grant 100% FF \$122,138
- Community Assessment 100% SGF \$125,000
- Primary Care Support Act \$1M – partially expended in FY 14
- Small Rural and Critical Access Hospital Technology grants \$1M-expended

Program Staffing

- ORH manager .1FTE
- Flex Grant Coordinator 1 FTE
- HWRRD Program Manager .195 FTE
- Contractors: Rural Health Solutions, Wyoming Hospital Association

Program Metrics

- The Medicare Rural Hospital Flexibility Grant 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 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.

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 to purchase 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, partial awards 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) and small rural hospitals.

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)	93.75% (15/16)
% of leadership class participants who indicate the courses were meaningful and would recommend to others ²	80%	N/A	N/A	46.2% (6/13)	57.1% (4/7)	80% (8/10)
% 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)	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)	100% (5/5)
% 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	67% (4/6)
(-) 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								
# leadership classes	5	14	18	19	14	4	18	1
# participants in leadership classes ³	67	198	262	80	196	66	74	6
# technical assistance calls hosted	18	18	18	16	9	9	8	8
EFFICIENCIES								
Cost per person attending leadership classes	\$79.03	\$74.88	\$68.70	\$214.47	\$75.64	\$64.18	\$228.09	\$428.57

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 trend 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 the past completing a survey was not a requirement; however, due to changes in the Flex grant guidance, an evaluation is now required for any webinars/trainings over three hours in length. Each participant is asked to complete the evaluation immediately after the training and again in four months.
3. This number represents a duplicated number of participants over all classes. The decline in participation in the leadership courses facilitated by LCCC is due to competing priorities, emersion of EMR implementation at the hospital level, and delivery method of the courses. An executive leadership webinar series facilitated, by a local attorney, is underway.
4. The Critical Access and Rural Hospital Technology Grants provided \$200K each to five hospitals to assist in purchasing technology to move them toward meaningful use of electronic health records. Contract length was 18 months with grant awards expiring December 2013. All of the hospitals expended 100% of the award.
5. The goal is to improve individual facility rates, which will improve the average statewide. Survey results from QHi participants indicate an increase in utilizing data to educate staff, improve outcomes, and decrease falls and/or injury related to falls. Topic areas are chosen each year by the CAH leaders at the annual stakeholder planning meeting. Four of the six CAHs participating in the falls education reported a reduction in falls of 50% or more, either in the acute or long-term care facilities of their hospital. The focus in 2015 will be to provide resources to support CAH operational improvement (e.g., LEAN, charge-master review, revenue cycle improvement).
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. The Primary Care Support Grant Program, W.S. §9-2-127, was created by the legislature in 2011. The purpose of the program is to provide grants to new Community Health Centers (CHCs) and Rural Health Clinics (RHCs) for one-time start-up costs of a new clinic, or to existing CHCs and RHCs to expand the population served, initiate new services, or facilitate compliance with quality criteria. The program was given \$1M in grant funding and four awards were issued in Fall 2013.

Community Services Program (CSP)

Program Description

CSP administers the Community Services Block Grant (CSBG) and the Emergency Solutions Grant (ESG) 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

	2012	2013	2014
Total Program Cost	\$3,729,794	\$3,428,609	\$3,882,241
People Served	62,748	57,288	30,288
Cost per Person	\$59.44	\$59.85	\$128.20
Non-600 Series*	7%	5%	5%

* 600 series is defined as direct service contracts.

Program Cost Notes

- 100% Federal Funding
- ESG transferred to DFS effective 1/1/14

Program Staffing

- 1.4 FTE

Program Metrics

- During FFY 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).
- During FFY 2013, the majority of CSP assistance was provided to single white females 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 during 2013 was \$11,170 per year).
- The three top categories of assistance for CSBG during FFY 2013 were #1 Housing, #2 Emergency Services, and #3 Health.
- The top three categories during FFY 2012 were #1 Emergency Services, #2 Housing, and #3 Nutrition.

Events that have Shaped this Program

- CSGB 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. The Tripartite Boards determine local funding through needs assessments and public hearings.

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	>30%	63% (2,729/ 4,354)	59% (2,723/ 4,593)	52% (2,109/ 4,075)	40% (1,886/ 4,774)	-
% of emergency medical care provided (# of low-income individuals helped / # who requested assistance) ³	>80%	78% (2,488/ 3,181)	93% (2,665/ 2,871)	87% (2,215/ 2,541)	89% (1,673/ 1,876)	-
% 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)	99% (34,867/ 34,875)	-
% of Wyoming's eligible families receiving CSBG services ^{1,5}	>30%	63% (12,073/ 19,260)	63% (12,374/ 19,786)	54% (11,721/ 21,590)	42% (10,584/ 25,054)	29% (7,361/ 25,120)

(-) 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 low-income and/or homeless people receiving services ^{1,4}	67,630 (CSBG = 56,565; ESG = 11,065)	62,748 (CSBG = 54,370; ESG = 8,378)	57,288 (CSBG = 51,062; ESG = 6,226)	30,282 (CSBG = 24,292; ESG = 5,990)	22,764 (CSBG = 18,570; ESG = 4,194)	34,524 (CSBG = 32,492; ESG = 2,032)	19,835 (CSBG = 13,845; ESG = 5,990)	10,447 (CSBG = 10,447; ESG = 0)
# of service providers addressing the greatest areas of need according to their current needs assessment	N/A	N/A	N/A	N/A (Will begin tracking FFY 15)	N/A	N/A	N/A	N/A (Will begin tracking FFY 15)
EFFICIENCIES								
Cost/# of people served	\$72.87 (\$4,928,258/67,630)	\$59.44 (\$3,729,794/62,748)	\$59.85 (\$3,428,609/57,288)	\$128.20 (\$3,882,241/30,282)	\$63.14 (\$1,437,273/22,764)	\$57.68 (\$1,991,336/34,524)	\$101.84 (\$2,019,926/19,835)	\$178.26 (\$1,862,315/10,447)

STORY BEHIND THE PERFORMANCE

1. Community Services Program consists of the 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.

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 lacking insurance.

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 pre-2010 CSBG allocation during 2012.
4. Emergency Solutions Grant (ESG), 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 was granted \$250,539 to be expended 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 is administered by the Department of Family Services as of January 1, 2014.

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.

5. For this outcome we are using 100% of the federal poverty level (FPL) and the average household size. The FPL is a set minimum amount of gross income that a family needs for their basic necessities (food, shelter, clothing, transportation, etc.). This level is determined annually by the U.S. Department of Health and Human Services and varies according to household size. The average household size in Wyoming is 2.5, as reported by the U.S. Census Bureau.
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

	2012	2013	2014
Total Program Cost	\$1,012,612	\$1,059,988	\$ 1,112,541
People Served	576,412	576,412	582,658
Cost per Person	\$1.78	\$1.83	\$1.91
Non-600 Series*	97%	95%	94%

* 600 series is defined as direct service contracts.

Program Cost Notes

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

Program Staffing

- 6.5 FTE
- 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:
 - 19 EMT courses provided in FY2014.
- 59% of Wyoming's population resides in a community with an identified ambulance service.
- 30% of Wyoming EMS agencies are fully compensated, 23% are partially compensated, 47% are strictly volunteer
- Calendar year 2012 recorded approximately 54,155 requests for service statewide (approximately six 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 National Emergency Medical Services Education Standards (2011).
- 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)	82% (63/77)
% services reporting complete data ²	90%	N/A	N/A	N/A	81% (42/52)	86% (54/63)
% Chute times <10 minutes ³	>95%	N/A	N/A	N/A	97% (11,218/11,584)	90% (24,905/27,672)
% of responses ≤ 8:59 ⁴	60%	N/A	N/A	N/A	48% (5,505/11,584)	53% (15,666/27,672)
# of current licensees ⁵	>4,232	3994	4051	4117	3914	3443

N/A indicates data not available due to the creation of a new metric
For other footnotes view the "Story Behind the Performance" section

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4*
OUTPUTS							
Supported EMT classes	19	23	19	9	14	10	9
WATRS records (911 only)	28,724	30,335	34,015	15,534	14,801	22,622	22678
Completed records (911 only)	N/A	11,584	24,945	6,140	5,444	14,286	13,386
WATRS trainings	8	1	10	0	1	4	9
WATRS customer support	N/A	5,569 minutes	9,466	N/A	5,569 min.	5,170 min.	4,930 min.
EFFICIENCIES							
Cost per student (Cost/# complete)	\$247 (\$49,622/201)	\$209 (\$54,153/259)	\$176 (\$32,998/187)	\$245 (\$26,462/108)	\$183 (\$27,691/151)	\$206 (\$18,941/92)	\$148 (\$14,057/95)
Class completion rate (Complete/started)	78% (201/257)	82% (259/317)	84% (187/223)	78% (108/138)	84% (151/179)	93.8% (92/98)	76% (95/125)

*Data represents only the 3rd quarter due to extenuating circumstances
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.

¹ The 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.

² Following 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 first three quarters of FY14 are reported here, and reflect that 86% 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 2014 Healthstat report, a total of 45,300 reports were identified as emergency responses. Of that number, 27,672 records (61%) had useable data (increase of 23 percentage points).

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. The chute time fractile measurements for delivery models are: Full-time paid services = 94.2%, Combination paid/volunteer = 84.5%, and Volunteer = 75.6%.

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 2014 or 2015. This outcome represents year to date and does not account for persons that will be issued new credentials between now and January of 2015. (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, 2014, 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 low-income Wyoming residents 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

	2012	2013	2014
Total Program Cost	\$598,222	\$574,188	\$563,313
People Served	#151	#138	#138
Cost per Person	\$3961	\$4160	\$3490*
Non-600 Series*	10%	13%	15%

* 600 series is defined as direct service contracts.

Program Cost Notes

- ESRD has no control over 1) number of applications received, 2) number of eligible Wyoming residents who apply, 3) number of clients choosing to renew, or 4) cost of services.

Program Staffing

- FTE .90
- AWEC 0
- Other 0

Program Metrics

- SFY 2014
 - Clients - Total 138 - 113 on dialysis and 31 in the kidney transplant section
 - Cost per Client - \$3172 *(average – direct services)
 - Medical Payments \$91,372*
 - Insurance \$55,442
 - Medicare B \$43,464
 - Medications/Supplies \$18,550 (dialysis) + \$84,260(transplant) = \$102,810
 - Transportation \$135,760
 - Medicare D \$8,833

Events that have Shaped this Program

- Funded by the General Fund, approximately \$.75M SFY 2014 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
 - Rules updated July, 2014 to clarify program benefits and procedures
 - 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.
 - 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.
- *Total costs for SFY14 will change, as ESRD will pay bills back 12 months from date of service.

End Stage Renal Disease

PROGRAM CORE PURPOSE

The End Stage Renal Disease (ESRD) program assists low-income Wyoming residents diagnosed with and being treated for 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
# and % of dialysis clients with prescription drug coverage ¹	50%	N/A	N/A	32% 15/47	44% 28/64	82% 93/113
# and % of dialysis clients with health coverage other than Medicare B ²	≥ 77%	N/A	N/A	58% 70/121	77% 87/113	79% 89/113
# and % of dialysis clients using the co-payment benefit ²	≤ 23%	37% 48/132	38% 51/135	33% 39/121	24% 27/113	22% 24/113
% of ESRD dialysis clients who receive a kidney transplant ⁴	≥ 7%	4% 5/132	3% 4/135	5% 6/121	7% 8/113	6% 6/113

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 Clients, Total	169	151	138	138	127 106+21	138 127+11	104 97+7	138
% and # of clients in Transplant Section	21% 34/169	20% 30/151	25% 34/138	22% 31/138	30 26+4	34 30+4	25 20+5	31 25+6
% and # of approved program applications ⁵	76% 38/50	47% 32/68	48% 32/67	54% 42/78	49% 21/43	46% 11/24	56% 15/27	53% 27/51
# of trainings for dialysis social workers	4	3	3	3	2	1	1	2
EFFICIENCIES								
Medicare D cost per benefit user	N/A	N/A	\$216 \$4538/21 (6 months only)	\$327 \$8833/27	N/A*	N/A*	N/A*	N/A*
RX Cost per Dialysis benefit user ⁶	\$972 \$40,818/42	\$867 \$33,800/39	\$738 \$28,030/38	\$713 \$18,550/26	N/A*	N/A*	N/A*	N/A*
Insurance cost per Dialysis benefit user ²	Not tracked	1905.00 \$62,851/33	\$1767 \$68,930/39	\$1733 \$55,442/32	N/A*	N/A*	N/A*	N/A*
Co-payment cost per dialysis benefit user ³	\$3923 \$200,069/51	\$3487 \$135,985/39	\$4478 \$120,893/27	\$3807* \$91,372/24	N/A*	N/A*	N/A*	N/A*
Cost per ESRD client (\$/#) (Service cost per client)	\$3226 \$545,227/169	\$3221 \$486,484/151	\$3586 \$494,830/138	\$3172* \$437,681/138	N/A*	N/A*	N/A*	N/A*
Cost per Dialysis Client	\$3489 \$474,455/136	\$3277 \$406,339/124	\$3623 \$409,495/113	\$3128* \$353,422/113	N/A*	N/A*	N/A*	N/A*

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

1. In January 2013, ESRD launched an initiative to reimburse dialysis clients for Medicare D premiums. This enhancement has reduced costs to the program 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. Results of the *2014 ESRD Confidential Survey* indicated 93.75% of respondents take all of their prescribed medications as instructed by their physician.
2. 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.
3. In 2009/2010, typical co-payment costs after Medicare B were \$400 - \$600 per client per month or \$4800 - \$7200 per year. The typical co-payment cost after Medicare B for SFY 2014 was \$727 per month or \$8724 per year per client. 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
4. 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 he/she remains in Wyoming and is financially eligible for the program.

Nationally, about 5% of dialysis patients received a kidney transplant in 2010/2011.

In 2013, about 9% of Wyoming dialysis patients received a kidney transplant.

In 2013, about 6% of Wyoming ESRD clients received a kidney transplant.

5. 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 or have received a kidney transplant.
6. ESRD has been working on reducing prescription costs for dialysis clients for several years. In SFY 2010, ESRD spent over \$70,000 to provide medication to 41 dialysis clients (\$1707 per client using the benefit). Education of pharmacists to bill ESRD as the payer of last resort instead of as a third party payer resulted in a 41% reduction in SFY 2011, and the downward trend continued into SFY 2012. In SFY 2013 ESRD began reimbursing dialysis clients for their Medicare D premiums, which has resulted in a reduction in RX costs and the number of clients requiring help to pay the co-pay amount. SFY 2014 prescription expense was just \$18,500, or \$713 per dialysis client using the benefit.

*Total costs for SFY14 will change, as ESRD will pay bills back 12 months from date of service.

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 function and radon is associated with lung cancer.

