



HealthStat 2015 Final Reports

December 15, 2015

HealthStat 2015 : A Foreward

HealthStat, is a performance management initiative that began in 2011. HealthStat is now entering its fifth year of implementation in the WDH, and has progressed to a consistent and objective process by which department programs can be evaluated. Staff members 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.

Through HealthStat, departmental leaders 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. The work from the most recent year of this initiative is represented in the following pages.

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WDH | Division of Healthcare Financing

Information contained in this section includes:

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 - Medicaid Members
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 - Provider Network
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- Eligibility Customer Service & Call Center
- Eligibility Long Term Care Unit
- Health Management Program
- KidCare CHIP
- Long Term Care (LTC) Waiver
- Medicaid Behavioral Health Program
- Medicaid Dental Program
- Medicaid Pharmacy Program
- Medicaid Third Party Liability
- Medicaid Utilization Management
- Medication Donation Program
- Nursing Facilities
- 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 to provide 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

	SFY 2013	SFY 2014	SFY 2015
Total Claims Cost (millions)*	\$517.3 M	\$517.6 M	\$519.5M
Member Months (enrolled)	833,702	842,169	893,666
Cost per Person (PMPM)	\$617	\$608	\$581**

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

**Value with a 4-month claim lag.

Program Cost Notes

- Funded via federal match assistance percentage (FMAP) and state general funds. FMAP is as follows:
 - Claims: generally 50%, 90% for family planning
 - Administration: generally 50%, 75% for medical staff and direct eligibility determination staff
 - MMIS and WES operations and minor updates: 75%
 - Large technology replacements & system changes 90%
- Administration expenses have been 4% to 5.5% of total cost in recent years

Program Staffing

- 93 FTE (3 for KidCare CHIP), 2 PT
 - 1 FTE added by legislation in SFY 2015 to run the 1115 Tribal Uncompensated Care Waiver
- 5 AWEC (includes waivers and fiscal)
- 0 Other

Program Metrics

- Member services, eligibility, enrollment levels, & benefit design
- Ensuring client access to a robust provider network through adequate rate coverage and promoting provider participation in the Medicaid network
- Cost of direct benefits, such as total cost, Per Member Per Month cost and per recipient cost
- Operational efficiency, such as administration cost, time to process claims, electronic versus paper processes, and error rates
- Quality of healthcare delivery, emergency room usage, admission rates, and readmission rates
- Healthcare outcomes

Events that have Shaped this Program

- Mandatory Affordable Care Act (ACA) changes including rules, processes, and the mandatory Medicaid expansion
- Potential ACA changes, such as the optional Medicaid expansion, requiring significant research
- Wyoming legislative studies and efforts, including the Medicaid Option Studies (2012), Medicaid Reform Bill (2013), and other legislative changes to the program
- Major technology efforts, including the Wyoming Eligibility System, Health Information Exchange (HIE), Total Health Record, the Personal Health Record, MMIS & ACA compliance, and the MMIS replacement project



Wyoming Medicaid- Members

PROGRAM CORE PURPOSE

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

OUTCOMES

Performance Metric	CY 2015 Target	CY 2016 Target	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015
Estimated % and # of uninsured Wyoming children under age 19, under 138% of Federal Poverty Level (FPL) (2013 regional average was 11.9%) *	<6.5%	<5%	13.1% 4,200	13.2% 4,242	10.4% 3,221	N/A	N/A
Estimated % and # of uninsured Wyoming adults, age 18 to 64, under 138% FPL* (2013 regional average was 37.3%) *	N/A	N/A	40.6% 23,782	39.2% 24,043	37.9% 22,437	N/A	N/A
Estimated % and # of Wyoming uninsured children, under age 19, all incomes** (2013 regional average was 8.5%) *	<5% due to Mandatory Medicaid expansion	<5% due to Mandatory Medicaid expansion	8.4% 11,720	9.2% 12,846	7.1% 10,049	N/A	N/A
Estimated % and # of Wyoming uninsured adults, ages 18 to 64, all incomes* (2013 regional average was 19.3%) *	<16% by 2018 (Strategic Plan)	<16% by 2018 (Strategic Plan)	20.8% 73,341	20.4% 72,616	19.3% 68,779	N/A	N/A

N/A indicates data not yet available

* Region defined as bordering states of Montana, Colorado, Idaho, South Dakota, Utah and Nebraska. Wyoming excluded from regional calculation.

** US Census Small Area Health Insurance Estimates. Data has a 2 year lag in availability. <http://www.census.gov/did/www/sahie/data/interactive/>

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Enrolled members (unique individuals, complete SFY)	88,059	88,134	87,946	86,188	89,252	N/A*	N/A*	N/A*	N/A*
% of State population enrolled in Medicaid at any point in the year* & Wyoming population on 1 st day of the fiscal year i.e. July 1	15.6% 564,222	15.5% 567,329	15.3% 576,626	14.8% 582,658	15.3% 584,153	N/A*	N/A*	N/A*	N/A*
# of member months	841,091	838,853	833,702	842,169	893,666	N/A*	N/A*	N/A*	N/A*
Average monthly enrollment for the calendar year (CY)	N/A**	67,486	66,735	70,171	68,451	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). Only 2014 was changed for new estimates (NST-EST2014-01). U.S. Census Bureau, American Factfinder. File PEPSYASEX- Geography-Wyoming 2012 & 2013 Population Estimates

** Data not available due to report change.

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 benefits package is available to all full-benefit enrollees (children, pregnant women, disabled, aged, and family care adults) and is similar to, but more extensive than, the 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 a few small eligibility groups, such as non-citizens. For most individuals enrolled in Medicaid, the actuarial value of the primary medical benefits package coverage is 95% to 100%.
- 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 provides health insurance coverage for qualified low-income individuals at a stable cost comparable to appropriate benchmarks.

OUTCOMES

Performance Metric		SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Per Member Per Month (PMPM)		\$600	\$600	\$621*	\$610*	\$616	\$609	\$581
Children PMPM	Children**	\$190	\$190	\$178	\$172	\$184	\$190	\$189
	Foster Care Children	\$600	\$600	\$666	\$543	\$600	\$648	\$597
	Newborns	\$625	\$625	\$676	\$664	\$650	\$624	\$621
Non-Disabled Adults PMPM	Family-Care Adults**	\$450	\$450	\$461	\$486	\$466	\$459	\$433
	Pregnant Women***	\$800	\$800	\$1,077	\$1,057	\$1,069	\$929	\$751
Aged Individuals PMPM	Assisted Living Facility Waiver	\$1,800	\$1,800	\$1,708	\$1,722	\$1,698	\$1,744	\$1,802
	Long-Term Care Waiver	\$1,600	\$1,600	\$1,644	\$1,809	\$1,676	\$1,647	\$1,629
	Nursing Home	\$3,800	\$4,000	\$3,942	\$3,869	\$3,842	\$3,782	\$3,766
	PACE	\$2,500	\$2,500	N/A	N/A	\$2,516	\$2,504	\$2,488
Disabled Individuals PMPM	Acquired Brain Injury Waiver	\$4,100	\$4,000	\$4,012	\$3,915	\$4,121	\$4,133	\$4,106
	Adult DD Waiver	\$5,300	\$5,300	\$5,600	\$5,724	\$5,641	\$5,485	\$5,226
	Child DD Waiver	\$2,500	\$2,450	\$2,447	\$2,368	\$2,466	\$2,402	\$2,478
	Supplemental Security Income	\$725	\$725	\$696	\$705	\$685	\$737	\$729

(-) Indicates data not yet available

* Includes manual adjustments for ICF-ID WY Life Resource Center expenditures

** Kid Care Chip premium for SFY 2015 is \$238 and 2015 Marketplace premium is \$534

*** Excludes Presumptive Eligibility

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Recipients (unique count of members who received services)	74,815	73,833	73,771	72,646	73,741	N/A	N/A	N/A	N/A
Enrollment	88,059	88,134	87,946	86,188	89,252	N/A	N/A	N/A	N/A
Member months	837,976	837,403	834,792	844,262	893,666	N/A	N/A	N/A	N/A
Claims expenditures*	\$520.8**	\$511.7**	\$513.9	\$514.5	\$519.5	N/A	N/A	N/A	N/A
EFFICIENCIES									
Cost per recipient	\$6,803	\$6,804	\$6,965	\$7,083	\$7,045	N/A	N/A	N/A	N/A
Cost per enrolled member	\$5,803	\$5,700	\$5,843	\$5,970	\$5,820	N/A	N/A	N/A	N/A
(-) Indicates data not yet available * All expenditures in outputs are in millions. ** Includes manual adjustments for ICF-ID WY Life Resource Center expenditures *** Excludes presumptive eligibility									

STORY BEHIND THE PERFORMANCE

- The Per Member Per Month (PMPM) calculation is the average cost of a member per month, i.e. the claims expenditures divided by the number of member months. The PMPM is based on claims only, and does not include administration costs, Disproportionate Share Hospital payments, Qualified Rate Adjustments, provider taxes, or Electronic Health Record provider incentives. Member months are the number of months a person is both 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.
- During SFY 2014 two new waivers were created, Comprehensive and Supports, to replace the Adult Developmentally Disabled (DD), Child DD, and Acquired Brain Injury (ABI) waivers. Members on the Adult DD waiver completed transitioning to the two new waivers by September 30, 2014, with transitions of Child DD occurring in SFY 2015. ABI transition is planned for SFY 2016. To ensure accurate performance management of these populations over time, the data reported for ABI, Adult DD, and Child DD includes both the original eligibility programs and the associated Comprehensive and Supports eligibility programs.
- Per capita spending on healthcare in Wyoming was \$7,040 in 2009. This equates to \$586.66 per month. More recent data is not available. Reference: Kaiser Family Foundation, <http://kff.org/other/state-indicator/health-spending-per-capita/>
- A valid benchmark for the children population would be the Kid Care Chip program, which had an average premium cost of \$229 in SFY 2014 and \$238 in SFY 2015. The least expensive, 90% actuarial value Marketplace plan for a Wyoming child (0-18) was \$265 per month in 2015 in Laramie County with a \$750 deductible and \$1,350 maximum out of pocket. Online: <https://www.healthcare.gov/see-plans-2015/>
- A benchmark for the family care adult population could be a 2015 Marketplace plan for Wyoming. In Laramie County, a 90% actuarial value plan had a \$534 monthly premium for a 40-year old with a \$750 deductible and \$1,350 maximum out of pocket.



Wyoming Medicaid – Provider Network

PROGRAM CORE PURPOSE

Wyoming Medicaid ensures client access to a sufficient healthcare provider network by paying sufficient rates and reimbursing providers in a timely fashion to encourage provider enrollment. 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	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
% of licensed & practicing physicians enrolled*	>99%	>99%	99.3%	99-100% (est)	99-100% (est)	99-100% (est)	99-100% (est)
# physicians enrolled (in-State / out-of-State)			1,580 in 5,476 out	1,655 in 5,717 out	1,658 in 6,016 out	1,671 in 6,552 out	1,682 in 6,615 out
% of in-State nursing facilities enrolled	100%	100%	100%	100%	100%	100%	100%
# nursing facilities enrolled (in-State / out-of-State)			36 in 9 out	37 in 12 out	37 in 13 out	39 in 15 out	39 in 18 out
% of in-State hospitals enrolled**	99%	99%	100%	100%	100%	100%	100%
# hospitals enrolled (in-State / out-of-State)			28 in 326 out	28 in 330 out	28 in 333 out	29 in 331 out	30 in 279 out
% of in-State pharmacies enrolled	>95%	>95%	N/A	N/A	N/A	86% (est)	95% (est)***
# pharmacies enrolled (in-State / out-of-State)			121 in 107 out	122 in 103 out	124 in 82 out	127 in 90 out	131 in 97 out
% of in-State licensed & practicing dentists enrolled	>85%	>85%	N/A	N/A	N/A	76%	78%
# dental providers enrolled (in-State / out-of-State)			231 in 120 out	280 in 134 out	287 in 131 out	300 in 137 out	310 in 120 out
# of behavioral health providers enrolled (in-state / out-of-State)	TBD	TBD	N/A	1,293 in 181 out	1,615 in 216 out	1,705 in 433 out	1,754 in 506 out
# of other practitioners enrolled (in-State / out-of-State)	No Benchmark available	No Benchmark available	568 in 645 out	634 in 720 out	680 in 807 out	714 in 972 out	760 in 954 out

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

*6/23/15 B.O.M count = 1,312 A, T w/o PA's. 146 of output # are Pas.

**30 licensed by OHLS in 2015.

***Metric updated to reflect % enrollment of pharmacies licensed and able to enroll with Medicaid

OUTPUTS AND EFFICIENCIES									
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Physician rates as a % of the regional average and a % of the Medicare rate	144% 144%	133% 138%	134% 122%	121% 92% & 104%*	-	N/A	N/A	N/A	N/A
Nursing facilities % cost coverage with the upper payment limit (UPL)**	90%	92%	89%	87%	83%	N/A	N/A	N/A	N/A
Hospital % cost coverage with the qualified rate adjustment (QRA)*** (inpatient & Outpatient)****	102% 81%	90% 66%	85% 71%	83%*** 67%	-	N/A	N/A	N/A	N/A
Dental rates as a % of the regional average and a % of the estimated provider cost	125% 133%	124% 107%	132% 107%	117% 96%	-	N/A	N/A	N/A	N/A
% of hospital inpatient days paid by Medicaid	14.91%	15.42%	15.28%	15.89%	-	N/A	N/A	N/A	N/A
EFFICIENCIES									
Payment of claims (days): Provider billing process + State payment process = Service date to Payment date	28.94 + 4.36 = 33.3	28.9 + 4.4 = 33.3	27.93 + 4.2 = 32.13	26.93 + 4.35 = 31.28	27.85 + 4.61 = 32.54	27.5 + 4.2 = 31.7	26.4 + 4.5 = 30.9	27.3 + 4.9 = 32.2	28.6 + 4.3 = 32.9
% of all claims denied	11.08%	11.38%	10.45%	9.65%	10.63%	9.35%	9.95%	11.3%	9.95%
% of total claim volume that is submitted via paper (excludes pharmacy claims)	N/A	19.1%	14.6%	12.9%	12.2%	N/A	N/A	N/A	N/A
(-) Indicates data not yet available N/A indicates data not available on a quarterly basis * 92% non-facility, 104% facility ** UPL implemented mid-year 2011; data is collected by FFY *** QRA participating hospitals only **** In-state hospitals only									

STORY BEHIND THE PERFORMANCE

- On an annual basis, Medicaid's actuarial contractor produces a benchmark report detailing Medicaid's expenditure and reimbursement trends in 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, as possible. The SFY2012 Benchmark report outlines data supporting the following:
 - Wyoming Medicaid generally pays more 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.
 - In SFY 2012, Wyoming Medicaid rates continued to meet or exceed rates in neighboring states
- Federal regulations set upper payment limitations for Medicaid payments to hospitals, physicians, 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 cannot exceed a reasonable estimate of what Medicare would have paid.
- Legislation
 - SF89 (2014), allows specified licensed mental health professionals to enroll with Medicaid as pay-to providers, exclusive of supervisory oversight. MMIS system changes were completed and deployed effective July, 2014 allowing enrollment and direct billing to Medicaid
 - SEA21 (2015), added provisionally licensed mental health professionals as a qualified provider type for Medicaid
 - SF48 (2015): chiropractic services added to the Medicaid State Plan
- The Ambulatory Surgery Center (ASC) payment methodology was updated in SFY2015 (July 2014). The change converted the existing payment structure to mirror the outpatient prospective payment system (OPPS) currently in place for outpatient hospitals within Medicaid and Medicare. The goal is to incent ASC's to accept more Medicaid volume to increase patient access and offer a lower cost alternative to procedures performed in an outpatient hospital setting. After the first year of implementation, Medicaid's rate analysis contractor will conduct a study to evaluate the change (due by 12/31/2015).
- The 2015 General Legislative Session approved an increase in nursing facility appropriation of \$8,414,886. This resulted in the implementation of a new rate model and increased rates effective July 1, 2015. Hospice and swing bed rates, being tied to the state average nursing facility rate, were adjusted accordingly. Methodology caps placed on the Wyoming Retirement Center and the Wyoming Life Resource Center were removed and rates adjusted to 100% of reported cost.
- Subpart E requirements of the ACA mandate Medicaid enrollment for all ordering (includes prescribing) and rendering providers. This will require additional lower level practitioners who had not previously been Medicaid-enrolled to enroll before March 24, 2015. The ACA also requires all providers to re-enroll ensuring appropriate provider screening as detailed in 42 CFR Subpart E. As of the close of May 2015, 56% of current Medicaid providers had re-enrolled. All providers who have not re-enrolled by 12/31/2015 will be terminated as active providers in the Medicaid MMIS.
- Some provider types have a greater percentage of their client base covered by Medicaid. For instance, in SFY 2013 62% of nursing home bed days were paid for by Medicaid.

Medicaid - Electronic Health Record Incentive

Program Description

The Medicaid Electronic Health Record (EHR) Incentive Program provides incentive payments to Eligible Healthcare Professionals (EPs) and Eligible Hospitals (EHs) to Adopt, Implement, and Upgrade to EHR. This includes using the EHR technology in a meaningful way (Meaningful Use, or MU), with the ultimate goal of improving patient care and outcomes.

Program Expenditures and People Served

	CY2013	CY2014	CY2015*
Total Program Cost	\$5,108,563	\$5,029,742	\$5,135,118
Total Amount Paid in Incentives	\$3,815,920	\$3,285,714	\$3,311,780
Non 600 Series**	25%	35%	36%

* As of July 31, 2015

**600 series is defined as direct service contracts

Program Cost Notes

- Incentive Payments 100% Federal Funded
- Professionals paid over 6 years
 - Yr. 1 - \$21,250 Yr. 2 – 6 - \$8,500
- 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 90/10 Federal Funded

Program Staffing

- 1 FTE
- 1 AWEC
- Other – Contractors:
 - Health Tech Solutions – EHR System
 - Myers and Stauffer – MU Audits

Program Metrics

- We estimate 250 Wyoming professionals and 26 hospitals could be eligible to participate in the program
- Currently 197 Wyoming professionals and 26 hospitals are registered for the EHR Incentive Program
- Since program inception:
 - Total amount of incentive payments: \$19,718,530
 - Total paid for Adopt/Implement/Upgrade: \$11,011,404
 - Total paid for Meaningful Use (MU): \$8,707,126
 - Total expenditure for operations and administration of program: \$6,578,791
- Myers and Stauffer contracted to complete post payment audits for Adopt/Implement/Upgrade and MU
- 4 hospital audits completed for Adopt/Implement/Upgrade using CMS hospital audits for MU
- 4 payment recoupments from professionals due to inability to provide adequate attestation documentation

Events that have Shaped this Program

- Program launched in Dec. 2011 with Adopt/Implement/Upgrade. Eligibility requirements are that professionals and/or hospitals adopt, implement, or upgrade to a certified Electronic Health Record
- August 2012: Launch of Stage 1 Meaningful Use, which requires the use of EHRs in a meaningful way by capturing patient data electronically
- January 2014: Launch of Stage 2 Meaningful Use, which requires electronic reporting to the state
- Final approval for Stage 3 is pending and will require the ability to track improvements electronically
- Dec. 2021: Program ends



Medicaid - Electronic Health Record Incentive

PROGRAM CORE PURPOSE

The Electronic Health Record (EHR) Incentive Program's purpose is to guide Wyoming's Eligible Professionals (EPs) and Eligible Hospitals (EHs) through the progressive stages of implementing the exchange of medical information in a meaningful way (MU), with the goal of improving patient care and overall health outcomes.

OUTCOMES

Performance Metric	CY 2015 Target	CY 2016 Target	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015*
% of First Year attestations based on registrations (cumulative)	77%	83%	N/A	43% EP 83% EH	67% EP 88% EH	73% EP 85% EH	73% EP 85% EH
% Returning to Attest for Meaningful Use (cumulative)	92%	96%	N/A	8% EP 4% EH	12% EP 43% EH	27% EP 54% EH	56% EP 88% EH

N/A indicates data not yet available due to the creation of a new metric
 * As of July 31, 2015

OUTPUTS AND EFFICIENCIES

Performance Metric	CY2011	CY2012	CY2013	CY2014	CY2015*	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Adopt/Implement/ Upgrade (AIU) - Total Number of Eligible Professionals (EP) & Hospitals (EH) paid	N/A	48 EP 15 EH	56 EP 6 EH	26 EP 1 EH	12 EP 0 EH	N/A	N/A	N/A	N/A
Stage 1 – Year 1 Total Number of EPs / EHs paid per CY	N/A	4 EP 6 EH	9 EP 3 EH	16 EP 5 EH	31 EP 9 EH	N/A	N/A	N/A	N/A
Stage 1 – Year 2 Total Number of EPs / EHs paid per CY	N/A	0 EP 0 EH	0 EP 0 EH	6 EP 8 EH	13 EP 4 EH	N/A	N/A	N/A	N/A
Public Health Connections EPs/EHs	N/A	0	2	7	10	N/A	N/A	N/A	N/A
Total Number of EPs / EHs completing Medicaid EHR Incentive Program reporting requirements and receiving 100% of Medicaid Incentive dollars	N/A	N/A	N/A	0 EP 8 EH	0 EP 12 EH	N/A	N/A	N/A	N/A
EFFICIENCIES									
% of Program Cost for Incentive Payments	N/A	84%	75%	65%	64%	N/A	N/A	N/A	N/A
# of payment recoupments based on post-payment audits	N/A	2	1	0	0	N/A	N/A	N/A	N/A

* As of July 31, 2015
 N/A indicates data not available on a quarterly basis

STORY BEHIND THE PERFORMANCE

- This program is funded by the American Recovery and Reinvestment Act (ARRA), 2009 Health Information Technology for Economic and Clinical Health (HITECH) Act.
- To date, 23 eligible hospitals (EHs) have been paid \$15,975,697 for an average of \$694,595 per EH; 149 eligible professionals (EPs) have been paid \$3,742,833 for an average of \$25,358 per EP.
- Since inception:
 - Total program cost: \$26,297,321
 - Total cost of start-up, operations, & administration: \$6,578,791 with a total technical cost of \$2,504,260 (33.4% of total program cost)
 - Total incentive payments paid to date: \$19,718,530.
- Eligible professionals in this program include physicians, dentists, mid-level practitioners, and eligible physician assistants. Eligibility is determined by Medicaid patient volume and use of certified electronic health records.

Eligibility Customer Service & Call Center

Program Description

The Eligibility Customer Service Call Center determines eligibility for Modified Adjusted Gross Income (MAGI) programs, including Medicaid children, low-income adults, pregnant women, and Kid Care CHIP, Medicare Saving Programs, Employed Individuals with Disabilities (EID), Breast and Cervical Cancer (BCC), and Tuberculosis. Applications and renewals are taken via telephone, online, fax, email, walk-ins, and mailed hard copies.

Telephone Processing

	January 2015	September 2015
Number of Calls	11,929	8,503
Average Speed to Answer (minutes)	29.1	12.9
Average Application Processing Time (days)	11	5.5

Program Cost Notes

- 75% Federal match on the cost of staffing the Customer Service Center
- Monthly Customer Service Center Operations Cost \$384,000

Program Staffing

- 36 FTE (contractor)
- 0 AWEC
- 4 Other (temporary employees with contractor)

Program Metrics

- Average call volume: 9,131 per month since January 5, 2015 with January being the highest at 11,929 calls
- Average speed to answer decreased 55% from 29.1 minutes in January of 2015 to an average of 12.9 minutes in September 2015
- Average application processing time for the month of September was 5.5 days in 2015 and has been as low as 3 days on a single given day

Events that have Shaped this Program

- The Program's original staffing level on the soft launch date of October 1, 2013 was 26 FTE
- 19 temporary staff were added in August 2014 to address backlog. This number was reduced to 5 in October 2014 after the backlog was eliminated
- The contractor experienced staff attrition and above-average absences due to illness over the winter of 2014, driving up wait times
- 16 additional FTEs (12 permanent and 4 temporary) were added in June 2015 through a contract amendment. Staffing budget is now based on Level of Effort
- With increased staffing, application processing time has improved and call volume related to application processing has decreased



Eligibility Customer Service & Call Center

PROGRAM CORE PURPOSE

The Eligibility Customer Service Call Center processes Medicaid and Kid Care CHIP applications efficiently while providing excellent customer service.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Average Speed to Answer (minutes)	<15	<10	N/A	N/A	N/A	N/A	12.9
Client Satisfaction Survey Results (1 to 5, with 5 Being Most satisfactory).	>4	>4.3	N/A	N/A	N/A	N/A	4.26*
Average Processing Time for New Applications (days)	<30	<10	N/A	N/A	N/A	N/A	10.24 (June 2015)

N/A indicates data not available
 *489 Customer Satisfaction Surveys completed in SFY 2015

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# Processed of: New Applications (A) Renewals (R) Total (T)	N/A	N/A	N/A	N/A	8,883 A 10,740 R 19,623 T	N/A	N/A	4,540 A 5,296 R 9,836 T	4,343 A 5,444 R 9,787 T
Total Call Volume	N/A	N/A	N/A	N/A	108,965	N/A	N/A	55,193	53,772
EFFICIENCIES									
Average Handle Time (minutes)	N/A	N/A	N/A	N/A	11.1	N/A	N/A	10.5	11.4
# of Abandoned Calls and Abandonment Rate	N/A	N/A	N/A	N/A	40,447 37%	N/A	N/A	18,143 33%	22,304 42%

N/A indicates data not available

STORY BEHIND THE PERFORMANCE

- The Eligibility Customer Service Call Center opened on October 1, 2013. It is co-located with Medicaid staff in the Century Link Building in Cheyenne.
- Normal business hours are 7:00AM to 6:00PM (MST) Monday through Friday, excluding State holidays.
- As of February 2014, all of the Medicaid and Kid Care CHIP eligibility determinations are being processed through the WDH Customer Service Center (CSC) and the Medicaid Long Term Care Eligibility Unit. These functions transitioned from 29 Department of Family Services field offices to centralized Medicaid eligibility processing to promote consistent policy decisions.
- Eligibility rules for Medicaid and Kid Care CHIP programs are built into the Rules Engine of the Wyoming Eligibility System (WES) which is utilized by the Customer Service Center.
- The electronic eligibility system is 95% functional. The lack of full system functionality led to increased staffing in the Customer Service Center as well as increased use of temporary staff in the Medicaid Eligibility Unit.
- The Program is currently in the process of re-procuring a Customer Service Center vendor as well as a System vendor who would begin the transition process July 1, 2016 and take-over on October 1, 2016.

Medicaid Long Term Care Eligibility Unit

Program Description

The Medicaid Long Term Care Eligibility Unit determines financial eligibility for Long Term Care Waiver, Assisted Living Facility Waiver, Comprehensive Waiver, Support Waiver, Acquired Brain Injury Waiver, Children’s Mental Health Waiver, Nursing Home, Inpatient Hospital and Hospice. Applications and renewals are taken via telephone, online, fax, email, walk-ins and mailed hard copies.

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	N/A	N/A	\$1,108,931
People Served	N/A	N/A	5,966
Cost per Person	N/A	N/A	\$185.88
Non-600 Series*	N/A	N/A	100%

N/A indicates data not available due to the creation of a new program
* 600 series is defined as direct service contracts

Program Cost Notes

- 75% Federal match on the cost of employees completing eligibility work

Program Staffing

- 14 FTE
- 0 AWEC
- 0 Other

Program Metrics

- Average monthly case enrollment and average cases per worker per month have increased from SFY 2014 to SFY 2015
- Average application processing time for approvals is 20.98 days and for denials is 22.87 days
- Average processing time for renewal approvals is 8.41 days and for denials is 18.24 days

Events that have Shaped this Program

- From August 2012 through April 2013 the Department of Family Services (DFS) transferred 12 positions to WDH for the creation of the Long Term Care Unit. WDH supplied the remaining 2 positions for the unit
- In August of 2012, the Long Term Care Unit began transitioning cases from DFS, starting with Albany, Laramie, and Platte counties
- From August 2012 through May of 2013, the Long Term Care Unit transitioned cases from different areas of the state until all Long Term Cases were housed in the Long Term Care Unit
- Centralizing the Long Term Care Unit has helped streamline processes and provided consistency statewide
- Centralizing the Long Term Care Unit has improved coordination with the WDH entities that provide medical necessity screening and case management services



Medicaid Long Term Care Eligibility Unit

PROGRAM CORE PURPOSE

The Medicaid Long Term Care Eligibility Unit processes Medicaid applications and renewals for Long Term Care programs efficiently, timely, and accurately while providing excellent customer service.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015*
Average processing time for new application approvals (days)	<45	<45	N/A	N/A	N/A	N/A	20.98
Average processing time for new application denials (days)	<45	<45	N/A	N/A	N/A	N/A	22.87
Average processing time for renewal approvals (days)	<30	<30	N/A	N/A	N/A	N/A	8.41
Average processing time for renewal denials (days)	<30	<30	N/A	N/A	N/A	N/A	18.24

N/A indicates data not applicable
 *SFY 2015 Data is from March 2015 through June 2015

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015*	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Average # of new Applications processed monthly	N/A	N/A	N/A	N/A	132	N/A	N/A	130	134
% of new applications denied monthly	N/A	N/A	N/A	N/A	38%	N/A	N/A	N/A	38%
Average # of renewals processed monthly	N/A	N/A	N/A	N/A	305	N/A	N/A	303	308
% of renewals closed monthly	N/A	N/A	N/A	N/A	3%	N/A	N/A	N/A	3%
EFFICIENCIES									
Average number of active cases per month	N/A	N/A	N/A	5,519	5,966	5,491	5,547	5,907	6,026
Average number of active cases per worker	N/A	N/A	N/A	587	597	610	565	591	603

(-) Indicates data not yet available
 N/A indicates data not available due to the creation of a new Program
 *SFY 15 data for applications and renewals are from March 2015 through June 2015

STORY BEHIND THE PERFORMANCE

- The Long Term Care Unit started operations August 1, 2012.
- All Long Term Care cases in Wyoming are processed by the unit as of May 2013. This has allowed for centralized Long Term Care eligibility processing and promoted consistent eligibility determinations.
- As of February 2014, cases were converted from the Eligibility Payment Information Computer System (EPICS) at the Department of Family Services to the Wyoming Eligibility System (WES) at the Wyoming Department of Health.
- As of April 2014, caseload management tools became available in WES. These tools allow workers to run their active caseload, cases not authorized, cases not finalized, cases that are pending, and renewal reports. Workers are required to run these reports weekly to ensure cases are worked timely and accurately. The supervisors and manager also run these reports as a quality assurance (QA) function.
- The supervisors and manager track the number of cases in the unit as well as average caseload per worker to ensure that cases are evenly distributed across unit staff.
- New staff members are provided with extensive training before they are given a caseload. They are provided one-on-one training on policy and procedures, how to interview clients, how to document cases, customer service, WES, the Electronic Medicaid Waiver System (EMWS), the Health Insurance Portability and Accountability Act (HIPAA), Administrative Hearings, and go through a series of training modules on WY Train. They all also attend the WDH new employee training.
- Ongoing training for all staff occurs during weekly meetings. Training is conducted for new policies and procedures, ongoing policy and procedure questions or clarifications, and areas identified through QA processes that need to be addressed.
- The number of average monthly cases has increased from SFY 2014 to SFY 2015. Some of the increase is due to changes in waiver programs and an appropriation to reduce the wait list. Part of the increase is due to a number of cases in which at least one family member is eligible for the LTC program, in which case the program handles all eligibility determinations and renewals for the family due to the greater complexity of these cases.
- The Long Term Care Unit has a toll free number for clients, providers, and others to call. Individuals will get a staff member to speak with on the phone without a wait time. The only time individuals would need to leave a message is if staff members are in a meeting or the call is made outside of office hours. Calls are returned within 24 business hours if a message is left.

Medicaid: Health Management Program

Program Description

The Health Management Program provides population health management to Medicaid members and assistance to Medicaid providers in order to improve health outcomes.

Program Expenditures and People Served*

	SFY 2013	SFY 2014	SFY 2015
Total Program Cost	\$3,721,081	\$4,800,174	\$4,732,775
People Served	TANF: 50,581/month ABD: 10,577/month	TANF: 48,472/month ABD: 11,732/monthly	TANF: 55,622/monthly ABD: 10,625/monthly
Cost per Person	TANF: \$2.20/PMPM ABD: \$25.00/PMPM	TANF: \$2.20/PMPM ABD: \$25.00/PMPM	TANF: \$2.20/PMPM ABD: \$25.00/PMPM
Non-600 Series**	100%	100%	100%

TANF: Temporary Assistance for Needy Families, ABD: Aged, Blind, or Disabled

PMPM is the average per member per month cost.

** 600 series is defined as direct service contracts.

Program Cost Notes

- Funded by 50% federal funds, 50% general funds
- TANF represent approximately 80% of enrollees and 40% of PMPM fees. ABD enrollees represent approximately 20% of enrollees and 60% of PMPM fees

Program Staffing

- 1 FTE
- 0 AWEC
- Other: Contractor, Xerox Care and Quality Solutions, Inc.(doing business as WYhealth)

Program Metrics

- The Program contracts with Xerox Care and Quality Solutions (CQS) to provide health management services. Services provided by CQS 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; and
 - a 24/7 nurse line for clients to inquire about health problems or doctor's direction

Events that have Shaped this Program

- Current contract dates are 7/1/12 to 6/30/15 with the option for two additional years through 06/30/2017
- Ongoing Projects:
 - Emergency Room Appropriate Care Site
 - Admission and Readmissions Reductions: Hospital pilots, and increasing Bili-blanket access to reduce readmissions caused by newborn jaundice (bilirubin levels)
 - Weight management programs for adults, teens and children
- Upcoming projects:
 - Text messaging and phone pilot to deliver messages to clients who have not had a prevention screening



Medicaid: Health Management Program

PROGRAM CORE PURPOSE

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

EVENT RATE OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
30-day hospital readmission rate*	7.30%	7.23%	7.53%	7.20%	6.88%	5.96%	4.88%**
Emergency room visits per 1,000 member months	60.70	60.10	62.42	58.96	58.38	56.26	50.42**
Inpatient admissions per 1,000 member months	13.74	13.61	13.98	13.89	13.00	12.05	10.55**
Inpatient readmissions per 1,000 member months (CY)	1.121	1.11	1.09	NA	0.774	-	-
% of clients with medical claims over \$50,000 enrolled in case management	20%	22%	NA	NA	21%	18%	16.5%**

(-) Indicates data not yet available

* Providers have 12 months to submit claims, so this number may change slightly for SFY 2014 and SFY 2015.

** Reflects 3 month lag with claims paid through December 2014 and reported February 15, 2015.

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of clients served under health management contract (monthly average)	N/A	N/A	46,641	60,204	66,247	N/A	N/A	N/A	N/A
# of clients screened/identified that became newly engaged for case management	N/A	N/A	1,129	1,063	1,583	607	456	682	901
Monthly average # of clients continuously engaged in care management by Tier	Tier 1: (Health & Wellness)	N/A	N/A	N/A	210	206	N/A	N/A	N/A
	Tier 2: (Moderate)	N/A	N/A	N/A	228	500	N/A	N/A	N/A
	Tier 3: (High/Intensive)	N/A	N/A	N/A	257	311	N/A	N/A	N/A
	Total	N/A	N/A	N/A	695	683	N/A	N/A	N/A

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of clients with medical claims over \$50,000	N/A	N/A	5,262	5,336	6,674	2,724	2,538	4,470	2,204
# of emergency room visits	N/A	N/A	42,636	43,962	-	21,021	22,491	-	-
EFFICIENCIES									
% of nurse advice line callers referred to non-ER alternatives	N/A	N/A	58%	76%	73.25%	70%	82%	73.5%	73%
(-) Indicates data not yet available N/A indicates data not applicable									

STORY BEHIND THE PERFORMANCE

- This contract focuses on utilizing clinical data to improve health outcomes.
- CQS uses data analytics tools to identify clients most suitable for care management and attempts to enroll them in the appropriate level of care management.
- In the Fall of 2014, Wyoming Medicaid launched a yearlong Diabetes Incentive Program in which WYhealth care managers assisted and encouraged clients with diabetes to receive their annual screenings & tests, to maintain provider visits, and to increase compliance with their treatment plans.

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 medical, vision, and dental insurance to all CHIP enrolled children. CHIP is intended for low-income, uninsured children between birth and eighteen years of age living in families with income up to 200% of the Federal Poverty Level. CHIP is jointly financed by the Federal and State government with 65% Federal match and 35% State General Fund.

Program Expenditures and People Served

	2012	2013	2014	2015
Total Program Cost	\$15,728,257	\$16,106,809	\$14,439,334	\$8,638,718
People Served*	5,536	5,538	5,209	2,989
Cost per Person	\$2,840	\$2,762	\$2,772	\$2,890**
Non-600 Series** *	5.0%	5.2%	4.2%	3.5%

*Average monthly enrollment.