Program Expenditures and People Served

	2012	2013	2014
Total Program Cost	\$102,500	\$102,500	\$90,000
People Served	4,894	5,141	4,819
Cost per Person	\$18.90	\$17.99	\$18.67
Non-600 Series*	96%	86%	97.5%

* 600 series is defined as direct service contracts.

Program Cost Notes

	SFY12	SFY13	SFY14
• Lead	\$10,000	\$10,000	\$0,000
• Radon	\$92,266	\$92,500	\$90,000
• Total	102,266	\$102,500	\$90,000

Program Staffing

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

Program Metrics

- The Wyoming Radon Program distributes test kits and educates real estate agents, middle and high school students, building code officials, contractors and the public on the health aspects of radon; in addition, the program supports testing and mitigation of new and existing homes for unacceptable levels of radon.
- 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 in Wyoming.
- Follow-up on elevated BLL and database entry maintenance are two key components of the lead

Events That Have Shaped This Program

- According to the US Environmental Protection Agency (EPA) and U.S. Surgeon General, exposure to radon gas can independently increase a person's chances of developing lung cancer. 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, i.e., there are no state laws or oversight governing professionals providing radon testing or mitigation, or any testing during a real estate transaction.
- Federal EPA funding 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 Wyoming Department of Health Lead Program. These BLL reports are evaluated for follow-up and all are put into an access database.
- Funding has fluctuated over the years from \$20,486 to the current level of \$10,000. Funding is from the Centers for Disease Control and Prevention (CDC).

Environmental and Occupational Health Program

PROGRAM CORE PURPOSE

Reduce exposure of Wyoming residents to radon in their environment by promoting radon testing and mitigation of homes. Provide educational material and counseling to healthcare providers and their patients whose blood-lead tests are elevated

OUTCOMES

Performance Metric	SFY 2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Percent of realtors trained in radon	5%	N/A	N/A	8.7% (174/2,000)	3.2% (62/2000)	5.15% (103/2,000)
Radon test kit return rate kits distributed /kits analyzed	60%	N/A	N/A	55% (2,198/1,204)	48.3% (2,077/1,005)	42.5% (2,386/1,015)
Percent of homes with elevated levels of radon that were mitigated	50%	N/A	N/A	81.5% (305/374)	59.3% (335/564)	38.4% (181/471)
Follow up on 95% of all pediatric elevated blood-lead levels	95%	N/A	N/A	100% 6 Elevated	100% 59 Elevated	100% 32 Elevated

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 homes tested during real estate transactions	N/A	1,045	1,160	1,919	675	485	915	1,004
# of radon kits distributed	N/A	2,198	2,077	2,386	1,044	1,033	639	1,747
# of realtor training classes	N/A	18	16	11	9	7	2	9
# of child blood-lead reports/ # of consults w/ physicians	N/A	2,184/32	2,242/58	2,286/55	1,403/34	839/24	1,403/34	883/21
# of adult blood lead reports / # of consults with physicians	N/A	719/16	801/2	787/10	388/1	413/1	379/6	408/4
EFFICIENCIES								
Cost to train healthcare providers on radon	N/A	\$37.33	\$36.15	\$35.72	\$21.33	\$14.82	\$16.45	\$19.27

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

Story Behind The Performance

Wyoming has no comprehensive state laws pertaining to radon testing, mitigation, training, or certification of radon professionals, or reporting of statistics. 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. Historically, federal funding for radon has been subject to fluctuation and could be reduced or discontinued at any time.

Wyoming statutes 35-1-240(a) (i, ii, vii) and 35-4-107(a) (b) require all blood-lead levels (BLL) be reported to the state health department. The adult blood-lead program is an unfunded agreement between the Wyoming Health Department and the Centers for disease Control and Prevention (CDC). Wyoming is one of forty-one states that participate in the CEC BLL reporting program. The participating states collect data, follow-up on elevated lead levels and submit reports semi-annually.

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

	2012	2013	2014
Total Program Cost	\$1,488,869	\$1,074,721	\$618,788
People Served	N/A	N/A	N/A
Cost per Person	N/A	N/A	N/A
Non-600 Series*	7.56%	6.00%	14.37%

* 600 series is defined as direct service contracts.

Program Cost Notes

- SFY2014: 85.6% SGF and 14.4% FF
- WHPLRP SFY2014 award budget: \$500,000
- PRGP SFY2014 award budget: \$200,000
- REACH SFY2014 award budget: \$10,000
- Significant decrease in program costs between SFY2012 and SFY2014 due to final WHPLRP payouts from 2009-2010 biennium (\$3M award budget, awards payout over 3 years)

Program Staffing

- .78 FTE Program Manager
- .50 FTE AWEC Data Manager
- .10 FTE ORH Manager
- Contractors: Western Management Services, Wyoming Health Resources Network, Inc.

Program Metrics

- The Wyoming Healthcare Professional Loan Repayment Program provides awards to physicians, dentists, and other health professionals. A total of 271 awards have been issued since 2006. 8 awards were issued in 2012; 10 awards were issued in 2013; and 13 awards were issued in 2014.
- The Wyoming Physician Recruitment Grant Program provides awards to recruiting entities. A total of 17 awards have been issued since 2008. 5 awards were issued in 2011 (full biennium budget), 3 were issued in 2013 (50% of biennium budget), and 4 were issued in 2014 (remaining 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 with 139 participants were hosted in 2012, 3 programs with 64 participants were hosted in 2013, and 5 programs were hosted in 2014 (not all participant reports have been submitted).
- Annual provider census – rotates every third year between Primary Care Physicians (2010 and 2013), Mental Health (2011 and 2014), and Dental (2012). The Dental census will be conducted again in 2015.

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 in 2008.
- 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. (WHRN) for recruitment referral services. Due to reorganization at WHRN, a new contract with WHRN was not in place for SFY2014. In SFY2015, the contract was reworked and reinstated.
- The AWEC Program Specialist was officially hired as the HWRRD Program Manager in September 2013 and an AWEC Data Manager was hired to take over shortage area designations for Western Management Services at the end of SFY2014. ORH anticipates the contract with Western Management Services to end after SFY2015.

Healthcare Workforce Recruitment, Retention, and Development

PROGRAM CORE PURPOSE

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

OUTCOMES						
Performance Metric	SFY2014 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)	7.9% (13/165)
% Loan Repayment awardees successfully completing obligation (#/ # total awards) ²	≥ 90%	93% (214/229)	92% (221/240)	91% (225/248)	90% (233/258)	90% (245/271)
Loan Repayment 3 year post-service obligation retention rate (%) (# retained/# graduated ≥ 3 years ago) ³	≥ 80%	N/A	N/A	N/A	72.2% (13/18)	89.7% (111/124)
% Retained Loan Repayment awardees still accepting Medicare/Medicaid/CHIP 3 years post-service obligation (# accepting/# bill for services) ³	≥ 84.6%	N/A	N/A	N/A	84.6% (11/13)	88.5% (98/111)
% 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)	52.9% (9/17)
% Candidate referrals resulting in interview (# interviewed/# referrals) ⁵	N/A	N/A	N/A	N/A	89%	-
% Interviewed candidates receiving job offer (# offered/# interviewed) ⁵	N/A	N/A	N/A	N/A	32% (13/41)	-
% Referred candidates placed (# accepting job offer/# referrals) ⁵	N/A	N/A	1% (3/311)	3% (12/368)	13% (6/46)	-
N/A indicates data not available due to the creation of a new metric (-) 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								
Amount awarded (# new loan repayment awards) ¹	\$622,603 (11)	\$452,300 (8)	\$500,000 (10)	\$504,297 (13)	\$500,000 (10)	0	\$435,637 (9)	\$68,660 (4)
Amount awarded (# New physician recruitment awards) ^{1,4}	\$400,000 (5)	0	\$200,000 (3)	\$200,000 (4)	\$200,000 (3)	0	\$200,000 (4)	0
# New J-1 Visa Waiver physicians ⁶	7	10	4	10	N/A*	4	N/A*	10
# Recruitment referrals/candidates sourced ⁵	311	368	46	N/A	22	24	-	-
# Candidates placed ⁵	3	12	6	N/A	3	3	-	-
# Shortage area designation applications submitted	5	15	10	12	4	6	10	2
# Providers surveyed in annual provider census (type)	670 (Mental Health)	740 (Dental)	498 (Primary Care)	682 (Mental Health)	0	498	0	682
EFFICIENCIES								
Average Physician Recruitment Grant Reimbursement ^{1,4}	\$50,425	N/A	\$39,286	\$42,342	N/A*	\$39,286	N/A*	\$42,342
Average cost per recruitment referral/candidate sourced (contract cost to date/#) ⁵	\$376 (\$117,000/ 311)	\$318 (\$117,000/ 368)	\$2,418 (\$111,240/ 46)	-	\$2,776 (\$52,740/ 22)	\$2,438 (\$58,500/24)	-	-
Average cost per placement (contract cost to date/#) ⁵	\$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)	-	-
N/A indicates data not available due to the creation of a new metric N/A* indicates date not available every quarter (-) Indicates data not yet available								

STORY BEHIND THE PERFORMANCE

1. Awards for both the Wyoming Healthcare Professional Loan Repayment Program and the Wyoming Physician Recruitment grant program 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 and SFY2014, with the majority of funding awarded during the first year of each biennium. total funding awarded for loan repayment may exceed 100% of the biennium budget if funds re-enter 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), 271 loan repayment awards have been issued. as of the close of SFY2014, 245 have either successfully completed or are currently completing their 3 year service obligation and requirements. To date, 26 awardees have withdrawn from program participation prior to the first payment or have defaulted on their service obligation or other requirements. National Health Service Corps (NHSC) data for Wyoming indicates a completion rate of 98% for NHSC Loan Repayment participants between 2003 and 2013.
3. Retention studies for loan repayment were conducted in SFY2013 and SFY2014. The goal of the survey was 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 144 awardees from 2007; 129 successfully completed their service obligation; 5 have received a second award, and the remaining 124 were surveyed. 89.7% of survey respondents were still practicing full-time in Wyoming and 88.5% of those still practicing were still accepting Medicare, Medicaid, and/or Kid Care CHIP insurance (10.3% work in a practice that does not bill for services), 92.3% still practice in the original community. 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 considers 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.
4. Since 2008 (SFY2009), 17 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, 9 have been successful at recruiting under the parameters of the program and the remaining SFY2014 awardees have until Fall 2014 (SFY2015) to recruit. 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. for those successful in recruiting, expenditures are much lower than the full award amount. Beginning with SFY2014 awards, the maximum award was reduced to \$50,000 to more closely reflect the average expenditure and allow for additional awards with limited funding.
5. A contract for recruitment services with Wyoming Health Resources Network, Inc. was not in place during SFY2014. WHRN temporarily ceased operations to reorganize and evaluate its services and delivery. A new contract is in place for SFY2015 which pays on a per placement basis (up to \$8,000 for a physician, up to \$4,000 for mid-level providers) with an emphasis on the highest need specialties and areas statewide. 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. Additionally, vacancy advertising and promotion, education, and technical assistance services are paid on a reimbursement basis only. Outcomes related to the SFY2013 may be removed, replaced, and/or modified for the SFY2015 performance report when data is available. Efficiencies related to WHRN activities have been modified to fit within the structure of the SFY2015 contract.
6. 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. SFY2014 will be updated through the end of the federal fiscal year (09/30/2014).

Public Health Nursing Healthy Baby Home Visitation

Program Description

Public Health Nursing Healthy Baby Home Visitation is a collaboration between the Maternal and Child Health (MCH) Unit and Public Health Nursing (PHN) to provide voluntary perinatal services to women, promoting healthy choices before, during and after pregnancy.

Program Expenditures and People Served

	2012	2013	2014
Total Program Cost	\$2,211,193	\$2,168,327	\$2,356,050
People Served	2,764 ⁺	3,325 ⁺	2,974 ⁺
Cost per Person	\$800 [#]	\$652 [#]	\$792 [#]
Non-600 Series*	1.33%	5.49%	5.29%

* 600 series is defined as direct service contracts ⁺ calendar year [#] SFY costs/CY people served

Program Cost Notes

- PHN Healthy Baby Home Visitation uses blended funds (State General Funds and Federal Funds from Temporary Assistance for Needy Families (TANF) and Title V Maternal Child Health (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 (\$2.3 mil) or higher

Program Staffing

- 0.4 FTE *

*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) have been shown to improve maternal and child health. **13 counties have Public Health Nurses (PHNs) trained in the Nurse Family Partnership (NFP) and providing 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 2014, the Title V needs assessment is currently being conducted by the MCH unit within targeted communities.
- 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 Baby Home Visitation provides perinatal services for women to improve pregnancy outcomes and infant health outcomes.

OUTCOMES

Performance Metric	CY 2014 Target	CY 2010	CY2011	CY 2012	CY 2013	CY 2014
% of WY resident births contacted	75%	43.9% 3312/7541	57.9% 4249/7339	71.2% 5345/7503	59.3% 4520/7617 ¹	-
% of WY resident Medicaid births contacted	95%	42.5% 1228/2892	69.9% 1913/2750	93.5% 2589/2769	81.7% 2137/2616 ¹	-
% of women enrolled in Nurse Family Partnership (NFP) who quit smoking during pregnancy (national %)	25%	23.7% (15.6%)	23.2% (16.1%)	22.5% (15.9%)	22.5% (15.9%)	-
% of women enrolled in NFP who initiated breast-feeding (national %)	90%	87.2% (75.8%)	86.0% (78.1%)	87.0% (79.2%)	87.3% (80.4%)	-
% of women enrolled in NFP who continue to breastfeed infants at 6 months (national %)	33%	28.6% (27.5%)	28.8% (27.8%)	30.2% (28.5%)	30.8% (29.1%)	-
% of infants enrolled in NFP born at low birth weight (<5.5 pounds) (national %)	8%	8.4% (9.3%)	8.4% (9.2%)	8.3% (9.6%)	8.4% (9.8%)	-
% of infants enrolled in NFP born premature (<37 weeks gestation) (national %)	9.5%	10.0% (9.4%)	10.0% (9.7%)	9.8% (9.5%)	9.8% (9.5%)	-
(-) Indicates data not yet available See "Story Behind the Performance" for footnotes						

OUTPUTS AND EFFICIENCIES

Performance Metric	CY 2010	CY 2011	CY 2012	CY 2013	2012 Q1+Q2	2012 Q3+Q4	2013 Q1+Q2	2013 Q3+Q4
OUTPUTS								
# of NFP clients	371	333	296	282	230 ²	224 ²	225 ²	205 ²
# of Best Beginning (BB) clients ³	2088	2431	3029	2692	N/A ⁴	N/A ⁴	N/A ⁴	N/A ⁴
# of NFP clients graduated from the program ⁵	46	46	39	45	16	23	20	25
# of clients who received follow-up from home visitors	2262	2578	3149	2805	N/A ⁴	N/A ⁴	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	\$2,924 per NFP client	-	-	-	-
Cost to Healthy Baby program per BB client ⁶	\$776 per BB client	\$591 per BB client	\$467 per BB client	\$569 per BB client	-	-	-	-
See "Story Behind the Performance" for footnotes								

STORY BEHIND THE PERFORMANCE

Wyoming State Statute (W.S. 35-27-101 through 35-27-104) 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 the Healthy Baby Home Visitation Program.

Healthy Baby Home Visitation 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 (BB), 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. Criteria for standardization were established for the BB program using the Partners for a Healthy Baby curriculum and implementation began October 1, 2013.

Footnotes:

- ¹ CY 2013 has been updated to reflect the final number of total 2013 WY births released by Vital Statistics.
- ² Quarterly figures include duplicates as clients are enrolled longer than a quarter.
- ³ A BB client is defined as a client who is not enrolled in NFP and received a home or office visit by PHN.
- ⁴ Due to data collection method, unable to determine client numbers by quarter. With revisions to the data system, this will be reconciled.
- ⁵ NFP clients graduate from the program when their child is 2 years old.
- ⁶ County and PHN costs (nurse supervision, travel, etc.) are not included within the Healthy Baby program cost.

(-)Indicates data is not available.

Clinical research articles for Intermediate and Long Term Outcomes:

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Center on the Developing Child. Harvard University. *Toxic Stress: The Facts.* Retrieved 3/14/2014 from http://developingchild.harvard.edu/topics/science_of_early_childhood/toxic_stress_response/.

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Hospital Preparedness Program

Program Description

The Hospital Preparedness Program (HPP) enhances the capacities and capabilities of 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

	2012	2013	2014
Total Program Cost	\$798,455	\$1,012,417	\$1,004,994
People Served	N/A	N/A	N/A
Cost per Person	N/A	N/A	N/A
Non-600 Series*	28%	24%	25%

* 600 series is defined as direct service contracts.

Program Cost Notes

- 100% Federal Funding
- Cooperative Agreement with CDC/ASPR for July 1, 2013 – June 30, 2014 for FY14
- 10% match requirement primarily from State General Fund positions and hospital and EMS personnel

Program Staffing

- 1.25 FTE
- .50 AWEC
- 0 Other

Program Metrics

- Increase sub-recipient monitoring through contracts to provide grant awards to 21 hospitals, 20 EMS agencies, and 2 community college paramedic programs
- Facilitate the development of five regional healthcare coalitions through workshops in each of the five trauma regions around the state
- Contract with the Wyoming Hospital Association to provide grant awards to 5 Medical Reserve Corps Units

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) partners 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	SFY2014 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Percentage of hospitals achieving NIMS compliance ¹	75% ²	N/A	N/A	93% (25/27)	72% (15/21)	86% (18/21)
Percentage of personnel ABLIS ³ certified	≥97%	N/A	99% (109/111)	97% (128/133)	99% (115/117)	99% (81/82)
Percentage of hospitals reporting in HAvBED drills ⁴	75% ⁵	N/A	N/A	N/A	65% (18/28)	83% (23/28)
Percentage of hospitals meeting exercise requirements	100%	N/A	N/A	N/A	81% (17/21)	100% (21/21)
Percentage of hospitals with After Action Reports and Improvement Plans after conducting exercises	100%	N/A	N/A	86% (23/27)	81% (17/21)	86% (18/21)

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 facility sub-recipient site reviews conducted	12	28	4	9	4	0	9	0
Number of ABLIS trainings	6	7	6	4	3	3	1	3
Number of HFR ⁶ trainings	N/A	19	15	6	10	5	0	6
EFFICIENCIES								
Cost per student for ABLIS training	\$595 (\$66,000/111)	\$588 (\$77,000/131)	\$564 (\$66,000/117)	\$530 (\$44,000/83)	\$478 (\$33,000/69)	\$688 (\$33,000/48)	\$367 (\$11,000/30)	\$623 (\$33,000/53)
Cost per student for HFR training	N/A	\$335 (\$95,000/284)	\$434 (\$75,000/173)	\$441 (\$30,000/68)	\$510 (\$50,000/98)	\$333 (\$25,000/75)	\$0	\$441 (\$30,000/68)

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

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 Incident Command System (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. The Pandemic and All Hazards Preparedness Reauthorization Act (PAHPRA) benchmark for NIMS requires that at least 75% of hospitals involved in healthcare coalitions are addressing the 11 NIMS implementation activities for hospitals.
3. Advanced Burn Life Support (ABLS) training increases medical surge capabilities in delivering care to burn patients.
4. 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, generators, etc.).
5. This goal was determined by a previous program benchmark driven by the Pandemic and All Hazards Preparedness Act (PAHPA) for HAvBED which evaluates the ability of the State Health 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.
6. 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 Program operates the federal Vaccines for Children (VFC) and State Wyoming Vaccinates Important People (WyVIP) programs, which provide vaccines to participating providers. The Immunization Program 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

	2012	2013	2014
Total Program Cost	\$4,079,219	\$4,221,659	\$6,621,657 ¹
People Served	85,861	106,277	110,241
Cost per Person	\$47.51	\$39.72	\$60.06
Non-600 Series*	42%	31%	25%

* 600 series is defined as direct service contracts.

Program Cost Notes

- Funding from the Centers for Disease Control and Prevention (CDC) and State General Funds
- Number of people served, as recorded in the Wyoming Immunization Registry (WyIR).
- Footnote 1: The program received additional general funds for vaccine purchasing and federal funds through supplemental grants.

Program Staffing

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

Program Metrics

- Approximately 124 public and private healthcare providers receive state and federally-purchased vaccines through the Immunization Program.
- More than 137,000 doses of vaccines were distributed to participating providers by the Immunization Unit during SFY 2014.
- Over 6,000,000 immunizations for more than 600,000 individuals have been entered into the WyIR, as of December 2014.

Events that have Shaped this Program

- The Wyoming Childhood Immunization 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 Program's core purpose is to facilitate the distribution of 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	1.4 ²	1.0 ²	0.2 ²	1.6 ²	NA
INTERMEDIATE OUTCOMES						
Percent of visits in which there was a missed opportunity ³	≤10%	25%	27%	14%	15%	16%
Human papillomavirus (HPV) series completion coverage in Wyoming (ages 13-17) ⁴	≥80% ⁵	11%	13%	13%	12%	14%
Pertussis coverage in Wyoming ⁴	≥80% ⁵	65%	64%	65%	68%	70%
LONG TERM OUTCOMES						
Childhood coverage level ^{4,6}	≥80% ⁵	53% (National: 69.9%)	56% (National: 72.5%)	59% (National: 68.4%)	61% (National: 72.6%)	63%
Number of reported pertussis cases in Wyoming ²	<10	14 (National: 27,550)	13 (National: 18,719)	59 (National: 48,277)	12 (National: 24,231)	92

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 compliance site visit ⁷	86.8% (112/129)	100% (130/130)	100% (130/130)	100% (124/124)	68%	32%	69%	21%
Percentage of providers who received program education at the regional training ⁸	N/A	95% (124/130)	80% (104/130)	94% (116/124)	N/A	80%	N/A	94%
Average satisfaction rating for regional trainings, per provider evaluations ⁹	N/A	4.58	4.75	4.72	N/A	4.75	N/A	4.72
Number of pediatric vaccine doses distributed (excluding flu)	168,775	155,720	164,567	137,110	90,541	74,026	79,125	57,985
Number of HPV vaccine doses administered—public and private ^{4,10}	10,679	4,108	5,190	6,574	3,105	2,085	4,055	2,519
Number of hepatitis A vaccine doses administered—public and private ^{4,10}	19,988	10,951	10,421	10,211	5,845	4,576	5,730	4,481
Number of meningococcal vaccine doses administered—public and private ^{4,10}	8,326	3,401	3,469	4,228	2,207	1,262	2,783	1,445

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
Percentage of immunizations documented in the WyIR within 30 days of administration	85.2% (117,029 records)	91% (135,536 records)	99.9% (164,728 records)	N/A ²	N/A	N/A	N/A	N/A
EFFICIENCIES								
Number of expired vaccine doses per provider	N/A ¹¹	N/A ¹¹	52	129	41	11	26	103
Cost of expired vaccine doses per provider	N/A ¹¹	N/A ¹¹	\$559	\$1,011	\$288	\$271	\$469	\$542
Cost per immunization record stored in the WyIR	\$0.82 (\$230,132/ 280,318)	\$0.33 (\$150,011/ 449,545)	\$0.34 (\$203,702/ 604,687)	N/A ²	N/A	N/A	N/A	N/A

STORY BEHIND THE PERFORMANCE

¹Examples of a high risk site visit finding: Proper ordering, vaccine administration fee, Vaccine Information Statements (VIS), eligibility, vaccine borrowing.

²Data is reported to CDC in calendar year.

³Missed opportunities are when a child receives a vaccine and was eligible to receive another vaccine, but did not.

⁴Rates according to information reported to the Wyoming Immunization Registry (WyIR), not the National Immunization Survey (NIS). Provider submission to the WyIR is not currently required, although 88% of VFC providers have patient data in the WyIR.

⁵Based on Healthy People 2020 objectives.

⁶Childhood coverage level includes 4 Dtap, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella, and 4 Pneumococcal vaccines. Age's birth to 24 months.

⁷CDC requirement is 50%.

⁸In 2012, regional trainings were conducted in 7 locations and were strongly encouraged due to implementation of a new ordering system. The trainings were conducted in 4 locations in 2013 and 6 locations in 2014.

⁹Scale of 1-5.

¹⁰Doses administered dropped after they were no longer provided by the program for both the public supply and the privately purchased vaccines.

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

	2012	2013	2014
Total Program Cost	\$818,454	\$636,324	\$703,011
People Served	576,412	576,412	582,658
Cost per Person	\$1.41	\$1.10	\$1.20
Non-600 Series*	100%	100%	100%

* 600 series is defined as direct service contracts.

Program Cost Notes

- FY 14 federal funding through the CDC Epidemiology and Laboratory Capacity Grant and the CDC Chronic Wasting Disease Contract is \$594,526
- FY14 State funding is \$108,485

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. .05/100,000)
- Wyoming rate of Pertussis, Measles, and Mumps is above national rate (12.01/100,000 vs. 7.86/100,000)
- Wyoming rate of Salmonellosis, Shigellosis, and *E. coli* is below national rate (14.75/100,000 vs. 19.50/100,000)

Events that have shaped this Program

- The reportable disease list was updated in January 2014 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, MERS Co-V, 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)	93% (2625/2806)
INTERMEDIATE OUTCOMES						
% of influenza sentinels providing complete reporting data	100%	N/A	72% (18/25)	76% (28/37)	62% (21/34)	63% (20/32)
# 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	16 enteric disease outbreaks/ 10 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)	0.0 (U.S. 0.05)	-
Wyoming rate of Pertussis, Measles, and Mumps (vaccine preventable diseases)	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)	12.01 (U.S. 7.86)	-
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)	14.75 (U.S. 19.5)	-

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

(-) Indicated 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	2885	1956	2289	980	1905
# of outbreak reports created by ID Epi	12	11	10	10	4	6	7	3
# of influenza surveillance reports created by ID Epi	40	40	40	40	20	20	20	20
# of influenza sentinels who receive training	27	23	12	14	12	0	14	0
EFFICIENCIES								
Cost per case investigated	\$358	\$499	\$149	\$243	\$162	\$139	\$358	\$184

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.

Wyoming Office of Multicultural Health

Program Description

The Wyoming Office of Multicultural Health (WOMH) serves as the central point for the exchange of information, expertise, and assistance to improve the health status of Wyoming’s populations most affected by health disparities.

Program Expenditures and People Served

	2012	2013	2014
Total Program Cost	\$207,160	\$204,949	\$143,521
People Served	280	204	190
Cost per Person	\$740	\$1,004	\$755
Non-600 Series*	99%	91%	89%

* 600 series is defined as direct service contracts.

Program Cost Notes

- 100 % State funded for 2014.
- 2010-2013 funded by the Federal State Partnership grant; grant not awarded in 2014.
- “People served” is technically all WY citizens. For comparison “people served” is defined above as trainees.

Program Staffing

- 1 FTE

Program Metrics

- The Wyoming Office of Multicultural Health priorities for 2014-2015, which are echoed in the division’s strategic map and the Public Health Accreditation Board standards, are: 1) Education on health equity for PHD staff, and 2) Education and implementation of the Culturally and Linguistically Appropriate Services (CLAS) standards.
- In 2015, development of a PHD Language Access plan is underway, incorporating similar activities under a strategic map group.

Events that have Shaped this Program

- 2010: National Partnership for Action to End Health Disparities/National Stakeholder Strategy for Achieving Health Equity
- 2010: Healthy People 2020
- 2013: CLAS Standards enhanced
- 2010-2013: State Partnership Grant Funded
- 2013: PHD Strategic Map listed “Promote Health Equity and Health Literacy” as a foundational element
- 2014: PHAB standards have “health equity” and “cultural competence” elements throughout; new standards have one standard (7.2) dedicated to access improvement via reducing disparities and improving cultural competence

Wyoming Office of Multicultural Health

PROGRAM CORE PURPOSE

This program promotes health equity and the Culturally and Linguistically Appropriate Services (CLAS) standards via training, evaluation, and participation in Wyoming Department of Health programs and partnerships across the state.

OUTCOMES						
Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
% of partners trained in phase 1 of cultural competency/health equity ¹ (# trained/total)	-	N/A	4% (41/1000)	29% (287/1000)	50% (504/1000)	55% (546/1000)
% of WDH staff trained in phase 1 of cultural competency ² (# trained/total)	-	N/A	0% (6/1450)	3% (40/1450)	3% (46/1450)	4% (62/1450)
% of PHD client materials translated and at the appropriate health literacy level ³ (total translated/estimated total)	-	N/A	N/A	N/A	N/A	-
% of PHD programs evaluated and assisted ⁴ (# evaluated/total)	-	N/A	N/A	N/A	N/A	-
INTERMEDIATE OUTCOMES						
% of PHD unit managers requiring cultural competency training within 1 year of employment ² (# requiring/total # of managers)	-	N/A	N/A	N/A	N/A	-
% of PHD programs showing improvement on repeat evaluation ⁴ (# improved/# evaluated)	-	N/A	N/A	N/A	N/A	-
LONG TERM OUTCOMES						
% of WDH unit managers requiring cultural competency training within 1 year of employment ² (# requiring/total # of managers)	-	N/A	N/A	N/A	N/A	-
% of PHD programs in compliance with CLAS standards and NPA priorities ⁴ (# pass evaluations/total # of programs)	-	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								
# of cultural competency trainings offered	2	10	6	4	5	1	0	4
# of participants in classes	47	280	204	190	118	86	13	177
# of documents translated or revised for health literacy	N/A	N/A	26	17	N/A	26	6	11
# of programs evaluated (initial /repeat)	N/A	N/A	N/A	-	N/A	N/A	N/A	N/A
EFFICIENCIES								
cost per training attendee	N/A	\$50	\$36	\$39	\$36	\$36	\$39	\$39
average cost per document ⁵	N/A	N/A	\$116	\$65	N/A	\$116	\$67	\$59
(-) Indicates data not yet available N/A indicates data not yet available due to the creation of a new metric N/A* indicates data not available on a quarterly basis								

STORY BEHIND THE PERFORMANCE

¹ A Wyoming Office of Multicultural Health (WOMH) priority is education, both within the WDH and externally. WOMH partners with over 100 organizations and individuals on their efforts to educate. The denominator is estimated at 1,000, which includes organizational membership, although this number fluctuates. These trainings ensure the membership of partner organizations understand the importance of health equity.