**Cost shown is the premium cost. The average paid per member per month in services was \$187.31 during SFY 2015.

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

Program Cost Notes

- Prescription drug charges increased by 2% from SFY 2012 to SFY 2013 & decreased by 6% in 2014
- Institutional charges increased nearly 30% from SFY 2012 to SFY 2013, and decreased by 24% in 2014
- The per member per month (PMPM) cost increased by 2% in SFY 2014, 5% in SFY 2015, and decreased 4.13% for SFY 2016
- Utilization rate increased by 1% from SFY 2012 to 2013, and decreased by 5% in SFY 2014

Program Staffing

- 3 FTE
- 0 AWEC
- 0 Other

Program Metrics

- Kid Care CHIP families do not pay a premium but do pay minimal co-pays for services, excluding well child checks, immunizations, and preventive and diagnostic dental for which there is no co-pay. A single family's out of pocket expenses has never exceeded 5% of the family's gross annual income
- The bulk of Kid Care CHIP enrollment, 58%, is between the ages of 7 and 15, while children 16 – 23 months of age consume the highest percentage of CHIP benefit services
- The average per member per month (PMPM) cost for 2015 - 2016 is \$228.02, decreased by 4.13% since 2014, while the overall monthly enrollment has declined by 68% since January 1, 2014. The birth to two years of age category decreased by 74% between SFY 2013 and SFY 2014

Events that have Shaped this Program

- Since its inception in 1997, CHIP has been reauthorized three times, most recently in April of 2015. Currently, CHIP is funded through September 30, 2017 and authorized through September 30, 2019
- In 1999 the Wyoming Legislature and the Wyoming Department of Health made the decision for Kid Care CHIP to be a public/private partnership with a private insurer to oversee the benefits and claims administration of CHIP. Every three years since 1999 a Request for Proposal has been issued for the benefit and claims administration duties
- In January of 2014, CHIP transitioned 1,251 youngsters to Medicaid as a result of new Medicaid income eligibility limits (133% FPL), as per the Affordable Care Act (ACA)
- Since February of 2014, CHIP eligibility determinations have been processed by the Wyoming Eligibility System Customer Service Center using a single, streamlined application, as per the ACA

Kid Care CHIP

PROGRAM CORE PURPOSE

Kid Care CHIP (Children's Health Insurance Program) makes available to eligible Wyoming 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	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Monthly average enrollment	5,200	3,200	5,536	5,538	5,831	4,464	2,989
# and % of Wyoming medical providers in network	94%	94%	1,082 91%	1,254 93%	1,276 93%	1,222 94%	1,128 94%
# and % of Wyoming dental providers in network	80%	80%	196 79%	204 80%	200 80%	203 71.5%	210 76.4%
# and % of children with at least 1 primary care provider appointment	54%	54%	4,386 50.8%	4,301 49%	4,450 50.5%	3,476 44.9%	2,153 41.9%
# and % of children receiving any kind of medical or dental services	76%	74%	6,356 73.6%	6,273 72%	6,534 74.2%	5,327 68.6%	3,490 66.9%
	66%	66%	4,210 58%	4,282 58%	4,316 52%	3,634 52%	2,568 66.3%

(-) Indicates data not yet available

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

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Total unique enrollments	8,342	8,724	8,841	5,864	7,418	5,865	4,333	3,683	3,735
# of core set of children's healthcare quality measures reported*	4 N/A 14 yes 6 no	5 N/A 12 yes 4 no	5 N/A 7 yes 8 no	5 N/A 11 yes 4 no	-	N/A	N/A	-	-
CAHPS positive responses from providers & healthcare: 1) Customer Service 2) Getting Care Needed 3) Getting Care Quickly 4) Doctor communicating well**	N/A	N/A	N/A	N/A	1) 87.85% 2) 93.32% 3) 95.41% 4) 94.87%	N/A	N/A	1) 87.85% 2) 93.32% 3) 95.41% 4) 94.87%	-

EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
Unit Cost Per Outreach/Impression	N/A	N/A	N/A	N/A	\$0.01	N/A	N/A	N/A	N/A
- Data not yet available * Count of N/A indicate the number of measures not applicable for Wyoming ** 415 of 1,416 samples completed (29.30% response rate)									

STORY BEHIND THE PERFORMANCE

Reducing the Number of Uninsured Children

- In 2012, approximately 6,904 children under 19 years of age with a family income below 200% FPL were uninsured. In 2013, approximately 5,164 children under 19 years of age with a family income below 200% FPL remain uninsured. *
- 2013 estimates show 1,943 children remain uninsured in the CHIP age & income category in Wyoming (under 19 years of age in a family income of 138% to 200% FPL)*

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

- 2015 was the first year WY CHIP implemented the CAHPS survey, one of the core quality health measures. 1,416 CHIP families were contacted via mail and asked to respond to the survey.
- Topics included in the survey included customer service, getting needed care, getting care quickly, and how well doctors communicate. Returned surveys (29% response rate) indicated a 92.87% overall positive rating.

Enrollment Demographics

- 58% of CHIP enrollees are between 7 and 15 years of age. 4% of CHIP enrollees are between birth and 23 months of age.
- CHIP has three plans, Plan A, B, and C.
 - Plan A: children with a family income up to 100% FPL and Native American children (2% of membership)
 - Plan B: children with a family income between 101% and 150% FPL (17% of membership)
 - Plan C: children with a family income between 51% and 200% FPL (81% of membership)

*Information from the U.S. Census 2013 Small Area Health Insurance Estimates (SAHIE)

Long Term Care and Assisted Living Facility HCBS Waiver Programs

Program Description

The Long Term Care (Home and Community Based Services) Waiver Program provides in-home services while the Assisted Living Facility (Home and Community Based Services) Waiver Program provides services in an assisted living facility (ALF) to Medicaid recipients 19 years of age and older that are aged, blind, or disabled and require services equivalent to a nursing home level care.

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$30,471,109	\$30,424,020	\$30,149,350
People Served	1,926	1,953	2,133
Cost per Person	\$15,829	\$15,575	\$15,243
Non-600 Series*	1.5%	2%	2%

*600 series is defined as direct service contracts

Program Cost Notes

- This program is funded by 50% General Funds and 50% Federal Funds
- The SFY15 budget for Long Term Care waiver services is \$28,509,104 and \$3,421,584 for the Assisted Living Facility waiver
- Waiver recipients are eligible for Medicaid medical services (costs are included in the Program budget)

Program Staffing

- 3 FTE, allocated from 6 full-time employees, to handle federal compliance, program management, participant support, provider oversight, data management, and clinical eligibility
- 0 AWEC
- 0 Other

Program Metrics

- 20 individuals are waiting to transition to services as of 6/30/15
- 429 participants chose the self-directed service delivery option in SFY 2015
- 138 providers were enrolled to provide services for the Long Term Care Waiver Program as of 6/30/15

Events that have Shaped this Program

- The LTC Waiver Program was last renewed with CMS (Centers for Medicare and Medicaid Services) for a five year period beginning July 1, 2011 and expiring June 30, 2016. Staff is currently working on the renewal process
- The ALF Waiver Program was last renewed with CMS (Centers for Medicare and Medicaid Services) for a five year period that began July 1, 2015



Long Term Care and Assisted Living Facility HCBS Waiver

PROGRAM CORE PURPOSE

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

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
% of returned participant satisfaction surveys that showed positive satisfaction and experience	80%	80%	94%	92%	88%	85%	82%
LTC wavier costs as a % of nursing home PMPM cost	<60%	<60%	42%	47%	43%	44%	42.3%
ALF wavier costs as a % of nursing home PMPM cost	<60%	<60%	44%	44%	44%	46%	46.6%
LTC LT-101 score mean (median)	>17	>17	16.5 (15)	16.8 (16)	17.1 (16)	17.1 (16)	17.1 (16)
ALF LT-101 score mean/median	>18	>18	17.4 (16)	17.3 (16)	17.0 (18)	17.6 (17)	18 (17)

* Medical necessity for nursing home level of care is determined by a score of 13 or greater on the LT-101. The average LT-101 scores for other long-term care programs were as follows: Skilled Nursing Facility (Mean 21.1, Median 21), PACE (Mean 18.3, Median 17).

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Number of eligible individuals on ALF/LTC waitlist at end of FY	N/A	98	67	29	0	N/A	N/A	N/A	N/A
Number of unique/unduplicated waiver recipients per year	2,019	1,920	1,926	1,953	2,133	N/A	N/A	N/A	N/A
Number of providers at end of FY	114	118	120	117	138	N/A	N/A	N/A	N/A
# of participant satisfaction surveys mailed	N/A	N/A	2,216	1,948	102	N/A	N/A	N/A	N/A
Number of eligible individuals on ALF/LTC waitlist at end of FY	N/A	98	67	29	0	N/A	N/A	N/A	N/A

EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
Per member per month waiver only/ waiver and medical	\$845 \$1,650	\$849 \$1,800	\$862 \$1,678	\$866 \$1,657	\$848 \$1,644	N/A	N/A	N/A	N/A
% of mailed satisfaction surveys returned by applicants	N/A	N/A	43%	56%	73%	N/A	N/A	N/A	N/A
% of non-satisfied participants from previous year contacted by staff*	100%	100%	100%	100%	100%	N/A	N/A	N/A	N/A
N/A indicates data not available * As a quality control mechanism									

STORY BEHIND THE PERFORMANCE

- Metrics for the LTC and ALF waivers were reported separately prior to SFY 2014. The above data has been combined to reflect both waiver programs.
- In July 2011, the LTC waiver program began a new five year cycle that will end June 30, 2016. Staff is currently working on renewing this waiver.
- In July 2015, the ALF program began a new five year cycle which extended the ALF Waiver through Jun 30, 2019.
- In July 2015, wait lists for these programs were removed, as directed by Senate File 60. Individuals that are on the wait list are not ready to start the program by their own choice.
- In collaboration with the Behavioral Health Division, the program 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.

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$29,734,932	\$31,995,615	\$35,143,911
People Served	13,101	13,838	14,713
Cost per Person	\$2,270	\$2,312	\$2,389

Program Cost Notes

- Federal Match 50%, State General Fund 50% in SFY 2015
- SFY 2015 Behavioral Health services account for 7% of the total Medicaid benefit claims expenditures

Program Staffing

- 1 FTE
- 0 AWEC
- 0 Other

Program Metrics

- The top diagnosis by expenditure for all ages served is Depression (\$7,384,513), which represents 21% of total SFY 2015 BH program expenditures
- Post Traumatic Stress Disorder was the second diagnosis by expenditure (\$4,017,758, 11%)
- Attention Deficit Disorder of Childhood was the third diagnosis by expenditure (\$3,205,955, 9%)

Events that Shaped this Program

- The Medicaid Behavioral Health Services program utilizes the federal authority granted by the Centers for Medicare & Medicaid Services under the Rehabilitative Services Option [42 U.S.C. § 440.130], Early Periodic Screening, Diagnosis and Treatment (EPSDT) [42 U.S.C. § 440.40(b)], and Targeted Case Management [42 U.S.C. § 440.169]
- As of July 1, 2014, Medicaid began independent enrollment of licensed mental health professionals, including Licensed Clinical Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, and Licensed Addictions Therapists
- As of July 1, 2015, Medicaid allows provisional license mental health professionals to enroll and practice under the supervision of a licensed mental health professional and to bill for those services when serving Medicaid clients



Medicaid Behavioral Health (BH) Services

PROGRAM CORE PURPOSE

This program provides access to cost-effective, community-based behavioral health (BH) treatment resources for Wyoming Medicaid clients who are experiencing mental health and/or substance abuse disorders.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
% of total Medicaid enrolled clients who received a BH service	15%	15%	12%	15%	15%	15%	16.5%
# of participating BH providers enrolled with Medicaid	2,250	2,500	726	1,677	2,036	2,138	2,260
Adult Intellectual Disabilities (ID) waiver client psychological service cost per recipient	<\$5,000	<\$5,000	\$3,887	\$4,184	\$5,088	\$5,840	\$1,597

(-) 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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Total # of BH recipients	12,842	12,946	13,101	13,838	14,713	-	-	-	-
Per member per month for BH services	\$30.62	\$33.76	\$35.20	\$37.34	\$35.41	-	-	-	-
# BH providers in-State, out-of state	402 324	1,319 358	1,642 394	1,705 433	1,754 506	-	-	-	-
# of Adult ID waiver BH recipients	508	548	522	536	459	-	-	-	-
# & % of BH recipients under age 21	7,709 60%	7,559 58%	7,514 57%	8,203 59%	7,827 56%	-	-	-	-
EFFICIENCIES									
% of total BH services (by expenditures) provided at a community mental health center and/or substance abuse treatment center	48%	46%	49%	44%	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

1. The SFY 2015 goal of enrolling a minimum of 2,250 behavioral health providers has been exceeded, with 2,260 enrolled due to legislation in SFY 2014.
2. An initiative was started by the Medicaid Behavioral Health Manager in SFY 2013 to potentially reduce inappropriate behavioral health services being provided to adult individuals on Intellectual Disabilities Waivers, resulting in a referral to the Program Integrity unit for additional investigation. There is a significant decrease (72%) in cost per recipient receiving psychological services in SFY 2015.

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

	2013	2014	2015
Total Program Cost	\$13,582,007	\$13,753,734	\$14,473,863
People Served	28,853	29,415	30,679
Cost per Person	\$471	\$468	\$472

Program Cost Notes

- Dental expenditures were 3% of the total Medicaid expenditures for SFY 2015
- 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 2014, 95 new orthodontic cases (Medicaid clients) were approved to participate in the Severe Malocclusion Program. In SFY 2015, 128 cases were approved and 80 were placed on hold for eligibility issues, improvement needed in home care, or observation of growth patterns. 247 children are currently in orthodontic treatment for correction
- In SFY 2015, only Niobrara County did not have an enrolled Medicaid dentist Note that Niobrara County does not have *any* practicing dentists

Events that have Shaped this Program

- The children's dental benefits are a mandatory Medicaid service while adult dental benefits are an optional Medicaid service
- In 2012, qualifying criteria for the Severe Crippling Malocclusion program was revised 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, more dental codes have been opened to provide care to potentially compromised recipients
- 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 dentists to see children at younger ages. Since 2013, more general dentists are billing for these incentive codes
- Beginning in 2014, clients on the adult DD or ABI waiver now receive two cleanings per year and deeper cleaners as needed in an effort to help prevent advancement of dental disease and promote overall health
- A teen dental program is being developed to incentivize clients ages 15-20 to attend dental check-up visits. Data has shown that this age group utilizes their benefits very little and could be at higher risk for extensive, high cost dental disease as adults

Medicaid Dental

PROGRAM CORE PURPOSE

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

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
% of practicing licensed Wyoming dentists enrolled as a Medicaid provider	>85%	>85%	N/A	N/A	N/A	76% (215/283)	79% (232/295)
% of enrolled members seen for a dental exam	30%	36%	30% (26,665/ 90,047)	30% (26,864/ 90,037)	27% (24,599/ 89,685)	32% (27,308/ 86,188)	33% (29,020/ 89,252)
% of Medicaid children who received a dental cleaning	36%	36%	33% (20,242/ 60,537)	34% (20,392/ 60,335)	34% (20,506/ 59,822)	38% (20,856/ 54,417)	39% (21,578/ 55,589)
% of nursing home recipients seen for a dental visit	15%	23%	12% (289/ 2,385)	13% (327/ 2,388)	14% (334/ 2,359)	19% (426/ 2,222)	17% (398/ 2,357)
# of recipients taken to the hospital/ambulatory surgery center (ASC) for dental work	N/A	<1,000	N/A	N/A	1,300 / 20,506 (63%)	1,344 / 20,856 (65%)	1,361/ 21,578 (63%)

(-) 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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
% of Medicaid children receiving any dental service	39% 23,661/ 60,537	40% 23,944/ 60,335	40% 23,969/ 59,822	45% 24,311/ 54,417	45% 24,929/ 55,589	N/A	N/A	N/A	N/A
% of Medicaid adults receiving any dental service	18% 5,252/ 29,510	18% 5,243/ 29,702	18% 5,245/ 29,863	17% 5,395/ 31,771	18% 6,052/ 33,663	N/A	N/A	N/A	N/A
% of orthodontic applications approved	N/A	35% 129/ 395	28% 103/ 373	31% 95/ 310	32% 128/ 397	N/A	N/A	N/A	N/A
EFFICIENCIES									
Average cost per recipient per year	\$486	\$478	\$471	\$468	\$472	N/A	N/A	N/A	N/A
Per member per month – dental	\$16.13	\$15.97	\$15.92	\$15.93	\$16.02	N/A	N/A	N/A	N/A
Dental expenditures: orthodontics vs total dental	\$366,012 \$13.9 M	\$426,940 \$13.8 M	\$416,420 \$13.5 M	\$392,155 \$13.7 M	\$394,135 \$14.4 M	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 Medicaid Dental Program has consistently reduced the average cost per recipient per year and increased the percent of Medicaid clients served each year.
- By enrolling new dental graduates each year the Program continues to increase provider participation with one of the highest participation rates in the nation. The national average is between 40% and 50% participation. High provider participation rates ensure access to dental services for Medicaid clients.
- The Dental Program focuses on provider incentives to see underserved clients by offering dentists additional payments for seeing Nursing Home clients and children under the age of 3.
- Dental providers reduced the number of children that were treated under general anesthesia in a hospital/ambulatory surgical center (ASC) setting by attempting dental services in their offices using nitrous oxide and other behavior management codes that are now covered by Medicaid.
- More preventive visits and deeper cleanings for developmentally disabled clients and pregnant mothers were added to ensure better overall health for these clients.
- The Severe Malocclusion program has continued to see 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. A new interceptive program is being developed to treat children for severe malocclusions at younger ages and potentially avoid costly comprehensive treatment later.

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. This Program oversees the Drug Utilization Review (DUR) program which promotes the appropriate use of medications for Medicaid recipients and works to maximize cost savings for the state through manufacturer drug rebates, the preferred drug list, and sound reimbursement methodology.

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$43,666,261	\$46,190,410	\$51,917,136
People Served	50,783	47,166	47,696
Cost per Person	\$860	\$979	\$1088

Program Cost Notes

- Program costs noted above include funds spent for the direct service costs of drug coverage only
- Expenditures are federally matched at a 50% rate
- Expenditures do not reflect offsetting revenues from federal or supplemental rebates
- The cost of the program net of rebate was as follows:
 - SFY13, \$22,110,330
 - SFY14, \$21,419,975
 - SFY15, \$28,956,198

Program Staffing

- 3 FTE
- 0 AWEC
- Contractors: (1) Pharmacy Benefits Manager (PBM)—Goold Health Systems (GHS) and (2) Drug Utilization Review (DUR)—University of Wyoming School of Pharmacy

Program Metrics

- All Medicaid enrollees are eligible for pharmacy coverage. Approximately 60% of enrollees used the pharmacy benefit in SFY 2014, while approximately 53% used the pharmacy benefit in SFY 2015
- Pharmacy expenditures were approximately 8.9% of total Medicaid expenditures in SFY 2014 and 9.0% of total expenditures in SFY 2015

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 are in addition to the federally required rebates. All rebates provide the opportunity to greatly reduce the overall cost of medications covered by the program
- In 2011, First Data Bank, a drug manufacturing compendium, ceased publication of the Average Wholesale Price (AWP), a number used by most states to calculate reimbursement rates. This has caused all states to restructure their formulas used to calculate pharmacy reimbursement. The new structure depends on National Average Drug Acquisition Cost (NADAC), which the Centers for Medicare & Medicaid Services (CMS) has only released in draft form as of December 2014. Wyoming is awaiting the final NADAC file before changing reimbursement rates
- An increase in the utilization of very costly specialty drugs and first-in-class blockbuster drugs, as well as the 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	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Short Term Outcomes—Cost Effective Coverage							
Savings generated by the preferred drug list and prior authorizations ^A	\$7,800,613	\$8,580,674	\$4,890,538	\$6,008,904	\$7,091,467	\$7,844,047	\$8,894,753
State maximum allowable cost savings ^B	\$18,631,056	\$14,000,000	\$7,997,545	\$11,218,614	\$16,937,324	\$14,359,484	\$15,085,685
Intermediate Outcomes—Clinically Sound Treatment							
# of prior authorizations approved/ # reviewed (% approved)	50-60%	50-60%	3,606/ 6,980 (54.9%)	3,715/ 6,650 (55.9%)	3,994/ 7,038 (56.7%)	4,693/ 8,507 (55.2%)	4,520/ 9,471 (47.7%)
# of prescriptions that changed due to drug utilization review (DUR) edits/ # that hit DUR edits (% of prescriptions changed)	20-30%	20-30%	10,406/ 47,025 (22.1%)	9,681/ 45,133 (21.4%)	12,236/ 46,733 (26.2%)	9,468/ 48,508 (19.5%)	8,572/ 49,055 (17.5%)
(-) Indicates data not yet available N/A indicates data not available due to the creation of a new metric							

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of clients served	50,131	48,263	50,783	47,166	47,696	35,207	35,679	35,148	37,151
# of prescriptions paid	577,692	599,916	588,808	571,568	578,236	284,923	286,645	280,479	290,083
Average # of prescriptions per recipient per month	2.71	2.76	2.78	2.84	2.89	2.86	2.83	2.96	2.82

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of medication classes managed on the Preferred Drug List (PDL)	91	109	108	119	123	N/A*	N/A*	N/A*	N/A*
# of claims recovered by Program Integrity	N/A	221	1,997 ^c	375	409	252	123	91	318
EFFICIENCIES									
Average total cost per client served (per prescription)	\$793 (\$71.58)	\$868 (\$69.87)	\$860 (\$74.16)	\$979 (\$80.81)	\$1,088 (\$98.79)	\$627 (\$77.52)	\$675 (\$84.08)	\$703 (\$88.06)	\$733 (\$93.83)
Supplemental rebate savings ^d [State Portion]	\$1,373,012 [\$686,506]	\$2,350,870 [\$1,175,435]	\$1,080,980 [\$540,490]	\$1,778,267 [\$889,134]	\$1,396,316 [\$698,158]	\$833,905	\$944,362	\$672,007	\$724,309
Program Integrity recoveries and savings ^e	\$63,635	\$71,013	\$149,774	\$296,012	\$438,329	\$124,101	\$171,911	\$39,700	\$398,629
(-) 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 Medicaid Pharmacy Program is governed by 42 CFR §440.120, §441.25, §44.520, §456, Subpart K, §447, Subpart I and W.S. 42.4.103 (a)(xiii)

^A 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 the 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. The Program goal is to increase savings by 10% from SFY 2015 to SFY 2016.

^B 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.

^C This increase was the result of an unusually large one-time recovery of multiple claims from a single provider.

^D The contract cost for the supplemental rebate savings is \$20,000 per year.

^E These numbers reflect money that was recovered on claims that were originally submitted incorrectly by pharmacy providers and, therefore, overpaid by the State. The SFY13, SFY14, and SFY15 figures also include cost avoidance achieved by corrections that avoid filling prescriptions too soon or too often.

Medicaid – Third Party Liability (TPL)

Program Description

As a part of the Program Integrity Unit, third party liability (TPL) staff continually reviews provider claims to ensure that Medicaid is the payor of last resort, as required by federal law. TPL Staff concentrate on two areas to effectively identify third party liability, i.e. when 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. The first area, cost avoidance, concerns recognizing the existence of other insurers’ responsibility and then requiring that insurer to pay prior to Medicaid payment. The second area, “pay and chase”, involves TPL staff attempting to recover money from the liable third party when a Medicaid payment has already been made and third party liability is subsequently determined.

Program Expenditures and Total Dollars Recovered

	2013	2014	2015
Total Program Cost*	\$670,000	\$670,000	\$670,000
Total TPL Dollars Recovered**	\$6,501,269	\$5,140,669	\$5,738,136

*This program resides in the Program Integrity unit and is not tracked separately. Personnel and Xerox contractual costs for the Program are estimated based upon a Cost Allocation Model.

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

Program Cost Notes

- Recoveries made by TPL are reported on the CMS-64 report. Using the current FMAP rate of 50%, federal funds are returned to CMS for TPL services
- The state FTE position is not 100% dedicated to TPL functions
- Staffing at the Attorney General’s office has not been consistent during SFY 2015. The AG’s office performs legal services for TPL and estate recovery, however their hours are not broken out as billable hours for Medicaid for cost reporting
- 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

Program Staffing

- 0.8 FTE
- 0 AWEC
- Other
 - TPL Contractual Staff (Xerox)
 - 1.5 FTE Attorneys General
 - 1 FTE paralegal at the Attorney General’s office

Program Metrics

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

Events that have Shaped this Program

- Social Security Act and the United States Code mandate third party liability and estate recoveries
- 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. Chapter 3 of the State Medicaid Manual Sections 3257 – 3259.8, 3810 – 3812, and 3900 – 3910.15 also govern the Program
- The Federal Omnibus Budget Reconciliation Act of 1993 (OBRA '93) imposes penalties for individuals who transfer assets to qualify for Medicaid (the look-back period). It is also set forth that states must, at a minimum, recover from assets that pass through probate and, at a minimum, 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, establishing data matching requirements, stating that Medicaid claims may not be denied for claim format issues or procedural issues, and increasing the duration of the look-back period as well as making provisions for annuities, etc.
- Wyoming Statutes §§ 42-4-201 – 42-4-207 Medicaid Benefit Recovery and Wyoming Medicaid Rules Chapter 35 Benefit Recovery govern this Program



Medicaid – Third Party Liability (TPL)

PROGRAM CORE PURPOSE

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	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
% of Medicaid budget offset by total TPL*	1.02%	1.03%	1.05%	1.04%	1.18%	0.93%	1.04%
\$ of estate recovery	\$2,812,768	\$2,927,969	\$1,539,091	\$2,272,704	\$2,297,295	\$2,433,666	\$2,618,230
\$ of third party liability recoveries	\$2,952,507	\$2,173,295	\$2,826,913	\$3,231,431	\$3,864,731	\$2,433,598	\$2,046,823
\$ of credit balances	\$420,298	\$332,556	\$45,456	\$82,883	\$339,242	\$273,405	\$193,095
\$ of J code rebates	\$1,684,215	\$1,288,739	\$1,332,259	\$1,398,774	\$1,442,364	\$1,629,162	\$1,073,083

*Cost avoidance savings have been removed from these figures. Quality Assurance (QA) & Program Integrity (PI) are reviewing & auditing how cost avoidance dollars are determined and how best to present this information in the future.

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
% of clients with private health insurance (cost avoidance potential)	9%	8.56%	7.34%	5.25%	5.61%	N/A	N/A	N/A	N/A
# of estate recovery cases with money recovered	83	87	98	93	85	N/A	N/A	N/A	N/A
# of civil referrals to the Attorney General or to outside legal counsel	243	260	108	125	27	N/A	N/A	N/A	N/A
EFFICIENCIES									
% of recovered estate cases to current open and active cases	19.19%	17.52%	18.53%	12.4%	-	N/A	N/A	N/A	N/A
% of recovered TPL 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 available on a quarterly basis

STORY BEHIND THE PERFORMANCE

- **Estate recovery:** Wyoming Medicaid has an aggressive estate recovery program. Wyoming has elected the expanded definition of estate, which extends beyond probate actions. Wyoming is a lien state and has the ability to impose a lien on real property. Wyoming is able to recover from any real or personal property that the client had legal title or interest in at the time of death or when s/he took their last breath to the extent of that interest, including such assets conveyed to a survivor heir, or assign of the deceased individual through joint tenancy, tenancy in common, survivorship life estate, living trust, or other arrangement.
- **Third party payer** is a person, entity, insurer, or government program that may be liable to pay, or that pays pursuant to the 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) exceeds their debits (pay outs or paid claims), resulting in the provider owing money to Medicaid.
- **J-Code Rebate:** Rebate dollars 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 through managing utilization of high cost services while allowing individuals to obtain services that best meet their healthcare needs.

Program Expenditures & Reviews Performed

	2013	2014	2015
Total Program Cost	\$960,071	\$1,102,362	\$959,831
Reviews Performed	5,086	5,223	4,319
Non-600 Series*	100%	100%	100%

* 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 cost per review costs ranging from \$67.47 to \$581.42 (SFY 15) depending on the type of review and the work required

Program Staffing

- 0.75 FTE
- 0 AWEC
- Other: Contractor, WYhealth (Xerox Care and Quality Solutions)

Program Metrics

- The Department contracts with WYhealth (Xerox Care and Quality Solutions) to provide utilization management & medical review services. The reviews include:
 - 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 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

Medicaid – Utilization Management

PROGRAM CORE PURPOSE

The Medicaid utilization management program promotes appropriate healthcare expenditures through managing utilization of high cost services while allowing individuals to obtain services that best meet their healthcare needs.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
# & % of acute psychiatric admission denials resulting from prior authorization reviews	N/A	N/A	N/A	N/A	66/861 8%	180/877 20%	320/959 33%
# & % of selected inpatient procedure denials resulting from PA reviews	<5%	<3%	N/A	N/A	1/74 1%	3/84 3%	0/79 0%
# & % of disability determination denials resulting from disability determination reviews	N/A	N/A	N/A	N/A	67/115 58%	105/181 58%	62/148 42%
# & % of PASRR admission denials resulting from reviews	<5%	<1%	N/A	N/A	1/104 1%	1/120 1%	0/94 0%
# & % of extraordinary care denials resulting from PA reviews	<5%	<1%	N/A	N/A	0/12 0%	2/64 1%	0/25 0%

(-) Indicates data not yet available

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

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Total # of All Reviews	N/A	N/A	5,086	4,700	4,719	N/A	N/A	N/A	N/A
Total Cost of All Reviews	N/A	N/A	\$960,071	\$1,010,707	\$959,831	N/A	N/A	N/A	N/A
Total # of Reviews for: 1) PA* for acute hospital psychiatric 2) CSR** for acute hospital psychiatric 3) PA for inpatient hospital admissions 4) CSR for inpatient hospital admissions 5) Disability determinations 6) PASRR Level II 7) Extraordinary Care 8) Retrospective 9) Random post-pay outpatient 10) Random post-pay institutional 11) Mortality	N/A	N/A	1) 861 2) 594 3) 74 4) 42 5) 115 6) 104 7) 12 8) 71 9) 177 10) 101 11) 58	1) 844 2) 548 3) 84 4) 56 5) 165 6) 118 7) 51 8) 59 9) 198 10) 213 11) 60	1) 959 2) 643 3) 105 4) 44 5) 148 6) 94 7) 25 8) 50 9) 185 10) 190 11) 46	N/A	N/A	N/A	N/A
Total Cost of Reviews for: 1) PA for acute hospital psychiatric 2) CSR for acute hospital psychiatric 3) PA for inpatient hospital admissions 4) CSR for inpatient hospital admissions 5) Disability determinations 6) PASRR Level II 7) Extraordinary Care 8) Retrospective 9) Random post-pay outpatient 10) Random post-pay institutional 11) Mortality	N/A	N/A	1) \$54,596 2) \$135,592 3) \$4,833 4) \$9,587 5) \$17,501 6) \$39,567 7) \$4,565 8) \$4,322 9) \$12,346 10) \$6,788 11) \$22,066	1) \$59,569 2) \$139,241 3) \$6,107 4) \$14,229 5) \$20,036 6) \$49,971 7) \$21,598 8) \$3,998 9) \$15,373 10) \$15,937 11) \$25,409	1) \$67,491 2) \$162,996 3) \$7,675 4) \$11,393 5) \$25,140 6) \$40,068 7) \$10,967 8) \$3,442 9) \$14,385 10) \$14,236 11) \$19,823	N/A	N/A	N/A	N/A
# and cost of Reports*** produced for: 1) Nursing Facility Census 2) Inpatient Census	N/A	N/A	1) 12 / \$2,403 2) 50 / \$26,228	1) 12 / \$2,674 2) 52 / \$30,362	1) 12 / \$2,886 2) 53 / \$31,406	N/A	N/A	N/A	N/A

EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
Cost per Review for: 1) PA for acute hospital psychiatric 2) CSR for acute hospital psychiatric 3) PA for inpatient hospital admissions 4) CSR for inpatient hospital admissions 5) Disability determinations 6) PASRR Level II 7) Extraordinary Care 8) Retrospective 9) Random post-pay outpatient 10) Random post-pay institutional 11) Mortality	N/A	N/A	1) \$63.41 2) \$228.27 3) \$65.31 4) \$228.27 5) \$152.18 6) \$380.45 7) \$380.45 8) \$60.87 9) \$69.75 10) \$67.21 11) \$380.45	1) \$70.58 2) \$254.09 3) \$72.70 4) \$254.09 5) \$169.39 6) \$423.49 7) \$423.49 8) \$67.76 9) \$77.64 10) \$74.82 11) \$423.49	1) \$70.28 2) \$253.01 3) \$72.39 4) \$253.01 5) \$168.67 6) \$421.69 7) \$421.69 8) \$67.47 9) \$77.31 10) \$74.50 11) \$421.69	N/A	N/A	N/A	N/A
Cost per Nursing Facility Census Report	N/A	N/A	\$200.24	\$222.89	\$221.94	N/A	N/A	N/A	N/A
Cost per Inpatient Census Report	N/A	N/A	\$524.56	\$583.90	\$581.42	N/A	N/A	N/A	N/A

* Prior Authorization
 ** Continued Stay Review
 *** Nursing Facility Census reports are produced monthly, while Inpatient Census reports are produced weekly
 N/A indicates data not available

STORY BEHIND THE PERFORMANCE

- This program focuses on appropriate healthcare expenditures by managing utilization of high cost services.
- WYhealth provides a full behavioral health utilization management (UM) program and a UM program for selected medical procedures. WYhealth follows WY Medicaid Rules and Regulations for the UM process of approving and denying requests for review.

Wyoming Medication Donation Program

Program Description

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

Program Expenditures and People Served

	CY 2012	CY 2013	CY 2014	CY 2015 (Jan-Sept)
Total Program Cost	\$249,455	\$266,993	\$289,886	\$183,042.84
People Served*	1,916	1,704	1,558	2,421
Cost per Person	\$130	\$156	\$186	\$75.61
Non-600 Series**	100%	100%	100%	89%

* Number of people served 2012-2014 is the total served via mail from the central location in Cheyenne and the 9 registered Dispensing Sites. 2015 data is an accurate count of unduplicated patients served by both mail and the dispensing sites.

** 600 series is defined as direct service contracts

Program Cost Notes

- Revenue: 9% grants in 2014, 17% in 2015
- Return on Investment (ROI), calculated as the value of prescriptions dispensed divided by the Program cost:
 - 2012- ROI \$5.34
 - 2013- ROI \$4.73
 - 2014- ROI \$6.09
 - 2015- ROI \$9.66

Program Staffing

- 1.75 FTE (0.75 pharmacist, 0.25 fill-in pharmacist, 0.75 pharmacy technician)
- 0.75 AWEC pharmacy technician (January – June 2015, contract July - September)
- Other: Healthcare Volunteers

Program Metrics

- Improving Prescription Access: number of prescriptions filled, value of prescriptions filled (Average Wholesale Price- AWP), number of patients served, patient medication compliance rate
- 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.)
- This was a pilot program called Laramie County Centralized Pharmacy from 2007-2010
- Wyoming Medication Donation Program central processing site began serving patients state-wide in 2011
- The Program is a 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 from 2012 to 2015
- In January of 2015, the Program began utilizing grant funding to purchase needed medications to fill in the gaps of donated inventory

Wyoming Medication Donation Program

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.

OUTCOMES

Performance Metric	CY 2015 Target	CY 2016 Target	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015*
Total patients served by re-dispensed medication ¹	>1,750	>1,750	1,748	1,916	1,704	1,558	2,421
Total value of re-dispensed prescriptions ^{1,2}	\$1,500,000	\$1,500,000	\$1,222,816	\$1,332,355	\$1,264,842	\$1,765,148	\$1,768,886
Patient medication compliance rate on mailed prescriptions	N/A	>85%	N/A	N/A	59%	62%	87%
Return on Investment (ROI) to communities (the value of prescriptions dispensed ² divided by the program cost)	> \$5.00	> \$5.00	\$7.04	\$5.34	\$4.73	\$6.09	\$9.66
Total patients served by re-dispensed medication ¹	>1,750	>1,500	1,748	1,916	1,704	1,558	2,421

* January through September

¹ Total number of patients served and total value of re-dispensed prescriptions in 2011-2014 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. 2015 data is an accurate count of unduplicated patients served via mail plus dispensing sites.

² All values shown are average wholesale price (AWP) which is the average value at which wholesalers sell drugs to physicians, pharmacies, and other consumers. It is a standard pricing benchmark for drug pricing and reimbursement throughout the healthcare industry.

OUTPUTS AND EFFICIENCIES

Performance Metric	CY 2011	CY 2012	CY 2013	CY 2014	CY2015*	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# / % of patients served via mail	70 4%	111 6%	167 10%	255 16%	427 18%	N/A	N/A	N/A	N/A
# of sites that refer patients	N/A	N/A	32	71	52	N/A	N/A	N/A	N/A
# of public donation sites ³	1	10	17	25	27	N/A	N/A	N/A	N/A
Pounds / % of donations received via totes (provide free shipping for donation sites)	N/A	N/A	434.8 4.5%	2,006 15.5%	2,828 23.4%	N/A	N/A	N/A	N/A
% of cities with a drug drop box that have a public medication donation site ²	N/A	N/A	N/A	73% (24/33)	73% (24/33)	N/A	N/A	N/A	N/A
EFFICIENCIES									
Average program cost per prescription dispensed ³	\$7.10	\$11.30	\$13.09	\$16.93	\$14.40	N/A	N/A	N/A	N/A
Average AWP value per prescription dispensed	\$50.03	\$60.37	\$61.99	\$103.13	\$138.89	N/A	N/A	N/A	N/A
Donation usage rate (\$ dispensed / \$ donated)	N/A	73.7%	52.5%	55%	70%	N/A	N/A	N/A	N/A
* January through September									
** Average Wholesale Price (AWP)									
N/A indicates data not available on a quarterly basis									
³ Average program cost per prescription dispensed is rising due to the shift of prescriptions being filled and sent via mail vs. being filled at the dispensing sites. The WDH does not provide financial assistance to the dispensing sites.									

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.
- Beginning January 2015, grant funds from the Health Care Innovation Award have been used to purchase medications to fill-in the gaps of the donated inventory. This allows us to fill a prescription even though the medication had not been donated in sufficient quantity. This has been a key to improving the patient medication compliance rate. This funding expires June 30, 2015 and we are seeking continued funding opportunities for this service.
- Nearly all of the dispensing sites provide donated medications to only patients seen by a provider at their clinic, limiting the clients who can receive help. 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 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. The program is not actively trying to expand the number of dispensing sites at this time.

Medicaid: Nursing Homes

Program Description

Wyoming Medicaid covers nursing home (NH) 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 2015 Wyoming had 36 in-state SNFs and 1 in-state NF. There are also two Transitional Care Units in Wyoming that provide NH level of care to individuals recovering from severe illness or injury.

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost*	\$73,593,462	\$72,866,933	\$70,354,260
People Served	2,445	2,387	2,357
Cost per Person	\$30,100	\$30,527	\$29,849
Non-600 Series**	0.4%	0.3%	0.3%
Total Provider Tax Paid	\$28,886,520	\$31,074,080	\$30,438,174

*Costs include Nursing Home & Swing Bed taxonomies, does not include Provider Tax

**600 series is defined as direct service contracts, does not include claims processing or eligibility costs

Program Cost Notes

- Nursing Homes are paid a per diem rate based on an updated rate model that went into effect 7/1/15
- Wyoming Retirement Center and Morning Star Manor are paid outside of this rate model. WRC is paid 100% of their audited costs and Morning Star is paid a fixed Indian Health Service (IHS) rate
- Extraordinary Care Clients have severe conditions that require a negotiated rate (currently 9 cases).
- Nursing facility provider assessment is approximately \$30 million per year, 50% federal funds & 50% provider match

Program Staffing

- 0.25 FTE
- 0 AWEC
- Other: a consultant (currently a CPA firm, Myers & Stauffer, LC) is contracted through an RFP to provide rate setting and auditing functions for this provider service.

Program Metrics

- Ensure access to nursing home services by covering provider allowable costs as close to 100% as possible.
- Medicaid covers 62% of the nursing home occupancy as measured in bed days
- Extraordinary Care Clients are approved for additional funding based on clinical documentation meeting medical criteria. Currently there are six (6) extraordinary clients in Wyoming and three (3) out of state

Events that have Shaped this Program

- After an extensive public process, an updated NH Rate Model was approved and implemented effective July 1, 2015. The new rate model is a hybrid price, cost, and acuity adjusted model for 4 cost categories including: exempt costs, property costs, healthcare costs subject to acuity adjustments, and operating costs (including laundry, housekeeping, routine supplies, etc.)
- Nursing homes became eligible through a WY State Plan Amendment for provider assessment payments beginning April of 2011. The provider assessment program allows nursing facilities (NFs) to pay the state Medicaid match through an assessment, the State then draws down the federal funds and additional payments are made to the nursing homes. Note that 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 residents.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
# of nursing homes (NH) achieving 95% cost coverage reimbursement with upper payment limit (UPL)	>50%	>50%	N/A	N/A	15 out of 37 (41%)	10 out of 37 (27%)	20 out of 35 (57%)
Average Medicaid patient acuity score	>0.90	>0.87	N/A	0.91	0.92	0.90	0.87
Cost coverage weighted average history (including provider assessments)	85-100%	85-100%	N/A	92%	89%	87%	91%
% of Wyoming nursing facilities that accept Medicaid residents (9 NF in Wyoming)	100%	100%	100%	100%	100%	100%	100%

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# and % of Wyoming Medicaid recipients served in a NH or swing bed	2,444 3%	2,410 3%	2,445 3%	2,387 3%	2,357 3%	2,013	1,931	1,880	1,983
Total cost for Extraordinary Care Clients (% of Total NH Costs)	\$600,887 (0.8%)	\$531,893 (0.7%)	\$873,421 (1%)	\$1,436,290 (2%)	\$1,470,960 (2%)	\$608,629	\$827,661	\$608,105	\$862,854
# of member months of NH program enrollment	20,307	20,569	20,232	20,071	19,632	N/A*	N/A*	N/A*	N/A*

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
EFFICIENCIES									
Cost per nursing home recipient	\$29,943	\$30,625	\$30,100	\$30,527	\$29,849	\$18,422	\$18,531	\$18,249	\$18,178
Per Member Per Month (PMPM) for Nursing Home (without UPL)	\$3,949.25	\$3,889.24	\$3,864.46	\$3,751.96	\$3,756.17	N/A*	N/A*	N/A*	N/A*
Average length of stay (months)*	8.3	8.6	8.5	8.8	8.3	N/A*	N/A*	N/A*	N/A*
# and % of nursing home bed days paid by Medicaid (based on FFY)	540,659 62%	547,739 63%	537,013 61%	547,206 61%	529,319 62%	N/A*	N/A*	N/A*	N/A*
Average Length of Stay is calculated by dividing the number of member months by the unique recipient count N/A indicates data not available on a quarterly basis									

STORY BEHIND THE PERFORMANCE

- In order to ensure the quality of care and to avoid inappropriate institutionalization of persons with a mental illness or mental retardation, Congress, via the Nursing Home Reform Act of 1987, has mandated that all State Medicaid Agencies serve as the oversight authority for Pre-admission Screenings and Resident Review (PASRR). 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.
- The Documentation and Reimbursement Technology (DART) chart project that began in SFY15 ensures that all residents insured by Medicare remain Medicare primary to the full maximum allowable days using the Resource Utilization Groups (RUGs) based methodology.
- The Long Term Care Advisory Group has replaced the Nursing Home Advisory Group (NAG) in SFY15. The nursing home providers are now combined with the hospice, home health, and long term care waiver providers to ensure that there is a broader base of knowledge and expertise surrounding long term care and to assist the State with policy, coverage, rate, and other Medicaid issues and decision-making.

Psychiatric Residential Treatment Facility (PRTF)

Program Description

Wyoming Medicaid covers treatment 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

	SFY2013	SFY2014	SFY2015
Total Program Cost*	\$16,335,338	\$15,618,134	\$13,898,099
People Served	434	344	348
Cost per Person*	\$37,639	\$45,402	\$39,937

* Program costs include both Medicaid and State General Funds

Program Cost Notes

- Medicaid youth are funded by 50% federal funds, 50% state general funds (SGF)
- Medicaid costs were \$13,575,847 in SFY 15 and \$14,906,432 in SFY14
- SGF costs were \$322,252 in SFY15, \$711,702 in SFY14, and \$4,434,165 in SFY13

Program Staffing

- 0.25 FTE
- 0 AWEC
- 1 Other (Contractor, WY Health)

Program Metrics

- In SFY 15 348 unique clients were served
- The Program currently has 24 PRTFs enrolled
 - 2 in-state
 - 22 out-of-state
- The average length of stay in SFY15 was 198 days (calculated from discharged clients)

Events that have Shaped this Program

- Enrolled Act No. 57, House of Representatives became effective July 1, 2013. This specifies that any order regarding potential placement at a PRTF shall not specify a particular PRTF or level of care for the placement of the child
- Payment is no longer made using 100% SGF for any clients with an incorrectly worded court order after July 1, 2013
- SGF are only used for clients who 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	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
% of PRTF placements w/a previous PRTF or residential treatment center (RTC) admit	25%	25%	N/A	41% (107/264)	30% (97/319)	36% (121/336)	55% (184/334)
Average length of stay, in days	120	120	126	95	123	147	198*
% of recipients with a length of stay exceeding 6 months	20%	20%	25%	16%	25%	30%	43%*
# of new PRTF admits	150	150	247	205	244	224	261*

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

* Gathered from WYHealth Quarterly Reports

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of recipients									
Medicaid	404	264	319	336	334	228	242	240	235
SGF	73	137	115	22	14	N/A	N/A	N/A	N/A
# of lengths of stay exceeding 6 months	101	42	81	100	127*	38	34	N/A	N/A
# of placements									
In-State	186	130	153	143	165	98	91	98	118
Out-of-State	232	157	189	159	194	139	159	152	125
# of Medicaid covered/paid days	50,283	26,256	41,102	50,352	44,558	25,223	25,119	23,263	21,295
# of PRTF continued stay reviews completed	N/A	N/A	2,537	2,287	1,826**	1,247	1,040	938**	888**
EFFICIENCIES									
% of PRTF placements									
In-state	46%	49%	48%	43%	49%	43%	38%	41%	50%
Out-of-state	57%	59%	59%	47%	58%	61%	66%	63%	53%
Average cost per recipient	\$37,734	\$30,246	\$37,777	\$44,364	\$40,646	\$32,817	\$30,678	\$28,309	\$27,191

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

* Partial year starting May of 2013

** Gathered from WYHealth Quarterly Reports

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 or any other accrediting organization with comparable standards recognized by the State. PRTFs must also meet federal requirements in §441.51 through 441.182 of the code of federal regulations (CFS).
- The majority of state general fund youth were previously Medicaid funded but have converted to general funds following a peer reviewed, medical necessity denial.
- The Onsite Compliance Review process (OSCR) began in May 2015. The purpose is to verify that the PRTF is in compliance with all applicable state and federal requirements for mental health treatment and to monitor the quality of treatment being provided to Wyoming Medicaid beneficiaries. All in-state and out-of-state PRTFs will be visited in the upcoming year(s) by the OSCR team.

WDH | Behavioral Health Division

Information contained in this section includes:

- Acquired Brain Injury (ABI) Waiver
- Comprehensive 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
- Supports Waiver
- Veteran Outreach and Advocacy Program



Acquired Brain Injury Waiver

Program Description

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

Program Expenditures and People Served

	2013	2014	2015*
Total Medical & Waiver Cost	\$9,012,979	\$8,630,560	\$7,749,311
Total Waiver Cost	\$7,713,253	\$7,377,150	\$6,641,704
Total Medical Costs	\$1,299,726	\$1,253,410	\$1,107,607
Total People Served	198	184	172
Cost per Person (Waiver and Medical)	\$45,635	\$46,905	\$45,054
Non-600 Series**	4.31%	4.68%	5.98%

* SFY 2015 data is through 05/31/15

**600 series is defined as direct service contracts

Program Cost Notes

- Participants are eligible for Medicaid medical services and Waiver services
- Program staffing for all three Behavioral Health Division (BHD) waivers is based upon the number of BHD, Developmental Disability (DD) Section staff proportional to the number of participants active in the program

Program Staffing

- 1.75 FTE
- 0 AWEC
- 0 Other

Program Metrics

- Waiver recipients received medical services under Medicaid at an average cost of \$6,593/person in FY15
- The waiver average cost per participant was \$39,534 as of the end of FY15
- Some participants on the waiver use waiver services only, or medical services only, or both. Therefore, the calculations for average medical expenditures and average waiver expenditures when summed will not equal the overall cost per person (medical & waiver).
- 19 participants received some self-directed waiver services in FY15
- Individuals remaining on the waitlist for the ABI waiver have been added to the Supports Waiver waitlist as of 3/31/2015

Events that have Shaped this Program

- **New Waivers.** In March of 2013, the Wyoming Legislature passed Senate Enrolled Act 82, a law requiring two new redesigned waivers to serve more people with the existing budget. The new law set a goal to end the former Child DD and Adult DD Waivers, and eventually the ABI Waiver, and serve everyone on the Comprehensive Waiver who was already in services and fund new people on to the capped Supports Waiver
- **Conflict Free Case Management.** The 2013 law (SEA 0082) also required BHD to implement conflict free case management, which also became a federal law in 2014. This allows case managers to have more authority and advocacy for overseeing the implementation of participants' plans of care
- **Wait list funding.** The 2014 legislature appropriated \$9.7 million (50% State General Funds and 50% Federal Funds) for waiting list reduction of the Adult DD Waiver, \$5.9 million for waiting list reduction of the Child DD Waiver, and \$4.6 million for the ABI Waiver, for a total of \$20.2 million
- **New federal Home and Community Based (HCB) services rules.** In March of 2014, the federal government passed new rules for HCB services to ensure people in HCB services are truly integrated into their communities and not isolated or receiving services that are institutional in nature. All service settings must be in compliance by March 2019 and many providers must make changes over the next few years
- **Employment First.** The 2014 House Enrolled Act (HEA) 53 passed an Employment First law that requires Employment First to be a state policy and requires changes to state agency policies and provider policies in order to fully implement the law and get more people with disabilities employed in the state
- **Cost saving measures.** BHD issued changes in July of 2013 to carry out cost containment measures required by the legislature, which included tightening the definition for skilled nursing, implementing a daily respite rate, and decreasing all service rates and Individual Budget Amounts (IBAs) by 1%
- **ABI Waiver ending.** The current ABI Waiver participants will begin transitioning to the Comprehensive Waiver in January of 2016 and the ABI waiver will end September 30, 2016



Acquired Brain Injury Waiver

PROGRAM CORE PURPOSE

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

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
# of waiver participants that are employed (% change from prior year)	55	**	N/A	16	53 (70%)	44 (15%)	36 (21.82%)
# of waiver participants living in a place they own or lease (% change from prior year)	90	**	N/A	16	78 (388%)	82 (2.78%)	77 (-6.09%)

** All participants are being moved to the Comprehensive Wavier by September 30, 2016.
 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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of people who are using waiver employment services	12	15	19	20	14	21	19	15	14
# of participants on the waiver	186	201	191	184	172	183	174	169	164
EFFICIENCIES									
Average cost per participant (waiver and medical)	\$45,828	\$41,074	\$45,520	\$46,905	\$45,054	\$24,124	\$24,230	\$23,402	\$23,137
Average cost per participant (waiver only)	\$39,384	\$36,855	\$41,247	\$40,758	\$39,534	\$21,222	\$20,925	\$20,733	\$20,256

N/A New metric- data not collected.
 (-)Data not yet available
 Information based on the most current status at the time data was run. YTD totals and QTR totals may not match.

STORY BEHIND THE PERFORMANCE

- **ABI Waiver ending.** The ABI waiver participants will move to the Comprehensive waiver by Sept 30, 2016 and the ABI waiver will end.
- **Wait list funding.** The ABI population was not added to the Supports Waiver until October of 2014, so all new people funded went on the Supports Waiver unless they met the criteria for the Comprehensive Waiver. In FY15, BHD funded 57 people from the wait list with an ABI who had been waiting in excess of eighteen (18) months as of September 30, 2013.
- **New federal Home and Community Based (HCB) services rules.** Under the new rules, states will not be allowed to use federal Medicaid dollars to pay for HCB services in settings that isolate people from the community or that do not show respect for people's right to privacy, dignity, and self-determination. The new rules also require participants to have leases or residency agreements if receiving residential services. The Centers for Medicare and Medicaid Services (CMS) has allowed states until March 2019 to ensure all provider settings are in compliance with the new rule. Each waiver has an approved transition plan by CMS that explains how the state will work with providers to achieve and maintain compliance with the new rules.
- **Employment First.** This Act requires agencies to support competitive and integrated employment, requires state agencies working with HCB waiver service providers to implement employment first policies, requires state agencies to report on employment data, and provides definitions. BHD is working with an interagency taskforce to implement the legislation statewide. The policy impacts this waiver by requiring BHD to ensure that waiver employment services are offered annually and encouraged over the use of day services.
- BHD staff are working to increase the number of participants living independently or semi-independently by (1) developing educational materials for providers, participants, and guardians (target completion date 10/30/15), (2) developing a communication strategy to education and train (target completion date 12/15/16), and (3) developing an overall theory of action document to provide guidance to families, providers, and BHD staff (target completion date 3/15/16).
- BHD staff is working to increase the number of participants with competitive and integrated employment by (1) developing a partnership agreement among state agencies relating to deploying the Employment First strategies in a consistent manner (target completion date: 11/1/15), (2) gathering and sharing participant success stories to inspire others to seek employment (ongoing), and (3) improving rules and plan of care approval standards to enforce Employment First practices (target completion date 2/1/16).



Comprehensive Waiver

Program Description

The Comprehensive Waiver provides services for individuals of all ages who meet the criteria for a developmental disability or related condition and meet financial eligibility for Medicaid, so they can live as safely, independently, and self-sustained as possible, be an integral part of their community, and live by their own choices and preferences. The Waiver serves persons who have high supports needs and require intensive services, such as residential habilitation.

Program Expenditures and People Served

	2013	2014 (child & adult)	2015
Total Medical & Waiver Cost	N/A	\$58,993	\$72,164,952
Total Waiver Cost	N/A	\$45,176	\$63,883,371
Total Medical Costs	N/A	\$13,817	\$8281,581
Total People Served	N/A	38	1,832
Cost per Person (Medical & Waiver)	N/A	\$1,552	\$39,391
Non-600 Series*	N/A	0%	23.8%

* 600 series is defined as direct service contracts

N/A Indicates a new waiver in 2014

Program Cost Notes

- Once funded on the waiver, the participant receives Medicaid medical and waiver services
- Staffing for Behavioral Health Division (BHD) waivers is based on the number of BHD & Developmental Disability (DD) Section staff proportional to the number of participants

Program Staffing

- 19.5 FTE
- 0 AWEC
- 0 Other

Program Metrics

- Waiver recipients received Medicaid medical services at a cost of \$4,409/person in FY15
- The waiver average cost per participant in FY15 was \$34,277
- Some participants on the waiver use waiver services only, or medical services only, or both. Therefore, the calculations for average medical expenditures and average waiver expenditures when summed will not equal the overall cost per person (medical & waiver)
- 129 participants received some self-directed waiver services in FY15
- Zero eligible individuals were on the waiting list for the Comprehensive Waiver at the end of FY15
- 543 providers, certified and monitored by the BHD, were available to provide services for the Comprehensive Waiver at the end of the FY15

Events that have Shaped this Program

- **New Waivers.** In March of 2013, the Wyoming Legislature passed Senate Enrolled Act (SEA) 82, requiring two waiver redesigns to serve more people with the existing budget. The new law set a goal to end the former Child Developmental Disability (DD) and Adult DD Waivers, and eventually the Acquired Brain Injury (ABI) Waiver. Everyone already receiving services from these waivers would be on the new Comprehensive Waiver, and fund new people onto the capped Supports Waiver. These waivers went live on 4/1/2014. All participants on the Adult DD Waiver transitioned to the Comprehensive Waiver before 8/27/2014, a five-month long transition. Participants on the Child DD Waiver transitioned to the Comprehensive Waiver by 6/30/2015, a one-year long transition period.
- **Conflict Free Case Management.** The 2013 law (SEA 0082) also required BHD to implement conflict free case management, which also became a federal law in 2014. This allows case managers to have more authority and advocacy for overseeing the implementation of participants' plans of care.
- **Wait list funding.** The 2014 Legislature appropriated \$9.7 million (50% State General Funds and 50% Federal Funds) for reduction of the Adult DD Waiver waiting list, \$5.9 million for reduction of the Child DD Waiver waiting list, and \$4.6 million for the Acquired Brain Injury Waiver for a total of \$20.2 million.
- **New federal Home and Community Based Services (HCB) rules.** In March of 2014, the federal government passed new rules for HCB waiver settings and services to ensure individuals are truly integrated into their communities and not isolated or receiving services that are institutional in nature. All service settings must be in compliance by March of 2019 and many providers must make several changes over the next few years.
- **Employment First.** The 2014 Legislature passed House Enrolled Act (HEA) 53, Employment First, which requires employment first to be a state policy and requires changes to state agency policies and provider policies in order to fully implement the law and get more people with disabilities in the state employed.
- **Cost saving measures.** BHD issued changes in July 2013 to carry out cost containment measures required by the legislature, which included tightening the definition for skilled nursing, implementing a daily respite rate, and decreasing all service rates and Individual Budget Amounts (IBAs) by 1%.

Comprehensive Waiver

PROGRAM CORE PURPOSE

The Comprehensive Waiver provides services for eligible individuals of all ages who meet the criteria for a developmental disability, or a related condition, and meet financial eligibility for Medicaid, so they can live as safely, independently, and self-sustained as possible, be an integral part of their community, and live according to their own choices and preferences. The Comprehensive waiver serves persons who have high supports needs and require intensive services, such as residential habilitation.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
# and % of participants ages 18+ living independently or semi-independently	N/A	411/1,469 28%	N/A	N/A	N/A	N/A	382/1,469 26%
# and % of participants ages 18+ working in competitive and community integrated settings earning at least minimum wage	N/A	272/1,469 18.2%	N/A	N/A	N/A	N/A	258/1,469 17.2%
# of physical, mechanical, and chemical restraints used	N/A	1,108 (5% reduction from SFY 2015)	N/A	N/A	N/A	N/A	1,166

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

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of participants on the waiver	N/A	N/A	N/A	38	1,832	N/A	N/A	1,433	1,832
# of waiver participants ages 18+ living in residential services or with family	N/A	N/A	N/A	N/A	1,096	N/A	N/A	N/A	1,096
# of participants ages 18+ using waiver supported employment services	N/A	N/A	N/A	N/A	165	N/A	N/A	170	165
EFFICIENCIES									
Average cost per participant (waiver and medical)	N/A	N/A	N/A	\$1,552	\$39,391	N/A	N/A	\$18,278	\$25,140
Average cost per participant (waiver only)	N/A	N/A	N/A	\$1,882	\$36,380	N/A	N/A	\$16,668	\$23,055

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

STORY BEHIND THE PERFORMANCE

- **New federal Home & Community Based (HCB) service rules.** Under the new rules, states will not be allowed to use federal Medicaid dollars to pay for HCB services in settings that isolate people from the community or that do not show respect for people's right to privacy, dignity, and self-determination. The new rules also require participants to have leases or residency agreements if receiving residential services. The Centers for Medicare and Medicaid Services (CMS) is allowing states until March 2019 to ensure all provider settings are in compliance with the new rule. Each waiver has an approved transition plan by CMS that explains how the state will work with providers to achieve and maintain compliance with the new rules.
- **Employment First.** This Act requires agencies to support competitive and integrated employment; requires state agencies working with home and community based waiver service providers to implement employment first policies; requires state agencies to report on employment data; and provides definitions. BHD is working with an interagency taskforce to implement the legislation statewide. The policy impacts this waiver by requiring BHD to ensure that waiver employment services are offered annually and encouraged over the use of day services.

Strategies for Improvement

- **Increasing the number of participants living independently or semi-independently.**
 - Develop educational materials to teach providers, participants, and guardians on this topic and post to the website (target completion date 10/30/2015).
 - Develop a communication strategy to educate and train others (target completion date 12/15/2015).
 - Develop an overall theory of action document to provide guidance to families, providers, and BHD staff to increase the number of participants living independently (target completion date 3/15/2016).
- **Increasing the number of participants with competitive and integrated employment.**
 - Develop a partnership agreement among state agencies relating to deploying the employment first strategies in a consistent manner (target completion date 11/1/2015).
 - Gather and share participant employment success stories to inspire others to seek career employment, self-employment, participation in micro businesses, etc. (ongoing).
 - Improve rules and plan of care approval standards to enforce employment first practices as plans of care are developed annually (target completion date 2/1/2016).
- **Reducing the number and use of restraints.**
 - Working with Medicaid, the project team will meet to update rules 44-46 to clarify positive discipline planning and eliminate restraint and restriction usage. For those Providers that violate restraint issues, the updated rules outline improvement steps (target completion date 9/1/2015).
 - Conduct Statewide training for Case Managers and staff within each region regarding Positive Behavior Planning (target completion date 5/2016).
 - Educate case managers, providers, and guardians on the dangers of restraint and restriction usage and, conversely, on the practices that are effective, positive, and restraint-free interventions (target completion date 5/2016).

Court Supervised Treatment Programs

Program Description

The Court Supervised Treatment (CST) Programs exist to provide alternative sentencing options to 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. These individuals are at high risk for reoffending, and in high need of substance abuse treatment services.

Program Expenditures and People Served

	SFY 2013	SFY 2014	SFY 2015
Total Program Cost	\$4,080,475	\$3,911,271	\$ 3,775,897
People Served	668	636	635
Cost per Person	\$6,108	\$6,150	\$5,946
Non-600 Series*	11%	11%	7%

* 600 series is defined as direct service contracts

Program Cost Notes

- Funds allocated for the CST Programs include \$2,139,234 State General Funds and \$1,636,663 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 a data management system (900 series)
- Program costs for drug testing kits in the 0235 series are not included in administration. The state lab performs all drug screens on testing kits

Program Staffing

- 1 FTE
- 1 AWEC (vacant during FY15)
- 0 Other

Program Metrics

- There were 19 funded CST Programs in FY15 (11 adult, 2 juvenile, 1 driving under the influence (DUI), 3 adult/juvenile combined, and 2 Tribal Wellness)
- The Program served 635 unique participants in FY15, 551 adults and 84 juveniles
- 36,016 units of ancillary services were provided in FY15, including education, medical/dental, life skills, 12-Step programs, church, etc. to support treatment completion, reduce recidivism, and increase duration of sobriety
- 39,329 units of supervision services were provided in FY15, including 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 spending time with program approved contacts only, to monitor compliance or violation of program requirements
- 31,856 treatment sessions provided in FY15
- 34,603 battery drug tests performed in FY15

Events that have Shaped this Program

- Funding: House Enrolled Act (HEA) 67 (2001); HEA 42(2002); Substance Abuse Division Budget (2005, 2006); and HEA 21(2006)
- W.S §7-13-1601 - §7-13-1615 placed into law on July 1, 2009 and repealed previous CST Program statutes.
- The Chapter 8 Rules and Regulations for State Funding and Certification of 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 Departments of Health, Family Services, and Corrections, the Chairman of the Governor's Advisory Board on Substance Abuse and Violent Crimes, and the State Public Defender, or their designees. §7-13-1605(d).
- Executive Order 2008-3 directs WYSAC to compile and analyze criminal justice statistics on behalf of the State of Wyoming, and they have been maintaining and enhancing the WyCST database, which still needs several improvements, as funding allows. The next enhancement contract will be in FY16 and continue development through FY17.



Court Supervised Treatment Programs

PROGRAM CORE PURPOSE

The core mission of the Court Supervised Treatment (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 from the CST Program, and to reduce recidivism.

OUTCOMES

Performance Metric	SFY2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
% of participants who graduate (retention rate) Adult (A) Juvenile (J)	A: 67% J: 48%	A: 67% J: 48%	A: 46% J: 25%	A: 69% J: 67%	A: 64% J: 51%	A: 70% J: 57%	A: 64% J: 63%
% of participants having at least 120 days sobriety prior to graduation	90%	90%	90%*	84%*	86%*	A: 90% J: 75%	A: 99% J: 97%
% of participants having re-arrest during their program participation (In-Program Recidivism Rate)	< 12%	<12%	12%*	15%*	7%*	A: 8% J: 12%	A: 7% (5% after program recidivism) J: 18% (18% after program recidivism)

*Sobriety and recidivism were not broken out by population prior to FY14

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of unique participants Adults (A) Juveniles (J)	708*	710*	668*	636 A: 539 J: 97	635 A: 551 J: 84	490	498	485	497
# of ancillary services per month, per participant	3	5	5	A: 5 J: 2	A: 5 J: 2	A: 3 J: 1	A: 4 J: 1	A: 7 J: 3	A: 6 J: 3
# of supervision contacts per month, per participant	4	5	5	A: 5 J: 6	A: 5 J: 6	7	7	A: 7 J: 8	A: 6 J: 8
# of treatment sessions per month, per participant	4	4	4	A: 5 J: 4	A: 4 J: 4	5	5	A: 6 J: 6	A: 5 J: 5
# of substance abuse tests per month, per participant	4.52	4.8	4.5	A: 5 J: 4	A: 5 J: 4	5.41	6	A: 6 J: 5	A: 6 J: 5
Units of service per month, per participant	15	19	19	A: 20 J: 16	A: 19 J: 16	24	25	A: 27 J: 21	A: 22 J: 22
EFFICIENCIES									
Cost per unit of service(ancillary, treatment, supervision, drug test)	\$34.39	\$24.69	\$26.79	A: \$25.63 J: \$32.03	A: \$26.08 J: \$30.97	N/A*	N/A*	N/A*	N/A*
Program cost per participant (cost per day per participant)	\$5,412 (\$14.83)	\$5,551 (\$15.21)	\$6,108 (\$16.73)	\$6,150 (\$16.85)	\$5,946 (\$16.29)	N/A*	N/A*	N/A*	N/A*

* Metrics were not broken out by population prior to FY14
N/A* indicates data not available on a quarterly basis

STORY BEHIND THE PERFORMANCE

- In FY17, WyCST database enhancements will begin again. Areas identified for improvement include recidivism calculation, bulk entries to save users' time, more transparency, and a revised user manual so everyone is entering the mandatory data components in the same way.
- In FY15, the CST Program Manager partnered with three programs to create and implement plans for improved services. The programs are showing improvement: one has changed program coordinator and case manager, one has applied for additional funding from other sources, 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 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. These reports will carry on through FY16 with updated National Best Practices and Standards incorporated, as well as Rules and Regulations updates when adopted.

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 five years of age 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

	2013	2014	2015
Total Program Cost	\$40,468,304	\$38,070,705	\$38,243,987
People Served	4,042	4,014	3,937
State per child amount	\$8,743	\$8,452	\$8,812
Non-600 Series*	10%	10%	10%

* 600 series is defined as direct service contracts dollars.

2016 Program Cost Notes

- Total State general funds birth through five years: \$34,912,796
 - State Part C (birth through two years): \$11,479,771
 - State Part B (three through five years): \$23,436,025
- Federal Part C funds birth through two years: \$1,650,285
- Federal Part B funds three through five years: \$1,926,850

Program Staffing

- 4 FTE
- 0 AWEC
- 0 Other

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 the 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 (IDEA), 1997 and Individuals with Disabilities Education Improvement Act, 2004
- Wyoming Department of Education (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 of Maintenance of Effort to ensure the state level of fiscal support for services for children ages birth through 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	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015 ²
Part C: The percent of children who substantially increased ¹ their rate of growth in Social-Emotional skills	81.9%	82%	N/A	50%*	67.5%*	81.9%	80.33%
Part C: The percent of children who substantially increased ¹ their rate of growth in Acquiring and Using Knowledge and skills	80.7%	81% ⁰	N/A	56.7%*	68.6%*	80.7%	79.68%
Part C: The percent of children who substantially increased ¹ their rate of growth in Taking Appropriate Action to Meet Needs	81.6%	82%	N/A	61.4%*	76.0%*	81.6%	81.75%
Part B: The percent of children who substantially increased ¹ their rate of growth in Social-Emotional skills	89.3%	93%	N/A	76.4%	85.3%	88.5%	91.23%
Part B: The percent of children who substantially increased ¹ their rate of growth in skills Acquiring and Using Knowledge and skills	90.7%	93%	N/A	81.4%	88.2%	89.9%	92.06%
Part B: The percent of children who substantially increased ¹ their rate of growth in Taking Appropriate Action to Meet Needs	91.3%	94%	N/A	79%	87.5%	90.4%	92.77%

*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.

¹ Substantially increased: Formula based on the children functioning at a level nearer to same-aged peers but did not reach it plus the children functioning at a level comparable to same-aged peers divided by all children in the category

² Targets for Part C are created for the Part C Federal Fund application prior to the calculation of SFY15 metrics in June of 2015.

OUTPUTS AND EFFICIENCIES									
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Part C: Number of children served based on November 1 st count	N/A	1,188	1,219	1,210	1,207	N/A*	N/A*	N/A*	N/A*
Part C: Number of children served annually (unduplicated)	N/A	1,932	1,917	1,896	1,196	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	2,730	N/A*	N/A*	N/A*	N/A*
Part B: Number of children served annually (unduplicated)	N/A	3,771	3,794	3,621	2,972	N/A*	N/A*	N/A*	N/A*
EFFICIENCIES									
Per child amount budgeted	N/A	\$8,743	\$8,743	\$8,643	\$8,812	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	\$8,323	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

- 2004, Individuals with Disabilities Education Improvement Act (IDEA) re-authorized and continues to require children, ages 3 through 21, be granted access to 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, of the IDEA allows states to apply and receive federal funds to ensure services are provided to families and their children, birth through age 2, 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 3 through 21 receive FAPE; Section 619 of the IDEA is specific to funding children ages 3 through 5.
- Wyoming Department of Health (WDH) is the lead agency for Part C and directly receives a federal grant to fund early intervention programs.
- 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 3 through 5.
- 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, including 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 federal maintenance of effort (MOE) requirements.
- Eligibility Studies for both Part C and Part B were 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.
- EIEP received the highest program determination from the U.S. department of education. The determination of "meets requirements" is based on the results submitted in the Annual Performance Plan (APR), which specifically reviews the progress made in meeting measurable and rigorous targets established in the State Improvement Plan (SIP).

Mental Health Outpatient 2015

Program Description

This Program provides access to effective treatment services to improve the levels of personal functioning for those consumers who need outpatient treatment services.

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$22,488,617	\$21,865,991	\$20,750,476
People Served	17,131	17,477	17,934
Cost per Person	\$1,313	1,251	\$1,157
Non 600 Series*	0%	0%	0%

*600 series is defined as direct service contracts

Program Cost Notes

- 100% State General Fund

Program Staffing

- 6 FTE (shared with Mental Health Residential, Substance Abuse Outpatient, & Residential staff)
- 0 AWEC
- 0 Other

Program Metrics

- A total of 349,426 hours of mental health outpatient service were delivered in FY15 with an average of 19.48 hours of service per client
- 41.47% of clients in FY15 were adults with Serious and Persistent Mental Illness (SPMI) or Serious Mental Illness (SMI), 11.47% were youth with Severe Emotional Disturbance (SED), and 47.06% had other diagnoses
- Expected payer source for clients served in FY15 was 51.12% from state contract/sliding fee/none, 18.84% from Medicaid, and 30.03% from third party pay/other sources

Events that have Shaped this Program

- The Chris S. Lawsuit Settlement Agreement, signed in 2002, stipulates the development of community based treatment and supports for adults with serious mental illness (SMI)
- 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 systems
- 2002 HEA42 established the Substance Abuse Control Plan
- 2007 Senate Enrolled Act (SEA) 77 was developed as a continuation of HEA21
- 2008 SEA24 provided for increased funding for expanding mental health services, including early intervention, group homes, psychiatric and nursing supports, and promotes the concept of regionalization of services
- 2014 HEA41 enacted a “Payer of last resort” footnote and then was revised in 2015 (SEA56, Section 048, Footnote 13) which mandates “any payment made by the Department of Health from general funds or tobacco settlement trust income account funds appropriated shall not be applied directly to Medicaid services rendered for mental healthcare services to Medicaid recipients, and the department shall not count billable Medicaid services provided to Medicaid recipients towards mental health service contract requirement for annual performance hours. This footnote is effective July 1, 2015.”



Mental Health Outpatient 2015

PROGRAM CORE PURPOSE

The purpose of the Mental Health Outpatient treatment program is to provide access to effective treatment services to improve the levels of personal functioning for those consumers who need treatment.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Wait time for services (days) (14 of 14 providers met this target)	N/A	≤ 2	N/A	N/A	10	5.32	2.79
Treatment completion (12 of 14 providers met this target)	N/A	72%	42%	41%	50%	51%	64.99%
% of clients who were homeless at admission who were not homeless at discharge	N/A	80%	N/A	28%	35%	56%	50.00%
% of clients who are employed upon admission who were unemployed at discharge	N/A	2%	N/A	N/A	N/A	4.42%	1.73%
% of clients who are unemployed upon admission who were employed at discharge	N/A	40%	N/A	10%	13%	20%	17.23%

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

FY16 Targets are listed due to many of the metrics being new and collecting baseline data in FY15

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Number of persons served	18,253	17,202	17,131	17,477	17,934	9,086	9,535	10,537	10,523
Number of persons homeless (at admission)	N/A	201	213	217	358	N/A*	N/A*	N/A*	N/A*
Number of persons not Employed (at admission)	N/A	2216	1982	1868	2461	N/A*	N/A*	N/A*	N/A*
Amount of outpatient services delivered (hours)	373,122	360,003	351,746	370,948	349,426	162,614	178,410	174,487	174,940
EFFICIENCIES									
Average cost per client	\$1,207	\$1,207	\$1,383	\$1,251	\$1,157	N/A*	N/A*	N/A*	N/A*
Average service cost per hour	\$46	\$64	\$64	\$60	\$59	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

Valid and reliable outcome and performance data requires a strong foundation of data quality management practices. The Behavioral Health Division (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 by WAMHSAC Executive Directors and their Data Managers with Mental Health and Substance Abuse (MHSA) Section Leadership and staff efforts for data monitoring and reporting. The first phase is to improve the quality of data submitted to the state by provider organizations. The second phase is to evaluate data analysis methodologies and results to determine if the data is accurate, useable, and analytically sound such that results are valid and reliable. The Division is currently entering phase three, which includes notice of non-compliance to providers, when applicable. The Key Components of the FY15 Data Quality Management Framework are:

1. FY15 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. HEA 21 in 2006 established the 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 Wyoming Client Information System (WCIS) data, works individually with providers regarding data quality issues, prepares provider performance profile reports, and monitors data trends.
 - ii. The Quality Management and Outcomes Unit has enhanced monitoring practices through the development of a robust monitoring plan.
 - iii. The Quality Management and Outcomes Unit, in collaboration with the Knowledge Management and Technology unit, meets weekly to monitor data and determine interventions.
 - 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.

Outcome measures expected in the FY15 contracts included wait time for treatment services less than 14 days, treatment completion, employment rates, and housing rates. The Division narrowed the scope for outcome measures in the FY16 contracts to focus on employment and wait time most specifically.

Mental Health Residential

Program Description

The Mental Health Residential program is a conduit for access to effective, community based, mental health outpatient treatment services for seriously mentally ill individuals whose level of functioning requires 24/7 supports. Community housing services is a cost efficient mechanism to prevent individuals from needing a more costly and more restrictive level of care.