² To ensure our own staff has an understanding of the existing disparities and resulting health outcomes here in WY, PHD staff members are encouraged to participate in cultural competency training annually. Eventually, we hope to educate the rest of WDH and externally to the same level.

³ Client materials should be in the client's preferred language and at a 5th grade reading level. The primary languages in Wyoming are English, Spanish, and Somali. The WOMH will evaluate materials in the program survey process and assist where necessary. Currently, translation is done on an as-needed basis. Also, a language access plan is being drafted that will address how to ensure materials are produced to meet these criteria.

⁴ In 2015, the survey process will be piloted with programs that volunteer. Program and Unit managers will participate in an interview survey. From the survey results, resource ideas and assistance will be tailored to programmatic need(s); a follow-up survey will be conducted 6 months following the provision of recommendations. Surveys are designed to gauge our adherence to CLAS standards and progress on National Partnership for Action strategic priorities (National Stakeholder Strategy for Achieving Health Equity). After all programs have been evaluated, assisted, and re-evaluated, a rotating schedule will be set-up to reassess every 3 years to determine whether a program is "setting the standard" or "in need of improvement."

⁵ Translation cost tracking began in the 3rd quarter of 2013. The bulk of translation is for the WIC program. Translation costs in the 3rd and 4th quarter of 2014 are lower due to 4 documents not yet being invoiced. The numbers are included in the numerator, but no cost is associated yet. Most common languages are Spanish and Somali. Current rate is 15¢ per word for Spanish and 23¢ per word for Somali.

Public Health Oral Health Program

Program Description

The Oral Health program promotes optimal 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 Coordinators (COHCs). Oral Health also coordinates and runs the Wyoming Cleft Palate Clinic.

Program Expenditures and People Served

	2012	2013	2014
Total Program Cost	\$1,041,367	\$715,207	\$893,146
People Served	22,952	24,462	24,437
Cost per Person	\$45.37	\$29.24	\$36.54
Non-600 Series*	55%	47%	48%

* 600 series is defined as direct service contracts.

Program Cost Notes

- As of July, 2012, the oral health program could no longer draw down Medicaid match.
- 2014 expenditures were 73% state general fund and 27% tobacco settlement fund
- A Program Manager was in place for six months causing the increase in FY14 expenditures

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.
- 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.
- The Program Manager position was filled for six months.
- A part-time State dentist is scheduled to report to duty in January 2015.
- A full-time Oral Health Program Manager will be in place by February 2015.

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)	48% (71/149)
% of eligible sites receiving fluoride in counties served by COHCs	35%	N/A	18% ⁴ (22/126)	33% ³ (37/113)	32% (47/149)	28% (42/149)
% of children scheduled to attend and are seen at the cleft palate clinic	90%	N/A	N/A	85% (72/85)	84% (51/61)	89% (51/57)
% of seniors who applied whose treatment was paid for by the program (Eligibility is determined annually beginning Jan 1.)	85%	92% (765/835)	72% (660/919)	84% (684/815)	87% (722/814)	74% (625/842)
N/A indicates data not available due to the creation of new metrics						

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	23679	N/A*	N/A*	N/A*	N/A*
# of children (0-18) receiving fluoride applications in eligible counties	4243	3687	5312	5413	N/A*	N/A*	N/A*	N/A*
# of educational sessions offered by COHCs ⁵	N/A	N/A	223	719	N/A*	N/A*	N/A*	N/A*
Number of children receiving consultation at cleft palate clinic ⁶	69	72	51	51	N/A	N/A	29	22
# of eligible seniors receiving treatment	919	815	814	842	273	474	268	574

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
# of seniors served who had not received program services in previous four years	365	212	213	290	132	158	130	155
EFFICIENCIES								
Cost per child receiving cleft lip and cleft palate clinic services	N/A	\$217.67 (\$15,672/72)	\$354.51 (\$18,080/51)	\$252.54 (\$12,880/51)	\$383.29 (\$10,349/27)	\$322.13 (\$7,731/24)	\$226.28 (\$6,562/29)	\$287.18 (\$6,318/22)
N/A* indicates data not available on a quarterly basis								
N/A indicates data not available due to the creation of new metrics								

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 include Sheridan, Sweetwater, Albany, Carbon, Goshen, Platte, Fremont, Johnson, Uinta, Teton, and Sublette.
3. Due to data reporting limitations, this figure does not include data from Sweetwater, Sublette, Lincoln, or Uinta counties.
4. Due to data collection limitations, this figure does not include data from Fremont County.
5. Some research indicates that in the short term, education and information positively impact 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. Beginning with SFY2013, the numbers reported are actual children seen in clinic.

Public Health Emergency Preparedness

Program Description

The Public Health Emergency Preparedness Unit enhances preparedness and integrates State and local public health responses 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

	2012	2013	2014
Total Program Cost	\$5,449,185	\$4,624,584	\$4,424,689
People Served	568,158	576,412	582,658
Cost per Person	\$9.59	\$8.02	\$7.59
Non-600 Series*	62%	51%	56%

* 600 series is defined as direct service contracts.

Program Cost Notes

- 100% Federal Funding
- Cooperative Agreement with CDC for July 1, 2013 - June 30, 2014 for FY 2014
- 10% match requirement primarily from Public Health Nursing (63%)

Program Staffing

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

Program Metrics

- PHEP maintains contracts with 18 of 19 county public health nursing offices, 4 county health departments and 2 tribal health departments with preparedness contract deliverables
- 19/24 of counties/tribes met all contract deliverables (quarter ending June 30, 2014).
- PHEP operates 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. In SFY14 there were 108 calls. The CDC's ability to reach WDH through a 24/7 phone line is a CDC metric. In SFY14, the WDH received two test calls; both were successful.
- CDC has five separate requirements that states must meet annually or 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 the State and county public health agencies 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 March, 2014.
- Federal budget cuts reduced PHEP funding by approximately 23% from 2011 to 2014.
- Emergency Support Functions (ESFs) group activities 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)

1

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	10 min
County and tribal public health responders completing respirator fit testing ⁵	95%	N/A	N/A	N/A	91.4% (287/314)	93.8% (242/258)
WDH Jurisdictional Risk Assessment (JRA) updated every 2 years (WDH Score) ²	+5% /year	N/A	N/A	N/A	80%	N/A
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)	100% (National avg. 98)
INTERMEDIATE OUTCOMES						
County and tribal entities meeting emergency preparedness contract deliverables	100%	N/A	N/A	N/A	91.6% 22/24	79% 19/24
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% (22 counties)	92.5% (22 counties)
N/A indicates data not available due to the creation of a new metric (-) Indicated 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								
WDH # of Strategic National Stockpile related trainings	13	21	4	30	1	3	20	10
County and tribal public health contacted by phone after hours (23 counties and 2 tribes)	21/24	24/25	25/25	24/25	25/25	25/25	25/25	23/25
% of WDH Incident Management Team trained to role requirements for agency response management	26% 6/23	64% (14/22)	63% (15/23)	72% (18/25)	14/22	15/23	16/26	18/25

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
% 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)	100% (12/12)	N/A	59/67	10/10	2/2
EFFICIENCIES								
Cost Per Public Health Response Coordinator or county/tribal responder per session: Use of webinar and conference call vs. onsite training or meeting	N/A	\$4.30/ \$390.40	\$3.71/ \$396.97	\$3.11/ 394.80	\$3.60/ \$396.97	\$3.75/ \$396.97	\$3.55/ \$394.80	\$2.45/ \$394.80

STORY BEHIND THE PERFORMANCE

1. 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
2. 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 sub awardees. 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.
3. 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.
4. 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.
5. 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

	2012	2013	2014
Total Program Cost	\$2,726,302	\$2,586,841	\$3,093,914
People Served	576,412	576,412	582,658
Cost per Person	\$4.76	\$4.48	\$5.31
Non-600 Series*	100%	100%	100%

* 600 series is defined as direct service contracts.

Program Cost Notes

- FY14 revenues from lab test fees were \$729,800 (26 % of total expenditures).
- The program cost for 2014 is greater than 2013 due to the inclusion of federal funds from units other than 532 (TB, ELC).
- Approx. 70% of PHL expenditures are payroll.

Program Staffing

- 28 FTE (20 state funded, 8 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

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 resident of Wyoming.

Public Health Laboratory

PROGRAM CORE PURPOSE

Provide accurate and timely 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%	N/A	98% 228/233	97% 389/400	97% 291/299	98% 312/317
Accuracy of Chemistry Lab competency/proficiency tests performed.	98%	N/A	100% 25/25	100% 44/44	100% 45/45	99% 39.5/40
Accuracy of Emergency Response Lab competency /proficiency tests performed.	100%	N/A	100% 26/26	100% 26/26	100% 16/16	100% 40/40
Accuracy of Microbiology Lab competency / proficiency tests performed.	80% (CLIA)	N/A	N/A	99% 77/78	99% 86/87	100% 115/115
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	30,460	16,895	16,297	14,896	15,564
Number of Microbiology tests performed ¹	42,089	40,760	31,682	31,119	16,587	15,095	16,249	14,870
EFFICIENCIES								
Cost per Chemistry and Micro sample/test performed	\$35.87	\$35.97	\$39.87	\$45.62 ² 2,809,190/61,579	\$38.80	\$41.20	\$59.18 1,843,561/31,149	\$31.73 ² 965,629/30,434
Ratio revenue from fees/actual expenses	N/A	N/A	N/A	0.26 729,800/2,809,190	N/A	N/A	N/A	0.21 204,133/965,629
N/A indicates data not available due to the creation of a new metric								

STORY BEHIND THE PERFORMANCE

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 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 has been largely due to reduction in synthetic marijuana testing submissions and the increase in the utilization of on-site screening tests by submitters. The on-site tests are generally less expensive than laboratory testing. However positive on-site screen results require laboratory confirmation. While the total number of subject samples tested by the Chemical Testing Laboratory has decreased, the percentage of samples which require both initial testing plus more expensive and labor intensive confirmation has doubled (12% vs. 25%). In actuality, the number of actual tests performed has remained fairly steady.

(1)The number of microbiology tests performed includes counts for multiple tests that may be performed on one patient specimen. For example tests for *Neisseria gonorrhoeae* and *Chlamydia* may be ordered and performed on one urine specimen, and counted as two separate tests.

Batch testing is utilized for many tests. While there may be fewer samples in a test batch due to reduction in some test volume, the cost of a batch often does not vary significantly with less volume (due to the large costs associated with the equipment purchase and maintenance, and personnel).

(2)This measure was calculated differently for FY14 than in previous years. The total cost used in the calculation is actual expenses, and likely includes additional funding sources that were not included in the cost for previous years. This measure will be influenced by the number of lab tests performed, which varies from year to year due to the incidence of disease (e.g. WNV, Flu, etc.), and the occasional purchase of expensive laboratory equipment.

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

	2012	2013	2014
Total Program Cost	\$7,552,912*	\$7,191,794*	\$7,278,485*
People Served	56,360**	61,512**	55,756**
Cost per Person	\$134.01	\$116.92	\$130.54
Non-600 Series	100%	100%	100%

Note: 600 series is defined as direct service contracts.

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.

Program Staffing

- 89 total full time or part time 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 2014, PHN provided services to 109,816 participants in 37,842 clinics or classes. In addition, 13,027 clients received individual PHN services with a total of 64,137 visits (average of 4.9 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. New PHN statute passed this year is W.S. 35-1-242.
- PHN has 9 FTEs in administration who provide nursing oversight, supervision, support, and consultation. Three are State Nursing Supervisors (SNS) and three are PHN program consultants, all located in the field. The other 80 positions provide direct services in the local county public health nursing offices.
- 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 provides infrastructure for 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
% of HIV case management clients statewide served by PHN ¹	TBD in 2015*	N/A	N/A	N/A	85% (102/120)	85% (124/146)
% of Latent Tuberculosis Infection (LTBI) clients treated statewide by PHN ²	TBD in 2015*	N/A	N/A	56% (94/168)	43% (58/136)	30% (45/151)
% of HIV tests reported to the State done by PHN	TBD in 2015*	N/A	N/A	49.1% (997/2032)	45.2% (1914/4236)	48.9% (1609/3293)
% of VFC/WyVIP providers in WY that are PHN offices ³	TBD in 2015*	N/A	N/A	24% (31/131)	24% (31/130)	26% (31/119)
% of unduplicated clients that received immunizations in PHN offices in frontier counties ⁴	TBD in 2015*	N/A	N/A	56% (31831/56479)	56% (32634/57941)	54% (29802/54957)
% of unduplicated clients that received immunizations in PHN offices in rural counties ⁵	TBD in 2015*	N/A	N/A	30% (16873/56479)	31% (17586/57941)	29% (16079/54957)
% of unduplicated clients that received immunizations in PHN offices in urban counties ⁶	TBD in 2015*	N/A	N/A	14% (7775/56479)	13% (7721/57941)	17% (9076/54957)
% of unduplicated PHN immunization clients 0-18 y/o who are VFC eligible	TBD in 2015*	N/A	N/A	61.6% (8436/13701)	55.6% (7262/13061)	50.4% (6483/12845)
% of unduplicated PHN immunization clients 0-18 y/o who are on Medicaid	TBD in 2015*	N/A	N/A	27% (3764/13701)	27% (3541/13061)	27% (3023/12845)
% of vaccines given to 0-18 y/o by PHN paid for with private funds	TBD in 2015*	N/A	N/A	6.7% (2510/37523)	9.5% (3429/36003)	10.3% (3502/33957)
% of LT101’s provided by PHN statewide	TBD in 2015*	N/A	N/A	100%	100%	100%
% of WY births seen by PHN as NFP or BB clients	TBD in 2015*	N/A	N/A	44.3% (3325/7503)	39% (2973/7617)	Not available
% of counties that rely on PHN for emergency mass vaccination and medical dispensing countermeasures	TBD in 2015*	N/A	N/A	100%	100%	100%
% of outbreaks & clusters in which PHN was involved (testing, prophylaxis, interviews, etc.)	TBD in 2015*	N/A	N/A	N/A	N/A	66%(24/36)
% of county -declared disasters responded to by PHN ⁷	TBD in 2015*	N/A	N/A	N/A	N/A	100% (5/5)
% of counties where PHN participates in the local community health assessments	TBD in 2015*	N/A	N/A	N/A	N/A	87% (20/23)
% of children 24-36 months of age served by all PHN offices with up-to-date immunizations ⁸	80%	N/A	N/A	70% (667/955)	67% (593/888)	75% 500/670
% of PHN immunization clinic adolescents ages 10-18 y/o with human papilloma virus (HPV) series completion coverage based on WyIR data	TBD in 2015*	N/A	N/A	9% (2561/28491)	8.4% (2214/26346)	7.6% (1895/24807)
% of PHN immunization clinic adolescents ages 10-18 y/o with ≥ 1 dose of tetanus (Td or Tdap) based on WyIR data	TBD in 2015*	N/A	N/A	50% (14263/28491)	51% (13431/26346)	52.6% (13046/24807)
% of MCH clients who are Temporary Assistance for Needy Families (TANF)	TBD in 2015*	N/A	N/A	61.3%	59.64%	58.04%
% of PHN hours spent on MCH services for TANF clients	TBD in 2015*	N/A	N/A	67.96%	65.11%	63.38%
% of home visits for MCH services to TANF clients	TBD in 2015*	N/A	N/A	65.5%	62.78%	60.76%