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$5,534,177	\$6,102,954	\$6,218,682
People Served	N/A	437	214
Cost per Person	N/A	\$13,965	\$29,059
Non 600 Series*	0%	0%	0%

N/A indicates data not available
600 series is defined as direct service contracts

Program Cost Notes

- 100% State General Fund

Program Staffing

- 6 FTE (shared with Mental Health Outpatient, Substance Abuse Outpatient, and Substance Abuse Residential staff)
- 0 AWEC
- 0 Other

Program Metrics

- 164 Wyoming residents resided in Community Housing (group homes and supervised living environments) in FY15
- 50 Wyoming residents received Crisis Stabilization services in FY15

Events that have Shaped this Program

- The Chris S. Lawsuit Settlement Agreement, signed in 2002, stipulated the development of community based treatment and supports for adults with serious mental illness (SMI)
- 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
- 2002 HEA42 established the Substance Abuse Control Plan
- 2007 Senate Enrolled Act (SEA) 77 was developed as a continuation of HEA21.
- 2008 SEA24 provided for increased funding to expand mental health services, including early intervention, group homes, psychiatric and nursing supports, and promotes the concept of regionalization of services

Mental Health Residential

PROGRAM CORE PURPOSE

The purpose of the Mental Health Residential program is to provide a conduit for access to effective community based mental health residential treatment services for seriously mentally ill individuals whose level of functioning requires 24/7 supports. Community housing services is a cost efficient mechanism to prevent individuals from needing a more costly, and restrictive level of care.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Utilization rate of crisis stabilization beds	N/A	85%	N/A	9.23%	0%	9.20%	30.47%
Utilization rate of group home beds	N/A	90%	N/A	67.62%	85.71%	83.26%	83.99%
Utilization rate of supervised living beds	N/A	95%	N/A	56.67%	65.07%	69.04%	86.35%

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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
Number of persons served by crisis stabilization	N/A	121	0*	156	50	N/A*	N/A*	N/A*	N/A*
Number of persons served by group homes	N/A	25	46	77	80	N/A*	N/A*	N/A*	N/A*
Number of persons served by supervised living	N/A	77	50	77	84	N/A*	N/A*	N/A*	N/A*

EFFICIENCIES

Average cost per client for crisis stabilization	N/A	N/A	N/A	\$11,353	\$35,422	N/A*	N/A*	N/A*	N/A*
Average cost per client for group home and supervised living**	N/A	N/A	\$31,862	\$28,128	\$27,119	N/A*	N/A*	N/A*	N/A*

* Providers did provide services to crisis stabilization clients however the data was reported incorrectly

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

N/A indicates data not available

** Funding for Supervised Living and Group Homes is bundled together

STORY BEHIND THE PERFORMANCE

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Outcome measures expected in the FY15 contracts included wait time for treatment services less than 14 days, treatment completion, and employment and housing rates.

The Division is currently participating in a residential bed utilization project with Department Leadership, community providers, and the Wyoming State Hospital.

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, and demonstrate that recovery is possible (e.g. promote hope). The Peer Specialist initiative complements and supports treatment activities to improve outcomes and enhance the recovery of individuals with mental illness and/or substance use disorders.

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$552,500	\$541,875	\$558,899
People Served	759	926	967
Cost per Person	\$688	\$585	\$578
Non 600 Series*	0%	0%	0%

*600 series is defined as direct service contracts

Program Cost Notes

- 54% Federal block grants - \$301,201
- 46% State General Funds - \$257,698

Program Staffing

- 0.25 FTE: program management
- 0 AWEC
- 13 Other FTE: Community mental health centers employed 13 peer specialists via treatment 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 yield results that are as good as, if not better than, traditional care¹ with less cost. Average time spent in all treatment services is used as a proxy measure to show increased treatment engagement.
- Average increased Global Assessment of Functioning (GAF) score upon treatment discharge is used as a measure to show treatment results

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.

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 civil rights which emphasize that persons with mental illness and/or substance use disorder diagnoses 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, many states, including Wyoming, have prioritized training, credentialing, and workforce development.
- Evaluation efforts and the body of literature surrounding peer specialist interventions have continued to increase. During FY2016, Wyoming will conduct the first statewide review of client level treatment outcomes using DLA-20 data.
- During FY2015, 13 peer specialists worked in 6 community health centers.

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 (e.g. increase hope).

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Average # of hours spent in treatment services for persons with a Serious & Persistent Mental Illness (SPMI) diagnosis: Persons receiving peer specialist services/persons in treatment not receiving peer specialist services	177 18	24 13	N/A	N/A	N/A	167 18	180 16
Percentage of persons discharged from treatment who have received peer specialist services who also show improved functioning as measured on the GAF Scale, as compared to persons who did not receive peer specialist services	72% (peer specialists)	85%	N/A	N/A	77% (with peer specialists) 74% (without peer specialists)	79% (with peer specialists) n=245 82% (without peer specialists) n=5,320	88% (with peer specialists) n=219 81% (without peer specialists) n= 3,496

(-) 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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of peer specialists working within the state funded treatment system	10	20	14	14	14	14	13	13	13*
EFFICIENCIES									
% of clients who have a diagnosis of:									
SPMI			10%	12%	12%	9.8%	10.1%	9.4%	10.6%
Substance Use Disorder (SUD)	N/A	N/A	10%	14%	12%	13.1%	8.8%	10.9%	11.6%
Other			1%	1%	1.5%	1.0%	1.2%	1.0%	1.4%
who received peer specialist services									
# of clients served per peer specialist	N/A	N/A	58	71	74	66	62	64	76
# of peer specialists who have completed the Wyoming training*	N/A	N/A	N/A	N/A	N/A	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

* Training program to be established by September of 2016

STORY BEHIND THE PERFORMANCE

- Research and documents from other states indicate that peer specialist training is positively associated with better outcomes for the persons they serve.
- The Behavioral Health Division began tracking the number of persons served, total treatment services, and Global Assessment of Functioning (GAF) scores for clients of Peer Specialist Services via the Wyoming Client Information System (WCIS) in FY 2013 to collect outcomes data.
- Community mental health centers utilize the GAF as a tool to measure an individual's functioning level. Providers have increased their overall ability to report accurate GAF scores by utilizing the Daily Living Activities 20 (DLA-20) assessment. Of the 3,714 outpatient clients who completed treatment in 2015, 6% (219) had utilized peer specialist services.
- Wyoming is participating in a Bringing Recover Supports to Scale Technical Assistance Center Strategy (BRSS TACS) Policy Academy to measure client-level outcomes related to Peer Specialist services provided in community centers and to standardize inputs via a Wyoming training and a job competency tool. The Policy Academy is a federally funded initiative that directly and significantly involves consumers in project planning and implementation.

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

	2013	2014	2015
Total Program Cost	\$10,069,342	\$9,897,546	\$9,504,035
People Served	6,878	6,560	6,672
Cost per Person	\$1,464	\$1,509	\$1,424
Non 600-Series*	0%	0%	0%

*Non 600 series is defined as direct service contracts

Program Cost Notes

- Distribution of FY15 Program funds:
 - 50% State Tobacco Funds (\$4,791,602)
 - 40% State General Funds (\$3,824,655)
 - 10% Federal Funds (\$887,778)

Program Staffing

- 6 FTE (shared with Mental Health Outpatient, Residential, and Substance Use Residential program staffing)
- 0 AWEC
- 0 Other

Program Metrics

- A total of 199,863 hours of outpatient services were delivered by community substance use providers, with an average of 29.96 hours of service per client
- 57% of persons served in FY15 were admitted for alcohol dependency, 20% for marijuana/hashish, 11% for methamphetamine, 2% for heroin, and 10% for other drugs
- The expected payer source for clients served is 67% from state contract/sliding fee/none, 9% from Medicaid, and 25% from third party pay/other

Events that have Shaped this Program

- 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 that all programs, providers, and facilities which receive state funds for substance use treatment, and those serving court referred individuals, are in compliance with State Rules and Regulations required to be certified by the Department of Health, Behavioral Health Division
 - 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
- 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

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 among those individuals engaged in substance use outpatient treatment services, and increases levels of personal functioning through employment, stable housing, and treatment completion.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
% of clients who are employed upon admission who were unemployed at discharge	2%	2%	N/A	4.76%	3.72%	5.35%	3.54%
% of clients who are unemployed upon admission who were employed at discharge	40%	40%	N/A	N/A	17.05%	26.46%	16.06%
% of clients who were homeless at admission who were not homeless at discharge	80%	80%	N/A	N/A	31.25%	42.96%	42.26%
% of clients completing treatment (12 of 16 providers met this target)	55%	60%	N/A	51%	53%	59%	66%
Average wait time (in days) for services (16 of 16 providers met this target)	≤ 14	<2	N/A	N/A	12	5.69	2.46

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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Number of persons served	7,288	6,964	6,878	6,560	6,672	2,573	2,540	2,930	3,129
Number of persons admitted	5,197	5,328	5,140	4,372	5,314	2,267	2,105	2,613	2,701
Number of persons discharged	7,015	6,317	6,037	5,236	5,923	2,608	2,628	2,850	3,073
# of hours of outpatient services delivered	204,724	200,433	211,862	209,729	199,863	80,250	92,934	100,495	99,364
EFFICIENCIES									
Average cost per client	\$1,442	\$1,437	\$1,464	\$1,509	\$1,424	N/A*	N/A*	N/A*	N/A*
Average service cost per hour	\$51	\$49	\$48	\$47	\$48	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 Behavioral Health Division (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 by WAMHSAC Executive Directors and their data managers with Mental Health and Substance Abuse (MHSA) Section Leadership and staff on data and reporting efforts. The first phase is to improve the quality of data submitted to the state by provider organizations. The second phase is to evaluate data analysis methodologies and results to determine if the data is accurate, useable, and analytically sound such that results are valid and reliable. The Key Components of the FY15 Data Quality Management Framework are:

1. FY15 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. HEA 21 in 2006 established the Quality Improvement Program to monitor and measure the effectiveness, efficiency, appropriateness, and quality of mental health services provided.
 - a. Performance and Outcome Improvement Team meets weekly to monitor and analyze Wyoming Client Information System (WCIS) data, work individually with providers regarding data quality issues, prepare provider performance profile reports, and monitor data trends.
 - b. The Quality Management and Outcomes Unit has enhanced monitoring practices through the development of a robust monitoring plan.
 - c. The Quality Management and Outcomes Unit, in collaboration with the Knowledge Management and Technology unit, meets weekly to monitor data and determine interventions.
 - 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.

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. FY14 data submissions were challenging due to the concurrent implementation of EHRs by many providers.

Global Assessment of Functioning (GAF) scores are an indicator of an individual's functioning level. All providers now use the Daily Living Activities 20 (DLA-20), which is an evidence based tool that measures functional outcomes. When partnered with the GAF rating, the DLA-20 lends greater inter-rater reliability to the overall functional assessment process. The Division has required in the FY 16 contracts that all providers utilize the DLA-20.

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

	2013	2014	2015
Total Program Cost	\$12,946,861	\$12,928,533	\$ 13,457,334
People Served*	1,165	1,117	1,174
Cost per Person	\$11,113	\$11,574	\$11,463
Non 600 Series**	0%	0%	0%

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

**600 Series is defined as direct contract services

Program Cost Notes

- FY15 Program Funding:
 - 90% General Funds (\$12,098,136)
 - 10% Federal Funds (\$1,359,198)

Program Staffing

- 6 FTE (shared with Substance Use Outpatient & Mental Health Outpatient & Residential program staff)
- 0 AWEC
- 0 Other

Program Metrics

- In FY 2015, a total of 81,795 days of residential treatment were delivered statewide with an average of 68.38 days of service per client
- 46% of persons served in FY15 were admitted for alcohol dependency, 11% for marijuana/hashish, 23% for methamphetamine, 5% for heroin, and 15% for other drugs
- Expected payer source for clients served is 90% from state contract/sliding fee/none, 2% from Medicaid, and 8% from third party pay/other

Events that have Shaped this Program

- 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 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 to be in compliance with State Rules and Regulations as required to be certified by the Department of Health, Behavioral Health Division
- 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	SFY2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Utilization rate (7 of 11 providers met the target)	85%	85%	N/A	N/A	85%	87%	88%
Treatment completion rates (3 of 6 providers met the target)	65%	60%	58%	62%	60%	64%	73%
% of clients showing a one point or more improvement in Global Assessment of Functioning (GAF) scores from admission to discharge (5 of 6 providers met the target)	75%	65%	56%	49%	73%	84%	91%

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

NOTE: There are only these three contracted outcomes for Substance Abuse (SA) Residential services.

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of persons served	1,196	1,106	1,165	1,117	1,174	267	282	517	503
# of persons admitted	971	881	902	921	1,044	433	488	520	524
#of persons discharged	1,045	948	973	930	1,033	450	480	515	518
# of days of residential services delivered	83,844	79,262	79,267	81,057	81,795	39,818	40,874	40,292	38,827
EFFICIENCIES									
Average cost per client	N/A	N/A	\$11,113	\$11,574	\$11,463	N/A*	N/A*	N/A*	N/A*
Average service cost per day	N/A	N/A	\$184	\$189	\$165	N/A*	N/A*	N/A*	N/A*

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STORY BEHIND THE PERFORMANCE

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 - 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.

Many Community Mental Health Centers & 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. FY14 data submissions were challenging due to the concurrent implementation of EHRs by many providers.

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

Supports Waiver

Program Description

The Supports Waiver is provides eligible children and adults who meet the criteria for a developmental disability or an acquired brain injury and Medicaid financial eligibility with a stipend of \$12,500 (children) or \$16,500 (adults) per year, plus case management. The Supports Waiver is designed to reduce the Medicaid Waiver waitlist by providing services so individuals can remain living in their current home as safely as possible and according to their own choices and preferences.

Program Expenditures and People Served

	2013	2014	2015
Total Medical & Waiver Cost	N/A	\$568	\$1,237,755
Total Waiver Cost	N/A	\$454	\$821,675
Total Medical Costs	N/A	\$114	\$416,080
Total People Served	N/A	2	203
Cost per Person (Medical & Waiver)	N/A	\$284	\$6,097
Non-600 Series*	N/A	0%	15.32%

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

** 600 series is defined as direct service contracts

Program Cost Notes

- Participants are eligible for Medicaid medical services in addition to Waiver services
- Program staffing for all Behavioral Health Division (BHD) waivers is based upon the number of BHD, Developmental Disability (DD) Section staff proportional to the number of participants active in the program

Program Staffing

- 3.75 FTE
- 0 AWEC
- 0 Other

Program Metrics

- Waiver recipients received Medicaid medical services at a cost of \$2,351/person in FY15
- The Waiver average cost per participant in FY 15 was \$4,302
- Some participants on the Waiver use waiver services only, or medical services only, or both. Therefore, the calculations for average medical expenditures and average waiver expenditures when summed will not equal the overall cost per person (medical & waiver).
- 33 participants self-directed some of their waiver services in FY15
- 356 eligible individuals were on the waiting list for the Supports Waiver as of 06/30/2015
- There were 515 certified providers monitored by the BHD as of 06/30/2015

Events that have shaped this Program

- **New Waivers.** In March of 2013, the Wyoming Legislature passed Senate Enrolled Act 82, requiring two new redesigned waivers to serve more people with the existing budget. The new law set a goal to end the former Child Developmental Disability (DD) and Adult DD Waivers, and eventually the ABI waiver, and serve everyone on the Comprehensive Waiver who was already in services and fund new people onto the capped Supports Waiver. This waiver went live on 4/1/2014 with a one year transition period for all existing plans.
- **Conflict Free Case Management.** The 2013 law (SEA 0082) also required BHD to implement conflict free case management, which also became a federal law in 2014. All participants successfully transitioned to a conflict-free case manager by June 30, 2015, which allows the case manager to have more authority and advocacy for overseeing the implementation of participants' plans of care.
- **Wait list funding.** The 2014 legislature appropriated \$9.7 million (50% State General Funds and 50% Federal Funds) for reduction of the Adult DD Waiver waiting list, \$5.9 million for reduction of the Child DD Waiver waiting list, and \$4.6 million for the Acquired Brain Injury Waiver, for a total of \$20.2 million.
- **New federal Home and Community Based (HCB) services rules.** In March of 2014, the federal government passed new rules for HCB services, which set new standards for the types of settings and services that will be considered "home and community based" to ensure people in HCB services are truly integrated into their communities and not isolated or receiving services that are institutional in nature. All service settings must be in compliance by March of 2019 and many providers will have significant changes to make in their programs over the next few years.



Supports Waiver

PROGRAM CORE PURPOSE

The Supports Waiver is a stipend-based program providing eligible children \$12,500 and adults \$16,500 per year plus case management who meet the criteria for a developmental disability or an acquired brain injury and Medicaid financial eligibility. The Supports Waiver is designed to reduce the Medicaid Waiver waitlist by providing services so individuals can remain living in their current home as safely as possible and live according to their own choices and preferences.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Average utilization of the Individual Budget Amount (IBA), children & adults combined (\$ used/\$ available)	N/A	32%	N/A	N/A	N/A	N/A	21.81% (\$3,749/ \$17,191.50)

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

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015 ²	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4 ²
OUTPUTS									
# of total participants	N/A	N/A	N/A	47	202	N/A	N/A	102	202
# of participants, all ages, using respite services	N/A	N/A	N/A	0	2	N/A*	N/A*	N/A*	N/A*
# of participants, all ages, using community integrated services	N/A	N/A	N/A	0	2	N/A*	N/A*	N/A*	N/A*
# of participants, all ages, using supported living services	N/A	N/A	N/A	1	3	N/A*	N/A*	N/A*	N/A*
# of participants ages 18+ using waiver supported employment services	N/A	N/A	N/A	0	3	N/A*	N/A*	N/A*	N/A*
EFFICIENCIES									
Average cost per participant (waiver and medical)	N/A	N/A	N/A	\$284	\$5,375	N/A	N/A	\$2,469	\$4,267
Average cost per participant (waiver only)	N/A	N/A	N/A	\$454	\$3,749	N/A	N/A	\$1,677	\$2,952

¹ SFY 2015 as of 3/31/15 – Information based on the most current status at the time data was run. YTD totals and QTR totals may not match.

² SFY 2015 as of 5/31/2015, not a complete year.

STORY BEHIND THE PERFORMANCE

- **New federal Home and Community Based (HCB) rules.** Under the new rules, states will not be allowed to use federal Medicaid dollars to pay for HCB services in settings that isolate people from the community or that do not show respect for people's right to privacy, dignity, and self-determination. The Centers for Medicare and Medicaid Services (CMS) is allowing states until March of 2019 to ensure all provider settings are in compliance with the new rule. Each waiver has an approved transition plan by CMS that explains how the state will work with providers to achieve and maintain compliance with the new rules.

Strategies for Improvement

- **Incentivizing Supports Services.** The Behavioral Health Division (BHD) undertook a study of the current Developmental Disabilities Waiver rates through an independent contractor, Navigant. BHD chose to incentivize specific rates in the supports waiver. Respite, Supported Employment, and Community Integration rates are designed to supplement a participant's natural supports coming onto the Waiver. By incentivizing these rates, the Division believes the largest providers will expand their businesses to include these services and modify their business models to capture these previously overlooked sources of revenues. As a result, participants will have more opportunities to receive supplemental services that are conducive to the Waivers.
- **Employment First.** This law requires agencies to support competitive and integrated employment, requires state agencies working with HCB waiver service providers to implement employment first policies, requires state agencies to report on employment data, and provides definitions. The policy affects this waiver by requiring BHD to ensure that waiver employment services are offered annually and encouraged over the use of day services. Employment services are naturally more attractive to participants on the Supports Waiver because many are already more independent than participants on the Comprehensive Waiver. Additionally, employment services require less overall utilization to be effective compared to adult day services. Participants receiving this service rarely work full time, whereas participants receiving adult day services often receive those services for most of the day each day of the week.
- **Participant and provider education.** The Provider Support Unit provides Provider Manual Training which includes education about service definitions by Provider Support Specialists during certification and re-certifications in order to ensure maximum service utilization. The Division will also hold bi-annual trainings taught by Provider and Participant Support Unit Staff that educate case managers on services and technical assistance for service delivery. The Division will provide quarterly reports about new participant plan activations by county so that BHD staff and providers will be aware of opportunities for providers to capture more services for their participants. Service use by type will be monitored for the Supports Waiver to determine where BHD staff might highlight underutilized services and encourage participants, family members, and providers to consider using the underutilized services. All training conducted for providers and case managers will be evaluated using a standard tool as to the quality and usefulness of the training offered.

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 with the goal of improved functioning and integration back into their families and community.

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$246,942	\$185,303*	\$236,791*
Quality of Life Cost*	\$24,645	\$46,486	\$63,152
People Served	163	232	155
Cost per Person	\$1,515	\$574	\$1,528
Non 600 Series**	0%	0%	0%

* Quality of Life funds are included in the total program cost.

** 600 series is defined as direct service contract

Program Cost Notes

- The Veterans Outreach and Advocacy program has a budget of \$325,000 per year (\$650,000 biennium)
- Support of the Laramie County Veterans Treatment Court is included in the total program costs. Actual FY2015 Veterans Treatment Court cost was \$23,369
- The program is 100% funded with State General Funds

Program Staffing

- 2.3 FTE (1 Contracted & 0.3 Program Management)
- 0 AWEC
- 0 Other

Program Metrics

- In SFY 2015, the Wyoming Veterans' Outreach and Advocacy program provided outreach, case management, and advocacy services to 155 OIF/OEF and post 9/11 veterans and their families
- The veterans self-identify the reintegration challenges for which they need assistance. How this information is collected on the intake and discharge forms will be undergoing changes in FY16. The metric was designed to evaluate if this assistance was beneficial.
- During FY15, Quality of Life funds were primarily used to assist veterans with housing and transportation

Events that have Shaped this Program

- The program was redesigned for FY15 based upon events and performance of the veterans' advocates. The redesign included contracting with two veteran's advocates instead of three.
- Having the ability to collect program data within the Wyoming Client Information System (WCIS) and the Quality of Life (QoL) database continues to provide the program with the means to determine whether veterans are being positively impacted by services provided through this program.
- Although the war on terror has officially ended, there are continued deployments of Wyoming National Army Guard, Wyoming National Air Guard, and other service members, meaning that Wyoming's service members may need services and assistance upon their return.



Veterans' Advocacy Program

PROGRAM CORE PURPOSE

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

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
% of veterans receiving outreach and advocacy services who report improved functioning as measured by a decrease in life problems at discharge.	89%	95%	N/A	N/A	86%	89% 206/ 232	93% 174/ 188
% of veterans served 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.	75%	100%	N/A	N/A	N/A	100% 46/46	100% 31/31
% of veterans served who went from being homeless at intake to being housed at discharge.	76%	90%	N/A	N/A	N/A	75% 24/32	82% 27/33
% of veterans served who went from being unemployed at intake to being employed at discharge.	95%	96%	N/A	N/A	N/A	92% 46/50	94% 50/53
% of veterans served who are also in treatment	40%	70%	N/A	N/A	N/A	33% 77/232	60% 93/155
N/A indicates data not available due to creation of a new metric							

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of veterans' advocates statewide	3	5	2	2.5	2	2	2	2	2
# of veterans admitted by veterans' advocates	151	192	163	232	155	121	111	94	61
# of veterans who received Quality of Life (QOL) Assistance	23	51	52	18	36	6	12	24	12
# of veterans in treatment	N/A	N/A	75	77	93	43	34	56	37
# of veterans not in treatment, but referred	N/A	N/A	76	155	62	76	79	35	27
EFFICIENCIES									
Average cost per veteran served	\$1,729	\$1,364	\$1,515	\$574	\$1,329	\$574	\$574	\$1,313	\$1,528
N/A indicates data not yet available due to the creation of a new metric									

STORY BEHIND THE PERFORMANCE

- Wyoming has about 3,500 veterans of Operation Iraqi Freedom, Operation Enduring Freedom, and New Dawn statewide. About 85% are members of the National Guard.
- In 2014, the Department of Defense estimated that about 30% 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.
- Given the above, the Program estimates that of the 3,500 post 9/11 veterans in Wyoming, 1,050 veterans experience PTSD and/or TBI. In FY15, the Veterans' Outreach and Advocacy Program served 155 veterans or 14% of the estimated 1,050 veterans eligible for services from this program.
- All veterans who are admitted to the Veterans' Outreach and Advocacy Program are referred for treatment services. 58% self-report that they are engaging in treatment services.
- In SFY15, two additional outcome measures were added to capture case management efforts to secure housing, employment, and other basic needs for those served: (1) the percentage of veterans who were homeless at intake and then housed at discharge, and (2) the percentage of veterans who were not employed at intake and then employed at discharge.

WDH | Public Health Division

Information contained in this section includes:

- Adolescent Health Program
- Child Health
- Chronic Disease Prevention
- Communicable Disease Prevention Program
- Communicable Disease Treatment Program
- Community Medical Access and Capacity (CMAC) 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
- Integrated Cancer
- 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 (WIC) Program

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 healthcare needs; and manages the AHP within the Maternal and Child Health Unit.

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$194,307	\$337,464	\$605,923
People Served	n/a	n/a	n/a
Cost per Person	n/a	n/a	n/a
Non-600 Series*	n/a	66%	23%

* 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
- 0 AWEC
- 0 Other

Program Metrics

- In 2013, 11.6% of Wyoming high school students reported during the past 12 months that someone they were dating or going out with forced them to do sexual things they did not want to do. This question was not asked prior to 2013.
- In 2014, there were 30.3 births per 1,000 women ages 15 to 19 years in Wyoming. This is not a statistically significant change from 29.8 births per 1,000 women ages 15 to 19 years in 2013.
- In 2013, 8.6% of Wyoming high school students reported that they attempted suicide within the last 12 months

Events that have Shaped this Program

- Maternal Child Health created the Adolescent Health Program in 2013
- For 2011 – 2015: 3 national performance measures and 5 state performance measures are directly related to adolescent health and are reported annually for the Title V grant
- For 2016 – 2020: New MCH priorities have been identified and include the current program metrics. Activities will be determined through strategic planning in the fall & winter of 2015
- 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 (AHP) is to improve the physical, emotional, and reproductive health outcomes of Wyoming adolescents (12-24 years old).

OUTCOMES

Performance Metric	CY2015 Target	CY2016 Target	CY2011	CY2012	CY2013	CY2014	CY2015
Rate of births (per 1,000) among 15 - 19 year old girls ¹ (Wyoming and National Vital Statistics Service)	29	28	WY: 34.9 US: 31.3	WY: 34.6 US: 29.4	WY: 29.8 US: 26.6	WY: 30.3 US: 24.2	-
% of students reporting that abstinence protects from pregnancy and STD/HIV ² (PREP post-assessment)	80%	85%	N/A	N/A	N/A	77%	-
% of high school students reporting that they were forced to do sexual things they did not want to do by someone they were dating or going out with ³ (YRBS)	10%	N/A*	N/A	N/A*	WY: 11.5% US: 10.4%	N/A*	-
% of high school students reporting that they attempted suicide during the last 12 months ⁴ (YRBS)	8%	N/A*	WY: 11.3% US: 7.8%	N/A*	WY: 8.6% US: 8.0%	N/A*	-
% of healthcare providers trained by the Program and reporting Confident or Very Confident in communication skills with adolescents post-training ⁵ (EPAYAH post-survey)	70%	75%	N/A	N/A	N/A	66.3%	-

(-) Indicates data not yet available

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

N/A*: The Wyoming Youth Risk Behavior Survey (YRBS) is collected every two years. It will be offered again in Fall 2015.

OUTPUTS AND EFFICIENCIES									
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of adolescents receiving contraceptives funded by Title V through Public Health Nursing (PHN) offices ⁶	N/A	N/A	N/A	154	551	N/A	154	264	287
# of communities participating in the Rape Prevention Education (RPE) grant ³	4	6	8	10	13	8	10	10	13
# of communities participating in comprehensive reproductive health education (PREP) ²	N/A	N/A	N/A	N/A	4	N/A	N/A	0	4
# of healthcare providers trained in Adolescent Development and Communication for Healthcare Providers ⁵	N/A	N/A	N/A	117	60	N/A	117	0	60
EFFICIENCIES									
Average cost per visit for Title V funded hormonal contraception	N/A	N/A	N/A	\$64.45 (405/\$26,104)	\$59.86 (1,135/\$67,938)	N/A	\$64.45 (405/\$26,104)	\$59.88 (547/\$32,753)	\$59.84 (588/\$35,185)
Cost per training for youth comprehensive reproductive health education	N/A	N/A	N/A	N/A	\$2,271.94 (90/\$204,475)	N/A	N/A	\$2,271.94 (90/\$204,475)	0
(-) 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

Prior to January 2013, Adolescent Health was combined with the Child Health Program, covering ages 0-24 years, until the Adolescent Health Program Manager position was filled in September of 2013. Children with special healthcare needs are included in the Adolescent Health program and each of the three programs of the Maternal & Child Health (MCH) 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, and injury.

¹AHP partners with Public Health Nursing (PHN) and the Communicable Disease Program on activities to reduce the teen birth rate in Wyoming through evidence-based activities and increasing the availability of services.

²AHP partners with the Communicable Disease Program to administer the Personal Responsibility Program (PREP) program in Wyoming. PREP trains facilitators and provides funding to deliver evidence-based, comprehensive reproductive health education curriculum to adolescents in middle and high school. The goal of PREP is to prevent teen pregnancy and to reduce the rates of STD/HIV.

³The performance metric for intimate partner violence was changed to more accurately reflect the goals of the Rape Prevention and Education (RPE) grant. Managed by the AHP, the RPE grant focuses on primary prevention of sexual violence among adolescents, i.e. stopping the behavior before it happens. The Wyoming Coalition against Domestic Violence and Sexual Assault (WCADVSA) works on these activities at the county level.

⁴The performance metric was changed to measure the intermediate outcome of suicide attempts rather than the long-term outcome of completed suicides. AHP has an active role on the Wyoming Suicide Prevention Advisory Council and works closely with the Suicide Prevention Program on youth suicide.

⁵Engaging Providers in Adolescent and Young Adult Health (EPAYAH) is a project started by AHP to further the integration of Public Health and Primary Care. The purpose of EPAYAH is to engage Wyoming providers in current evidence-based practice models for adolescent communication, assessment, transition, and youth friendly practices.

⁶MCH partners with PHN to provide a contraceptive program in counties that receive little to no Title X Family Planning funding. The goals are to increase access to family planning services and to reduce teen births. These counties include: Converse, Crook, Goshen, Johnson, Platte, Teton, and Weston. These numbers are tracked by state fiscal year, not calendar year. This program is administered under Wyoming Statute 42-5-101, Family Planning and Birth Control.

Child Health

Program Description

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

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$458,586	\$467,544	\$518,322
People Served	N/A	N/A	N/A
Cost per Person	N/A	N/A	N/A
Non-600 Series*	N/A	28.75%	32%

N/A indicates data not available

* 600 series is defined as direct service contracts

Program Cost Notes

- Child Health uses blended funding: SGF, Title V Maternal & Child Health Services Block Grant, & the Early Childhood Comprehensive Systems (ECCS) grant
- Child Health also works closely with the Women and Infant and HIV programs, which also serve the early childhood/ECCS population (birth-8) through home visiting services

Program Staffing

- 2.9 FTE
- 0 AWEC
- 0 Other

Program Metrics

- In 2013, Wyoming met the objective of only 3.0 deaths due to motor vehicle crash per 100,000 children ages 14 years and younger. Wyoming has experienced a statistically significant decrease in youth deaths from motor vehicle crashes in the time period from 2001 to 2013.
- In 2013, the all-cause mortality rate for children ages 1 to 14 years was 22 per 100,000. Wyoming continues to rank poorly as the 8th highest state in the nation in this metric.

Events that have Shaped this Program

- In 2015 the Wyoming Injury Prevention Program identified the leading causes of death in Wyoming children, ages 1-11 as: (1) motor vehicle crashes, (2) falls, and (3) poisonings
- The 2013-2016 Early Childhood Comprehensive Systems (ECCS) Grant will:
 - expand developmental screening activities in early care and education sites while linking training opportunities, which will result in appropriate referrals among medical homes, early intervention sites, and child care providers;
 - provide updated parent-completed screening tool kits (Ages and Stages Questionnaire 3rd Edition, including the Social-Emotional tool) for child care providers, including Child Development Centers, center-based, and home-based child care centers, and with medical home providers; and
 - provide initial funding to implement the Help Me Grow system to link families to services

Child Health

PROGRAM CORE PURPOSE

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

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Screening % of failed vision screenings that result in a visual impairment diagnosis ¹	96%	96%	95% (182/191)	94% (187/199)	95% (128/135)	96% (106/110)	88% (191/217)
Screening % of children (10 months to 5 years) screened for developmental, behavioral, and social delays in the past 12 months*	N/A	32%	20.2% CY 2007	28.8% CY 2011/12	-	-	-
Physical Health Rates of death (per 100,000, calendar year) due to unintentional injuries among children aged 1-11 years in Wyoming ² **	N/A	10.0	8.6	13.9	8.3	12.7	-
Physical Health Rates of hospitalizations due to nonfatal injuries (per 100,000) among children aged 1-11 years and younger in Wyoming***	N/A	50.0	166.5	107.9	97.7	62.1	-
Physical Health % of inspected Child Safety Restraints displaying one or more critical misuses****	N/A	85%	N/A	89.58%	91.48%	93.85%	89.84% (U.S. 80%)

(-) Indicates data not yet available

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

* National Survey of Children's Health

** Vital Statistics System

*** Hospital discharge data

**** Safe Kids USA

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of children screened for vision using photo screening machines as reported by the WY Lions Vision Screening Project	N/A	4,370	4,011	4,794	2,302	2,602	2,192	1,173	1,129
Ages and Stages Developmental Screenings Distributed (ASQ3/SE)	N/A	N/A	N/A	N/A	117 (61/56)	N/A	N/A	37 (16/21)	80 (45/35)
Ages and Stages Developmental Screenings Completed (ASQ3/SE) ³	N/A	N/A	N/A	N/A	1,360 (1,149/211)	N/A	N/A	N/A	N/A
# of car seats distributed (D) & inspected (I) through Safe Kids Wyoming	N/A	D:689 I:1,600	D:724 I:1,406	D:646 I:1,501	D:675 I:1,293	D:292 I:674	D:354 I:827	D:280 I:562	D:395 I:731
# of statewide educational injury prevention efforts focused on leading causes of injury & hospitalization of children in Wyoming	N/A	N/A	N/A	N/A	449	N/A	N/A	108	341
EFFICIENCIES									
Cost per individual participating in Safe Kids events	N/A	\$4.66 (\$115,000/ 24,656) FFY12	\$4.70 (\$115,000/ 24,461) FFY13	\$1.12 (\$94,842/ 84,879) FFY14	\$1.30 (\$135,157/ 103,698) FFY15	\$ 0.61 (\$29,606/ 48,502)	\$1.89 (\$69,109/ 36,377)	\$0.74 (\$36,753/ 49,800)	\$2.77 (\$98,404/ 53,898)

“N/A” – not previously collected.
VSS – Vital Statistics Services
NSCH- National Survey of Children’s Health, completed every 3 years
ASQ3/SE – Ages & Stages Developmental Questionnaire, Third Edition (ASQ3)/Ages & Stages Questionnaire: Social-Emotion (ASQ:SE)

STORY BEHIND THE PERFORMANCE

MCH contracts with the following organizations to provide services directly affecting this population: Safe Kids Wyoming, Cheyenne Regional Medical Foundation, and the Wyoming Vision Collaborative through the Wyoming Institute for Disabilities (WIND) at the University of Wyoming.

¹ Vision screening annually for children beginning at age 6 months to school entry is critical. The Wyoming Vision Collaborative works with Child Development Centers, Preschools, Lions Clubs, and Public Health Nursing offices to offer vision screening expertise, training, support, and follow-up services. In SFY 2015, the decrease in failed vision screenings resulting in a vision impairment diagnosis was due to a technical equipment issue which increased the number of inappropriate referrals. The vendor was notified of the issue and then identified and implemented corrective adjustments to screening machines both in Wyoming and across the country.

² Data for death due to unintentional injuries among children comes from Vital Statistics, i.e. death certificates. Unintentional injuries include drownings, falls, fires, burns, firearms, motor vehicle injuries, bicycle injuries, poisonings, suffocations, bites, stings, and overexertion, etc.

³ ASQ screening data was collected for October 1, 2014 to September 30, 2015.

⁴ In 2014, the re-certification rate for Child Passenger Safety Technicians was 54.7% nationally and 60.4% in Wyoming.

Abbreviations:

ASQ: Ages & Stages Questionnaire

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

MCH: Maternal Child Health

WIND: Wyoming Institute for Disabilities

Chronic Disease Prevention Program

Program Description

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

Program Expenditures and People Served

	2013*	2014	2015
Total Program Cost	N/A	\$1,058,000	\$1,107,470
People Served	N/A	582,658	582,658
Cost per Person	N/A	\$1.82	\$1.90
Non-600 Series**	N/A	51%	49%

* Program activities were part of the Comprehensive Cancer Control Program in 2013

**600 series is defined as direct service contracts.

Program Cost Notes

- 100% Federal (Centers for Disease Control and Prevention)
- The population of Wyoming (census data) is used as the denominator for people served. The program reach is statewide and impacts prevention of chronic disease at all age levels as well as mitigation of complications among people who already have been diagnosed with cardiovascular risk factors, conditions, or diabetes.

Program Staffing

- 2 FTE
- 0 AWEC
- 0.4 Other
(admin as of 5/1/15)

Program Metrics

- Data on provider & clinical staff behavior change and utilization of evidence-based practices and protocols
- Prevalence data from the Behavioral Risk Factor Surveillance System (BRFSS) for intermediate and long term outcomes

Events that have shaped this Program

The direction of the program changed in 2013 & 2014 to reflect an approach to chronic disease prevention that addresses systems change, rather than outreach and education. Through provision of training in evidence-based practices, such as established protocols, the activities of the program have become more focused. Below are highlights of how this transition has occurred:

2013: Awarded the State Public Health Actions basic component grant funding that expanded the scope of the diabetes prevention and control efforts to include heart disease, obesity and associated risk factors, and school health.

2014: The program experienced a transition year driven by the grant funding obtained in 2013. Metrics provided in prior years were based on a combined cancer and chronic disease program. The Chronic Disease Prevention Program was split from the Comprehensive Cancer Control Program to address risk factors affecting other chronic diseases (e.g. diabetes, heart disease, stroke, and hypertension).

2015: The program received additional funding from the Centers for Disease Control and Prevention (CDC) to address diabetes, cardiovascular disease/stroke and prevention of contributing risk factors across all age groups

Chronic Disease Prevention Program

PROGRAM CORE PURPOSE

The purpose of the Chronic Disease Prevention Program is to reduce the impact of chronic disease by promoting the implementation of evidence based processes at the systems level through statewide partnership engagement and health systems interventions.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
% of providers/clinical staff trained by the Program who either “always” or “most of the time” refer clients with diabetes to another qualified provider	61% ¹	71% ²	N/A	N/A	N/A	N/A	61% (9/21)
% of providers/clinical staff trained by the Program who either “always” or “most of the time” refer hypertension patients with a body mass index (BMI) greater than 25 to a registered dietitian	43% ¹	53% ²	N/A	N/A	N/A	N/A	43% (9/21)
% of providers and other clinical staff trained by the Program who either “always” or “most of the time” refer patients to an American Diabetes Association or American Association of Diabetes Educators approved program	40% ¹	50% ²	N/A	N/A	N/A	N/A	40% (8/21)
Prevalence (%) of people with self-reported prediabetes*	6.4%	7.0% ³	NA	NA	11.4%	-	-
% of Wyoming adults reporting they were told by a doctor they have diabetes*	8.6%	9.0% ³	7.2%	-	8.6%	-	-

(-) Indicates data not yet available

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

*Data from the Behavioral Risk Factor Surveillance System (BRFSS)

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2015 Q1+Q2	2015 Q3+Q4⁷	2016 Q1+Q2	2016 Q3+Q4
OUTPUTS									
Number of trainings provided on diabetes and hypertension self-management strategies ⁴	N/A	N/A	N/A	N/A	31	9 ⁵	22	-	-
Number of healthcare providers trained in the provision of diabetes and hypertension self-management strategies ⁴	N/A	N/A	N/A	N/A	205	61	144	-	-
Number of counties where healthcare providers and other clinical staff were trained in the provision of diabetes and hypertension self-management strategies ⁵	N/A	N/A	N/A	N/A	8	8	8	-	-
EFFICIENCIES									
Cost per individual provider or clinical staff member trained	N/A	N/A	N/A	N/A	\$55.11	\$55.38 ⁶	\$55.00	-	

(-) 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 focus of the Chronic Disease Prevention Program has changed from prior years. The program focus used to be on providing education and information to the public. Based on best practices, the program now focuses on effecting change at a systemic level. The metrics reflect one aspect of the program: diabetes and hypertension.

Nationally, 28% of diabetics are undiagnosed (American Diabetes Association). Also, the number of people in the U.S.A. with pre-diabetes or impaired glucose tolerance rose from 79 million to 86 million from 2010 to 2012. Similarly, approximately 46% of individuals with diagnosed hypertension do not have their hypertension under control (American Heart Association). For these reasons, prevention strategies, early diagnosis, and intervention are critical in promoting better management, reducing complications, and reducing costs for these chronic conditions. According to the National Institute for Health's National Center for Biotechnology, training in evidence-based protocols and a team-based approach to healthcare for chronic conditions results in earlier diagnoses and treatment, resulting in lower costs due to hospitalizations and treatment for complications.

- (1) Numbers represent data gathered up to 5/8/2015.
- (2) Target reflects desired behavioral change as measured by follow up surveys of providers & clinical staff. In Sept 2015, the first follow up data was available from only a few trainees. Because trainings are ongoing, follow up data on behavior change is collected six months post training. The first full year of data will be available in fall of 2016.
- (3) Upward trend is desirable as it reflects early diagnoses and prevention of complications due to diabetes in later stages. Note that BRFSS data is not available in all years.
- (4) Data are based on quarterly reports from contract diabetes educators for the first quarter of 2015 (January-March) and weekly updates until June 30, 2015.
- (5) For baseline data, the following counties were included: Fremont, Hot Springs, Lincoln, Park, Sublette, Sweetwater, Teton, and Washakie. The 2016 goal is to target the following additional counties: Natrona, Converse, Carbon, Johnson, and Albany.
- (6) Cost is based on an average of three hour trainings at \$120.00/per contractor hour. Cost per participant is estimated to decline in 2015/16 due to increased outreach and number of providers trained.
- (7) The total is cumulative for all 4 quarters.

Communicable Disease Prevention

Program Description

The Communicable Disease Prevention Program provides sexual and behavioral health education, outreach, and interventions to individuals and communities throughout the state of Wyoming. The program ensures that clinical and community-based providers have the skills necessary to implement evidence-based sexual and behavioral health interventions for communicable diseases including: HIV/AIDS, hepatitis B & C, tuberculosis, chlamydia, gonorrhea, and syphilis.

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$1,391,316	\$1,207,503	\$2,343,159
People Served	N/A	N/A	N/A
Cost per Person	N/A	N/A	N/A
Non-600 Series*	39.4%	35.7%	21%

* 600 series is defined as direct service contracts.

Program Cost Notes

- CY-15 HIV Prevention Grant – CDC (Federal)
- CY-15 STD Prevention Grant – CDC (Federal)
- CY-15 Hepatitis Prevention Grant – CDC (Federal)
- CY-15 TB Prevention & Control Grant – CDC (Federal)
- CY-15 Personal Responsibility Education Program – HHS (Federal)
- Adult Hepatitis A/B Vaccination-S6F

Program Staffing

- 7 FTE
- 0 AWEC
- 1 Other:
Contract

Program Metrics

- Deliver and evaluate the community health education campaign: knowyo.org
- Increase the number of individuals receiving a standard behavior based risk assessment prior to screening for communicable diseases at both public and private healthcare providers
- Working with Public Health Nursing (PHN) and the Department of Corrections (DOC) to provide adult Hepatitis A and B vaccinations to high-risk adults over the age of 19
- Reduce transmission through targeted intervention with at-risk positives & high risk negatives
- Provide targeted evidence based education to collaborating agencies serving high-risk populations including internal and external partner organizations

Events that have Shaped this Program

- 2011/12: Major efforts spent to integrate across disease prevention and control programs, including implementation of a common behavioral risk screening tool for use in public health and private healthcare provider settings and establishment of integrated community advisory committees to inform evidence based prevention activities and ensure community participation per grant guidance (Care and Prevention Planning Alliance (CAPP), TB Advisory Committee)
- 2011/12: Implementation of Public Health Nursing Guidelines & Orders for Communicable Disease Programs
- 2012: Establishment of National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) strategic priorities
- 2012/13: Completion & adoption of the 2012-2016 Comprehensive Prevention & Care Planning Document
- 2013: Re-established Personal Responsibility Education Program (PREP) funds to decrease unintended teen pregnancy and STDs
- State funding to support adult Hepatitis A and B vaccination

Communicable Disease Prevention

PROGRAM CORE PURPOSE

The program's purpose is to prevent the occurrence of communicable disease for at-risk individuals and communities in Wyoming.

Performance Metric	OUTCOMES						
	CY 2015 Target	CY 2016 Target	CY 2011	CY 2012	CY 2013	CY2014	CY 2015
% of Department of Correction (DOC) inmates completing the Hepatitis A & B vaccine series ¹	80%	80%	14% 373/ 2,660	45% 1,166/ 2,585	75% 902/ 1,200	81% 1,040/ 1,278	-
% of individuals reporting having ever been tested for HIV(BRFSS data) ²	37%	37%	35.3%	35.8%	-	-	-
% and # of vouchers redeemed from knowyo.org website ⁴	65%	65%	64% 3,432/ 5,344	49% 2,244/ 4,648	72% 3,691/ 5,134	55% 3,481/ 6,288	-
% of individuals who used a condom at last sexual encounter, middle school (MS) and high school (HS) (FFY) ⁵	MS: 70% HS: 60%	MS: 70% HS: 60%	MS: 67.2% HS: 58.6%	--	MS: 62.6% HS: 62.3%	--	-
Rates of Chlamydia infections per 100,000 persons ⁶	446.0	446.0	401.0	444.0	416.0	386.0	-
(-) Indicates data not yet available							
(--) Indicates data only available in odd years							
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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of condoms provided to high risk populations ⁵	N/A	21,400	199,740	362,987	-	180,014	182,973	-	-
# of unique visits to the knowyo.org website ⁴	26,634	38,570	31,441	93,239	-	53,899	39,340	-	-
# providers trained to conduct behavioral interventions with high risk clients ⁹	65	22	105	124	-	48	57	-	-
EFFICIENCIES									
Health education contract (knowyo.org) cost per voucher ⁴	\$33.31 \$115,000 / 3,452	\$51.25 \$115,000 / 2,244	\$31.16 \$115,000 / 3,691	\$33.04 \$115,000 / 3,481	-	\$33.64 \$57,500/ 1,709	\$32.45 \$57,500/ 1,772	-	-

(-) 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

¹The HIV infection rate in incarcerated populations (2%) is nearly 5 times that of general population nationally (.43%) (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5515a1.htm>). Incarcerated individuals often report behaviors that place them and their partners at considerable risk for communicable diseases, including: unprotected sex, multiple partners, injection drug use, and needle sharing, etc.

²The Behavioral Risk Factor Surveillance System (BRFSS) has a module related to HIV screening. As part of the Healthy People 2020 goals, individuals between the ages of 13 and 64 should be tested for HIV at least once in their lifetime

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

⁴The unit's health education campaign, www.knowyo.org, has a goal to establish a call to action for the specific target population (defined by the WDH Integrated HIV Prevention and Comprehensive Care Plan, 2012) to get tested for HIV/STD/viral Hepatitis and to know their status.

⁵Condom distribution programs are considered to be an effective behavioral intervention to decrease communicable disease transmission and unintended pregnancy rates in communities through cost-effective access to materials.

⁸ Approximately 3.2 million persons in the United States have chronic Hepatitis C Virus infection. Infection is most prevalent among those born between 1945 and 1965, the majority of whom were likely infected during the 1970s and 1980s when incidence rates were highest.

Communicable Disease Treatment

Program Description

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

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$1,560,927	\$1,511,467	\$1,665,990
People Served	839	829	1374
Cost per Person	\$1,860	\$1,823	\$1,213
Non-600 Series*	11.65%	11.97%	16.42%

* 600 series is defined as direct service contracts.

Program Cost Notes

- FY 13-14 Ryan White Part B/AIDS Drug Assistance Program (ADAP) Grant—HRSA, Federal
- FY 13-14 Ryan White Part C Grant—HRSA, Federal
- FY 13-14 Housing Opportunities for Persons with AIDS Grant, HUD
- FY 13-14 TB Prevention & Control Grant—CDC, Federal
- FY 13-14 Substance Abuse Block Grant Dollars—SAMSHA, Federal
- FY 13-14 Preventative Health and Health Services—CDC, Federal
- FY 13-14 General Fund HIV Medical/Medications
- FY 14 \$367,500 GF/\$1,197,572 FF-31% GF vs FF Expenditures

Program Staffing

- 3 FTE
- 0 AWEC
- 0 Other

Program Metrics

- Number of individuals receiving Standards of Care medical services for HIV Services, STDs, viral hepatitis B and C, and tuberculosis (active or latent)
- Clients who adhere to a medical case management care plan developed according to standards of care (HIV/TB)
- Reduce healthcare associated costs by increasing access to preventive care and wellness services for underserved and at-risk populations
- Number of individuals receiving treatment for latent TB infection and active TB disease
- Number of individuals receiving treatment or preventive treatment for STD infections, specifically Chlamydia

Events that have Shaped this Program

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

Communicable Disease Treatment

PROGRAM CORE PURPOSE

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

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
% of HIV clients enrolled in HIV Services Program or the AIDS Drug Assistance Program who are taking anti-retroviral medications ¹	95%	95%	87% 71/82	93% 74/80	91% 75/82	89% 75/84	-
% of latent tuberculosis infection (LTBI) clients enrolled in the TB Program & completing at least 6 months of preventive therapy ²	85%	85%	78% 77/99	81% 130/161	62% 47/76	39% 50/129	-
% of newly identified HIV positive clients linked into primary care within 3 months of diagnosis ³	95%	95%	81.3% 13/16	100% 12/12	80% 12/15	75% 9/12	-
% of partners treated for chlamydia infections	95%	95%	93.4% 609/653	94.4% 510/541	74.2% 402/542	84.2% 273/324	-
% of clients enrolled in the HIV Services Program with a suppressed HIV viral load ⁴	75%	75%	60% 91/151	66% 100/151	73% 119/163	65% 106/164	-
% of new HIV infections diagnosed before AIDS diagnosis (HIV/AIDS)	50%	50%	25.0% 4/16	41.7% 5/12	46.7% 7/15	67% 8/12	-
Years between HIV and AIDS diagnosis	5 years	5 years	2.4 years	3 years	4.6 years	4.9 years	-
(-) 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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of HIV clients enrolled in care with a documented CD4/viral load	133	136	147	164	-	108	118	-	-
# of partners treated for positive Chlamydia or Gonorrhea infections	734	653	577	338	-	184	154	-	-
# of individuals in the TB Program enrolled for latent or active TB disease treatment	165	170	151	152	-	47	105	-	-
EFFICIENCIES									
Cost savings for Program by provider reimbursement at the Medicaid rate ⁶	\$81,873	\$78,186	\$87,184	\$67,033	-	\$50,224	\$36,960	\$27,623	-
(-) 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

- Healthy People (HP) 2010 goals and objectives and HIV/AIDS Bureau Standards of Care are the benchmarks for the Communicable Disease Treatment Program
- The HIV Services Program provides payment for medical services to approximately 151 clients currently living with HIV/AIDS in Wyoming.
- Statutory requirements are in W.S.§ 35-4-101-113.

¹ Adherence to an HIV treatment regimen allows anti-retroviral medications to work effectively to reduce the amount of HIV in the body, thereby reducing transmission. Adherence to an HIV treatment regimen also reduces the development of drug resistant strains of the virus. Drug resistance develops when the virus mutates (changes form), becoming resistant to certain anti-retroviral medications.

² Treatment of latent TB infection (LTBI), which is not communicable, prevents conversion to active TB disease, which is communicable. The national standard is to ensure at least 85% completion of treatment in LTBI cases. The WDH TB Program provides medication to the safety net population free of charge.

³ According to the Morbidity and Mortality Weekly Report, Vital Signs, Weekly, December 2, 2011, 77% of HIV positive individuals are linked into care nationally.

⁴ An individual with a suppressed viral load (<200 copies/mL) has small amounts of virus in their blood, thereby reducing the risk of transmission if the load. Viral load tests are performed at least every six months during the measurement year.

⁶ Physicians have a set billing rate. For example, a regular office visit charge is \$115.00 and the Medicaid reimbursement rate is \$95.57 or a chest x-ray for TB is billed at \$350.00 and the Medicaid reimbursement is \$31.50. Cost savings are calculated as the difference between the physician billing rate and the Medicaid rate paid by the Program.

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

	SFY 2013	SFY 2014	SFY 2015
Total Program Cost	\$1,019,170	\$1,622,880	\$382,846
People Served	N/A	N/A	N/A
Cost per Person	N/A	N/A	N/A
Non-600 Series*	13%	7.15%	32%

* 600 series is defined as direct service contracts.

Program Cost Notes

- Program costs for SFY 2015 were 30% SGF and 70% FF
- Medicare Rural Hospital Improvement Program Grant 100% FF \$449,599
- Small Rural Hospital Improvement Program Grant 100% FF \$140,400
- Community Assessment 100% SGF \$125,000
- Primary Care Support Act \$1.2M 100% GF
- Small Rural and Critical Access Hospital Technology grants \$1M-expended 2013 and 2014

Program Staffing

- 1.295 FTE (0.1 Office of Rural Health Manager, 1 Flex & Small Rural Hospital Improvement (SHIP) Grant Manager, 0.195 Healthcare Workforce Recruitment, Retention, & Development Program Manager)
- 0 AWEC
- Other: Contractors: Rural Health Solutions, Wyoming Hospital Association

Program Metrics

- The Medicare Rural Hospital Flexibility Grant provides Critical Access Hospitals support for operational, financial, & quality improvement, health system development, and community engagement
- The Small Rural Hospital Improvement Grant provides small rural hospitals technical support in value-based purchasing, bundled payments, prospective payment systems, 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
- The Primary Care Support Act grant received 7 applications in SFY 2013 and distributed 4 awards in SFY 2014. There will be no awards in SFY 2015 and one or more awards are expected in SFY 2016.

Events that have Shaped this Program

- W.S. 9-2-117 (1993) created the Office of Rural Health which is charged with oversight of the Program
- An amendment to Section 355 of the WDH budget in the 2011 General Session provided funds to critical access and rural hospitals to purchase technology 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 (2011) created the Primary Care Support Act. The Primary Care Support Act provided \$1M for new clinics or expanded services at rural health clinics (RHCs) & community health centers (CHCs).

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), small rural hospitals, rural health clinics (RHCs), and community health centers (CHCs).

OUTCOMES

Performance Metric	FFY 2015 Target	FFY 2016 Target	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015
% of CAHs participating in Medicare Beneficiary Quality Improvement Program (MBQIP) ¹	93.75%	93.75%	N/A	37.5% (6/16)	87.5% (14/16)	93.75% (15/16)	93.75% (15/16)
% of CAHs reporting Emergency Department Transfer Communication measures ^{2,3}	93.75%	93.75%	N/A	N/A	N/A	63% (10/16)	31% (5/16)
% of CAHs reporting HCAHPS ^{1,6}	93.75%	93.75%	N/A	N/A	N/A	81% (13/16)	88% (14/16)
# of new RHC/CHCs as a result of Primary Care Support Grant funding ⁴	0	1	N/A	N/A	N/A	N/A	1
# of CAHs participating in billing & coding/chart audits/provider documentation	7	9	N/A	N/A	N/A	5	0

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

OUTPUTS AND EFFICIENCIES

Performance Metric	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of technical assistance calls hosted ⁷	18	18	18	16	5	8	8	3	2
# of CAHs participating in annual stakeholder meeting	N/A	N/A	5	6	8	6	0	8	0
# of CAHs responding to Flex activities menu for participation	N/A	N/A	N/A	N/A	12	N/A	N/A	12	0
# of awards issued for RHC & CHCs under the Primary Care Support Grant ⁴ (SFY)	0	0	0	4	0	4	0	0	0

OUTPUTS AND EFFICIENCIES									
Performance Metric	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of CAHs utilizing the Quality Health Indicators (QHi) benchmarking database ¹ (not cumulative)	11	8	6	6	4	6	6	4	4
EFFICIENCIES									
Average cost per CAHs participating in financial improvement (FI) or operational improvement (OI) initiatives ³ .	N/A	N/A	N/A	\$21, 575	\$12,525	N/A*	N/A*	N/A*	N/A*
Average cost per CAHs participating in quality improvement (QI) initiatives ³	N/A	N/A	N/A	\$4,889	\$1,680	N/A*	N/A*	N/A*	N/A*
Cost per CAH to participate in QHi ¹	\$1,236	\$1,700	\$2,267	\$2,200	\$3,400	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 Both MBQIP and QHi are voluntary quality improvement data systems available to CAHs. MBQIP was established by the federal Office of Rural Health Policy and is part of a publically reported national data set collecting data on quality of care indicators and trends over time. In the fall of 2016, mandatory participation in MBQIP and the core quality improvement initiatives will be required to receive funding. Core initiatives include Hospital Consumer Assessment of Healthcare Providers (HCAHPS), Inpatient/Outpatient measures, and Emergency Department Transfer Communication (EDTC) measures. Initiatives & activities are chosen each year by the CAH leaders at the annual stakeholder planning meeting. During 2013/14 ten CAHs participated in an Emergency Department Transfer Communication (EDTC) pilot project through the regional Quality Improvement Organization (QIO). The focus in 2016 will be to provide resources to support CAH financial improvement (FI) and operational improvement (OI). This will include: charge master review, provider documentation training, EDTC training, and revenue cycle improvement.

² 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 to support infrastructure by providing grants to new Community Health Centers (CHCs) and Rural Health Clinics (RHCs) for either the one-time start-up costs of new clinics or for existing CHCs and RHCs to expand the population served, initiate new services, or facilitate compliance with quality criteria. All outcomes, outputs, and efficiencies are reported by Federal Fiscal Year (FFY).

³ Percent of WY CAHs reporting HCAHPS data: FFY 2011, 62.5% FFY 2013 68.8% FFY2014 68.8%
Percent of CAHS nationally reporting HCAHPS data: 41.3% 49% 59%.

⁴ Due to low participation in the bi-monthly QHi Users Group meeting, the meeting is now quarterly and has been renamed the Quality Improvement Roundtable to incorporate not only QHi benchmarking needs and trends but any state-wide quality improvement needs, questions, and initiatives.



Community Services Program (CSP)

Program Description

The Community Services Program (CSP) administers the Community Services Block Grant (CSBG) through local governments, community action agencies, and neighborhood-based non-profit corporations that either provide services directly or subcontract with local service providers to assist low-income individuals and families with a vast array of anti-poverty related health and human services to empower individuals to move towards self-sufficiency.

Program Expenditures and People Served

	SFY 2013	SFY 2014	SFY 2015
Total Program Cost	\$3,428,609	\$3,882,241	\$3,271,112
People Served	57,288	30,282	23,402
Cost per Person	\$59.85	\$128.20	\$131.50
Non-600 Series*	5%	5%	9%

* 600 series is defined as direct service contracts.

Program Cost Notes

- 100% Federal Funding
- The Emergency Solutions Grant, formerly known as the Emergency Shelter Grant, was part of CSP in 2013. ESG transferred to the Department of Family Services January 1, 2014.

Program Staffing

- 1.4 FTE
- 0 AWEC
- 0 Other

Program Metrics

- CSBG Programs are statutorily required to collect, maintain, and report client demographic details, programmatic statistics, and fiscal data to CSP
- During FFY 2014, CSP program participant characteristics indicated that the Program's typical clients were single, white (non-Hispanic) females between the ages of 24 and 44, who were not disabled, graduated from high school or obtained a GED, were employed, had no health insurance, rented their housing, and fell between 51% and 75% of the Federal Poverty Level (FPL) (FPL for 1 person during 2014 was \$11,490). In FFY 2013, the same characteristics remained true nation-wide, with two exceptions: CSBG clients (1) had health insurance and (2) were under 50% of the FPL.
- The top 3 CSBG expenditures by service category in FFY 2014 were: (1) Housing, (2) Emergency Services, and (3) Linkages. National data showed the top expenditures as (1) Emergency Services, (2) Self-Sufficiency, and (3) Linkages.

Events that have Shaped this Program

- CSBG allocations are determined for each county through a poverty formula which considers 7 factors. such as the geographical area low-income population, number of people unemployed, and number of people receiving Supplemental Nutrition Assistance Program (SNAP) benefits
- Each county makes funding decisions through a Tripartite Board which consists of 1/3 elected officials, 1/3 members of the local community, and 1/3 representatives of the low-income population. As a requirement, comprehensive community needs assessments are conducted once every 3 years and public hearings are held annually regarding CSBG funding.

Community Services Program (CSP)

PROGRAM CORE PURPOSE

The Community Service Program (CSP) administers funding to support local entities providing services and activities addressing the unmet needs of low-income individuals and families to empower individuals and families to overcome the social and economic factors that influence health, their well-being, and their path to becoming self-sufficient.

OUTCOMES

Performance Metric	FFY 2015 Target	FFY 2016 Target	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015
% of emergency rent and/or mortgage assistance provided (# of individuals helped / # who requested assistance) ^{4,5}	>30%	>30%	59% (2,723/ 4,593)	52% (2,109/ 4,075)	40% (1,886/ 4,774)	26% (2,002/ 7,797)	-
% of emergency medical care provided (# of individuals helped / # who requested assistance) ⁵	>80%	>80%	93% (2,665/ 2,871)	87% (2,215/ 2,541)	89% (1,673/ 1,876)	78% (1,341/ 1,726)	-
% of emergency food provided (# of individuals helped / # who requested assistance) ⁵	>95%	≥99%	99% (70,271/ 70,703)	91% (33,933/ 37,419)	99% (34,867/ 34,875)	99% (14,313/ 14,526)	-
# of service providers contracted to provide activities in the top 3 areas of greatest need per the current needs assessment	>60%	>60%	N/A	N/A	N/A	N/A	57% (59/86)

(-) 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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Total # of low-income and/or homeless people receiving services ⁶	67,630	62,748	57,288	30,282		19,835	10,447		
Community Services Block Grant (CSBG) and Emergency Services Grant (ESG)	CSBG 56,565 ESG 11,065	CSBG 54,370 ESG 8,378	CSBG 51,062 ESG 6,226	CSBG 24,292 ESG 5,990	CSBG 23,402*	CSBG 13,845 ESG 5,990	CSBG 10,447 ESG 0	CSBG 11,063*	CSBG 12,339*
# of Tripartite Boards meeting 75% or more of the CSBG Organizational Standards ⁷	N/A	N/A	N/A	N/A	10/16 (63%)	N/A*	N/A*	N/A*	N/A*
EFFICIENCIES									
Cost per person 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	\$131.50 \$3,271,112 / 23,402	\$101.84 \$2,019,926 / 19,835	\$178.26 \$1,862,315 / 10,447	\$135.83 \$1,502,687 / 11,063	\$143.32 \$1,768,425 / 12,339

* The ESG block grant was transferred to the Department of Family Services on January 1, 2014.

(-) 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 Community Services Program (CSP) receives approximately \$3.5 million annually from U.S. Health and Human Services to administer the Community Services Block Grant (CSBG). 90% of this funding is distributed directly to communities to assist low-income individuals and families and to empower those individuals and families to become self-sufficient.
2. CSBG services and activities are conducted in all 23 counties and on the Wind River Reservation to address education, emergency services, employment, health, housing, income management, linkages among service providers, nutrition, and self-sufficiency.

Examples: a food basket from the local food bank, rental assistance to prevent homelessness, eye glasses for someone lacking insurance, or work boots to start a new job.

Example of wrap-around services: a victim of domestic violence moving away from their abuser is assisted with their security deposit, 3 months paid rent and utilities, food vouchers, and a medical voucher for a broken bone. Typically, case management continues for 6-12 months to assist the victim in continuing their path to becoming self-sufficient.

3. All outcomes are reported on a federal fiscal year (FFY) and all outputs and efficiencies are reported on a state fiscal year (SFY).
4. Emergency rent and mortgage assistance requests are suspected to be higher than normal due to a complimentary program, the Emergency Solutions Grant (ESG), not being available in FFY2014; those clients instead sought CSBG support, yet the CSBG monies did not increase.
5. 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.
6. The emergency solutions grant (ESG), formerly the emergency shelter grant, received approximately \$180,000 annually from the U.S. Department of Housing and Urban Development. In calendar year (CY) 2013, the program was awarded a total of \$483,713 to conduct services and activities addressing the homeless and those at-risk of becoming homeless through street outreach, emergency shelter, homeless prevention, and rapid re-housing. Administration of this program transferred to the Wyoming Department of Family Services in January of 2014.
7. The Office of Community Services (OCS) developed CSBG organizational standards to provide a foundation for organizational capacity for all CSBG eligible entities across the nation. This was the first year that the standards have been evaluated. Examples of the standards include: 1) is there evidence that bylaws are reviewed every 2 years?, and 2) are new board members trained?

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, including 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

	2013	2014	2015
Total Program Cost	\$1,059,988	\$ 1,112,541	\$ 1,105,798
People Served	576,412	582,658	584,153
Cost per Person	\$1.83	\$1.91	\$1.89
Non-600 Series*	95%	94%	95%

* 600 series is defined as direct service contracts

Program Cost Notes

- 61% State General Funds
- 39% Federal Funds

Program Staffing

- 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 were provided in FY 2015.
- 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, and 47% are strictly volunteer
- Calendar year 2015 recorded approximately 54,155 requests for service statewide, or ~ 6 requests every hour

Events that have Shaped this Program

- The Wyoming Emergency Medical Services Act of 1977 created OEMS 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) supports and regulates the statewide, comprehensive Emergency Medical Services system.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Services reporting in the Wyoming Ambulance Trip Reporting System (WATRS) ¹	90%	95%	N/A	-	69% (52/75)	82% (63/77)	91% (77/85)
% of services reporting into WATRS and submitting complete data ²	90%	90%	N/A	-	81% (42/52)	85.7% (54/63)	84% (65/77)
% of chute times under 10 minutes ³	>95%	>95%	N/A	-	97% (11,218/ 11,584)	90.4% (22,564/ 24,945)	84% (42,542/ 50,919)
% of responses less than or equal to 8:59 ⁴	60%	60%	N/A	-	48% (5,505/ 11,584)	52% (13,095/ 24,945)	43% (22,068/ 50,919)

(-) 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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of supported EMT classes	N/A	19	23	27	19	10	17	3	16
# of WATRS records (911 only)	21,896	28,724	30,335	45,897	50,952	22,665	23,232	25,916	25,036
# of completed records (911 only)	N/A	-	11,584	35,989	47,436	14,316	21,673	24,036	23,400
# of WATRS trainings	28	8	1	9	16	4	5	3	13
# of minutes of WATRS customer support provided	N/A	-	5,569	9,466	11,758	5,170	4,296	5,571	6,187
EFFICIENCIES									
Cost per successful student	N/A	\$247 (\$49,622/ 201)	\$209 (\$54,153/ 259)	\$122 (\$32,988/ 270)	\$184 (\$33,525/ 182)	\$206 (\$18,941/ 92)	\$79 (\$14,057/ 178)	\$97 (\$4,075/ 42)	\$210 (\$29,450/ 140)
Class completion rate	N/A	78% (201/ 257)	82% (259/ 317)	87% (270/ 322)	69% (182/ 262)	94% (92/ 98)	79% (178/ 224)	74% (42/ 57)	68% (140/ 205)
(-) 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 OEMS is both a developmental and a regulatory agency. In this dual capacity, the OEMS must determine the status of the many elements that comprise a comprehensive EMS and Trauma System, adapt what currently exists or create new solutions, and then ensure that EMS agencies are compliant and functioning in a coordinated effort. Healthy People 2020 identified the objective(s) of increasing the proportion of persons who are covered by basic or advanced life support. In this context, we would define the term “covered” as “response reliability.” In other words, the degree of reliability to which Wyoming’s EMS is capable of responding promptly and delivering appropriate care. There are many factors that must flow in close coordination to ensure this reliability. For example, Wyoming’s EMS agencies must comply with both rule and industry standards for response, and provide a competent workforce that is capable of meeting the standard of care. To accomplish this, the OEMS must measure the current response reliability, develop a system that maximizes Wyoming’s capabilities, and provide oversight to an entire system of education, based on valid, relevant curricula.

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

²Following the 2012 Healthstat report, the OEMS assigned a validity score to specific data fields within the WATRS and began tracking the completeness of reporting within the system. This validity report does not measure the accuracy of the data that is entered, only whether or not data was entered into a field. Only the third and fourth quarters of 2013 are reported here, and reflect that 81% of the services that are reporting are completing 90% or greater of identified data fields. Increasing the accuracy of reporting will continue to be a goal of the OEMS. In the 2014 Healthstat report, a total of 50,919 reports were identified as emergency responses. Of that number, 47,436 records (93%) had useable data.

³“Chute time” is the time interval between the moment 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 State rule regarding chute time is that an ambulance must respond in less than 10 minutes. No distinction is made regarding variations in the design of the local system. A chute time standard of 10 minutes may be all that is realistically achievable in some areas, while other urbanized areas with full-time paid staff can achieve quicker chute times.

⁴“Response time” is the time interval between the moment 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.

End Stage Renal Disease (ESRD)

Program Description

The End Stage Renal Disease (ESRD) Program assists low-income Wyoming residents diagnosed with and receiving treatment for ESRD with the costs associated with treatment. ESRD pays medical co-payments, Medicare B, D, and health insurance premiums, prescription costs, and transportation expenses to 1) improve quality of life by promoting regular dialysis treatments and 2) improve kidney transplant candidacy by paying for the cost of immunosuppressant drugs. W.S. § 42-4-117 provides for funding and rule-making authority.

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$574,188	\$563,313	\$505,590**
People Served	138	138	136
Cost per Person	\$4160	\$4082	\$3,718**
Non-600 Series*	13%	15%	15%

* 600 series is defined as direct service contracts.

** Total costs for SFY15 will change, as ESRD will pay bills back 12 months from the date of service

Program Cost Notes

- 100% State General Fund (~\$700,000 per year)
- Expenditures are capped at \$40,000 per client per year by Program rule
- ESRD has no control over: 1) the # of applications received, 2) the # of eligible Wyoming residents who apply, 3) the # of clients choosing to renew, or 4) the cost of services

Program Staffing

- 0.9 FTE
- 0 AWEC
- 0 Other

Program Metrics

- 136 clients in SFY 2015, 111 on dialysis and 27 in the kidney transplant section
- Cost per client: Dialysis: \$3,232, Transplant, \$1,652, Combined: \$2966 (averages for direct services)

Medical payments	\$95,741	27 clients	\$3,546 cost per client
Insurance	\$37,351	31 clients	\$1,205 cost per client
Medicare B	\$39,652	47 clients	\$843 cost per client
Transportation	\$162,116	61 clients	\$2,658 cost per client
Medicare D	\$8,107	26 clients	\$312 cost per client
RX/Supplies	\$41,082 (dialysis) Total \$46,541 (transplant) \$87,623	66 clients	\$1,328 cost per client

Events that have Shaped this Program

- Changes implemented since 2009:
 - Regular visits to dialysis centers 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
 - A pilot Nutrition Program is in process in 2015
- Staffing is an approximation; the position is currently responsible for ESRD and Wyoming Cares/Wyoming Shares, the organ donation Program
- ESRD has a very fluid, diverse clientele ages 12 to 85, encompassing all ethnicities. Turnover of ESRD clients tends to be high due to death, clients leaving the state for family support, financial ineligibility, and simply making the choice to decline renewal of ESRD benefits.

End Stage Renal Disease

PROGRAM CORE PURPOSE

The End Stage Renal Disease (ESRD) program assists low-income Wyoming residents diagnosed with and being treated for end stage renal disease with the costs associated with dialysis treatment and the cost of anti-rejection drugs for eligible kidney transplant recipients.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
# and % of dialysis clients with health coverage other than Medicare B ¹	≥ 77%	≥ 77%	N/A	58% 70/121	77% 87/113	79% 89/113	76% 84/111
# and % of dialysis clients using the co-payment benefit ²	≤ 23%	≤ 23%	38% 51/135	33% 39/121	24% 27/113	22% 24/113	25% 27/111
% of ESRD dialysis clients who receive a kidney transplant ³	≥ 7%	≥ 7%	3% 4/135	5% 6/121	7% 8/113	6% 6/113	3% 3/111

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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Total # of clients ⁴	169	151	138	138	136	104	138	124	136
% and # of clients in the transplant section ³	21% 34/169	20% 30/151	25% 34/138	22% 31/138	20% 27/136	25	31	26	27
% and # of approved program applications ⁵	76% 38/50	47% 32/68	48% 32/67	54% 42/78	44% 29/67	56% 15/27	53% 27/51	45% 16/36	42% 13/31
# of trainings for dialysis social workers	4	3	3	3	3	2	1	2	1
EFFICIENCIES									
Insurance cost per dialysis benefit user ²	.	\$1,905 \$62,851 /33	\$1,767 \$68,930 /39	\$1,733 \$55,442 /32	\$1,230 \$36,888 /30	N/A*	\$1,733 \$55,442 /32	\$861 \$22,380 /26	\$1,205 \$37,351 /31
Co-payment cost per dialysis benefit user ³	\$3,923 \$200,069 /51	\$3,487 \$135,985 /39	\$4,478 \$120,893 /27	\$4,911 \$127,677 /26	\$3,134* \$78,345 /25	N/A*	\$4,911 \$127,677 /26	\$2,068 \$39,292 /19	\$3,546* \$95,741 /27
Service cost per ESRD client	\$3,226 \$545,227 /169	\$3,221 \$486,484 /151	\$3,586 \$494,830 /138	\$3,429 \$473,181 /138	\$2,966* \$403,332 /136	N/A*	\$3,429 \$473,181 /138	\$1,967 243,939 /124	\$3,166* \$430,590 /136
(-) 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 * costs for SFY15 will change, as ESRD will pay bills back 12 months from date of service									

STORY BEHIND THE PERFORMANCE

1. ESRD has made successful efforts to encourage clients to increase independence by participating in supplemental insurance plans to cover the Medicare Part B 20% copays. This allows the client the opportunity to gain healthcare benefits for other conditions and saves the Program money by reducing the amount of copays paid by the Program.
2. In 2009-2010, typical co-payment costs after Medicare B were \$400 - \$600 per client per month, or \$4,800 - \$7,200 per year. The typical co-payment cost after Medicare B for SFY 2015 was \$754 per month, or \$9,048 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.
3. For dialysis patients who are physically able, a kidney transplant is the best option from both a health and a 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 that 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 the client remains in Wyoming and is financially eligible for the program.
 - a. Nationally, about 5% of dialysis patients received a kidney transplant in 2010/2011.
 - b. In 2014, 4.75% of Wyoming dialysis patients received a kidney transplant.
 - c. In 2014, about 3% of Wyoming ESRD clients received a kidney transplant.
4. There were 337 Wyoming residents on dialysis in 2014. ESRD provided benefits to 111 of these individuals, or about 33%. As of the 2010 census, 24% of Wyoming households had income below 185% of the federal poverty level (FPL). Because ESRD adjusts income by dialysis related expenses, it is estimated that the target population is represented by 30% to 40% of those on dialysis.
5. Eligibility for ESRD is based on three criteria: 1) must be a Wyoming resident; 2) household income must be at or below 185% of the federal poverty level (FPL) adjusted by ESRD related expenses; and 3) must be diagnosed with and receiving treatment for End Stage Renal Disease or have received a kidney transplant.