*New metrics as of July 2014
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								
# of case manager service units (15 minutes) used to provide HIV case-management services statewide by PHN ⁹	N/A	N/A	959	1285	N/A*	N/A*	N/A*	N/A*
# HIV tests reported to the State performed by PHN	N/A	997	1914	1609	N/A*	N/A*	N/A*	N/A*
# people tested by PHN for sexually transmitted infections (STIs) ¹⁰	N/A	2815	2499	2340	N/A*	N/A*	N/A*	N/A*
# of LTBI clients statewide treated by PHN ²	N/A	94	58	45	N/A*	N/A*	N/A*	N/A*
# Hep B & C tests done by PHN ¹⁰	N/A	1541	1188	1063	N/A*	N/A*	N/A*	N/A*
# Hep A & B vaccines for age 18+ provided by PHN	N/A	6038	5653	3831	N/A*	N/A*	N/A*	N/A*
# of unduplicated clients to PHN offices for immunizations	N/A	56479	57941	54957	N/A*	N/A*	N/A*	N/A*
# total visits to PHN offices for immunizations	N/A	73718	72276	68064	N/A*	N/A*	N/A*	N/A*
# of counties where PHN is the only Vaccines for Children (VFC)/WyVIP provider that carries all ACIP recommended vaccines ¹¹	N/A	3/23	3/23	3/23	N/A*	N/A*	N/A*	N/A*
Total # of vaccines given by PHN to 0-18 y/o clients	N/A	37523	36003	33957	N/A*	N/A*	N/A*	N/A*
Total # of influenza vaccines given to ≤ 18 y/o by all PHN	N/A	9385	10187	9064	N/A*	N/A*	N/A*	N/A*
Total # of influenza vaccines given to 19+ y/o by all PHN	N/A	26635	29260	28686	N/A*	N/A*	N/A*	N/A*
# of LT101's done by all PHN offices	N/A	5119	4794	4845	N/A*	N/A*	N/A*	N/A*
# of LTC Waiver Case Management provided by PHN statewide	N/A	3401	2826	2606	N/A*	N/A*	N/A*	N/A*
# participants in diabetes clinics or classes provided by PHN statewide	N/A	1025	1492	1341	N/A*	N/A*	N/A*	N/A*
# of outbreaks & clusters in which PHN was involved (testing, prophylaxis, interviews, etc.)	N/A	N/A	N/A	24	N/A*	N/A*	N/A*	N/A*
# of unique clinics or classes provided by all PHN offices ¹²	N/A	36078	39023	37842	N/A*	N/A*	N/A*	N/A*
# total participants served in clinics or classes given in metric above ¹²	N/A	114143	124105	109816	N/A*	N/A*	N/A*	N/A*
# of total visits for clients receiving individual PHN services	N/A	70720	71593	64137	N/A*	N/A*	N/A*	N/A*
# unique clients receiving the above visits (average 4.9 visits per client)	N/A	14561	14262	13027	N/A*	N/A*	N/A*	N/A*
# of children enrolled in the CSH program ¹³	N/A	1495	1580	1430	N/A*	N/A*	N/A*	N/A*
# of NFP clients served by PHN	N/A	333	296	282	N/A*	N/A*	N/A*	N/A*
# of Best Beginning visits provided by PHN statewide	N/A	16589	18032	18437	N/A*	N/A*	N/A*	N/A*
# of clients who received follow-up from PHN home visitors statewide	N/A	2578	3149	2805	N/A*	N/A*	N/A*	N/A*
# of Emergency Preparedness drills and exercises conducted by county PHN offices	N/A	220	418	352	N/A*	N/A*	N/A*	N/A*
EFFICIENCIES								
Cost of publicly-supplied vaccines shipped to State PHN that was wasted	N/A	N/A	N/A	\$41,457.15	N/A*	N/A*	N/A*	N/A*
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

- 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. In 2014 new temporary legislation allowed for the WDH to contract with independent counties to receive payment for services provided. Two of the three independent counties chose to do these services and a Memorandum of Understanding was implemented July 1, 2014 for both of those counties.
- 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 (both part-time and full-time) 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. New PHN statute passed in 2014 is W.S. 35-1-242 (interim legislation).

¹ The tracking and payment for case management time was changed in 2012, so the 2012 data are not comparable to 2013 and 2014.

² Latent tuberculosis infection (LTBI) treatment is a long-term (up to one year) treatment to prevent the occurrence of an active tuberculosis case. LTBI occurs when individuals are exposed to active tuberculosis but they form a latent form of TB which is essentially dormant or not infectious. A healthy individual with LTBI has a 5-10% chance of converting to active tuberculosis throughout their lifetime at which time they are highly infectious and able to transmit the bacteria to others. This percentage of conversion to active disease is much higher in individuals with uncompromising conditions such as HIV. (<http://www.cdc.gov/tb/publications/factsheets/general/LTBIandActiveTB.htm>) By case managing and treating LTBI clients, PHN prevents the occurrence of active infection in identified LTBI populations and in turn prevents active disease and spread of infection.

³ These numbers reflect “point in time” numbers, and are each given as of July of each year for this report.

⁴ Frontier counties: Big Horn, Carbon, Converse, Crook, Fremont, Goshen, Hot Springs, Johnson, Lincoln, Niobrara, Park, Platte, Sublette, Sweetwater, Teton, Washakie, and Weston

⁵ Rural counties: Campbell, Albany, Uinta, & Sheridan

⁶ Urban counties: Laramie and Natrona

⁷ These data are obtained from the WY Office of Homeland Security annually for this report. It may be something that the Public Health Emergency Preparedness Program (PHEPP) could track in the future.

⁸ 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.

⁹ Case management service units are paid in 15 minute increments. Beginning in April 2014 service units are now divided into medical case management and non-medical case management; that information is not used in this data.

¹⁰ The STD program has been focusing the testing dollars on high risk clients, so decreasing numbers of clients tested is expected. The tests reported are for chlamydia, gonorrhea, and syphilis. The hepatitis program has been focusing the testing dollars on high risk clients as well, and the tests reported are Hepatitis B and C.

¹¹ The 3 counties for 2012 and 2013 are: Crook, Niobrara, & Platte; for 2014 they are: Crook, Sublette, and Platte.

¹² These are NOT unduplicated numbers for these participants. Examples of clinics or classes: immunization clinics, prenatal classes, reproductive health education classes in schools.

¹³ In order to be considered enrolled in the Children with Special Health (CSH) program, the child must have been seen by a Public Health Nurse at least once during the year. There may be multiple contacts with a PHN for that child, depending on the need.



Substance Abuse and Suicide Prevention Program

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, integrated plan.

Program Expenditures and People Served

	2012	2013	2014
Total Program Cost	\$3,834,860	\$3,198,972	\$3,198,972
People Served	N/A	N/A	N/A
Cost per Person	N/A	N/A	N/A
Non-600 Series*	33%	29%	29%

N/A indicates data not available.

* 600 series is defined as direct service contracts.

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: 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.
- Amounts above do not reflect administrative costs (100-500 series).

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 that 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 modeled after the Substance Abuse and Mental Health Services Administration Strategic Prevention Framework, which focuses on population-level change, outcome-based prevention, prevention across the lifespan and an emphasis on data-driven decision making.
- This program was integrated with the Tobacco Prevention and Control Program within communities through a single contract in FY 2013. In FY 2014, 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

This program seeks to reduce suicide, adult binge drinking, and underage alcohol use

OUTCOMES						
Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
Adult Binge Drinking Percentage of counties regularly conducting beverage server training ¹	87%	69.56% (16/23)	60.87% (14/23)	78.26% (18/23)	69.56% (16/23)	87.95% ² (20/23) YTD
Underage Alcohol Use Percentage of retailers with no infractions for alcohol retailer compliance check ³	88%	85.3% (1,007/1,207)	85.7% (1,027/1,261)	86.5% (1,164/1,398)	86.9% (929/1069)	*
Suicide Prevention Percentage of adults trained per year in risk assessment (Gatekeeper) ¹	.80%	.03% (129/430,047)	.25% (1,074/433,505)	.25% (1,080/439,802)	.96% (4,300/445,733)	1.8% ⁴ (8,003/445,733) YTD
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 a minimum of one social availability policy and/or ordinance ^{1,6}	90%	55.63% (313,546/ 563,626)	69.6% (395,650/ 568,158)	69% (397,217/ 576,412)	88.4% (515,377/ 582,658)	100% (663,291/ 582,658)
Adult Binge/Underage Alcohol Use Percentage of people impacted by a minimum of one community policy 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)	63.9% (372,582/ 582,658)	66% (384,941/ 582,658)
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) National: 34.9%	*
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%	32% (40/123) National: 31%	*	*
Suicide Wyoming suicide death rates per 100,000 ¹³	20	22.06 National: 12	22.85 ¹⁴ National: 12.3	29.5 National: Not Available Yet	22.1 National: Not Available Yet	*
* Intervening years between survey dates for which data is unavailable, or future dates for which data is unavailable. N/A indicates data not available due to the creation of a new metric For footnotes see 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								
Beverage Server Trainings	196 (2,949 Trained)	239 (3,137 Trained)	228 (3,113 Trained)	247 (3,234 Trained)	89 (1,144 Trained)	135 (1,969 Trained)	103 (1,505 Trained)	144 (1,729 Trained)
Suicide Risk Assessment Trainings Conducted	55 (1,074 Trained)	66 (1,080 Trained)	169 (4,283 Trained)	215 (8,120 Trained)	60 (1,122 Trained)	109 (3,161 Trained)	133 (3,302 Trained)	82 (4,818 Trained)
Evidence-based Strategies Implemented	89.7% (185/206)	92.5% (185/200)	100% (182/182)	93.3% (375/402)	*	*	*	*
EFFICIENCIES								
Suicide Risk Assessments Trainings Cost per Attendee	*	*	\$7.98 ((\$34,125/4,498)	\$4.20 ((\$34,125/8,120)	*	*	*	*
* Intervening years between survey dates for which data is unavailable, or future dates for which data is unavailable. For footnotes see the "Story Behind the Performance" section								

STORY BEHIND THE PERFORMANCE

Footnotes:

1. Data Source - Participant Information Collection System (PICS), a data collection tool on National Outcome Measures (NOMs).
2. Currently working with law enforcement and communities to continue trainings through leveraging local capacity and creation of collaborations. Trained 48 new trainers in responsible beverage server training in FY14 in order to increase capacity.
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; e.g. 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; e.g. 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. During the 30 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).

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

	2012	2013	2014
Total Program Cost	\$6,505,913	\$5,549,339	\$5,549,339
People Served	N/A	N/A	N/A
Cost per Person	N/A	N/A	N/A
Non-600 Series*	51%	45%	45%

N/A indicates data not available.

* 600 series is defined as direct service contracts.

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.
- The apparent decrease in cost for 2013 is due to the integration of community prevention funds and activities through the PMO.

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
 - Wyoming Quit Tobacco Program (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.
- Wyoming Statutes §§ 9-4-1203 and 9-4-1204 require the Wyoming Department of Health to 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 2014 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

This program seeks to reduce tobacco use in Wyoming.

OUTCOMES

Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
SHORT TERM OUTCOMES						
% of 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)	-
% of Wyoming adults who report that smoking is never allowed in indoor areas of their workplace	89.5%	WY: 88.8% (819/905)	*	WY: 88.1% (860/957)	WY: 90.9% (1,088/1,204)	-
INTERMEDIATE OUTCOMES						
% of Wyoming adults who reported that smoking is never allowed inside their home	82.5%	WY: 81.8% (1,433/1,740)	*	WY: 86.9% (1,747/2,069)	WY: 87.3% (2,163/2,518)	-
% 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)	*	-
% of Wyoming adult smokers who had made a quit attempt in their lifetime and 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% (121/242)	*	WY: 58.2% (151/291)	-	-
LONG TERM OUTCOMES						
% of Wyoming adults who currently smoke	22.5%	WY: 19.5% (1,016/5,815) National: 17.3%	WY: 23% ¹ (1,249/6,840) National: 21.2%	WY: 21.8% (947/6,159) National: 19.6%	WY: 20.6% (973/6,315) National: 19%	-
% 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%	*	WY: 17.4% National: 15.7%	-
% 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%	WY: 18% (105,838/563,626) National: 49.1%	-

* Indicates years for which survey data is not available.

(-) Indicates data not yet available

OUTPUTS								
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014 (YTD)	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Total WQTP enrollment	3,545	3792	3918	1494	1463	2455	820	674
WQTP enrollment of pregnant women	N/A	N/A	23	23	9	14	10	13
Radio Spots	N/A	N/A	11,305	6,270	-	11,305	-	6,270
TV Spots	N/A	N/A	18,581	9,437	3480	15,101	-	9,437
Trainings	N/A	N/A	13	5	7	5	5	N/A
Community Prevention Activities ³	N/A	847 (Q3+Q4)	N/A ²	418	N/A ²	N/A ²	418	N/A
EFFICIENCIES								
Avg. Cost per WQTP Enrollee	\$245 (1,135,390/4630)	\$338 (1,200,000/3545)	\$316 (1,200,000/3792)	\$206 (169,211/820)	N/A	N/A	\$206 (169,211/820)	N/A
<i>Impact of Program Components on Quit Rates, 7 Months after Enrollment</i>								
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 not yet available due to the creation of a new metric N/A* indicates data not available on a quarterly basis								

STORY BEHIND THE PERFORMANCE

Footnotes

1. In 2011, the Behavioral Risk Factor Surveillance System underwent a change in the data weighting 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.
2. During 2013, the system used to track community activities was being rebuilt due to the integration of prevention efforts under the Prevention Management Organization (PMO).
3. Community Prevention Activities are activities meant to change attitudes, perceptions and behaviors related to tobacco use. These include, but are not limited to: community mobilization and education efforts, participation in community events, promoting the services of the WQTP, working with businesses to go smoke-free, local media education efforts, etc.

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% (2006-2013).
- The percentage of Wyoming adults who reported that smoking is never allowed inside their home increased from 77% to over 80% (2006-2013).
- 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 17.4% in 2013.

Challenges:

- 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.
- 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 at less than 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:

- Switched to National Jewish Health (NJH) as quitline provider beginning July 1, 2014.
- Counseling services were extended to youth (12-17yrs).
- Counseling sessions per enrollee were increased from 3 to 5.
- Mailing of Nicotine Replacement Therapies (NRT) from a centralized supplier increased customer service and satisfaction.
- A pregnancy protocol that has demonstrated success was added to the quitline services.
- A Fitlogix program has been added to also address any weight concerns that enrollees may have.
- A Native American quitline is being developed by NJH to provide culturally competent cessation services to Native Americans.

Media and WQTP Enrollments:

- WQTP enrollments dramatically increased in the second half of 2013 vs. the first half. The higher number of enrollments in the second half coincides with an increased media presence during that time. In the spring of 2013, there was 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

	2012	2013	2014
Total Program Cost	\$154,453	\$143,407	\$155,970
People Served	568,158	568,158	582,658
Cost per Person	\$0.27	\$0.25	\$0.27
Non-600 Series*	91%	91%	90%

* 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

- Supported through Hospital Preparedness & Rural Health FLEX Grant
- FY 2013/1014 budget exception request provided \$110,000 (biennium) in State General Funds
- 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.
- This program
 - Provides the mandatory Trauma Patient Registry for all acute care facilities;
 - Provided support to all Trauma Regional meetings;
 - Provided technical registry support to facilities on 115 occasions in CY 2013 and 50 in CY 2014;
 - Provided 31 data report requests in CY 2013, including LSO & Workforce Services and 30 in CY 2014;
 - Provided 1 Rural Trauma Team Course; and
 - Provided 1 Abbreviated Injury Scale & Injury Severity Score Coding course to all facilities (June 28-29, 2013).

Events that have Shaped this Program

- Traumatic injury is the #1 killer of Wyoming residents ages 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.
- The position of Trauma Program Manager has had low retention in the last seven years.
- The position of Trauma Coordinators in acute care facilities also suffers from low retention.

Wyoming Trauma Program

PROGRAM CORE PURPOSE

This program 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	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% 22/28	93% 26/28
Percent of facilities actively contributing to the Trauma Patient Registry ²	96%	0%	86% 23/28	93% 26/28	93% 26/28	89% 25/28
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 ^{1a}	68%	3.5% 1/28	18% 5/28	39% 11/28	64% 18/28	64% 18/28
Percent ED trauma patient dwell times <2 hours (% of patients with dwell time <120 minutes) calendar year ⁴	25%	N/A	24%	24%	21.3%	21.2%

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 facility site reviews conducted	7	11	6	12	0	6	0	12
Number of Trauma Regional Advisory Councils (5 total) meeting quarterly	2	4	4	5	4	4	5	4
Number of educational opportunities sponsored to improve facility compliance	4	7	3	1	2	1	0	1
Percent of facilities sending representation to at least one sponsored educational opportunity per year	96% 27/28	96% 27/28	96% 27/28	7% 2/28	71% 20/28	96% 27/28	N/A	7% 2/28
Number of trauma records in Trauma Registry by WY acute care facilities	3,553	3,682	3,429	3,291	1,820	1,609	1,723	1,568
EFFICIENCIES								
Cost per trauma registry record (\$31,500/# records)	\$8.87 (\$31,500/ 3,553)	\$8.55 (\$31,500/ 3,682)	\$9.19 (\$31,500/ 3,429)	\$9.57 (\$31,500/ 3,291)	\$8.65 (\$15,750/ 1,820)	\$9.79 (\$15,750/ 1,609)	\$9.14 (\$15,750/ 1,723)	\$10.04 (\$15,750/ 1,568)

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

Story Behind the Performance

Traumatic injury is the #1 killer of Wyoming residents' ages 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.

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

Program Description

The Women & Infant Health Program facilitates access to care for women of reproductive years (ages 15 – 44 years) and their infants (ages 0 – 1 years). 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

	2012	2013	2014
Total Program Cost	\$2,970,000	\$3,110,000	\$3,400,000
People Served	N/A	N/A	N/A
Cost per Person	N/A	N/A	N/A
Non-600 Series*	13.36%	16.3%	14.0%

N/A indicates data not available.

* 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 (State General Funds and Federal Funds from Temporary Assistance for Needy Families (TANF) and Title V Maternal Child Health (MCH) Block Grant)
- Matching state funds (\$3 for every \$4 Title V) are required for the Title V MCH Block grant and be maintained at or above 1989 levels.
- 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 through the Healthy Baby Home Visitation Program.

Program Staffing

- 2.9 FTE

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 help 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.
- In SFY2014, the Maternal and Child Health Unit began work on the next 2016-2020 needs assessment.



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	CY 2013 Target	CY 2010	CY 2011	CY 2012	CY 2013	CY 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	96.9% 6727/6939	-
% of women surveyed about smoking status at each Public Health Nursing (PHN) Healthy Baby home visit	95%	N/A	N/A	N/A	96.4% 1667/1729	-
% of women who initiated breastfeeding documented at hospital discharge (VSS)	85%	81.6% 6154/7541	81.2% 5964/7341	82.3% 6233/7576	-	-
INTERMEDIATE OUTCOMES						
# (%) of newborns with a positive screen who received timely follow-up to definitive diagnosis and clinical management ¹	100%	16 (100%)	19 (100%)	16 (100%)	-	-
% of infants born to pregnant women who received prenatal care beginning in the first trimester (VSS)	80%	74.2% 5593/7541	73.8% 5417/7341	72.7% 5511/7576	-	-
% of women who gained appropriate weight during pregnancy (VSS and PRAMS)	30%	28.9% 2180/7541	28.4% 2085/7341	-	-	-
% of infants born to women who smoked during pregnancy (VSS)	15%	16.6% 1250/7541	16.0% 1175/7341	15.9% 1203/7576	15.8% 1207/7617	-
% of very low birth weight (≤3lbs 4oz) infants born at facilities with appropriate level of care (VSS)	80%	68.2% 58/85	74.7% 59/79	69.2% 63/90	-	-
% of mothers who breastfeed their infants at 6 months of age (NIS)	50%	48.2% 3635/7541	53.2% 3905/7341	55.6% 4212/7576	56.6% 4311/7617	-

(-) Indicates data not yet available

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

(-) Indicates data are not available. Note: Performance Metric Data missing for 2013 will be available by early 2015. Due to delay in the implementation of the national integrated data collection system for PRAMS, WY has not received 2012 or 2013 data.

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 ²	5	2	26	3	8	18	1	2
# of women enrolled in Maternal High Risk (MHR) ³	16	23	29	28	14	15	17	13
# of infants enrolled in Newborn Intensive Care (NBIC) ³	48	52	40	37	16	24	25	14
# of trainings organized and/or contracted by Maternal and Child Health (MCH) ⁴	3	2	2	2	2	0	1	1
# of presentations requested by community organizations ⁵	N/A	N/A	7	4	3	4	1	3
EFFICIENCIES								
Average cost of MHR per (client)	\$134 (16)	\$975 (23)	\$76 (29)	\$22 (28)	N/A*	N/A*	N/A*	N/A*
Average cost of NBIC per (client)	\$132 (48)	\$17 (52)	\$187 (40)	\$94 (37)	N/A*	N/A*	N/A*	N/A*
Cost per Newborn Screen ⁶	N/A	N/A	N/A	\$71 (6868)	N/A*	N/A*	N/A*	N/A*
N/A indicates data not yet available due to the creation of a new metric N/A* indicates data not available on a quarterly basis								

STORY BEHIND THE PERFORMANCE

The Women & Infant 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 women and infants; promotes healthy development within the women and infant populations, including infants with special health care needs; and provides supervision and participation within the overall Maternal and Child Health Unit priorities. Examples of MCH services directly affecting this population include the Healthy Baby Home Visitation program, Maternal High Risk (MHR), Newborn Intensive Care (NBIC), Newborn Screening (NBS) including appropriate follow-up, and services for children (infants) with special health care needs (CSH). Infant mortality is an indicator of overall health and well-being of the state.

Footnotes:

- ¹ Indicates rolling three year combined counts.
- ² Site visits to Public Health Nursing offices as well as surrounding states' tertiary care centers promote care coordination for Wyoming families.
- ³ SFY Totals are unduplicated.
- ⁴ Trainings organized and/or contracted include PHN Healthy Baby Home Visitation curriculum training (Nurse Family Partnership (NFP) and Best Beginnings (BB)), Nursing Child Assessment Satellite Training (NCAST),

Certified

- Lactation Counselor (CLC) training and Post-Partum Depression training.
- ⁵ MCH presentations in SFY2014, focusing on Women and Infant Health, included those for the Fremont County Infant Mortality Review and Cheyenne Regional Medical Center.
 - ⁶ Cost per newborn screen includes only 1st newborn screens (Total: 6868). If efficiency was calculated to include 2nd newborn screens (6011), new cost per newborn screen would equal \$38.

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

	2012	2013	2014
Total Program Cost	\$11,731,448	\$10,697,759	\$11,270,261
People Served	12,087	11,319	11,169
Cost per Person	\$970.58	\$945.12	\$1,009.07
Non-600 Series*	25.04%	16.95%	15.3%

* 600 series is defined as direct service contracts.

Program Cost Notes

- Additional direct service expenditures not included in the 600 series equal \$ 4,305,984 for the three fiscal years combined.
- Total FY15-16 Budget of \$23,918,519 includes 7% GF, 72% FF, 21% infant formula rebates.
- People Served = average monthly caseload

Program Staffing

- State positions: 15 FTE; 12 PT; 12 AWEC
- County positions: 1 FTE; 14 PT
- Hospital positions: 4 FTE; 5 PT
- Total 45.2 FTE (8.6 state office; 35.6 local agencies)

Program Metrics

- From 2012-2014, an average of 11,525 pregnant, postpartum, and breastfeeding women, infants, and young children were served each month by WIC.
- Nearly 19,000 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 in order to save money; these funds are 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	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	70.7% (621/878)
% of survey respondents who met with a breastfeeding peer counselor and found it helpful	95%	N/A	N/A	N/A	92.5%	91.7%
% of survey respondents who indicate that WIC helped them eat more vegetables	84%	N/A	N/A	N/A	82.5%	87.3%
% of survey respondents who indicate that WIC helped them eat more fruits	86%	N/A	N/A	N/A	84.1%	88.0%
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)	67.5% (\$461,188/ \$683,174 (no data Nov 2013)
Of all WIC post-partum women, average % who are breastfeeding	47%	44.2% (855/1935)	43.7% (806/1850)	46.2% (829/1793)	44.4% (735/1654)	46.1% (799/1,732)
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)	77.1% (616/799)
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	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 # women served/month ⁴	3,021	2,922	2753	2,774	2,750	2,755	2,816	2,733
Average # children (ages 1-5) served/month ⁴	6,422	6,228	5,949	5,775	5,976	5,921	5,862	5,689
Average # infants (ages 0-1) served/month ⁴	3,039	2,397	2,618	2,620	2,704	2,532	2,628	2,612
% of local WIC agencies with breastfeeding peer counselors ⁵	47% (9/19)	53% (10/19)	45% (8.6/19)	53% (10/19)	46% (8.75/19)	45% (8.5/19)	53% (10/19)	53% (10/19)
Total # CLC trained WIC staff ⁵	21	25	27	33	27	27	27	33
Average # referrals documented/month ⁶	N/A	N/A	687 3 rd qtr. only	758	N/A	687 3 rd qtr. only	651	865
Average # nutrition education contacts/month	N/A	N/A	2,281 3 rd & 4 th qtr. only	2,502	N/A	2,281 3 rd & 4 th qtr. only	2,403	2,600
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)	\$49.29 (\$550,528/ 11,169)	\$44.44 (\$507,960/ 11,431)	\$49.69 (\$556,854/ 11,207)	\$49.31 (\$557,451/ 11,306)	\$49.27 (\$543,605/ 11,033)
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)	\$4.64 (\$51,071/ 11,016) (FFY YTD)	\$3.52 (\$39,510/ 11,218)	\$6.66 (\$75,213/ 11,293)	\$3.47 (\$38,881/ 11,194)	\$5.84 (\$63,261/ 10,838) (FFY YTD)
(-) Indicates data not yet available N/A indicates data not yet available due to the creation of a new metric N/A* indicates data not available on a quarterly basis								

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, also 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 services administration funds on nutrition education or be subject to funding penalties.

WDH | Aging Division

Legal Services and Legal Developer Program

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 Home Services

Legal Services and Legal Developer Program

Program Description

The Legal Services and Legal Developer Program is a federally mandated program under Section 420 of the Older Americans Act of 1965, as amended in 2006. The program provides funds to provide free legal services to individuals over the age of sixty (60), either through direct service or the provider's developed legal network that will provide affordable legal services, to allow older individuals to use their saving from legal services for other needed expenses.

Program Expenditures and People Served

	2012	2013	2014
Total Program Cost	\$88,300	\$75,384	\$75,366
People Served	727*	274	253
Cost per Person	\$121	\$231.70	\$297.89
Non-600 Series**	0%	0%	0%

**This count includes both duplicated and unduplicated clients.

** 600 series is defined as direct service contracts.

Program Cost Notes

- The state funds (6.69%) match federal funds (93.7%), which are provided to the Legal Services and Legal Developer Program.
- The local matching fund (write-off amount) by the provider amounted to \$35,698 for SFY 2014.

Program Staffing

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

Program Metrics

- In SFY 2014, 253 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 2014, total client hours performed by the provider equaled 1,128.75 hours; an increase of 19% from the SFY 2013 total of 944.75 hours.
- In SFY 2013, the average cost per client was \$231.70. In SFY 2014 the average cost per client is \$297.89.
- In SFY 2013, the average number of hours spent per client was 3.5. In SFY 2014, the number of hours spent per client was 4.46
- The average cost savings per client in SFY 2013, based on the average of \$250.00/hour cost for private legal assistance, equaled \$875.00. Average cost saving per client for SFY 2014 equaled \$1,115.00.

Events that have shaped this Program

- The funding for the Legal Services and Legal Developer Program was cut by 14% in SFY13 and an additional 4% in SFY14.
- 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."
- 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.