Environmental and Occupational Health

Program Description

The Environmental and Occupational Health Program addresses two environmental toxins: lead and radon. Lead consumption damages nerve and brain development while radon is associated with lung cancer. Region 8 of the U.S. Environmental Protection Agency (USEPA), funds the radon program and the Centers for Disease Control and Prevention (CDC) funded the lead program through August 31, 2013.

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$92,500	\$92,500	\$94,000
People Served	5141	4819	5842
Cost per Person	\$17.99	\$18.67	\$16.90
Non-600 Series*	86%	97%	83%

* 600 series is defined as direct service contracts.

Program Cost Notes

	2013	2014	2015
Lead	\$10,000	\$10,000	\$0.00
Radon	\$92,500	\$92,500	\$94,000

Program Staffing

- 1 FTE
- 0 AWEC
- 0 Other

Program Metrics

- The Wyoming Radon Program distributes test kits, educates real estate agents, middle and high school students, building code officials, contractors, healthcare providers and the public on the health aspects of radon, including testing and mitigation of new and existing homes
- Three key components of the Program 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 for all adults and pediatric patients in Wyoming
- Two key components of the lead program are follow-up on elevated BLL and database entry and maintenance

Events That Have Shaped This Program

- According to the USEPA and U.S. Surgeon General, exposure to radon gas can independently increase a person's chances of developing lung cancer. 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, meaning there are no laws or governing oversight of professionals providing radon testing or mitigation during a real estate transaction
- The federal funding from the EPA requirement 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 indicates that an elevated BLL has negative health effects on adults.
- All BLL tests on Wyoming residents are reported to the lead program. Funding for the lead Program from the Centers for Disease Control and Prevention (CDC) ended on August 31, 2013. Wyoming statute requires all BLL test results be reported to the WDH and the CDC.

Environmental and Occupational Health

PROGRAM CORE PURPOSE

To reduce exposure of Wyoming residents to radon in their environment by promoting radon testing and mitigation of homes.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
% of Realtors trained in radon.	5%	5%	2.7%	8.7%	3.2%	5.15%	5.7%
Radon test kit return rate	60%	45%	39%	55%	48.3%	42.5%	51.3%
% of homes with elevated radon levels being mitigated	50%	50%	NA	81.5%	59.3%	38.4%	44%

(-) 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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of homes tested during real estate sales	1,047	1,045	1,160	1,919	1,784	915	1,004	764	1,020
# of radon kits distributed	2,139	2,648	2,077	2,386	2,460	639	1,747	755	1,705
# of Realtor training classes	N/A	18	16	11	11	7	4	5	6
# of pediatric blood-lead reports	N/A	2,184	2,242	2,286	2,166	1,403	883	1,357	809
# of physician consults	N/A	32	58	55	68	34	21	58	10

EFFICIENCIES

Cost per radon test kit	\$3.40	\$3.49	\$3.49	\$3.49	\$4.75	\$3.49	\$3.49	\$4.75	\$4.75
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(-) 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 is unregulated with regards to radon, meaning no laws pertain to radon testing, mitigation, training, installation of passive or active radon mitigation systems, certification of radon professionals, or reporting of statistics to the state radon office. Two exceptions are (1) Appendix 'F' of the building code, regarding installation of passive radon systems in single/double family homes during construction) in 18 cities and Teton County, and (2) disclosure of any radon problems during real estate transactions. The EPA's State Indoor Radon Grant (SIRG) funding is in a state of flux from year-to-year. The current administration consistently cuts SIRG funding from the budget however Congress has restored the funding each year.

Wyoming state law 35-1-240(a) (i, ii, vii) and 35-4-107(a) (b) requires all blood-lead levels (BLL) be reported to the State Health Department. The adult blood-lead program is an unfunded agreement between the Wyoming Department of Health, the National Institute for Occupational Safety and Health Administration (NIOSH), and the Centers for Disease Control and Prevention (CDC). Wyoming is one of 41 states participating in the CDC BLL reporting program.

Healthcare Workforce Recruitment, Retention, and Development

Program Description

This Program 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 through 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, the Research and Explore Awesome Careers in Healthcare (REACH) Program, and the Wyoming State Loan Repayment Program (WY-SLRP).

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$1,074,721	\$618,788	\$699,742
People Served	N/A	N/A	N/A
Cost per Person	N/A	N/A	N/A
Non-600 Series*	6.00%	14.37%	18.72%

Program Cost Notes

- SFY2015: 11% SGF, 59% tobacco funds, and 30% FF
- WHPLRP 15-16 award budget: \$1,000,000 (100% tobacco funds)
- PRGP 15-16 award budget: \$400,000
- Significant decrease in program costs due to final WHPLRP payouts from 2009-2010 biennium (\$3M award budget, awards payout over 3 years)
- SFY2015 Program costs are YTD as of May 15, 2015

Program Staffing

- 0.88 FTE (0.78 Program Manager & 0.1 Office of Rural Health Manager)
- 0.50 AWEC Data Manager
- **Other:** Contractors: Western Management Services, Wyoming Health Resources, Inc.

Program Metrics

- The WHPLRP provides awards to physicians, dentists, and other health professionals. A total of 278 awards have been issued since 2006: 10 in 2013, 13 in 2014, and 7 in 2015.
- The PRGP provides awards to recruiting entities. A total of 21 awards have been issued since 2008: 3 in 2013, 4 in 2014, and 4 in 2015.
- The REACH Program provides grants for hosting educational programs to expose students in grades 5-8 to healthcare careers. 3 programs with 64 participants were hosted in 2013, 5 programs were hosted in 2014 with 92 participants, and 4 will be hosted in 2015 (participant numbers are not yet available).
- Annual provider census – rotates every third year between Primary Care (2010, 2013), Mental Health (2011, 2014), and Dental (2012, 2015). The Primary Care census will be conducted again in 2016.
- 2015 was the first year of WY-SLRP awards. A total of 4 awards were issued (2 physicians, 2 physician assistants).

Events that have Shaped this Program

- W.S. § 9-2-118 and 9-2-119 created the WHPLRP in 2005, and W.S. § 35-1-1101 created the PRGP in 2008. House Bill 88 (2015) modified W.S. § 9-2-119 to increase the maximum allied healthcare professional award and modified W.S. § 35-1-1101 to expand the PRGP to non-physicians.
- The Program provides 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) contracted with Western Management Services to conduct health professional shortage area designations and provider census through March 31, 2015. As of April 1, 2015, this function will be carried out solely by the AWEC Data Manager.
- The ORH 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 ORH applied for and was awarded a State Loan Repayment Program (SLRP) grant from the Health Resources & Services Administration (HRSA) in 2015. SLRP awards follow the requirements of the federal National Health Service Corps Loan Repayment Program with state-level flexibility. The WY-SLRP will provide 16 awards over a 4 year grant period (8 physician and 8 mid-level practitioners). Funding is 50% federal and 50% state matching funds.

Healthcare Workforce Recruitment, Retention, and Development

PROGRAM CORE PURPOSE

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

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
% Loan Repayment awardees (# awarded/# applications) ¹	5%	5%	5.4% (11/ 203)	9.4% (19/ 203)	4.6% (10/ 219)	7.9% (13/ 165)	3.78% (7/ 185)
% Loan Repayment awardees successfully completing obligation (#/ # total awards) ²	≥90%	≥90%	92% (221/ 240)	91% (225/ 248)	90% (233/ 258)	90% (245/ 271)	90% (250/ 278)
Loan Repayment 3-year post-service obligation retention rate (#retained/# graduated ≥ 3 years ago) ³	≥80%	≥80%	N/A	N/A	72.2% (13/ 18)	87.3% (124/ 142)	86.9% (146/ 168)
% of retained Loan Repayment awardees accepting Medicare/Medicaid/CHIP 3 years post-service obligation (# accepting/# retained) ³	≥84.6%	≥84.6%	N/A	N/A	84.6% (11/ 13)	87.9% (109/ 124)	87% (127/ 146)
% of Physician Recruitment Grant awardees successfully recruiting a physician from out of state (# recruited/# awards) ⁴	60%	60%	20% (2/10)	50% (5/10)	61.5% (8/13)	52.9% (10/17)	47.6% (10/21)

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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Amount awarded (# of new loan repayment awards) ¹	\$622,603 (11)	\$452,300 (8)	\$500,000 (10)	\$504,297 (13)	\$510,000 (7)	\$435,637 (9)	\$68,660 (4)	\$510,000 (7)	0
Amount awarded (# of new recruitment awards) ^{1,4}	\$400,000 (5)	0	\$200,000 (3)	\$200,000 (4)	\$200,000 (4)	\$200,000 (4)	0	\$200,000 (4)	0
# of new J-1 physicians ⁶	7	10	4	10	4	N/A*	10	N/A*	4
EFFICIENCIES									
Average Physician Recruitment Grant Reimbursement ^{1,4}	\$50,425	\$50,425	\$39,286	\$42,342	\$42,342	N/A*	N/A*	N/A*	N/A*
Average cost per candidate sourced (contract cost to date/#) ⁵	\$376 (\$117,000 /311)	\$318 (\$117,000 /368)	\$2,418 (\$111,240 /46)	N/A	\$62.81 (\$23,740/ 378)	N/A	N/A	N/A*	\$62.81
Average cost per placement (contract cost to date/#) ⁵	\$39,000 (\$117,000 /3)	\$9,750 (\$117,000 /12)	\$18,540 (\$111,240 /6)	N/A	\$8,000 (\$32,000/ 4)	N/A	N/A	\$8,000 (\$8,000 /1)	\$8,000 (\$24,000/ 3)

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

Story Behind the Performance

1. Awards for both the Wyoming Healthcare Professional Loan Repayment Program and the Wyoming Physician Recruitment Grant Program are prioritized by underserved areas and greatest need for healthcare professionals. Need is determined by Health Professional Shortage Area (HPSA) analysis and annual provider census results. Funding for both programs is issued to the Office of Rural Health on a biennium basis, with the majority of funding awarded during the first year of each biennium prior to SFY2013. Total funding may exceed 100% of the biennium award budget if funds re-enter the budget due to withdrawals/defaults and from physician recruitment grant awardees who were not successful recruiting within the required timeframe.

Of the 126 Wyoming WWAMI medical school graduates, 2005 - 2015, one participated in the loan repayment program and one was recruited under a physician recruitment grant. Additionally, of the 89 U.W. Family Medicine Residency Program graduates, six participated in the loan repayment program and one of those six was also recruited under a physician recruitment grant.

2. Since 2006, 278 loan repayment awards were issued. To date, 250 either successfully completed or are currently completing the 3 year obligation and requirements; 28 awardees withdrew from the program prior to the first payment or defaulted on the obligation or other requirements. National Health Service Corps (NHSC) data, 2003 – 2013, for Wyoming shows a completion rate of 98% for NHSC loan repayment awardees.
3. Annual retention studies for loan repayment began in SFY2013. The goal is to determine the rate of prior awardees still practicing in Wyoming 3 years after the end of their 3 year obligation, or 6 years from the date of award. To date, 175/202 awardees from 2007 - 2009 successfully completed their obligation; 7 received a second award, and the remaining 168 were surveyed. 86.9% of respondents were still practicing full-time in Wyoming and 87% of those still accepted Medicare, Medicaid, and/or Kid Care CHIP insurance (10% work in a practice that does not bill for services). 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 are still practicing in a federally designated HPSA, regardless of region, state, or original community.
4. Since 2008, 21 physician recruitment awards were issued to recruiting entities. The awardees have 1 year from the effective date of the contract to recruit a physician from out-of-state that meets all program requirements. To date, 10 were successful at recruiting and the SFY2015 awardees have until fall 2015 to recruit. Awardees find it difficult to recruit within the timeline established under W.S. § 35-1-1101 and to front the recruitment costs since the grant pays on a reimbursement basis. For successful recruits, expenditures are lower than the full award amount; beginning with SFY2014 awards, the maximum award was reduced to \$50,000 to reflect the average expenditure and to allow for additional awards. During the 2015 legislative session, HB 88 was passed which modifies W.S. § 35-1-1101 to include non-physician providers and provides for reimbursement of up to \$10,000 in recruitment/advertising costs, regardless of success.
5. A contract for recruitment services with Wyoming Health Resources Network, Inc. (WHRN) 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/physician, up to \$4,000/mid-level providers). Priority is on the highest need specialties and areas. According to the Rural Recruitment and Retention Network, the average cost to recruit a primary care physician using a national search firm is over \$30,000. Outcomes/efficiencies prior to SFY2015 are modified to fit with the new 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. J-1 physicians are foreign physicians in the U.S. for post-graduate medical education that are required to return to their home country for 2 years before applying for a permanent work visa in the U.S. Waivers of the 2 year home residency requirement are granted to eligible physicians willing to practice full-time in an underserved area for a period of 3 years.

Public Health Nursing Healthy Baby Home Visitation Program

Program Description

The Public Health Nursing (PHN) Healthy Baby Home Visitation Program (“Healthy Baby Program”) is a standardized home-visitation service provided by trained nurses to families, prenatally, and/or with children birth to two years of age.

Program Expenditures and People Served

	SFY 2013	SFY 2014	SFY 2015
Total Program Cost	\$2,168,327	\$2,356,050	\$2,137,250
People Served*	3,325	2,974	-
Cost per Person[#]	\$652	\$792	-
Non-600 Series**	5.49%	5.29%	6.34%

* People served is a calendar year count

(-) Data not available due to a new data system release on August 7, 2014.

[#] Cost per person is calculated using SFY costs and CY counts

**600 series is defined as direct service contracts

Program Cost Notes

- The Program uses blended funds: State General Fund, Federal Funds: Temporary Assistance for Needy Families (TANF) & Title V Maternal Child Health (MCH) Block Grant
- State matching funds at a rate of \$3 for every \$4 of federal funds are required for the Title V MCH Block grant and the State must continue to match funding at 1989 levels (\$2.3 million) or higher

Program Staffing

- 0.4 FTE (additional staff costs are reported by the Public Health Nursing Program)
- 0 AWEC
- 0 Other

Program Metrics

- The Healthy Baby Home Visitation Program goals include decreasing maternal tobacco use, increasing breastfeeding duration to 6 months, increasing healthy birth outcomes, and decreasing infant mortality
- The Healthy Baby Program uses two home visitation models, the Nurse Family Partnership (NFP) and Best Beginnings (BB) models
- Perinatal home visiting programs, such as the Nurse Family Partnership (NFP) model, have been shown to improve maternal and child health outcomes. 13 counties use the Nurse Family Partnership (NFP) model of home visitation

Events that have Shaped this Program

- In 1990, MCH began providing grants to counties to implement maternal and child health services
- In 1996, the Nurse Family Partnership (NFP), an evidence-based home visiting model for first-time mothers, was implemented in Wyoming, in addition to the already existing Best Beginnings (BB) home visiting model
- In 2000, state legislation (W.S.S. 35-27-101 to 104) provided Temporary Assistance for Needy Families (TANF) funding for the Public Health Nursing Home Visiting Programs
- Title V funding requires a needs assessment to be completed every five years. In 2013, the MCH Unit began the Title V Needs Assessment process, which led to the adoption of the final 2016-2020 MCH priorities in the summer of 2015.
- On August 7, 2014, the Best Beginnings Data System was updated to align with the new curriculum and to provide more reliable data
- In both 2013 and 2015, training on the *Partners for a Healthy Baby* home visiting curriculum was provided to public health nurses who deliver the Best Beginnings model of home visitation
- In 2013, a fee for reimbursement structure was incorporated into contracts with counties for the delivery of MCH and home visiting services

Public Health Nursing Healthy Baby Home Visitation Program

PROGRAM CORE PURPOSE

The Public Health Nursing (PHN) Healthy Baby Home Visitation Program provides perinatal home visiting services for women to improve pregnancy outcomes and infant health outcomes.

OUTCOMES

Performance Metric	CY 2015 Target	CY 2016 Target	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015
% of WY resident births contacted ¹	75%	75%	57.9% 4,249/ 7,339	71.2% 5,345/ 7,503	59.3% 4,520/ 7,617	55.7% ² 1,691/ 3,035	-
% of WY resident Medicaid births ¹ contacted	95%	95%	69.9% 1,913/ 2,750	93.5% 2,589/ 2,769	81.7% 2,137/ 2,616	66.6% ² 639/ 960	-
% of women enrolled in Nurse Family Partnership (NFP) who quit smoking during pregnancy (National %) ³	25%	25%	23.2% (16.1%)	22.5% (15.9%)	22.5% (15.9%)	22.0% (16.0%)	-
% of infants enrolled in NFP born premature (<37 weeks gestation) (National %) ³	9.5%	9.5%	10.0% (9.7%)	9.8% (9.5%)	9.8% (9.5%)	9.7% (9.6%)	-
% of women enrolled in NFP who initiated breast-feeding (National %) ³	90%	90%	86.0% (78.1%)	87.0% (79.2%)	87.3% (80.4%)	87.4% (81.4%)	-

(-) 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	CY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of NFP clients ⁴	333	296	282	253	192 (YTD)	182	184	192	-
# of Best Beginning (BB) clients ⁵	2431	3029	2692	572 ⁵	2151 (YTD)	- ⁶	572 ⁶	1402	749 (YTD)
# of NFP clients graduated from the program ⁷	46	39	45	33	16 (YTD)	16	17	16	-
EFFICIENCIES									
Cost to the Healthy Baby program per NFP client ⁸	\$2,324	\$2,574	\$2,924	\$2,956	-	N/A*	N/A*	N/A*	N/A*
Cost to the Healthy Baby program per BB client ⁸	\$591	\$467	\$569	- ⁹	-	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 YTD is year to date, encompassing January 1, 2015 through September 30, 2015									

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. The Public Health Nursing (PHN) and Maternal Child Health (MCH) Units partner to implement the Healthy Baby Home Visitation Program.
- Healthy Baby Home Visitation is delivered by Public Health Nurses 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 enrolled before the 28th week of pregnancy. Best Beginnings (BB), the second delivery model, is based on the research-based *Partners for a Healthy Baby* curriculum and 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.
- On August 7, 2014, the Best Beginnings Data System was updated to align with the new curriculum and to provide more reliable data. A full calendar year of data will be available after December 31, 2015.
- In September of 2015, a second *Partners for a Healthy Baby* curriculum training was held and a total of 36 nurses attended.

¹ The targets for % of Wyoming births contacted and % of Medicaid births contacted are legislatively defined. It is important to note that many counties offer additional resources for pregnant women and/or families with infants beyond the Healthy Baby Home Visitation Program. The contacts made by programs or agencies outside of Healthy Baby Home Visitation Program are not included in the data presented for these performance metrics. Currently, there is no systematic way to report or measure the number of women being contacted and/or served by other programs.

² Data time period from August 9, 2014 – December 31, 2014 for a total of 144 calendar days. On August 7, 2015, the new data system was released.

³ Data reported from Nurse Family Partnership Efforts to Outcomes (ETO) data system. The time period is from program initiation through the end of the most recent quarter reported (i.e. Quarter 4, CY 2014).

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

⁵ A BB client is defined as a client who is not enrolled in NFP and who received at least one BB home visit.

⁶ Data time period for CY2014 from August 9, 2014 – December 31, 2014 for a total of 144 calendar days.

⁷ NFP clients graduate from the program when their child is 2 years old.

⁸ County and PHN costs (nurse supervision, travel, etc.) are not included in the Healthy Baby program cost.

⁹ Cost to Healthy Baby program per BB client is not available due to a full year of BB data not being available. This efficiency will be reported after a full calendar year of BB data is available.

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

	2013	2014	2015
Total Program Cost	\$1,012,417	\$1,004,994	\$925,070
People Served	N/A	N/A	N/A
Cost per Person	N/A	N/A	N/A
Non-600 Series*	24%	25%	26%

* 600 series is defined as direct service contracts.

Program Cost Notes

- 100% Federal Funding
- Cooperative Agreement with the Centers for Disease Control (CDC) and the Office of the Assistant Secretary for Preparedness & Response (ASPR) for July 1, 2014 – June 30, 2015 for FY15
- 10% match requirement primarily from State General Fund positions and hospital and EMS personnel
- Federal funding for the program was reduced by 22% between 2014 and 2015

Program Staffing

- 1.25 FTE
- 0 AWEC
- 0 Other

Program Metrics

- Increase sub-recipient monitoring through contracts to provide grant awards to 20 hospitals, 17 EMS agencies, and 2 community college paramedic programs
- Facilitate the refinement of regional healthcare coalitions in each of the five trauma regions around the state
- Contract with the Wyoming Hospital Association to provide grant awards to 3 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 of 2012, ASPR released *The Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness* which outlines eight capabilities for the Hospital Preparedness Program to use to assist local, state, healthcare coalition, and Emergency Support Function #8 (Public Health and Medical Services) partners in identifying gaps in preparedness, determining specific priorities, and developing plans for building and sustaining healthcare specific capabilities
- In May of 2015, HPP received additional funding (\$774,708) through the Ebola Preparedness and Response Activities grant to build and sustain a more robust healthcare preparedness system for infectious diseases over the next five years

Hospital Preparedness Program

PROGRAM CORE PURPOSE

Develop and maintain hospital and Emergency Medical Service (EMS) preparedness and response capability through emergency preparedness planning, training, exercise, evaluation, and improvement planning.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Percentage of contracted hospitals achieving NIMS compliance ¹	75% ²	75%	N/A	93% (25/27)	72% (15/21)	86% (18/21)	100% (20/20)
Percentage of personnel ABLIS ³ certified	≥97%	≥97%	N/A	97% (128/133)	99% (115/117)	99% (81/82)	100% (71/71)
Percentage of hospitals reporting in HAxBED drills ⁴	75% ⁵	75%	N/A	N/A	65% (18/28)	83% (23/28)	68% (19/28)
Percentage of contracted hospitals meeting exercise requirements	100%	100%	N/A	N/A	81% (17/21)	100% (21/21)	100% (20/20)
Percentage of contracted hospitals with After Action Reports and Improvement Plans after conducting exercises	100%	100%	N/A	86% (23/27)	81% (17/21)	86% (18/21)	100% (20/20)

(-) 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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Number of ABLIS trainings	6	7	6	4	4	1	3	2	2
Number of HFR ⁶ trainings	N/A	19	15	6	8	0	6	7	1
EFFICIENCIES									
Cost per student for ABLIS training	\$595 (\$66,000 /111)	\$588 (\$77,000 /131)	\$564 (\$66,000 /117)	\$530 (\$44,000 /83)	\$620 (\$44,000 /71)	\$367 (\$11,000 /30)	\$623 (\$33,000 /53)	\$579 (\$22,000 /38)	\$667 (\$22,000 /33)
Cost per student for HFR training	N/A	\$335 (\$95,000 /284)	\$434 (\$75,000 /173)	\$441 (\$30,000 /68)	\$427 (\$38,000 /89)	0	\$441 (\$30,000 /68)	\$455 (\$5,000 /11)	\$423 (\$33,000 /78)

(-) 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. 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. The certification is valid for four (4) years.
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 and 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

	2013	2014	2015 ¹
Total Program Cost	\$4,221,659	\$6,183,939	\$4,409,809.05
People Served	106,277	110,241	123,570
Cost per Person	\$39.72	\$56.09	\$35.68
Non-600 Series*	31%	22%	39%

* 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).

Program Staffing

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

Program Metrics

- Approximately 129 public and private healthcare providers receive state and federally-purchased vaccines through the Immunization Program.
- More than 173,395 doses of vaccines were distributed to participating providers by the Immunization Unit during SFY 2015.
- Over 6.7 million immunizations for more than 656,652 individuals have been entered into the WyIR as of June 30, 2015

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, making Wyoming a Universal Purchase State in which all children have access to vaccines, regardless of insurance coverage or income
- In 2011, four vaccines were eliminated from the state formulary due to funding. This changed Wyoming's status to a Universal Select Purchase State
- Meaningful Use activities have greatly increased the demand for provider access to the WyIR

Immunization Program

PROGRAM CORE PURPOSE

The Immunization Program's core purpose is to facilitate the distribution of vaccines, provide resources, and educate immunizers to ensure that Wyoming residents are protected against vaccine-preventable diseases.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Missed opportunity rate ¹	≤15%	≤10%	27%	14%	15%	16%	19%
HPV vaccination coverage rate ²	16%	18%	13%	13%	12%	14%	17%
Childhood vaccination coverage rate ^{2,3} (National coverage rate)	65%	67%	56% (72.5%)	59% (68.4%)	61% (72.6%)	63% (-)	62% (-)
Percentage of vaccine doses wasted	≤5%	≤5%	N/A	N/A	4.5% (8,505/ 188,557)	5% (8,454/ 169,160)	4.6% (8,060/ 173,740)

(-) 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	SFY 2015 ¹	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Number of HPV vaccine doses distributed	3,740	2,710	4,080	3,770	3,970	2,550	1,220	2,780	1,190
Percentage of pediatric immunizations documented in the WyIR within 30 days of administration ⁴	85.2% 117,029 records	91% 135,536 records	99.9% 164,728 records	94.7% 174,165 records	-	N/A*	N/A*	N/A*	N/A*
Number of provider staff participating in designated storage and handling training	N/A	N/A	N/A	N/A	130	N/A	N/A	43	87
Percentage of WyIR facilities sending data electronically	1.9% 5/259	2.5% 5/200	5% 9/180	5.6% 10/180	23% 54/236	N/A*	N/A*	N/A*	N/A*

EFFICIENCIES

Number of expired vaccine doses per provider	N/A	N/A	52	129	98	26	103	47	51
Cost of expired vaccine doses per provider	N/A	N/A	\$559	\$505.5	\$888.5	\$469	\$542	\$710	\$1,067

(-) 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

¹Missed opportunities are when a child receives a vaccine and was eligible to receive another vaccine at the same visit but did not.

²Wyoming Rates 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 for enrolled providers, although 88% of VFC providers have patient data in the WyIR.

³Childhood coverage level includes 4 Diphtheria, Tetanus, Pertussis (DTaP), 3 Polio, 1 Measles, Mumps, Rubella (MMR), 3 Haemophilus influenza type b (Hib), 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal vaccines for ages birth to 24 months.

⁴Data is reported to the Centers for Disease Control (CDC) by calendar year.

Infectious Disease Epidemiology Program

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

	2013	2014	2015
Total Program Cost	\$636,324	\$703,011	\$728,589
People Served	576,412	582,658	584,153
Cost per Person	\$1.10	\$1.20	\$1.24
Non-600 Series*	100%	100%	100%

* 600 series is defined as direct service contracts.

Program Cost Notes

- Total FY 15 federal funding through the Centers for Disease Control's (CDC) Epidemiology and Laboratory Capacity Grant and the CDC Chronic Wasting Disease Contract is \$620,104
- FY15 State funding is \$108,485

Program Staffing

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

Program Metrics

- The Wyoming pediatric influenza mortality rate is statistically equivalent to the national rate (0.17/100,000 vs. 0.05/100,000)
- The Wyoming rate of Pertussis, Measles, and Mumps is statistically equivalent to the national rate (10.6/100,000 vs. 9.54/100,000)
- The Wyoming rate of Salmonellosis, Shigellosis, and *E. coli* is higher than the national rate (35.43/100,000 vs. 21.75/100,000) (statistically significant)

Events That Have Shaped This Program

- The program investigated a large, multi-month outbreak of shigellosis during 2014 on the Wind River Indian Reservation. This outbreak contributed to the increased rate of enteric diseases in Wyoming.
- The emergence of Ebola, Hantavirus, West Nile virus, MERS Co-V, H1N1 flu, and other pathogens continues 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 mitigate the risk to public health as indicated.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
% of completed case investigations	100%	100%	91% (2,695/ 2,946)	93% (1,523/ 1,638)	92% (3,896/ 4,245)	93% (2,625/ 2,806)	96% (5,180/ 5,396)
# of enteric disease outbreaks detected and investigated by program through case surveillance and reporting & # of other outbreaks investigated	>5 (>8/1 M population)	>5 (>8/1 M population)	13 enteric 10 other	23 enteric 12 other	21 enteric 5 other	16 enteric 10 other	16 enteric 17 other
Wyoming pediatric (<18 years old) influenza mortality rate	At or below U.S. rate (per 100,000 population)	At or below U.S. rate (per 100,000 population)	0.0 (U.S. 0.06)	0.0 (U.S. 0.01)	0.0 (U.S. 0.02)	0.0 (U.S. 0.05)	0.17 (U.S. 0.05)**
Wyoming rate of pertussis, measles, and mumps (vaccine-preventable diseases)*	At or below U.S. rate (per 100,000 population)	At or below U.S. rate (per 100,000 population)	2.46 (U.S. 6.21)	11.10 (U.S. 12.95)	12.01 (U.S. 7.86)	10.6 (U.S. 9.54)**	-
Wyoming rate of <i>Salmonella</i> , <i>Shigella</i> , and <i>E. coli</i> (enteric diseases)*	At or below U.S. rate (per 100,000 population)	At or below U.S. rate (per 100,000 population)	18.85 (U.S. 22.88)	15.44 (U.S. 21.07)	14.75 (U.S. 19.5)	35.43 (U.S. 21.75)	-

* Indicates calendar year data

** Rates are statistically equivalent

(-) Indicates data not yet available

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of initial case reports detected by the Program through surveillance	2,946	1,638	4,245	2,806	5,396	980	1,826	2,099	3,297
# of influenza surveillance reports created by the Program	40	40	40	40	40	20	20	20	20
% of outbreak reports completed within four weeks of completion of investigations	N/A	N/A	N/A	100% (10/10)	100% (4/4)	4	6	3	1
EFFICIENCIES									
Cost per case investigated	\$358	\$499	\$149	\$243	\$135	\$358	\$184	\$173	\$112
N/A indicates data not available due to the creation of a new metric									

Story Behind the Performance

- The program investigated a large outbreak of shigellosis in 2014 on the Wind River Indian Reservation. This outbreak largely contributed to the increased rate of enteric diseases in Wyoming in 2014.
- The Influenza vaccine produced for the 2014-2015 season was a poor match to the circulating Influenza strain in the U.S. and Wyoming and contributed to the increase in Influenza activity.
- The program was the first to identify several national and international infectious disease clusters and outbreaks (Hepatitis A in travelers to Mexico, Salmonellosis with exposure to pigs, *E. coli* associated with pre-packaged salad).
- The program has coordinated monitoring for travelers to Ebola-affected countries, has developed case investigation protocols and follow-up forms, and has participated in all informational calls with county partners in Wyoming. The program will continue to be the lead for Ebola epidemiologic-related activities.
- The program led the investigation into ten cases associated with the national outbreak of Enterovirus D68 in 2014.
- As a result of an outbreak of cryptosporidiosis in Campbell County in 2013, the program has worked with the Centers for Disease Control and Prevention to further characterize the parasite by advanced laboratory methods to better understand potential risk factors for infection.



Integrated Cancer Services

Program Description

The Integrated Cancer Services Program provides screenings, advocacy, and education to the people of Wyoming. The Integrated Cancer Services Program operates: The Breast and Cervical Cancer Early Detection Program (WBCCEDP) and Wyoming Colorectal Screening Program (WCCSP) which provide cancer screening and diagnostic services (i.e., mammograms, Pap tests, colonoscopies, and biopsies) for low-income, uninsured and underinsured (WCCSP only); and the Wyoming Comprehensive Cancer Control Program (WCCCP), which assists with advocacy and education efforts across the state.

Program Expenditures and People Served

	2013	2014	2015*
Total Program Cost	\$2,076,557	\$2,064,667	^\$2,948,325
People Served	1,808	1,812	^8,437
Cost per Person	\$1,148	\$1,002	^\$350
Non-600 Series*	39%	38%	^40%

* 2015 figures are different from previous years due to inclusion of Comprehensive Cancer information.

** 600 series is defined as direct service contracts.

Program Cost Notes

- WBCCEDP: Federal Centers for Disease Control (CDC), General Funds, Tobacco Settlement funds, and private grants
- WCCSP: CDC, Tobacco Settlement
- WCCCP: CDC, Tobacco Settlement
- State statutes require funding for two minority breast and cervical outreach & education programs (migrant health and Native American women)

Program Staffing

- 10 FTE
- 0 AWEC
- 0 Other

Program Metrics

- WBCCEDP has served 8,000 women and detected 323 breast cancers, 34 cervical cancers, and 530 high-grade cervical pre-cancers since its inception in 1997
- WCCSP has provided 3,189 Wyoming residents with colonoscopies and of those, 47% had polyps removed, 25% had pre-cancerous polyps, 66 colon cancers were detected and 8 non-colorectal cancers were detected since the Program's inception in 2007
- 2011-12 was the first year of implementation of the colorectal 10-year/re-screen policy. 285 people have been re-screened, of those 55% had polyps removed & 33% had pre-cancerous polyps removed
- Wyoming healthcare providers have written off more than \$6M in clinical costs over five years

Events that have Shaped this Program

- WBCCEDP is governed by Centers for Disease Control (CDC) policies
- Wyoming's cancer screening rates are low compared to national rates: 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%). (Data from the 2012 Behavioral Risk Factor Survey (BRFSS))
- Federal legislation mandates that women enrolled in WBCCEDP and 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)
- Camp Courage partners with Jason's Friends to serve Wyoming families dealing with childhood cancer

Integrated Cancer Services

PROGRAM CORE PURPOSE

The core purpose of the Integrated Cancer Services program is to provide Wyoming residents with education, outreach, and screening assistance through the Breast and Cervical Cancer Early Detection Program (WBCCEDP), the Colorectal Cancer Screening Program (WCCSP), and the Wyoming Comprehensive Cancer Control Program (WCCCCP).

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015*
Rate of colonoscopies requiring polyp removal	45%	48%	42.3% 199/470	48.3% 212/439	44.6% 178/395	54.3% 247/455	52% 158/304
Rate of women with abnormal pap tests or mammograms	22%	25%	23% 294/1,237	21% 289/1,369	17% 200/1,166	12% 161/1,357	15% 208/1,379
Rate of colon cancers detected	< 1.5%	< 2.5%	1.1% 5/47	1.4% 6/439	1.0% 4/395	3.3% 15/455	3% 9/304
Rate of breast cancers detected	< 4.5%	< 3.5%	4.26% 33/775	4.61% 34/737	4.58% 29/633	5.3% 42/793	1% 6/550
Rate of cervical cancers detected	< 0.6%	< 0.5%	0.4% 2/46	0.5% 3/632	0.8% 4/533	0.7% 4/564	0% 0/127

(-) Indicates data not yet available

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

* SFY 2015 numbers are year-to-date through May 31, 2015

OUTPUTS AND EFFICIENCIES

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015*	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015* Q3+Q4
OUTPUTS									
# of colonoscopies per year	470	439	390	339	304	200	139	192	112
# of colonoscopy re-screenings	5	88	90	116	87	56	60	32	55
# of stool tests completed	N/A	N/A	N/A	38	54	26	12	38	16
# of breast early detection clinical services	775	737	639	793	540	367	426	366	174
# of cervical early detection clinical services	462	632	533	564	187	236	328	148	39

EFFICIENCIES

Cost per colonoscopy	\$1,563	\$1,729	\$1,720	\$1,704	\$1,812	\$1,704	\$1,704	\$1,812	\$1,812
Cost per woman (breast & cervical clinical services)	\$294	\$300	\$300	\$300	\$367	\$300	\$300	\$367	\$367
Cost per stool test completed	N/A	N/A	N/A	\$218.63	\$35	\$218.63	\$218.63	\$35	\$35

(-) 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

* SFY 2015 numbers are year-to-date through May 31, 2015

STORY BEHIND THE PERFORMANCE

- The cost per screening is not set by the Program, but rather tied to the Medicaid & Medicare rates for the services delivered.
- In 2011, an 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 include rescreening colonoscopies. Rescreening colonoscopies have higher polyp & adenoma find rates (as these are high risk patients with a personal history of polyps).
- There is a projected cost avoidance of \$50,000 per cancer detected, totaling over \$3M to date since the Program's inception. 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.
- The eligible population for this Program is all Wyoming residents aged 50-64 who are at or below 250% of the federal poverty level (FPL).
- WBCCEDP has provided clinical services for 7,928 Wyoming women over the past 15 years; and 949 of those women have been diagnosed with cancer or pre-cancer through this program.
- WBCCEDP has the highest CDC data rating possible with a 0% error rate and full compliance with 11 core performance indicators.
- The stool test pilot rolled out in 2013-14 in Sublette County. The most recent iteration was a statewide effort in partnership with the State Public Health Lab.
- Efforts for all related activities include WBCCEDP, WCCCC, WCRS (Wyoming Cancer Resource Services), and WCCSP

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

	2013	2014	2015
Total Program Cost	\$204,949	\$143,521	\$137,420
People Served	204	201	1120**
Cost per Person	\$1004	\$714	\$123
Non-600 Series*	91%	89%	99%

* 600 series is defined as direct service contracts.

Program Cost Notes

- 2010-2013 funded by the Federal State Partnership grant; grant not awarded in 2014
- 100% State funded in 2014
- People served includes all individuals trained at the Wyoming Department of Health and partner organization. Training options increased in 2015 beyond the traditional cultural competency class.

Program Staffing

- 1 FTE
- 0 AWEC
- 0 Other

Program Metrics

- The Wyoming Office of Multicultural Health priorities for 2014-2015, which are echoed in the Public Health Division's (PHD) strategic map and the Public Health Accreditation Board (PHAB) standards, are: 1) education on health equity for WDH staff first, 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 as one of the many activities organized under the Culturally Appropriate Health Information strategic work group

Events that have Shaped this Program

- 2010: National Partnership for Action to End Health Disparities/National Stakeholder Strategy for Achieving Health Equity published
- 2010: Healthy People 2020 published
- 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 improving healthcare access by reducing disparities and improving cultural competence



Wyoming Office Multicultural Health

PROGRAM CORE PURPOSE

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

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
% of WDH staff with current training in cultural competency & health equity ¹ (# trained/total staff)	20%	20%	0% (6/1,450)	3% (40/1,450)	3% (46/1,450)	4% (62/1,450)	17% (214/1,240)
% of Public Health Division (PHD) staff trained in cultural competency/health equity ² (# trained/total staff)	90%	90%	N/A	N/A	N/A	N/A	88% (204/231)
% of PHD client materials translated ³ (# translated/total #)	55%	55%	N/A	N/A	50% 26/52	32% 17/52	53% 28/52
% of PHD programs evaluated and assisted ⁴ (# trained/total #)	15%	100%	N/A	N/A	N/A	N/A	7% 2/26
(-) 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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of cultural competency trainings offered	2	10	6	8	10	5	3	10	0
# of participants in classes	47	280	204	201	195	142	59	195	0
# of programs evaluated	0	0	0	0	2	0	0	0	2
# of people trained ⁵	41	287	204	201	,1120	142	59	693	427
EFFICIENCIES									
cost per training per attendee ⁶	\$106	\$50	\$36	\$58	\$138	\$42	\$75	\$138	\$0
average cost per document for translation ⁷	0	\$50	\$81	\$96	\$131	\$89	\$104	\$128	\$134
(-) 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 To ensure Wyoming Department of Health (WDH) staff has an understanding of the existing disparities and resulting health outcomes in Wyoming, WDH staff are encouraged to participate in cultural competency training annually. This number reflects a running cumulative total of those trained in the last five years. Training currently includes any of the topics offered, including cultural competency training, unnatural causes, and health equity.

² Public Health Division (PHD) staff had more varied training options this year. Webinars, unnatural causes, and cultural competency were offered. The count currently includes duplicated individuals and the Program is working on obtaining unique counts. Specifically, the Cultural Appropriate Health Information (CAHI) strategic work group is developing a standard curriculum to include, if not require, as part of new employee orientation for PHD personnel and existing employees. Delivery of courses in WYTrain, a free, online training management tool from the Public Health Foundation, the data can easily tracked for unique counts.

³ The primary languages in Wyoming are English & Spanish. Currently translation is done on an as-needed basis. The focus for 2015 is on language, starting with the implementation of a PHD Language Access Plan. Health literacy and use of plain language will be the focus in 2016. The Program used a three year average for the denominator based on anticipation that other programs will start translating vital documents in the coming year.

⁴ During evaluation, Program and Unit managers first participate in a survey. From the survey results, resource ideas and assistance are tailored to programmatic need(s); a follow-up survey is conducted 6-12 months following the post-survey conversation. Surveys are designed to gauge adherence to CLAS standards and progress on National Partnership for Action strategic priorities (National Stakeholder Strategy for Achieving Health Equity). In 2015, the evaluation process was piloted with two volunteer programs, Women, Infant, & Children (WIC) and Public Health Emergency Preparedness (PHEP). The surveys conducted provide a baseline for program efforts and also raise awareness of health equity issues.

⁵ People trained reflects external partners as well as internal staff. This includes not just classes offered, but webinars, some of which extend nation-wide.

⁶ Efficiencies for 2015 were calculated based on the funding designated for cultural competency training and Bridges out of Poverty training in 2014, which were all 3 hour or longer training sessions. This does not include total people served as reflected under the output “# of people trained.”

⁷ The bulk of translation is for the Women, Infants, and Children (WIC) program. The average cost per word is \$0.17. With the implementation of the Language Access Plan, which makes accessing translation and interpretation services easier, the program expect to see an increase in spending in 2016.

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 to children, pregnant women, and seniors throughout the Community Oral Health Coordinators Program. Oral Health also coordinates and runs the Wyoming Cleft Palate Clinic.

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$715,207	\$893,146	\$739,659
People Served	24,462	24,437	25,240
Cost per Person	\$29.24	\$36.54	\$29.31
Non-600 Series*	47%	48%	52%

* 600 series is defined as direct service contracts.

Program Cost Notes

- A state dentist, program manager, and temporary administrative assistant were hired in 2015, causing an increase in expenditures
- One COHC terminated her contract 11 months into the contract
- An orthodontist was added to the Cleft Palate Team increasing expenditures

Program Staffing

- 1 FTE
- 5 AWEC: Community Oral Health Coordinators (COHCs)
- Other: 0.5 State Dentist & 1 Temporary Contract (Dental Administrative Assistant)

Program Metrics

- The Senior Dental Program, funded by state general fund, provides reimbursement up to \$800 per year to providers for qualifying senior citizens' dental services
- Community Oral Health Coordinators provide screening, education, and fluoride treatments for primarily young children but will also serve adolescents, pregnant women, and older adults
- Cleft lip & cleft palate clinics are offered twice a year in Casper to provide treatment planning by a team of professionals

Events that have Shaped this Program

- A part-time state dentist was hired in January of 2015
- A full time program manager was hired March 1, 2015



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	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
% of eligible sites receiving screenings in counties served by COHCs ^{1,2}	60%	95% ⁷	51% (76/149)	63% ³ (71/113)	50% ³ (75/149)	48% ³ (71/149)	50% ³ (83/165)
% of eligible sites receiving fluoride in counties served by COHCs	35%	35%	18% ⁴ (22/126)	33% ³ (37/113)	32% ³ (47/149)	28% ³ (42/149)	25% ³ (41/165)
% of children scheduled to attend who are seen at the cleft palate clinic	90%	90%	N/A	85% (72/85)	84% (51/61)	89% (51/57)	93% (41/44)
% of seniors who applied whose treatment was paid for by the program (Eligibility is determined annually beginning January 1)	85%	n/a	72% (660/ 919)	84% (684/ 815)	87% (722/ 814)	74% (624/ 842)	88% (1,043/ 1,185)

(-) 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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of participants served by COHCs	20,375	22,212	23,868	23,679	23,354	N/A*	N/A*	N/A*	N/A*
# of children (ages 0-18) receiving fluoride applications in eligible counties	4,243	3,687	5,312	5,413	4,797	N/A*	N/A*	N/A*	N/A*
# of educational sessions offered by COHCs ⁵	N/A	N/A	223	719	802	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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of children receiving a consultation at the cleft palate clinic ⁶	69	72	51	51	41	N/A*	29	20	21
# of seniors receiving treatment	660	684	722	624	1,043	474	268	487	556
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)	\$381.54 (\$15,643 /41)	\$322.13 (\$7,731/ 24)	\$226.28 (\$6,562 /29)	\$469.80 (\$9,396/ 20)	\$297.49 (\$6,247 /21)
(-) 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

- In January of 2015, a new State Dentist/Dental Consultant was hired and on March 1st, 2015 a new Oral Health Program Manager was hired.

¹ “Eligible sites” are defined as elementary schools, child development centers, and Head Start Centers in the counties served by Community Oral Health Coordinators (COHCs).

² Counties served by COHCs 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 Research indicates that, in the short term, education and information positively impacts oral health knowledge and disease. SFY14 and SFY15 data include individual oral hygiene instruction. SFY16 educational sessions will be defined as utilizing an oral health curriculum taught in a group setting.

⁶ The number of children served was readjusted. Numbers originally reported in 2012 Program Performance documents reflected the number of children scheduled to receive services. Beginning in SFY2013, the numbers reported are children actually seen in clinic.

⁷ For SFY 2016 “eligible sites” will be defined as elementary schools with 40% or more of their students on the National School Lunch Program, also known as the Free and Reduced Lunch Program.



Public Health Emergency Preparedness (PHEP)

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 responses by 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

	2013	2014	2015
Total Program Cost	\$4,624,584	\$4,424,689	\$4,004,515
People Served	576,412	582,658	584,153
Cost per Person	\$8.02	\$7.59	\$6.86
Non-600 Series*	51%	56%	54%

* 600 series is defined as direct service contracts.

Program Cost Notes

- 100% Federal Funding
- Cooperative Agreement with CDC for July 1, 2014 - June 30, 2015 for FY 2015
- 10% match requirement was partially met by Public Health Nursing in-kind contributions
- \$1,174,894 Ebola Supplemental funding received 2015

Program Staffing

- 10 FTE (plus 4 funded positions in the Wyoming Public Health Lab)
- 1 AWEC
- 1.5 Other: 0.5 CDC Career Epidemiology Field Officer (CEFO) & 1 Temporary Administrative Specialist

Program Metrics

- PHEP maintains contracts that support nineteen (19) county public health nursing offices, four (4) county health departments, and two (2) tribal health departments
- 22 of 25 of counties/tribes met all contract deliverables (quarter ending June 30, 2015)
- 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 SFY15 there were 151 calls, a significant increase from SFY14. The CDC's ability to reach WDH through a 24/7 phone line is a CDC metric. In SFY15, the WDH received four test calls; all 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

- The terrorism events of 9/11 and anthrax attacks in October 2001, natural disasters (flooding and fires), disease outbreaks (Listeria from cantaloupe), pandemics (H1N1 influenza pandemic), and Ebola
- CDC has developed 15 public health planning capabilities that PHEP used in the spring of 2011 to develop a five-year strategic plan which was updated in February of 2015
- Federal budget cuts reduced PHEP funding by approximately 23% from 2011 to 2014. Funding remains at this reduced amount
- Emergency Support Functions (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.
- WDH activated the Incident Management Team for the Ebola Virus Disease preparedness activities

Public Health Emergency Preparedness (PHEP)

PROGRAM CORE PURPOSE

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

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Time, in minutes, for Immediate After Hours Assembly of WDH Incident Management Team ¹ (national average)	<60	<60	20 (36)	13 (27)	14 (39)	10 (-)	15 (-)
County and tribal public health responders completing respirator fit testing ⁵	95%	95%	N/A	N/A	91.4% (287/ 314)	93.8% (242/ 258)	83.9% (256/ 305)
WDH Jurisdictional Risk Assessment (JRA) updated every 3 years (WDH Score) ²	+5%	90%	N/A	N/A	80%	N/A	N/A
Wyoming (state) score for demonstrated capability to receive, stage, store, distribute, and dispense material during public health emergency ³ (national average)	100% (89% - PAHPA Benchmark for FY14)	100% (89% - PAHPA Benchmar k for FY15)	98% (97%)	99% (98%)	100% (99%)	100% (-)	N/A
County scores for demonstrated capability to receive, stage, store, distribute, and dispense material during public health emergency ³ (# of counties)	90% (69% - PAHPA CRI Benchmark for FY14)	90% (69% - PAHPA CRI Benchmar k for FY15)	51.0% (22)	71.7% (22)	87.5% (22)	92.5% (22)	93.3% (21)

(-) 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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
WDH # of Strategic National Stockpile related trainings	13	21	4	30	15	20	10	5	10
# of county and tribal public health organizations contacted by phone after hours (23 counties and 2 tribes)	21/24	24/25	25/25	24/25	25/25	25/25	23/25	25/25	25/25
% of WDH Incident Management Team members trained to role requirements for agency response management	26% (6/23)	64% (14/22)	63% (15/23)	72% (18/25)	78% (21/27)	62% (16/26)	72% (18/25)	78% (21/27)	78% (21/27)
% 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)	100% (15/15)	100% 10/10	100% 2/2	N/A*	100% 15/15
EFFICIENCIES									
Cost Per Public Health Response Coordinator or county/tribal responder per session: Use of webinar and conference call vs. on-site training or meeting	N/A	\$4.30/ \$390.40	\$3.71/ \$396.97	\$3.11/ \$394.80	\$5.57/ \$388.37	\$3.55/ \$394.80	\$2.45/ \$394.80	\$6.35/ \$388.37	\$5.16/ \$388.37
(-) 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. 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 advance notice. Targets are the Centers for Disease Control and Healthy People 2020 national requirements.
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 2016 contract deliverable for Wyoming Department of Health public health preparedness sub-awardees. In Wyoming, the JRA process requires 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.
3. The Technical Assistance Review (TAR) is a measurement tool utilized by the CDC's Division of Strategic National Stockpile (DSNS) to assess 12 areas of preparedness to determine a project area's level of planning to receive, stage, store, distribute and dispense DSNS provided material. Both state and local agencies are assessed using the TAR. In 2011 the Program began scoring all counties' preparedness to dispense medications using the TAR. Wyoming did not receive a score in 2015 due to the deployment of a new assessment tool by the CDC.
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. This annual required test is an opportunity to check for problems with respirator wear and to reinforce training by having responders review the proper methods for donning, wearing, and doffing the respirator.

Public Health State 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 Corrections, and Family Services, Drug Courts and law enforcement agencies, and manages the state intoximeter program.

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$2,586,841	\$3,093,914	\$3,241,261
People Served	576,412	582,658	584,153
Cost per Person	\$4.48	\$5.31	\$5.55
Non-600 Series*	100%	100%	100%

* 600 series is defined as direct service contracts.

Program Cost Notes

- 2014 & 2015 costs are higher than 2013 due to the inclusion of federal funds for Tuberculosis and Epidemiology & Laboratory Capacity
- Federal grants make up 13% of total expenditures.
- FY15 revenues from lab fees were 29 % of expenditures
- ~ 67% of expenditures are for payroll

Program Staffing

- 28 FTE (19 state funded, 7 federal funded, & 2 revenue funded)
- 0 AWEC
- 0 Other

Program Metrics

- Provide accurate and quality assured laboratory testing, complete proficiency/competency tests and monitor the results obtained by laboratory scientists in all sections to assure quality services
- Provide rapid laboratory testing:
 - Monitor turnaround time in microbiology (time from specimen receipt to result reporting)
 - Increase the number of microbiology clients receiving real-time laboratory results
- Develop and deliver relevant trainings for clients, including the Department of Family Services, Department of Corrections, probation and parole officers, and sentinel laboratories, and monitor the number of trainings and the number of attendees

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 have required implementation of new instrumentation and advanced technologies to accurately and rapidly detect pathogens or drugs
- Moving into the Combined Laboratory Facility in November 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 State Laboratory

PROGRAM CORE PURPOSE

The mission of the Wyoming Public Health Laboratory (WPHL) is to support public health, public safety, and emergency response by providing Wyoming communities, agencies, and private healthcare providers with timely, cost effective, and quality assured public health laboratory services & technical support.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Accuracy of competency/proficiency tests performed ¹	98%	98%	100% 51/ 51	99.3% 147/ 148	99.3% 147/ 148	99.7% 194.5/ 195	99.1% 315/ 318
Average time, in days, from specimen receipt to result reporting in Microbiology & Preparedness (Tb culture excluded) ²	1.3	1.3	N/A	N/A	1.34	1.31	1.29
% of Microbiology (clinical) clients receiving real-time laboratory results ³	50%	80%	0%	0%	0%	0%	73.2%
# of people attending WPHL provided trainings (non-WPHL employees) ⁴	250	250	N/A	N/A	N/A	N/A	246
(-) 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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Number of chemistry lab samples tested (# confirmed)	36,274 (N/A)	35,024 (N/A)	33,192 (N/A)	30,460 (N/A)	33,527 (12095)	14,896 (N/A)	15,564 (N/A)	16,437 (6,133)	17,090 (5,962)
Number of microbiology tests performed	42,089	40,760	31,682	36,033	37,018	18,976	17,057	18,204	18,814
# of times court testimony provided (CTP)	N/A	N/A	N/A	N/A	77	N/A	N/A	41	36
# of WPHL provided trainings (non-PHL employees)	N/A	N/A	N/A	N/A	13	N/A	N/A	7	6
# newly validated tests	N/A	1	1	0	5 ⁵	0	0	3	2
EFFICIENCIES									
Cost per test	\$35.87	\$35.97	\$39.87	\$42.25 ⁶	\$42.27	\$54.43 1,843,561/ 33,872	\$29.60 965,629/ 32,621	\$43.55 1,508,781/ 34,641	\$41.04 1,473,613/ 35,904
% of expenses from revenues	N/A	N/A	N/A	26.0%	29.0%	28.5% 525,667/ 1,843,561	21.1% 204,133/ 965,629	29.6% 445,855/ 1,508,781	28.2% 415,630/ 1,473,613

(-) 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

¹This metric primarily accounts for the accuracy of the analytic stage of laboratory testing. The accuracy of competency and proficiency tests performed by all laboratory sections were combined into one metric for SFY2015. The overall target for the combined metric is 98% or better, but each lab section has different mandated target levels. To maintain funding and/or the ability to offer specific tests, preparedness must achieve 100%, and microbiology and chemistry must achieve 80% for each individual assay. Although the mandated target for Micro & Chemistry is 80%, we have set our target for these sections at 97%.

²Time from specimen receipt to result reporting is the main controllable factor related to total turnaround time (TAT). Each test run has a specific target TAT. In Microbiology, rapid immunoassays and molecular tests should be resulted on the same day of receipt, Quantiferon and serologic assays require 2 days and culture based assays should be resulted in ≤ 5 days. Tb testing can take up to 8 weeks and was excluded from this calculation. Chemistry tests also have target TATs, however they were excluded from this calculation because of the wide range of acceptable times (e.g. negative urine tests require 3 days, whereas a blood tetrahydrocannabinol (THC) confirmation requires 20 days). Regardless, TATs are also closely monitored in the Chemistry section.

³Until this year, results from Microbiology have been mailed to WPHL clients or faxed upon request in instances of delayed resulting. In SFY15 the Program was able to implement RightFax to directly fax results to clients' secure fax lines and improve post analytic processes. While this is an accomplishment that has improved TAT, it is not ideal because WPHL is not fully utilizing available electronic reporting mechanisms. Increased electronic reporting remains a goal for the laboratory.

⁴People trained include sentinel laboratorians involved in the packaging & shipping of infectious materials, law enforcement officers involved with breath alcohol testing, and Department of Family Services, Department of Corrections, and Probation & Parole officers involved with urine drug screening.

⁵Tests added in FY2015 include the RT-PCR for Ebola virus, Influenza B lineage determination (a grant aim), fecal occult blood testing (in conjunction with the WY Colorectal Cancer Screening Program), respiratory viral panel testing, and a more rapid West Nile virus testing platform.

⁶This measure was calculated differently beginning in FY14. From SFY14 on, the total cost used in the calculation was actual expenses, which includes additional funding sources that were not included in the cost for previous years.

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 (LT 101s).

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$7,191,794	\$7,278,485	\$7,386,924
People Served	61,512	55,756	54,528
Cost per Person	\$116.92	\$130.54	\$135.47
Non-600 Series*	100%	100%	100%

* 600 series is defined as direct service contracts.

Program Cost Notes

- State general fund & other revenue, including the 35% county contribution required for salaries and benefits for State PHN employees working in the counties
- Total Program Cost is mostly salary costs, including the counties' 35% match, & does not include other expenses paid by counties
- People Served is an unduplicated count of individual clients receiving direct services & does not include participants in clinics or classes or population-based PHN activities

Program Staffing

- 89 FTE: Public Health Nurses
- 2 AWEC
- 185 Other: County PHN positions, including 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 2015, PHN provided services to 99,403 participants in 31,480 clinics or classes. In addition, 13,292 clients received individual PHN services with a total of 59,564 visits, an average of 4.5 visits per client.
- Due to the limitations of the current data collection system, Public Health Nursing Informatics (PHNI), unduplicated clients and visits are statewide data. People served includes unduplicated immunization clients from the 20 counties with State PHN positions.

Events that have Shaped this Program

- State statutes W.S. 35-1-240; 35-1-305, 35-1-306; 35-27-101 through 104 and W.S. 35-1-242
- PHN has 9 FTEs in administration who provide nursing oversight, supervision, support, and consultation. The other 80 positions provide direct services in the local county public health nursing offices.
- Counties are divided among 4 State Nursing Supervisors (SNS), all located regionally in the field. Three PHN program consultants are also located in the field. These positions are part of the 9 FTEs in administration.
- PHN continues to work on assessing and strengthening PHN's infrastructure by improving the efficiency, uniformity, and accountability of the PHN system

Public Health Nursing (PHN)

PROGRAM CORE PURPOSE

The Public Health Nursing program administrative staff provides infrastructure for State PHN offices which provide essential PHN services to Wyoming residents. Essential PHN services include 8 basic Public Health Nursing functions in two categories: **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 (LT 101), 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); and **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 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
% of clients reporting no difficulty with appointment availability on State PHN client satisfaction surveys ¹	80%	95%	N/A	56.8% ¹	73.7%	94.8%	93.5%
% of timely & accurate data entered into the PHNI data system as measured by Quality Performance Audits done in State PHN counties ²	94%	94%	N/A	N/A	91%	92.45%	94.8%
% of State PHN counties that provide at least 7 of the 8 essential PHN services ³	100% (20/20)	100% (20/20)	N/A	N/A	N/A	100%	100%
% of State PHN counties offering basic reproductive health services 5 days/week either through PHN offices or Title X offices ⁴	90% (18/20)	95% (19/20)	80% (16/20)	80% (16/20)	85% (17/20)	90% (18/20)	95% (19/20)
% of State PHN counties with trained personnel to do HIV case management (1 training annually)	80% (16/20)	95%	45% (9/20)	50% (10/20)	55% (11/20)	75% (15/20)	90% (18/20)

(-) 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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of responses to client satisfaction surveys statewide (1 survey annually)	N/A	1,806	1,758	2,211	2,384	N/A	1,758	2,384	-
# of people tested for Sexually Transmitted Infections (STIs) ⁵	3,663	2,815	2,499	2,293	2,623	1,234	1,059	1,249	1,374
# of State counties offering HIV screening, testing, and counseling	N/A	18/20	19/20	19/20	19/20	19/20	19/20	19/20	19/20
# of unduplicated clients at State PHN offices for immunizations	58,576	41,799	47,250	43,375	41,236	33,945	9,430	32,250	8,986
EFFICIENCIES									
% of MCH clients who are participating in the Temporary Assistance for Needy Families (TANF), statewide average	N/A	61.3%	59.64%	58%	54.47%	58.58%	57.42%	55.21%	53.72%
% of PHN hours spent on MCH services for TANF clients	N/A	67.96%	65.11%	63.34%	60.22%	63.21%	63.47%	60.33%	60.11%
% of home visits for MCH services to TANF clients	N/A	65.5%	62.78%	60.73%	57.34%	61.29%	60.16%	57.88%	56.80%
(-) 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

- PHN is a partnership between the State and County governments for the provision of public health services in 20 counties; in 3 counties these services are provided independently by county governments.
- Public health nurses in county offices are the “boots on the ground” in Wyoming, implementing programs and population services. There are 80 direct care nursing positions statewide.
- State PHN administrative staff provides infrastructure for the State PHN offices located in the counties and offers support and consultation for the independent counties. Statutory requirements are in W.S. § 35-1-240; 35-1-305; 35-1-306; 35-27-101 through 104.

¹ Survey question asked: “I can get an appointment that fits my schedule.” Answers are always, usually, sometimes, never. State average response in SFY 2014: always = 93.54%; sometimes= 4.48%; never = 1.98%

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

³ Eight (8) basic PHN services were identified and defined in 2014. Some things that have been considered optional will be required in future, and training of staff and implementation of those services is in process. This metric will be updated for SFY 2016 to measure the % of counties meeting 8 of 8 of the basic PHN services.

⁴ Basic reproductive health services are defined as pregnancy tests, condoms, multivitamins (if available), and preconception or prenatal counseling. Some counties also provide family planning contraceptives. This is a new goal as of SFY 2014 and is dependent on Maternal & Child Health funding for supplies, if the county has not been able to provide them, and also on the County Health Officer being willing to sign off on the Physician Approved Order. Offering multivitamins is a new concept which has not been done traditionally in Wyoming reproductive health offices.

⁵ The STI program has been focusing its testing dollars on high-risk clients, so a decreasing number of PHN clients tested is expected.

Substance Abuse and Suicide Prevention Program

Program Description

The Substance Abuse and Suicide Prevention Program is an integrated approach to the prevention of alcohol abuse, 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

	2013	2014	2015
Total Program Cost	\$3,198,972	\$3,198,972	\$3,256,311
People Served	N/A	N/A	N/A
Cost per Person	N/A	N/A	N/A
Non-600 Series*	29%	29%	10%

* 600 series is defined as direct service contracts.

Program Cost Notes

- Funds used include State General Funds, Tobacco Settlement, and Federal funds from the Substance Abuse Prevention and Treatment Block Grant and the Partnerships for Success II grant
- 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 healthcare, lost productivity, crime, and unintentional injury. Suicide costs Wyoming \$175.1 million a year in lost potential earnings and response resources.
- 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 emphasizes data-driven decision making
- This program is integrated with the Tobacco Prevention and Control Program within communities through a single contract. Further integration efforts have begun with substance abuse, suicide, tobacco, and chronic disease prevention.
- The Program has created a sustainable and consistent prevention program & works in conjunction with local community prevention professionals and/or other stakeholders within communities



Substance Abuse and Suicide Prevention Program

PROGRAM CORE PURPOSE

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

OUTCOMES							
Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
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 ¹	14%	14%	18.9% (1,293/6,840) National: 18.7%	17% (633/6,026) National: 16.9%	16.6% (619/3,228) National: 16.8	17.2% (561/5,966) National: Not Available Yet	-
Youth Prevalence Percentage of Wyoming high school students who have consumed alcohol within the past 30 days ²	32%	32%	36.1% (823/2,279) National: 38.7%	-	34.4% (1,037/3,015) National: 34.9%	-	-
Adult and Youth Use Percentage of fatal crashes with a blood alcohol content (BAC) of 0.08 or higher ³	36%	28%	38% (59/155) National: 38%	33% (41/123) National: 31%	29% (25/87) National: 31%	29% (39/131) National: Not Available Yet	-
Suicide Wyoming suicide death rates per 100,000 ⁴	20	20	22.6 National: 12.3	29.6 National: 12.6	22.1 National: 13	20.8 National: Not Available Yet	-

(-) 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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Beverage server trainings	2,949	3,137	3,113	3,234	3,547	1,505	1,729	1,628	1,919
Suicide Risk Assessment Trainings conducted ⁵ (# of individuals trained)	55 (1,074)	66 (1,080)	169 (4,283)	242 (8,120)	282 (13,502)	109 (3,161)	133 (4,959)	126 (4,765)	156 (8,737)
Evidence-based strategies implemented ⁵	89.7% (185/206)	92.5% (185/200)	100% (182/182)	93.3% (375/402)	100% (145/145)	N/A*	N/A*	N/A*	N/A*
Prevention strategies Implemented ⁵	206	200	182	402	145	N/A*	N/A*	N/A*	N/A*
EFFICIENCIES									
Suicide Risk Assessment Trainings, Cost per Attendee	N/A	N/A	\$7.98 (\$34,125/ 4,498)	\$4.20 (\$34,125/ 8,120)	\$1.62 (\$21,846/ 13,502)	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. Data Source - Behavioral Risk Factor Surveillance System (BRFSS).
2. Data Source - The Youth Risk Behavior Survey (YRBS).
3. Data Source – National Highway Traffic Safety Administration (NHTSA).
4. Data Source - Vital Statistics is the official source for all death data, including suicide.
5. Data Source – Prevention Intervention Planning and Reporting (PIPR)

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, cessation, and treatment programs.

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$5,549,339	\$5,549,339	\$5,549,657
People Served	N/A	N/A	N/A
Cost per Person	N/A	N/A	N/A
Non-600 Series*	45%	45%	45%

* 600 series is defined as direct service contracts.

Program Cost Notes

- Funding: 21% State General Funds, 10% Federal Funds, 69% Tobacco Settlement
- 900 series expenditures include 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 Prevention Management Organization

Program Staffing

- 3 FTE
- 0 AWEC
- 0 Other

Program Metrics

- Metrics tracked by this program include:
 - Adult smoking rates,
 - Youth smoking rates, and
 - Wyoming Quit Tobacco Program enrollee 7 month quit rates.

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 to the state (data from the Centers for Disease Control & Prevention's (CDC) Smoking-Attributable Mortality, Morbidity, & Economic Costs (SAMMEC) system, 2007)
- The Wyoming Statutes §§ 9-4-1203 and 9-4-1204 direct the WDH to improve the health of Wyoming's residents, including prevention of tobacco use through school and community-based programs that are science-based and 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

Tobacco Prevention & Control Program

PROGRAM CORE PURPOSE
To reduce tobacco use in Wyoming.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Percentage of Wyoming Quit Tobacco Program (WQTP) enrollees who had not used tobacco in the past 30 days, 6-7 months after enrollment (# of respondents)	37.0%	34%	WY: 34% (254/758)	WY: 36% (308/850)	WY: 34% (333/974)	WY: 31% (298/954)	-
Percentage of Wyoming employed adults who report that smoking is never allowed in indoor areas of their workplace (# of respondents)	89.5%	92%	*	WY: 88.1% (860/957)	WY:90.9% (1,088/1,204)	WY: 90.7% (1,940/2,146)	-
Percentage of Wyoming adults who currently smoke (# of respondents)	22.5%	20%	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: 19.0%	-	-
Percentage of Wyoming high school students who smoked cigarettes on one or more of the past 30 days (# of respondents)	21%	17%	WY: 22% (514/2,331) National: 18.1%	*	WY: 17.4% National: 15.7%	*	-

(-) Indicates data not yet available

* Intervening years between survey dates for which data is unavailable

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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
WQTP enrollment	3,545	3,792	3,918	2,552	2,079	842	1,710	1,207	872
# of pregnant women served	*	*	23	36	32	9	27	19	13
# of referrals from Public Health Nurses	*	*	*	20	46	*	20	31	15
# of media spots (radio and TV)	*	*	29,886	15,707	7,383	*	15,707	*	7,383
# of policies implemented	*	*	18	22	17	N/A*	N/A*	N/A*	N/A*
EFFICIENCIES									
Average cost per WQTP enrollee	\$245 (1,135,390 /4630)	\$338 (1,200,000 /3545)	\$316 (1,200,000 /3792)	\$357 (913,273 /2552)	\$196 (408,111 /2079)	NA*	NA*	NA*	\$196 (408,111 /2079)
(-) Indicates data not yet available * Intervening years between survey dates for which data is unavailable 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

Trends

- The percentage of Wyoming adults who report that smoking is never allowed in indoor areas of their workplace has remained above 80% from 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.
- Utilization of 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 an amount lower than the CDC recommended levels (\$9 million/year). In spite of lower than optimal funding, outcomes have been achieved by focusing program efforts on high impact, evidence-based practices.

Value added to the WQTP

- Switched to National Jewish Health (NJH) as the quitline provider beginning July 1, 2013.
- Counseling services have been extended to youth ages 2-17 years.
- Counseling sessions per enrollee have been increased from 3 to 5.
- Mailing of Nicotine Replacement Therapies (NRT) from a centralized supplier has increased customer service and satisfaction.
- A Pregnant & Postpartum Program that has demonstrated success was added to the quitline services.
- A Fitlogix program has been added to also address weight concerns that enrollees may have.
- A Native American quitline is being developed by NJH to provide culturally competent cessation services to Native Americans.

Current Efforts

- Fax referral training with the Women, Infant, & Children Program to promote cessation among pregnant women who smoke.
- The Wyoming Infant Mortality Reduction Team selected tobacco cessation as one of three focus areas for the Collaborative Improvement & Innovation Network (CoIIN). A tobacco cessation workgroup is working to implement strategies to increase referrals of women of reproductive age, including pregnant women, to the Wyoming Quitline by screening for smoking at all visits and referring to the Quitline when appropriate.
- Media campaigns to promote cessation, including development of a campaign to increase physician & healthcare professional referrals to the WQTP.

Wyoming Trauma Program

Program Description

The Wyoming Trauma Program serves all Wyoming residents 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

	2013	2014	2015
Total Program Cost	\$156,320	\$170,398	\$168,060
People Served	568,158	582,658	584,153
Cost per Person	\$0.25	\$0.29	\$0.29
Non-600 Series*	93%	92%	94%

* 600 series is defined as direct service contracts.

Program Cost Notes

- No permanent operating budget other than staffing
- FY 15-16 exception request provided \$110,000 (biennium) in General Funds
- Supported though the Highway Safety Grant (registry), Hospital Preparedness (manikin supplies), and other General Funds

Program Staffing

- 1 FTE, Program Manager
- 0 AWEC
- 0 Other

Program Metrics

- All 28 Wyoming acute care facilities are mandated to participate in the Trauma System. Specific emergency & medical standards are evaluated & reviewed to ensure quality patient care in each facility every three years for continued compliance
- Provides the mandatory Trauma Patient Registry for all acute care facilities
- Provided support to Trauma Regions through travel reimbursement, technical support & guidance
- Provided technical registry support to facilities on 115 documented occasions in CY2013 , 48 in CY2014 and 56 CY2015 (YTD)
- Provided 31 documented data report requests or assistance with writing reports for local facilities in CY2013, 55 in CY2014 and 46 in CY2015 (YTD). Data report requests include Dr. Braund, WDH programs, and external partners.
- Provided 1 Trauma Registry update training CY2015 to all acute care facilities
- Provided 1 Advanced Trauma Report Writing training CY2015 to all acute care facilities
- Provided 1 Trauma Program 101 Course in CY2015 to all acute care facilities

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 cause of death, including cancer and heart disease
- Wyoming has the 4th highest injury-related death rate in the nation
- The position of Trauma Program Manager has had low retention over the last seven years
- The position of Trauma Coordinator in Wyoming acute care facilities also suffers from low retention. In July 2015, 47% of the Trauma Coordinators had been in their role for 1 year or less.



Wyoming Trauma Program

PROGRAM CORE PURPOSE

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

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
% of facilities that have had an initial review ¹	100%	100%	25% 7/28	64% 18/28	79% 22/28	93% 26/28	93% 26/28
% of facilities actively contributing to the Trauma Patient Registry ²	96%	96%	86% 23/28	93% 26/28	93% 26/28	89% 25/28	93% 26/28
% of active Trauma Regional Advisory Councils ³	100%	100%	40% 2/5	80% 4/5	80% 4/5	100% 5/5	60% 3/5
% of facilities with full designation status (3 year status), running total ^{1a}	68%	68%	18% 5/28	39% 11/28	64% 18/28	64% 18/28	54% 13/28
% of Emergency Department (ED) trauma patient dwell times <2 hours (calendar year) ⁴	25%	22%	24%	24%	21.3%	20.9%	20.2%

(-) 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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of facility site reviews conducted	7	11	6	12	11	0	12	0	11
# of Trauma Regional Advisory Councils meeting quarterly (5 total)	2	4	4	5	3	5	4	3	2
# of educational opportunities sponsored to improve facility compliance	4	7	3	2	2	1	1	1	1
% of facilities sending representation to at least one sponsored educational opportunity per year	96% 27/28	96% 27/28	96% 27/28	86% 25/28	96% 27/28	86% 25/28	7% 2/28	86% 25/28	50% 14/28
# of trauma records in Trauma Registry by WY acute care facilities	3,553	3,682	3,480	3,369	3,580 YTD	1,727	1,642	1,825 YTD	1,755 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

YTD is January through October 2015.

Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
EFFICIENCIES									
Cost per trauma registry record (\$31,500/ # records)	\$6.42 (\$22,800/ 3,553)	\$6.19 (\$22,800/ 3,682)	\$6.55 (\$22,800/ 3,480)	\$6.77 (\$22,800/ 3,369)	\$6.37 (\$22,800/ 3,580)	\$6.60 (\$11,400/ 1,727)	\$6.94 (\$11,400/ 1,642)	\$6.25 (\$11,400/ 1,825)	\$6.50 (\$11,400/ 1,755)
(-) 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

- A trauma system is an organized, coordinated effort in a defined geographic area that delivers the full range of care to all injured patients and is integrated with the public health system. The true value of a trauma system is derived from the seamless transition between each phase of patient care, integrating existing resources to achieve improved patient outcomes. Success of a trauma system is largely determined by the degree to which it is supported by public policy. Robust trauma systems are effective. There is a demonstrated 15-20% improved survival rate for injured patients who are treated in an established trauma system.
- Trauma Programs work toward the prevention of mortality & morbidity associated with clinical, medical, and surgical care after an injury is sustained by a patient.
- In Wyoming
 - Traumatic injury is the #1 killer of Wyoming residents ages 1-44 years.
 - During 2011-2013, Wyoming’s injury-related death rate was 84.6 per 100,000 population (age-adjusted), as compared to the national rate of 58.4.
 - Wyoming’s work related traumatic injury death rate is ranked 2nd highest in the nation.

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 included in this data bank.
3. Regional Trauma Council (RTC): The structure of the five (5) RTCs fosters interagency coordination, ensures local input into the decision making process, and maintains strong and 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 and Infant Health Program

Program Description

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), including those with special healthcare needs. The program strives to improve outcomes related to newborn screening, breastfeeding, access to and use of effective family planning, maternal smoking, pre and early term birth, access to risk appropriate perinatal care, and infant mortality.