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	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
INTERMEDIATE OUTCOMES						
Percentage of clients surveyed who indicated that their quality of life has improved since receiving legal services.	N/A	N/A	N/A	N/A	N/A	N/A
Percentage of clients surveyed who indicated that legal services they received contributed to savings to their daily expenses/income.	N/A	N/A	N/A	N/A	N/A	N/A
LONG TERM OUTCOMES						
Savings to all Wyoming citizens over the age of 60 who received services. (Based on \$250/hour cost of obtaining private legal services)	\$248,000	N/A	N/A	N/A	\$236,187.50 (944.75 hours)	\$280,187.50 (1,128.75 hours)
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								
Percentage of Wyoming's population who are age 60 and older who received legal services.	N/A	1% (727 of 100,144)	<1% (274 of 97,182)	<1% (253 of 113,000)	N/A	N/A	85	168
Percentage of Wyoming's population who are age 60 and older, who are at or below 125% of the federal poverty level, and received legal services.	N/A	N/A	1% (110 of 8,827)	4.15% (249 of 6,000)	N/A	N/A	85	164
Percentage of Wyoming's population who are age 60 and older who live alone and received legal services.	N/A	N/A	1% (167 of 26,282)	< 1% (164 of 36,000)	N/A	N/A	51	113
Percentage of Wyoming's population who are age 60 and older, who are minorities, and received legal services.	N/A	N/A	1.3% (41 of 3,030)	1.2% (38 of 3,000)	N/A	N/A	13	25
Total number of hours spent performing legal services for individuals over the age of 60.	N/A	N/A	944.75	1,128.75	N/A	N/A	642	486.75
N/A indicates data not yet 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
EFFICIENCIES								
Average cost per hour of combined Federal and State funds based on 944.75 hours spent in SFY13 and 1,128.75 hours spent in SFY14	N/A	N/A	\$79.79	\$66.77 (75,366/ 1,128.75)	\$49.96	\$79.56	\$56.39	\$30.46
Average cost per unduplicated client	N/A	N/A	\$231.70	\$297.89 (75,366/ 253)	\$221.30	\$312.71	\$465.46 (39,564/ 85)	\$213.11 (35,802/ 168)
N/A indicates data not yet available due to the creation of a new metric								

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.

Title III-B Supportive Services

Program Description

The Title III-B program is funded by the Administration on Aging under Section 321 of the Older Americans Act. 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 clients 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.

Program Expenditures and People Served

	2012	2013	2014
Total Program Cost	\$1,798,449	\$1,645,022	\$1,184,194*
People Served	20,499	18,389	16,161
Cost per Person	\$87.73	\$89.46	\$73.27
Non-600 Series*	30%	30%	30%

* Three quarters (July 2013 – March 2014) of combined Federal and State payments for SFY 2014.

Program Cost Notes - SFY 2014

- Expenditures – 85% Federal Funds, 8.5% General Funds, and 8.4% local match.
- To date, grantees have contributed \$915,626 to supplement the program.

Program Staffing

- .75 FTE
- 0 AWEC
- 0 Other

Program Metrics

- In SFY 2014, Title III-B had a total of 37 grantees covering 23 counties in Wyoming. These grantees served a total of 16,161 clients in the first three quarters of SFY 14. This number represents approximately 14.3% of Wyoming's adults aged 60 and older, based on 2013 Census data. A total of \$915,626 was generated by the grantees to supplement program operations. These funds include program income, local match, and in-kind services.

Events that have Shaped this Program

- The number of Wyoming's adults age 60 and over increased by 32.7% from the 2000 to the 2010 U.S. Census. By 2030, those 60 and older will comprise 32.2% of the State's total population, making Wyoming the fourth oldest state in the nation.
- Title III-B funds a broad array of services that enable seniors to remain in their homes for as long as possible. These services include, but are not limited to:
 - Access services, such as transportation, health and wellness program utilization, and information and assistance;
 - Preventive Health in health screenings and referrals for follow-up services as needed, and;
 - Community services, such as legal services, mental health services, and ombudsman services.
- The impacts of the Title III-B Program for older adults and their communities include community ownership, health care utilization, assisted technologies, unmet needs among older adults and care givers, and coordination of community resources to maximize services.

Title III-B Supportive Services

PROGRAM CORE PURPOSE

To help Wyoming's older adults to remain physically, mentally, and socially active to prevent early institutionalization by providing comprehensive, coordinated, and cost effective services.

OUTCOMES						
Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
LONG TERM OUTCOMES						
Percentage of clients surveyed who indicated that health services they received helped them better care for themselves and improve their quality of life.*	75%	N/A	N/A	N/A	56%	57%
Percentage of clients surveyed who indicated that socialization services they received helped them feel better and remain physically active.*	75%	N/A	N/A	N/A	57%	79%
Percentage of clients surveyed who indicated that the support services they received helped them feel safe at home and lead a healthy and active life style.*	75%	N/A	N/A	N/A	51%	80%
Percentage of clients surveyed who indicated that transportation services they received helped to improve their independence and stay active.*	75%	N/A	N/A	N/A	40%	60%
<p>*The percentage calculation is based on the result of a combined survey of multi-categories of services. Effort is underway, with providers, to modify this survey for more accurate data collection for future reports. N/A indicates data not available due to the creation of a new metric</p>						

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 Wyoming eligible population served	22% (22,083/ 99,555 ²)	21% (20,499/ 100,144 ²)	19% (18,389/ 97,128 ²)	14.3% (17,453/ 113,000 ²)	15.2% (14,857/ 97,128 ²)	13.7% (13,332/ 97,128 ²)	12.5% (13,911/ 113,000 ²)	8.8% (13,059/ 113,000 ²)
Units ¹ of Service provided	749,810	723,952	707,388	713,305	347,084	360,304	346,719	366,582
Number of unduplicated clients who received a health service.	6,720	6,338	6,061	5,551	4,552	2,878	4,265	3,478
Number of health service units ¹ provided.	79,209	77,993	73,064	74,613	36,101	37,053	36,918	37,695
Number of unduplicated clients who received a socialization service.	10,331	10,144	10,275	10,254	8,151	7,844	8,149	7,934
Number of socialization service units ¹ provided.	256,041	256,275	272,896	304,324	131,305	142,576	146,916	157,408
Number of unduplicated clients who received a support service.	10,714	12,702	10,807	8,926	7,936	6,286	6,325	6,065
Number of support service units ¹ provided.	225,849	222,504	223,281	175,401	113,739	114,403	88,037	87,360
Number of unduplicated clients who utilized a transportation service.	3,004	2,865	2,346	2,239	1,833	1,621	1,718	1,579
Number of transportation service units ¹ provided.	188,680	157,054	140,306	158,967	71,526	70,042	74,849	84,119
EFFICIENCIES								
Cost per client (Federal and State)	\$81.15	\$87.73	\$89.46	\$68.90	\$54.79	\$58.81	\$58.52	\$29.75
Cost per unit ¹ (Federal and State)	\$2.39	\$2.48	\$2.28	\$1.69	\$2.37	\$2.19	\$2.35	\$1.06

*2011 and 2012 figures include care plan required services, which no longer fall under Title III-B program, effective 9/30/2012.

¹ Unit is an activity or time increment for an occurrence/category of service.

² Percentages based on data collected by U.S. Census Bureau.

STORY BEHIND THE PERFORMANCE

- Based on the projected Census data for SFY 2014, the Title III-B program served approximately 14.3% of Wyoming's total population age 60 and older. Title III-B also served approximately 14% of Wyoming's total population age 60 and over who are a minority, 47% of Wyoming's total population age 60 and over who live at or below 100% of the Federal poverty level, and 14% of Wyoming's total population age 60 and over who live alone.
- In October of 2012 the Community Living Section of the Aging Division collaborated with the Wyoming Association for Senior Project Directors (WASPD) to consolidate the Title III-B Program into 4 major service categories and 16 services to enhance data collection and the efficiency and effectiveness of services provided.
- The total number of clients served has shown a decrease from year to year due to data collection becoming more defined.
- Aging Division also collaborated with WASPD to develop program surveys to gather clients' satisfaction data and program performance/outcome information for services provided under the Title III-B program.

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, as well as a gateway to additional services. This program gives priority to low-income and minority persons, those residing in rural areas, those with limited English proficiency, and those at greatest nutritional risk.

Program Expenditures and People Served

	2012	2013	2014
Total Program Cost	\$2,078,314	\$1,655,909	\$1,613,596
People Served	18,707	19,183	18,427
Cost per Person	\$113.84	\$86.32	\$87.56
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 funds, plus local match funds.
- Local service providers contributed a total of \$5,777,569 in matching funds during SFY 2014.

Program Staffing

- 0.5 FTE

Program Metrics

- In SFY 2014, the Title III-C1 Congregate Nutrition Program had a total of 33 grantees covering 23 counties in Wyoming. These grantees served a total of 18,427 clients representing approximately 16.3% of Wyoming's total population of older adults, based on 2013 Census data. These 18,427 clients received a total of 636,041 meals that they may not have otherwise received.

Events that have Shaped this Program

- Business model training was provided to all service providers in September of 2013 to educate them on how to more effectively manage their not-for-profit organization.
- A revised Quarterly Meal Costing report was sent out to the service providers so they could more effectively and consistently break down costs of providing this service. This will help them become more efficient in their operations and ultimately allow them to serve more meals.

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 2015 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.	75%	N/A	N/A	N/A	81%	71%
Percent of clients surveyed who indicated that they depend on the meals they receive.	40%	N/A	N/A	N/A	49%	35%
Percent of clients surveyed who indicated that they eat fewer than three meals a day.	40%	N/A	N/A	N/A	N/A	37%
Percent of clients surveyed who indicated that the meals they receive help them to remain in their home and out of an institution.	55%	N/A	N/A	N/A	N/A	53%
Percent of clients surveyed who indicated they would not have access to food if they did not receive a meal.	10%	N/A	N/A	N/A	N/A	6%
Percent of clients surveyed who indicated that the nutrition education services help them with their health.	63%	N/A	N/A	N/A	75%	57%
Percent of clients surveyed who indicated that the meals they receive help them maintain their current weight.	75%	N/A	N/A	N/A	74%	71%
Percent of clients surveyed who feel the meals that they receive help them maintain their overall health.	90%	N/A	N/A	N/A	91%	86%
Percent of clients surveyed who indicated that they enjoy talking with people involved in the nutrition program.	95%	N/A	N/A	N/A	N/A	96%

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 Wyoming's older adult population who received services (raw data)	18.0% (18,004/ 99,555)	18.6% (18,707/ 100,144)	19.7% (19,183/ 97,182)	16.3% (18,427/ 113,000)	16% (15,641/ 97,182)	14.5% (14,129/ 97,182)	15.4% (17,442/ 113,000)	12.1% (13,784/ 113,000)
# of meals served.	615,204	663,957	643,819	635,943	323,388	320,431	327,637	308,306
# of units of nutrition education provided ¹	11,889	13,075	12,466	3,312*	8,717	3,749	2,143*	1,169*
# of units of nutrition counseling provided ²	25.5	38.5	73	54	29.25	43.75	16	38
EFFICIENCIES								
Reimbursement per meal, State funds	\$0.27	\$0.29	\$0.25	\$0.20	\$0.27	\$0.25	\$0.22	\$0.20
Reimbursement per meal, Federal funds	\$3.08	\$3.18	\$2.52	\$2.32	\$2.85	\$2.52	\$2.42	\$2.32
Average total cost per meal	\$9.95	\$10.03	\$9.77	\$9.58	\$10.04	\$9.50	\$9.61	\$9.55
Average raw food cost per meal	\$3.12	\$3.23	\$3.18	\$3.05	\$3.14	\$3.20	\$3.10	\$3.00
<p>* This number has shown a significant drop from previous fiscal years because of an improvement in reporting requirements.</p> <p>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.</p> <p>2 One unit of Nutrition Counseling is defined, in increments of hours, as a one-on-one session between a RD and a C-1 participant of high nutritional risk, and pertaining to the C-1 participant's personal health or diet.</p>								

STORY BEHIND THE PERFORMANCE

- With an average of 10,000 Boomers turning 65 every day, there has been a decrease in the number of clients and number of meals served. This is due to the fact that Boomers do not view themselves as old or as “seniors”.
- A more efficient manner for reporting nutrition education has been mandated, which has caused a decrease in the number of Nutrition Education units.

Title III-C2 Home Delivered Nutrition Program

Program Description

The Title III-C2 Home Delivered 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, as well as a gateway to additional services. This program gives priority to low-income and minority persons, those residing in rural areas, those with limited English speaking proficiency, and those at greatest nutritional risk.

Program Expenditures and People Served

	2012	2013	2014
Total Program Cost	\$1,533,608	\$1,368,272	\$1,268,641
People Served	5,385	5,006	4,916
Cost per Person	\$295.09	\$278.21	\$258.06
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 funds, and local match funds.
- Local service providers contributed a total of \$4,363,513 in matching funds during SFY 2014.

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 4,916 clients representing approximately 3.3% of Wyoming's older adult population, based on 2013 Census data. These 4,916 clients received a total of 522,254 meals that they may not have otherwise received.

Events that have Shaped this Program

- Business model training was provided to all service providers in September of 2013 to educate them on how to more effectively manage their not-for-profit organization.
- A revised Quarterly Meal Costing report was sent out to the service providers so they could more effectively and consistently break down costs of providing this service. This will help them become more efficient in their operations and ultimately allow them to serve more meals.

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 2015 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	90%	N/A	N/A	N/A	90%	87%
Percent of clients surveyed who indicated that they depend on the meals they receive	73%	N/A	N/A	N/A	74%	70%
Percent of clients surveyed who indicated that they eat fewer than three meals a day	8%	N/A	N/A	N/A	N/A	10%
Percent of clients surveyed who indicated that the meals they receive help them to remain in their home and out of an institution	90%	N/A	N/A	N/A	N/A	87%
Percent of clients surveyed who indicated they would not have access to food if they did not receive a meal	20%	N/A	N/A	N/A	N/A	15%
Percent of clients surveyed who indicated that the nutrition education services help them with their health	85%	N/A	N/A	N/A	82%	81%
Percent of clients surveyed who indicated that the meal they receive helps them maintain their current weight	86%	N/A	N/A	N/A	86%	84%
Percent of clients surveyed who feel the meals that they receive help them maintain their overall health	92%	N/A	N/A	N/A	92%	90%
Percent of clients surveyed who indicated that they enjoy talking with people involved in the nutrition program	92%	N/A	N/A	N/A	N/A	90%

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								
Percent of Wyoming's older adult population who received services (raw data)	5.1% (5,117/ 99,555)	5.3% (5,385/ 100,144)	5.2% (5,066/ 97,182)	3.3% (4,916/ 113,000)	4% (3,912/ 97,182)	3.8% (3,740/ 97,182)	3.2% (3,725/ 113,000)	3.2% (3,647/ 113,000)
Total number of meals served	490,656	510,183	526,333	522,254	266,841	259,492	261,127	261,544
Total units of Nutrition Education provided ¹	15,262	15,875	11,659	5,839*	8,030	3,629	2,863*	2,976*
Total units of Nutrition Counseling provided ²	85.75	50.75	76.5	156.5	37.25	39.25	83.25	73.25
EFFICIENCIES								
Reimbursement per meal State	\$0.27	\$0.29	\$0.25	\$0.20	\$0.27	\$0.25	\$0.22	\$0.20
Reimbursement per meal Federal	\$3.08	\$3.18	\$2.52	\$2.32	\$2.85	\$2.52	\$2.42	\$2.32
Average total cost per meal	\$10.31	\$11.33	\$10.39	\$9.72	\$10.81	\$9.98	\$9.82	\$9.62
Average raw food cost per meal	\$3.04	\$3.42	\$3.10	\$3.05	\$3.11	\$3.08	\$3.10	\$3.00
<p>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 group of individuals participating in C-2 services and that pertains to more general knowledge regarding health or nutrition.</p> <p>* This number has shown a significant drop from previous fiscal years because of an improvement in reporting requirements.</p> <p>² One unit of Nutrition Counseling is defined, in increments of hours, as a one on one session, between a RD and a C-2 participant with a high nutritional risk, pertaining to the C-2 participant's personal health or diet.</p>								

STORY BEHIND THE PERFORMANCE

- With an average of 10,000 Boomers turning 65 every day there has been a decrease in number of clients and number of meals served. This is due to the fact that Boomers do not view themselves as old or as "seniors".
- A more efficient manner for reporting nutrition education has been mandated, which has caused a decrease in the number of Nutrition Education units.

Title III-D Disease Prevention and Health Promotion

Program Description

The Disease Prevention and Health Promotion (Title III-D) Program of the Older Americans Act was established in 1987. The Title III-D Program is an educational and support program designed to assist older individuals, age 60 and over, in the self-management of their physical and mental health. It provides grants to States & 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 need.

Program Expenditures and People Served

	2012	2013	2014*
Total Program Cost	\$97,448	\$97,000	\$48,784
People Served	2,827	2,486	1,397
Cost per Person	\$28.19	\$39.02	\$35.37
Non-600 Series**	0%	0%	0%

* Year-To-Date data (1st and 2nd quarters only).

**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 does not require a match.
- Direct services only program

Program Staffing

- .15 FTE
- 0 AWEC

Program Metrics

- Title III-D is a fundamental program for promoting a healthy and active life style in aging.
- Eighteen (18) grantees statewide received III-D funding for SFY 2014 to provide services including health education, health exercise, and disease prevention and health promotion services.
- 1,379 older adults received Title III-D services in the 1st and 2nd quarters of SFY 2014.
- Innovative programs include healthy bone exercises, Parkinson work groups, toenail clinics, and depression reduction therapy.

Events that have Shaped this Program

- The Title III-D Program is funded through the Administration on Aging (AoA) to the States.
- In FFY 2012, Health and Human Services and AoA initiated evidence-based programmatic functions for Title III-D services. See http://www.aoa.gov/AoA_Programs/HPW/Title_IIID/index.aspx for more information.
- Activities include: information and outreach to encourage behavioral change and participation in healthy life style activities, including the distribution of information to seniors through senior centers, congregate meal sites, and the home-delivered meals program about healthy lifestyles and behaviors; preventive health services, including 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; and wellness programs that help older adults prevent and manage chronic disease and improve their overall health, including the Medication Management Program.
- Due to the increase in the number of Alzheimer's cases nationally, in addition to the Medication Management Program Title III-D has added a pilot program, Dementia Care Services, in SFY 2014. This program provides education and therapies for clients and caregivers to improve self-care throughout the progression of this disease.



Disease Prevention and Health Promotion Program

PROGRAM CORE PURPOSE

To prevent disease and promote the health of older individuals, age 60 and older, to prevent premature institutionalization.

OUTCOMES						
Performance Metric	Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
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	45%*	70%
Percent of clients surveyed who indicated that Health Exercise Programs they received helped them feel better.	50%	N/A	N/A	N/A	31%*	24%
Percent of clients surveyed who indicated that the Preventive Health Services they received improved their health.	50%	N/A	N/A	N/A	62%*	40%

* The percentage calculation included the number of people who did not respond to some of the questions asked.

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 Wyoming eligible population served	2.7% (2,727/ 99,555)	2.8% (2,827/ 100,144)	2.5% (2,486/ 97,182)	1.2% (2,063/ 113,000)	1.7% (1,653/ 97,182)	1.8% (1,821/ 97,182)	1.2% (1,322/ 113,000)	1.4% (1,589/ 113,000)
Units of service provided	22,358	24,975	24,817	19,010	11,774	13,043	9,856	9,154
Percent of Wyoming's total minority population age 60 and over served by Title III-D.	3% (85/ 3,396)	2% (88/ 5,273)	2% (69/ 3,030)	1.7% (65/ 3,000)	1.6% (47/ 3,030)	1.9% (59/ 3,030)	1.7% (49/ 3,000)	1.6% (47/ 3,000)

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
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.	5% (604/ 11,122)	6% (568/ 9,469)	6% (493/ 8,827)	5.2% (416/ 6,000)	3.9% (345/ 8,827)	3.8% (339/ 8,827)	5.2% (304/ 6,000)	5.2% (312/ 6,000)
Percent of Wyoming's total population living alone age 60 and over served by Title III-D.	4% (1,224/ 32,286)	4% (1,147/ 32,426)	3% (975/ 31,003)	2.4% (867/ 36,000)	2.2% (697/ 31,003)	2.3% (705/ 31,003)	1.6% (581/ 3,600)	1.8% (651/ 36,000)
EFFICIENCIES								
Cost per Person	\$34.22	\$28.19	\$39.02	\$36.69 (2,911/ 115,542)	N/A	N/A	\$35.37 (48,738/ 1,322)	\$42.04 (66,804/ 1,589)
Cost per Unit	\$4.17	\$3.90	\$3.91	\$6.08 (19,010/ 115,542)	N/A	N/A	\$4.95 (48,738/ 9,856)	\$7.30 (66,804/ 9,154)
N/A indicates data not yet available due to the creation of a new metric								

STORY BEHIND THE PERFORMANCE

- 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.
 - The Aging Division collaborated with the Wyoming Association of Senior Project Director (WASPD) in 2012 to redesign the annual client satisfaction survey to capture evidence-based outcomes to 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.
- In addition to Medication Management, Dementia Care is another evidenced-based pilot program implemented by the Title III-D Program.
- The criteria for Evidence-Based Disease and Disability Prevention Programs have been provided by Administration on Aging 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;
 - Depression and/or Substance Abuse Programs, such as PEARLS and Healthy IDEAS, which teach older adults how to manage their mild to moderate depression, and;
 - 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.

Title III-E National Family Caregiver Support

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

	2012	2013	2014
Total Program Cost	\$833,627	\$728,941	\$627,347
People Served	725	684	624
Cost per Person	\$1,150	\$1,066	\$1,005
Non-600 Series*			

* 600 series is defined as direct service contracts.

Program Cost Notes

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

Program Staffing

- .5 FTE National Caregiver Support Program
- .5 FTE Social Assistance Management Software (SAMS) – a consumer and service database used by 48 providers

Program Metrics

- 21% of Caregivers are 18 to 59 years old.
- 79% 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.
- FFY 2010, 2014, and 2015 the Caregiver Program received no State funds.
- SAMS data entry may have over counted caregivers in the past. In FFY 2014 data was entered the correct way.



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 to their loved ones.

OUTCOMES						
Performance Metric	SFY 2015 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
OUTCOMES						
Provider's Caregiver Evaluation Average Score	Less than 15/30	N/A	N/A	N/A	11/30	12/30
Provider's Caregiver Evaluation Average Score on newly enrolled Caregivers	17/30	N/A	N/A	N/A	N/A	11/30
(-) 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 outreach events (estimated number of consumers who attended)	N/A	3326 (37,198)	1210 (21,488)	1,274 (24,545)	847 (15,767)	363 (5,721)	469 (16,178)	767 (7,943)
Number of Supportive Services provided to Caregivers	N/A	31,129	30,183	27,300	15,865	14,310	14,601	12,704
Number of unduplicated Caregivers	N/A	725	684	624	527	469	472	448
Average number of potential Caregivers on the waiting list per month	N/A	21	11	20	10	11	14	26
Provider's reported potential Caregiver abuse	N/A	NA	1	12	0	1	0	12
# of Caregivers Receiving Services (duplicated)								
Assistance	N/A	615	597	556	N/A*	N/A*	N/A*	N/A*
Assistance Units	N/A	3,411	4,338	6,452	N/A*	N/A*	N/A*	N/A*
Respite	N/A	231	265	210	N/A*	N/A*	N/A*	N/A*
Respite Units	N/A	16,421	16,039	9,959	N/A*	N/A*	N/A*	N/A*
Counseling/Support Group/Training	N/A	229	267	240	N/A*	N/A*	N/A*	N/A*

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
# of Caregivers Receiving Services (duplicated)								
Counseling/Support Group/Training Units	N/A	2,059	2,147	1,889	N/A*	N/A*	N/A*	N/A*
Supplemental Services	N/A	218	252	237	N/A*	N/A*	N/A*	N/A*
Supplemental Services Units	N/A	6,343	6,445	7,727	N/A*	N/A*	N/A*	N/A*
EFFICIENCIES								
Average Cost per Caregiver	N/A	\$1,150.0	\$1,033	\$1,005	N/A*	N/A*	N/A*	N/A*
Average Cost per Information Unit	N/A	\$7.00	\$5.00	\$6.00	N/A*	N/A*	N/A*	N/A*
Average Cost per Assistance Unit	N/A	\$55.00	\$50.00	\$55.00	N/A*	N/A*	N/A*	N/A*
Average Cost per Respite Unit	N/A	\$40.00	\$41.00	\$40.00	N/A*	N/A*	N/A*	N/A*
Average Cost per Counseling/Support Group/Training Unit	N/A	\$30.00	\$25.00	\$30.00	N/A*	N/A*	N/A*	N/A*
Average Cost per Supplemental Services Unit	N/A	\$30.00	\$25.00	\$25.00	N/A*	N/A*	N/A*	N/A*
(-) Indicates data not yet available N/A indicates data not yet 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 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, e.g. radio ads, flyers, health fairs, booths for caregiver month in November, etc.

Wyoming Home Services (WyHS)

Program Description

The Wyoming Home Services Program, within the Community Living Section of the Aging Division, 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

	2012	2013	2014
Total Program Cost	\$4,455,658	\$4,156,230	\$4,239,391
People Served	2,384	2,322	2,328
Cost per Person	\$1,903	\$2,409	\$1,930
Non-600 Series*	0%	0%	0%

* 600 series is defined as direct service contracts.

Program Cost Notes

- \$3,123,258 SGF in SFY 2014
- \$630,928 local match in SFY 2014
- \$505,404 client contribution in SFY 2014
- A 5% local match is required for all contractors.
In 2014, local contractors over matched the program \$597,407.

Program Staffing

- 1.0 FTE
- 0 AWEC
- 0 Other

Program Metrics

- In 2014, the number of potential clients on the waiting list ranged from a low of 56 to a high of 148.
- In 2014, 23 countywide programs served 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.
- This program has had the same amount of State funds allocated to its General Fund budget for SFYs 2008-2014.

Wyoming Home Services (WyHS)

PROGRAM CORE PURPOSE

To provide in-home services for Wyoming senior citizens and disabled adults, eighteen (18) years of age and older, who are at risk of placement in an institutional setting.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
% of people surveyed who indicated that WyHS helps them stay in their home	72%	N/A	N/A	N/A	N/A	71%
% of people surveyed who indicated that WyHS had positive effects on their everyday health 'somewhat' or 'very much'	90%	N/A	N/A	N/A	N/A	90%
% of people surveyed who indicated that WyHS had positive effects on their everyday safety 'somewhat' or 'very much'	90%	N/A	N/A	N/A	N/A	90%
% of people surveyed who indicated that WyHS helps them maintain their independence 'somewhat' or 'very much'	95%	N/A	N/A	N/A	N/A	96%

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 reported or alleged abuse, neglect, and exploitation cases	N/A	N/A	88	113	N/A*	N/A*	N/A*	N/A*
Number of WyHS clients with an ADL of 2 or higher (percent of total)	N/A	1,770 (76%)	1789 (77%)	1812 (78%)	N/A*	N/A*	N/A*	N/A*
Number of WyHS clients with an IADL of 2 or higher (percent of total)	N/A	2,218 (93%)	2216 (95%)	2257 (97%)	N/A*	N/A*	N/A*	N/A*

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	2013 Q1+Q2	2013 Q3+Q4	2014 Q1+Q2	2014 Q3+Q4
OUTPUTS								
Monthly average number of potential clients on the WyHS waiting list	N/A	146	84	92	N/A*	N/A*	N/A*	N/A*
% of WyHS clients surveyed that are served by other in-home programs	N/A	N/A	N/A	20%	N/A*	N/A*	N/A*	N/A*
% of WyHS clients surveyed that are served by the Long Term Care Waiver	N/A	N/A	N/A	2%	N/A*	N/A*	N/A*	N/A*
% of WyHS clients surveyed that live alone	N/A	N/A	N/A	76%	N/A*	N/A*	N/A*	N/A*
Number of qualified aging and disabled residents in Wyoming being served by WyHS	N/A	2,384	2,322	2,328	N/A*	N/A*	N/A*	N/A*
% of WyHS clients 60 years of age and older	N/A	93%	94%	95%	N/A*	N/A*	N/A*	N/A*
EFFICIENCIES								
Average cost per client	N/A	\$1,903	\$2,409	\$1,930	N/A*	N/A*	N/A*	N/A*
Cost per unit	N/A	N/A	N/A	\$41	N/A*	N/A*	N/A*	N/A*
(-) Indicates data not yet available N/A indicates data not yet available due to the creation of a new metric N/A* indicates data not available on a quarterly basis								

STORY BEHIND THE PERFORMANCE

- The Wyoming Home Services program provides services to aging and/or disabled people in Wyoming, regardless of income. Clients pay for services based on income. These funds are considered program income.
- Only 7% of clients surveyed indicated that, if WyHS ended, they would consider moving to a nursing home.
- Only 8% of clients surveyed indicated that, if WyHS ended, they would consider moving to an assisted living facility.
- Activities of Daily Living (ADL) are basic activities necessary for daily life: bathing, eating, dressing, toileting, transferring, and mobility.
- Instrumental Activities of Daily Living (IADL) are not necessary for fundamental functioning but allow an individual to live independently, including: meal preparation, shopping, managing medications, managing money, using the telephone, heavy housework, light housekeeping, and transportation.
- Without WyHS, 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 a nursing home per client per year in Wyoming is \$68,649. The average State cost per client per year enrolled in the WyHS Program is less than \$2,081.