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$3.11M	\$3.4M	\$2.9M
People Served	N/A	N/A	N/A
Cost per Person	N/A	N/A	N/A
Non-600 Series*	16.3%	14.0%	11.8%

* 600 series is defined as direct service contracts.

Program Cost Notes

- The Women & Infant Health Program (WIHP) 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 are required for the Title V MCH Block grant (\$3 for every \$4 of Title V); state match must remain at 1989 levels or higher
- The WIHP works closely with Adolescent Health and Child Health programs within the Maternal and Child Health Unit, as services such as home visitation benefit all populations
- Public Health Nursing (PHN) is an essential partner of the WIHP as the programs jointly implement the Healthy Baby Home Visitation Program

Program Staffing

- 2.9 FTE
- 0 AWEC
- 0 Other

Program Metrics

- The Women and Infant Health Program leads activities related to the following MCH priorities: (1) improve breastfeeding duration, (2) improve access to and promote use of effective family planning, and (3) prevent infant mortality
- Key program activities include increasing support for breastfeeding in hospital and community settings, promoting access to smoking cessation resources and supports, ensuring early access to risk appropriate perinatal care for high risk pregnant women and infants, and improving access to timely newborn screening and follow up for all babies born in Wyoming

Events that have Shaped this Program

- Title V funding requires a needs assessment to be completed every five years. In 2013, MCH began the Title V Needs Assessment process which led to the adoption of final 2016-2020 MCH priorities in Summer 2015
- Wyoming is participating in two Collaborative Improvement and Innovation Networks (CoIINs) to reduce infant mortality and to improve the timeliness of newborn screening
- MCH is partnering with the Women, Infants, and Children (WIC) program and the Chronic Disease Prevention program to participate in the Association of State and Territorial Health Organization's (ASTHO) Breastfeeding Learning Community, with a focus on improving access to professional and peer support for breastfeeding

Women and 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 2015 Target	CY 2016 Target	CY 2011	CY 2012	CY 2013	CY 2014
% of births that occur in Wyoming with first newborn screen completed (NBS Database/VSS)	98%	99%	97.4% 6,538/ 6,710	96.4% 6,613/ 6,858	96.9% 6,727/ 6,939	98.2% 6,868/ 6,993
% of mothers who breastfeed their infants at 6 months of age (NIS) ¹	50%	58%	48.2% 3,538/ 7,341	53.2% 4,030/ 7,576	55.6% 4,235/ 7,617	56.6% 4,355/ 7,693
% of infants born to women who smoked during first the trimester of pregnancy (VSS)	15%	15%	16.9% 1,239/ 7,341	16.5% 1,251/ 7,576	15.8% 1,207/ 7,617	15.8% 1,216/ 7,693
% of very low birth weight (\leq 3lbs 4oz) infants born at facilities with an appropriate level of care (VSS)	80%	80%	74.7% 59/79	69.2% 63/90	65.9% 56/85	67.0% 69/103
% of infants born preterm (<37 weeks) (VSS)	10%	10%	9.8% 722/ 7,341	9.0% 682/ 7,576	10.2% 779/ 7,617	10.5% 811/ 7,693

(-) Indicates data not yet available

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

Note that all outcomes are based on a calendar year as outcome data is pulled from Vital Statistics Services (VSS)

OUTPUTS AND EFFICIENCIES									
Performance Metric	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
# of women of reproductive age (ages 15-44) enrolled in the Quitline	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
# of individuals attending Certified Lactation Counselor training sponsored or supported by Maternal Child Health (MCH) ³	N/A	N/A	N/A	20	6	N/A	N/A	6	0
# of virtual or in-person site visits to tertiary care facilities ⁴	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
# of women enrolled in the Maternal High Risk (MHR) Program ⁵	16	23	29	28	22	17	13	13	11
# of infants enrolled in the Newborn Intensive Care (NBIC) Program ⁵	48	52	40	37	54	25	14	30	24
EFFICIENCIES									
Cost per first Newborn Screen (# of first screens completed) ⁶	N/A	N/A	\$70.57 (6,868)	\$69.53 (6,932)	-	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 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 mothers and infants with special healthcare needs; and promotes all Maternal and Child Health (MCH) Unit priorities. Examples of MCH services directly supporting the women and infant population include the Healthy Baby Home Visitation program, the Maternal High Risk (MHR) program, the Newborn Intensive Care (NBIC) program, and the Newborn Screening (NBS) program, including appropriate follow-up, and services for infants with special healthcare needs in the Children's Special Health (CSH) program.
- In 2013, MCH began the Title V Needs Assessment Process, which led to the adoption of final 2016-2020 MCH priorities in the summer of 2015. The priorities which directly relate to the Women and Infant Health Program include (1) improve breastfeeding duration, (2) improve access to and promote use of effective family planning, and (3) prevent infant mortality.

- ¹ Data Source: CDC Breastfeeding Report Cards . Column year represents the year the report was released. (<http://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf>).
- ² Data time period from August 1, 2015 – August 31, 2015. Data will be available monthly hereafter due to an enhanced partnership with the Tobacco Control Program and the Wyoming Quitline contractor, including monthly meetings.
- ³ MCH sponsored Certified Lactation Counselor (CLC) training in Lander, WY May 12-16, 2014. In FY2015, MCH provided financial support to nurses who attended a community-sponsored CLC training in Rock Springs, WY September 8-12, 2014. MCH will support a community-sponsored CLC training in May of 2016 in Gillette, WY.
- ⁴ Output measure changed in 2015. New measure excludes site visits to Public Health Nursing (PHN) offices. The new measure will only count site visits (virtual or in-person) conducted with tertiary care facilities. This activity supports efforts to improve risk appropriate perinatal care.
- ⁵ SFY Totals are unduplicated. Duplicates may be present between quarters, as individuals can be enrolled for more than one quarter.
- ⁶ Cost per first newborn screen (FY15: \$69.53) includes only 1st newborn screens (total: 6,932). If efficiency was calculated to include 2nd newborn screens (6,086), the cost per newborn screen would equal \$37.02. A second screen is highly recommended and does not incur any additional costs to the program when performed.

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

	2013	2014	2015
Total Program Cost	\$10,697,759	\$11,270,261	\$10,073,503
People Served	11,319	11,169	10,531
Cost per Person	\$945.12	\$1,009.07	\$956.56
Non-600 Series*	16.95%	15.3%	18.6%

* 600 series is defined as direct service contracts.

Program Cost Notes

- Additional direct service expenditures not included in the 600 series equal \$4,429,708 for 2013-15 combined
- Total FY15-16 Budget of \$23,918,519 includes 7% General Funds, 72% Federal Funds, and 21% infant formula rebates
- People Served is an average monthly caseload

Program Staffing

- Total 44.2 FTE (8.4 state office; 35.8 local agencies)
 - State positions: 15 FT, 12 PT, 11 AWEC
 - County positions: 1 FT, 11 PT
 - Hospital positions: 4 FT, 5 PT

Program Metrics

- From 2013-2015, an average of 11,006 pregnant, postpartum, and breastfeeding women, infants, and young children were served each month by WIC.
- Nearly 17,500 total participants are served annually by 19 local WIC agencies
- Approximately half of all babies born in Wyoming and nationally are served by WIC
- 85 retail grocers are contracted in Wyoming to redeem participant food benefits
- Pregnancy Risk Assessment Monitoring System (PRAMS) data for 2012 show that 83.2% 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 all States by 2020
- Wyoming participates with 22 other states, territories, and tribal organizations in the National Association of State Procurement Officials (NASPO) ValuePoint Cooperative Purchasing Organization's infant formula rebate contracts 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 (up to age 5) by providing nutritious supplemental food, nutrition education, breastfeeding support, and healthcare referrals.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
% of survey respondents who met with a breastfeeding peer counselor and found it helpful	93%	94%	N/A	N/A	92.5% (31 / 33)	91.7% (30 / 33)	91.6% (1,02 / 1,11)
% of survey respondents who indicate that WIC helped them eat more vegetables and fruits	88%	85%	N/A	N/A	83.3% (1 / 5)	87.7% (15/ 01)	82% (1, 0/ 2,1)
% of cash value benefits spent on fresh fruits and vegetables by WIC participants	68%	69%	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)	67.6% (\$553,962/ \$819,919)
Of all WIC post-partum women, average % who are breastfeeding ¹	47%	48%	43.7% (806/1850)	46.2% (829/1793)	44.4% (735/1654)	46.1% (799/1,732)	48% (780/1626)
Of all WIC breastfeeding women, average % who are exclusively breastfeeding ²	79%	80%	77.1% (621/806)	78.6% (652/829)	79.1% (581/735)	77.1% (616/799)	77.3% (603/780)

(-) 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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Average # of women served/month ³	3,021	2,922	2,753	2,774	2,620	2,816	2,733	2,646	2,594
Average # of children (ages 1-5) served/month ³	6,422	6,228	5,949	5,775	5,449	5,862	5,689	5,581	5,318
Average # of infants (ages 0-1) served/month ³	3,039	2,397	2,618	2,620	2,462	2,628	2,612	2,500	2,425
Average # of nutrition education contacts/month ⁴	N/A	N/A	2,281 3 rd & 4 th qtr. only	2,502	3,050	2,403	2,600	3,054	3,046
Average # of referrals documented/month ⁵	N/A	N/A	687 3 rd qtr. only	758	973	651	865	966	979
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)	\$47.93 (\$504,844/ 10,531)	\$49.31 (\$557,451/ 11,306)	\$49.27 (\$543,605/ 11,033)	\$48.86 (\$524,046/ 10,726)	\$46.99 (\$485,642/ 10,336)
Average nutrition education cost/participant/month ⁶	\$4.67 (\$57,889/ 12,385)	\$5.12 (\$61,053/ 11,924)	\$5.10 (\$57,362/ 11,256)	\$5.72 (\$63,008/ 11,016)	\$5.49 (\$57,178/ 10,420) (FFY)	\$3.47 (\$38,881/ 11,194)	\$8.04 (\$87,134/ 10,838)	\$4.65 (\$49,207/ 10,573)	\$6.52 (\$66,743/ 10,236) (FFY)
(-) 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 FFY, federal fiscal year, encompasses October 1, 2014 through September 30, 2015.									

STORY BEHIND THE PERFORMANCE

¹ WIC has seen the percentage of 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.

² Women who breastfeed exclusively 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 stronger immune systems and are less likely to become obese.

³ Overall, WIC participation is decreasing, in part due to lower birth rates, increased Supplemental Nutrition Assistance Program (SNAP) benefits, and limited resources available for program outreach.

⁴ The average number of nutrition education contacts documented is expected to increase over time as WIC staff utilizes the new data reporting system implemented in the 2nd quarter of 2013.

⁵ The average number of referrals documented is expected to increase over time as WIC staff utilizes the new data reporting system. Due to problems with the updated data system software built in the 4th quarter, only 3rd quarter is reported for 2013.

⁶ 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

Information contained in this section includes:

- Aging Disability Resource Center
- 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

Wyoming Aging Disability Resource Center

Program Description

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

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$259,136	\$199,990	\$200,000
People Served	573	619	354
Cost per Person	\$134.30	\$301.80	\$564.97
Non-600 Series*	12%	0%	0%

* 600 series is defined as direct service contracts.

Program Cost Notes

- This program is 100% State funded
- The provider contributes an approximately 15% in-kind match. (This is not a grant requirement)

Program Staffing

- 0 FTE
- 0 AWEC
- 0 Other

Program Metrics

A total of 3,483 unduplicated callers have contacted the WyADRC since March 14, 2011; resulting in 15,845 contacts. Of these calls:

- 32% were for Information and Referral
- 22% were for short term case management
- 38% required options counseling
- 8% were for other services, including benefits counseling and longer-term case management

Of these callers:

- 73% were over the age of 55 years
- 24% were over 18 years of age and living with a disability
- 3% were not able to be categorized

Events that have Shaped this Program

- The Wyoming Legislature appropriated \$200,000 in annual funding to the ADRC direct services during SFY12-13
- The provider, Southwest Wyoming Recovery Access Programs (SW-WRAP), has recently undergone a major staffing and 'other' funding change resulting in a new CEO and a severe reduction in support staff, including the Options Counselor and Intake staff
- The program is in the process of changing from Service Point software to the Social Assistance Management System (SAMS) software for all data collection

Wyoming Aging and Disability Resource Center

PROGRAM CORE PURPOSE

The Wyoming Aging and Disability Resource Center helps elderly and disabled adults find and coordinate supports and services for short and long-term care.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Total percentage of clients who took part in services after referral	40%	75%	N/A	N/A	N/A	35%	69%
(-) 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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Number of individuals assisted by the WyADRC	197	296	1,777	2,917	764	352	145	681	83
Total # of Intake & Referral Calls	N/A	N/A	N/A	N/A	160	N/A	N/A	77	83
Total # of Options Counseling Calls	N/A	N/A	N/A	N/A	616	N/A	N/A	448	168
Total # of Case Management Calls	N/A	N/A	N/A	N/A	209	N/A	N/A	109	100
Total # of Benefits Counseling Calls	N/A	N/A	N/A	N/A	60	N/A	N/A	39	21
EFFICIENCIES									
Average cost per consumer per year	\$867	\$914	\$134.30	\$202	\$207	\$286	\$308	\$115.50	\$298.33
Average number of contacts per consumer	3	7	7	6	2	6.6	6	2	2
(-) 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 WyADRC provider, SW-WRAP, has recently undergone a major change in personnel, including management. The WyADRC is also transitioning to the SAMS software for data collection in order to more efficiently track all metrics and progress.

Legal Services and Legal Developer Program

Program Description

The Legal Services and Legal Developer program is federally mandated under Section 420 of the Older Americans Act of 1965, as amended in 2006. The Program provides funds to assist seniors over the age of sixty (60) who receive free civil legal services or are referred to the provider developed legal network for access to affordable legal services. The state provides matching state funds for maintenance of effort to allow seniors to continue to receive this legal help.

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$75,384	\$75,366	\$72,503
People Served	274	253	391
Cost per Person	\$231.70	\$297.89	\$185.43
Non-600 Series*	0%	0%	0%

* 600 series is defined as direct service contracts.

Program Cost Notes

- State funds are provided to the Legal Services and Legal Developer Program as part of the provider match to receive Federal Funds. Provider match rate is 10-30%

Program Staffing

- 0.1 FTE (State coordinator)
- 0 AWEC
- 0 Other

Program Metrics

- In SFY 2015, 391 seniors were afforded legal assistance in the form of direct assistance from the provider. No clients were turned away. Cases were resolved or referred for outside affordable legal assistance.
- In SFY 2015, total client hours performed by the provider equaled 892.25
- In SFY 2015, the average number of hours spent per client was 2.25
- The average cost savings per client in SFY 2015, based on the average \$250/hour cost for private legal assistance, was \$562.50
- A total of 66 hours of outreach and public education were provided by the Legal Services grantee in SFY 2015

Events that have Shaped this Program

- 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, and transportation, etc. No criminal cases are accepted.
- The Legal Services and Legal Developer Program's funding for SFY2013 was cut by 14% 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."

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 need.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Percentage of Wyoming's population who are age 60 and older who received legal services.	1%	1%	N/A	1% (727/ 100,144)	<1% (274/ 97,182)	<1% (253/ 113,000)	<1% (0.4%) (398/ 105,000)
Percentage of Wyoming's population who are age 60 and older, who are at or below 125% federal poverty level, and received legal services.	1%	1%	N/A	N/A	1% (110/ 8,827)	4.15% (249/ 6,000)	1.7% (182/ 11,000)
Percentage of Wyoming's population who are age 60 and older who live alone and received legal services.	1%	1%	N/A	N/A	<1% (167/ 26,282)	<1% (164/ 36,000)	<1% (232/ 34,000)
Percentage of Wyoming's population who are age 60 and older and are minority and received legal services.	1%	1%	N/A	N/A	1.3% (41/ 3,030)	1.2% (38/ 3,000)	1% (55/ 5,000)

(-) 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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Total numbers of cases	N/A	N/A	274	253	302	85	168	189	209
Total number of hours spent performing legal services to individuals over the age of 60.	N/A	N/A	944.75	1,128.75	892.25	642	486.75	307.5	584.75
Savings to all Wyoming citizens over the age of 60 who received services. (Based on \$250/hour cost of obtaining private legal services)	N/A	N/A	\$236,188	\$282,188	\$223,063	\$160,500	\$121,687	\$76,875	\$146,187
Average # of hours spent per client	N/A	N/A	3.44	5.24	2.29	7.6	2.89	1.64	2.94
EFFICIENCIES									
Average cost per client	N/A	N/A	\$231.70	\$297.89	\$185.43	\$465.46	\$192.48	\$176.66	\$193.64
Average cost per hour to the Federal funds	N/A	N/A	\$71.22	\$62.58	\$77.22	\$56.39	\$30.46	\$106.72	\$63.81
Average cost per hour to the State General Fund	N/A	N/A	\$8.58	\$1.26	\$4.38	\$5.14	\$1.27	\$5.86	\$3.08
(-) 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

- Until 2013, the provider was not able to provide an unduplicated count of clients. Since January 2013, they have improved the data collection method to show unduplicated client counts.
- **Most elder abuse and neglect takes place at home.** About 9% of older people live on their own or with their spouses, children, siblings, or other relatives not in institutional settings. When elder abuse happens, family, other household members, or paid caregivers are usually the abusers. Although there are extreme cases of elder abuse, often the abuse is subtle, and the distinction between normal interpersonal stress and abuse is not always easy to discern. As many as 1 in 20 older adults in the United States may be financially exploited.
- **Neglect usually takes place at home** – Neglect means failure to provide for oneself, or failure of caregivers to provide the goods or services that are necessary to avoid physical harm, mental anguish, or mental illness. Neglect usually occurs with older adults who live alone, relying on visiting family members and paid care givers to provide care. These older adults may have deteriorating physical and mental health. Fear, dignity, and pride often prevent them from reporting the neglect and exploitation in order to seek care.

Title III-B Supportive Services

Program Description

The Title III-B Supportive Services Program allows community providers to coordinate services, educate staff, and promote a social environment for Wyoming’s adults age 60 and older, in order to empower older adults to remain physically, mentally, and socially active and prevent premature institutionalization. The four major categories of Title III-B services are:

- 1) **Health:** Increased participation in physical activity to be active members of the community.
- 2) **Socialization:** Decreased social isolation and maintenance of physical and mental well-being.
- 3) **Support Services:** Access to services and information about community resources.
- 4) **Transportation:** Self-reliance & reduced dependence on family and friends to meet transportation needs.

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost (Federal & State)	\$1,645,022	\$1,202,494	\$1,789,470
People Served	18,389	17,453	17,066
Cost per Person	\$89.46	\$73.27	\$104.85
Non-600 Series*	0%	0%	0%

* 600 series is defined as direct service contracts.

Program Cost Notes

- Funding is provided by the Administration on Aging (AoA), Section 321 of the Older Americans Act
- 85% Federal Funds, 7.4% General Funds, and 7.5% local match
- Grantees have typically contributed more than the required match amounts

Program Staffing

- 0.7 FTE
- 0 AWEC
- 0 Other

Program Metrics

In SFY 2015, Title III-B had a total of 37 grantees covering 23 counties. These grantees served a total of 17,066 individuals, or 16.2% of Wyoming’s adults aged 60 and older, based on 2014 Census data.

Events that have Shaped this Program

- From 2000 to 2010 the number of adults age 60 and over in Wyoming increased by 32.7%. By 2030, those 60 and older will comprise 32.2% of the total population, making Wyoming the fourth oldest state in the nation
- The Title III-B Program impacts: community ownership, healthcare utilization, assisted technologies, unmet needs among older adults and care givers, and coordination of community resources to maximize services
- National research demonstrates that participation in social activities and an active life style enables older individuals to continue living independently and with dignity. A holistic health environment may alleviate high medical expenses and prevent early institutionalization.
- 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: transportation, health & wellness, and information and assistance;
 - ▶ Preventive health: screenings and referrals for follow-up services as needed; and
 - ▶ Community services: legal, mental health, and ombudsman services

Title III-B Supportive Services

PROGRAM CORE PURPOSE

The Title II-B Program helps Wyoming's older adults to remain physically, mentally, and socially active by providing comprehensive, coordinated, and cost effective services in order to prevent premature institutionalization.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Percentage of eligible Wyoming residents receiving services	14.3%	16.2%	22.2% (22,087/ 99,555*)	20.4% (20,499/ 100,144*)	18.9% (18,389/ 97,128*)	15.4% (17,453/ 113,000*)	16.2% (17,066/ 105,000*)
Units of Service Provided**	713,305	720,277	749,152	723,952	707,388	713,305	720,277
Percentage of clients living at or below 100% of the Federal Poverty level	51.6% (3,096/ 6,000)	28.2% (3,106/ 11,000)	38.8% (4,320/ 11,122*)	41.1% (3,895/ 9,469*)	40.7% (3,595/ 8,827*)	51.6% (3,096/ 6,000*)	28.2% (3,106/ 11,000*)
Percentage of clients who live alone	15.9% (5,712/ 36,000)	18.3% (6,229/ 34,000)	23.4% (7,548/ 32,286*)	22.0% (7,134/ 32,426*)	21.2% (6,576/ 31,003*)	15.9% (5,712/ 36,000*)	18.3% (6,229/ 34,000*)
Percentage of clients who are minority	16.1% (484/ 3,000)	9.9% (495/ 5,000)	20.3% (691/ 3,396*)	12.2% (642/ 5,273*)	18.9% (574/ 3,030*)	16.1% (484/ 3,000*)	9.9% (495/ 5,000*)

* Indicates data collected by the U.S. Census Bureau.

**Unit of service is defined as a class, an occurrence, a session, or a time increment of time specific for such service

(-) 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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Number of unduplicated clients who received a Health Service	6,720	6,338	6,061	5,551	5,116	4,265	3,478	3,814	3,199
Number of unduplicated clients who received a Socialization Service	10,331	10,144	10,275	10,254	10,407	9,149	7,934	10,408	8,237
Number of unduplicated clients who received a Support Service	14,714	12,702	10,807	8,926	8,751	6,325	6,065	5,875	6,404
Number of Transportation Service units provided	3,004	2,865	2,346	2,239	2,209	1,718	1,579	1,719	1,511
EFFICIENCIES									
Cost per client (Federal and State funds)	\$81.51	\$87.73	\$89.46	\$68.90	\$104.85 (1,789,470/ 17,055)	\$58.52	\$29.75	\$57.44 (768,694/ 13,376)	\$77.44 (1,021,106/ 13,186)
Cost per unit (Federal and State funds)	\$2.39	\$2.48	\$2.28	\$1.69	\$2.48 (1,789,470/ 720,550)	\$2.36	\$1.06	\$2.14 (768,364/ 359,301)	\$2.83 (1,021,106/ 361,089)
(-) 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

- Based on the projected Census data for SFY 2014, Title III-B served approximately 16.2% (17,066/105,000) of Wyoming’s total population age 60 and older in SFY 2015, in comparison to 14.3% of Wyoming’s total population age 60 and older in SFY 2014.
- For accurate data collection, the Aging Division, Community Living Section collaborated with DUPRE to identify data analysis areas for improvement.
- The Aging Division, Community Living Section will continue to provide technical assistance and collaborate with senior centers to do outreach to promote participation in the Program.
- The total numbers of clients served has decreased from year to year due to data collection becoming more defined for the unduplicated client count.

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 referral 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

	2013	2014	2015
Total Program Cost	\$1,655,909	\$1,613,596	\$1,617,438
People Served	19,183	18,427	18,768
Cost per Person	\$86.32	\$87.56	\$86.18
Non-600 Series*	0%	0%	0%

* 600 series is defined as direct service contracts.

Program Cost Notes

- 85% federal funds
- 15% state and local match funds.
- The state currently provides 5% of the 15% required local match amount.

Program Staffing

- 0.5 FTE
- 0 AWEC
- 0 Other

Program Metrics

- In SFY 2015, Title III-C1, Congregate Nutrition Program, had a total of 33 grantees covering 23 counties. These grantees served a total of 18,768 clients representing approximately 17.87% of Wyoming's total population of older adults, based on 2014 Census data. These 18,768 clients received a total of 648,135 meals that they may not have otherwise received.

Events that have Shaped this Program

- Service providers are now required to provide outreach to ensure the maximum number of eligible clients is aware of the meal services offered
- 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-C1 Congregate Nutrition Program

PROGRAM CORE PURPOSE

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

OUTCOMES							
Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
% of WY population served likely to experience food insecurity	N/A	30.00% (3,300/ 11,000)	38.21% (3,057/ 8,000)	43.64% (3,055/ 7,000)	54.38% (3,263/ 6,000)	54.90% (3,294/ 6,000)	29.33% (3,227/ 11,000)
# of clients served likely to experience hunger	N/A	862	853	828	809	931	843
% of WY population age 60 and older served who live alone	N/A	17.20% (6,020/ 35,000)	18.22% (5,831/ 32,000)	18.66% (5,972/ 32,000)	19.36% (6,003/ 31,000)	16.70% (6,013/ 36,000)	17.14% (6,000/ 35,000)
% of WY population age 60 and older served who are of a minority population	N/A	8.50% (425/ 5,000)	13.20% (396/ 3,000)	6.85% (411/ 6,000)	14.83% (445/ 3,000)	15.26% (458/ 3,000)	8.30% (415/ 5,000)
Total % of WY population served age 60 and older	N/A	18.00% (18,900/ 105,000)	18.08% (18,004/ 99,555)	18.68% (18,707/ 100,144)	19.73% (19,183/ 97,182)	16.30% (18,427/ 113,000)	17.87% (18,768/ 105,000)

(-) 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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Total number of meals served	615,204	663,957	643,819	635,943	648,135	327,637	308,306	336,895	311,240
Total units of Nutrition Education provided	11,889	13,075	12,466	3,312	1,991	2,143	1,169	1,108	883
Total units of Nutrition Counseling provided	25.5	38.5	73	54	69.75	16	38	22.25	47.5
Total units of Case Management provided	1,472	1,982	4,929	4,855	5,053	2,435	2,420	2,452	2,601
EFFICIENCIES									
Average total cost per meal	\$9.95	\$10.03	\$9.77	\$9.58	\$8.98	\$9.61	\$9.55	\$8.50	\$9.45
Average cost per client	\$109.34	\$113.84	\$86.32	\$87.56	\$86.18	-	-	-	-
Average cost per unit	\$162.24	\$158.48	\$132.06	\$479.38	\$227.39	-	-	-	-
(-) 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

Service providers are now required to provide outreach to ensure the maximum number of eligible clients is aware of the meal service.

A more efficient manner for reporting nutrition education has been mandated which has caused a decrease in the number of Nutrition Education units delivered.

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

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$1,368,272	\$1,268,641	\$1,267,220
People Served	5,006	4,916	5,094
Cost per Person	\$278.21	\$258.06	\$248.76
Non-600 Series*	0%	0%	0%

* 600 series is defined as direct service contracts.

Program Cost Notes

- 85% federal funds, 15% state and local match funds
- The state currently provides 5% of the 15% required local match amount

Program Staffing

- 0.5 FTE
- 0 AWEC
- 0 Other

Program Metrics

In SFY 2015, Title III-C2, Home Delivered Meals Program, had a total of 33 grantees covering 23 counties. These grantees served a total of 5,094 clients, or 4.85% of Wyoming's older adult population, based on 2014 Census data. These 5,094 clients received a total of 522,142 meals that they may not have otherwise received.

Events that have Shaped this Program

- Service providers are now required to provide outreach to ensure the maximum number of eligible clients is aware of the meal services offered
- A more efficient manner for reporting nutrition education has been mandated which has caused a decrease in the number of nutrition education units provided

Title III-C2 Home Delivered 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 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
% of WY population age 60 and older served likely to experience food insecurity	N/A	15.00% (1,650/ 11,000)	20.13% (1,611/ 8,000)	22.60% (1,582/ 7,000)	26.05% (1,563/ 6,000)	26.11% (1,567/ 6,000)	14.29% (1,572/ 11,000)
# of clients served likely to experience hunger	N/A	952	740	723	769	868	907
% of WY population age 60 and older served who live alone	N/A	7.50% (2,625/ 35,000)	8.00% (2,561/ 32,000)	8.23% (2,634/ 32,000)	8.31% (2,579/ 31,000)	6.92% (2,494/ 36,000)	7.34% (2,572/ 35,000)
% of WY population age 60 and older served who are of a minority population	N/A	3.40% (170/ 5,000)	4.50% (135/ 3,000)	2.80% (168/ 6,000)	5.06% (152/ 3,000)	5.26% (158/ 3,000)	3.30% (165/ 5,000)
Total % of WY population served age 60 and older	N/A	4.89% (5,144/ 105,000)	5.13% (5,117/ 99,555)	5.37% (5,385/ 100,144)	5.15% (5,006/ 97,182)	4.35% (4,916/ 113,000)	4.85% (5,094/ 105,000)

(-) 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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
Total number of meals served	490,656	510,183	526,333	522,254	522,142	261,127	261,544	261,517	256,454
Total units of Nutrition Education provided	15,262	15,875	11,659	5,839	1,576	8,030	3,629	630	946
Total units of Nutrition Counseling provided	85.75	50.75	76.5	156.5	138.5	37.25	39.25	78	60
Total units of Case Management provided	1,201	1,109	1,340	1,780	2,455	768	1,012	1,017	1,438
EFFICIENCIES									
Average total cost per meal	\$10.31	\$11.33	\$10.39	\$9.72	\$8.91	\$9.82	\$9.62	\$8.72	\$9.11
Average cost per client	\$303.84	\$295.09	\$278.21	\$258.06	\$248.76	-	-	-	-
Average cost per unit	\$84.04	\$90.03	\$104.64	\$163.16	\$303.96	-	-	-	-

(-) 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

Service providers are now required to provide outreach to ensure the maximum number of eligible clients is aware of the meal service.

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

Title III-D, Disease Prevention and Health Promotion Program of the Older Americans Act was established in 1987 as an educational and support program designed to assist older individuals, 60 and over, in the self-management of their physical and mental health. It provides population-based grants to States & Territories for education and implementation activities to 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 in greatest economic need.

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$97,000	\$115,587	\$113,946
People Served	2,486	2,063	1,876
Cost per Person	\$39.02	\$56.03	\$60.74
Non-600 Series*	0%	0%	0%

* 600 series is defined as direct service contracts.

Program Cost Notes

- 100% Federal funds does not require a match.
- Direct services only program

Program Staffing

- 0.15 FTE
- 0 AWEC
- 0 Other

Program Metrics

- Twenty (20) grantees received III-D funding for SFY 2015 to provide services, including health education, exercise, and disease prevention and health promotion services
- Innovative programs include healthy bone exercises, the Parkinson's work group, toenail clinics, and depression reduction therapy
- 1,876 older adults and 23,008 units of Title III D services were provided in SFY 2015
 - 320 unduplicated clients received 1,062 units of service in the Dementia Care Program
 - 438 unduplicated clients received 498 units of service in the Medication Management Program

Events that have Shaped this Program

- The Title III-D Program is funded through Legislation provided to the Administration on Aging (AoA) and the States
- Beginning in FFY 2016, the AoA will only provide funding for Title III-D services meeting the highest level of evidence-based support. The grantee for Title III-D services for FFY 2016 is Mountain Pacific Quality health Foundation.
- Mountain-Pacific Quality Health Foundation, using the CMS certified evidence-based program on Diabetes Education and Empowerment Program (DEEP), will provide training for peer-led classes to engage people with diabetes or at risk for diabetes. These classes use "learning-through-action" exercises and techniques to teach participants: (1) how your body is impacted by diabetes, including risk factors and possible complications that can be avoided by regular tests, exams, and foot checks, (2) healthy eating and physical activity as ways to manage diabetes, (3) the use of self-monitoring tools for daily and long-term success, (4) the use of medications and coordinating care with your healthcare team, (5) managing the psychosocial effects of illness, (6) problem-solving strategies and how to build and use support systems, and (7) working with your healthcare team and your community to access diabetes resources.

Title III-D Disease Prevention and Health Promotion

PROGRAM CORE PURPOSE

The Title III-D, Disease Prevention & Health Promotion Program prevent disease and promote the health of older individuals, age 60 and older, to prevent premature institutionalization.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
% of Wyoming eligible population served	1.2%	1.78%	2.7% (2,727/ 99,555*)	2.8% (2,827/ 100,144*)	2.5% (2,486/ 97,182*)	1.2% (2,063/ 113,000*)	1.78% (1,876/ 105,000*)
Units of service provided**	19,000	23,000	22,358	24,975	24,817	19,010	23,008

* Indicates data collected by U.S. Census Bureau

**Unit of service is defined as a class, an occurrence, a session, or a time increment of time specific for such service

(-) 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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
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)	3.3% (366/ 11,000)	5.2% (304/ 6,000)	5.2% (312/ 6,000)	2.3% (249/ 11,000)	2.5% (279/ 11,000)
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)	2.3% (785/ 34,000)	1.6% (581/ 36,000)	1.8% (651/ 36,000)	1.5% (508/ 34,000)	1.8% (624/ 34,000)
Percent of Wyoming's total minority population age 60 and over served by Title III-D	3% (85/ 3,396)	1.6% (88/ 5,273)	2.3% (69/ 3,030)	2.2% (65/ 3,000)	<1% (45/ 5,000)	1.7% (49/ 3,000)	1.6% (47/ 3,000)	0.7% (34/ 5,000)	0.7% (35/ 5,000)
EFFICIENCIES									
Cost per person	\$34.22	\$28.19	\$39.02	\$36.69 (115,542/ 2,911)	\$60.74 (113,946/ 1,876)	\$35.37 (48,738/ 1,322)	\$42.04 (66,804/ 1,589)	\$35.37 (48,738/ 1,176)	\$43.44 (65,208/ 1,501)
Cost per unit	\$4.17	\$3.90	\$3.91	\$6.08 (115,542/ 19,010)	\$4.96 (113,946/ 22,995)	\$4.95 (48,738/ 9,856)	\$7.30 (66,804/ 9,154)	\$4.95 (48,738/ 9,450)	\$4.81 (65,208/ 13,558)

(-) 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

- 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. 21% of the U.S. population aged 60 and older, 10.3 million people, has diabetes. 7 of every 10 Americans who die each year, or more than 1.7 million people, die of a chronic disease.
- The implementation of the required evidence-based programming, started in 2012, has increased program cost due to the increase of material cost as well as providers' staff time for tracking of activities performed.
- The criteria for Evidence-Based Disease and Disability Prevention Programs have been provided by AoA to empower older adults to take control of their health. In these programs, seniors learn to maintain a healthy lifestyle through increased awareness and self-management behaviors. These programs may include:
 - Standardized 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 the 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.
 - 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.
- The Title III-D program served 1,876 unduplicated older adults and provided 23,008 units of services in SFY 2015. In addition, Wyoming Dementia Care and Bay Enterprises' Medication Management Services served a total of 758 clients.
 - Wyoming Dementia Care cost \$80.80 per client per year and \$24.95 per unit for dementia care.
 - The Medication Management Services cost \$74.39 per client and \$65.43 per unit for medication management services.



Title III-E National Family Caregiver Support

Program Description

The National Family Caregiver Support Program provides supports to (1) Caregivers ages 18 and older who are caring for a person who is 60 years old or older or has Alzheimer’s or related dementia, (2) Caregiver grandparents or relative caregivers, 55 and older, of a child 17 and younger, and (3) Caregivers of an adult child between the ages of 19-59 who has a disability.

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$728,941.00	\$627,347.00	\$620,693.00
People Served	684	624	508
Cost per Person	\$1,066.00	\$1,005.00	\$1,222.00
Non-600 Series*	0%	0%	0%

* 600 series is defined as direct service contracts

Program Cost Notes

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

Program Staffing

- 1 FTE (0.5 National Caregiver Support Program & 0.5 SAMS database support)
- 0 AWEC
- 0 Other

Program Metrics

- 26% of Caregivers are 18 to 59 years old, an increase of 5 percentage points from SFY 2014 (21%)
- 73% of Caregivers are 60 and older, a decrease of 6 percentage points from SFY 2014 (79%)
- Twelve grantees provide services to Caregivers in 18 counties in Wyoming and one grantee provides information statewide regarding resources available 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 must meet a 25% match to receive the federal funds. In years when state funds have not been available providers have had to make the match themselves. Some potential grantees have opted to not apply for the funds because of the match rate.
- In FFY 2010, 2014 and 2015 the Caregiver program received no state funds
- SAMS data entry may have over counted Caregivers in the past. FFY2014 started entering data the correct way.



Title III-E National Family Caregiver Support

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 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Number of unduplicated caregivers served	560	585	N/A	725	684	624	508
Number of outreach events (estimated number of consumers reached at events)	1,200	1,250	N/A	3,326 (37,198)	1,210 (21,488)	1,274 (24,545)	1,742 (32,411)
Provider's average caregiver evaluation score	14/30	13/30	N/A	N/A	11/30	12/30	12/30
Provider's average caregiver evaluation score for newly enrolled caregivers	17/30	16/30	N/A	N/A	N/A	11/30	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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of respite units	N/A	16,421	16,039	9,959	8,647	6,014	3,945	4,385	4,262
# of counseling, support group, & training units	N/A	2,059	2,147	1,889	1,586	1,020	865	769	817
# of supplemental services	N/A	6,343	6,445	7,727	6,685	4,130	3,625	3,316	3,327
EFFICIENCIES									
Average cost per caregiver per year	N/A	\$1,150	\$1,033	\$1,005	\$1,222	\$1,228	\$708	\$833	\$775

(-) 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

- Grantees must meet a 25% match to receive the federal funds. In years when state funds have not been available, the providers have to make the match themselves. Some potential grantees have opted to not apply for the funds because of the match rate.
- Annual tracking of each National Family Caregiver Support Program Provider's Caregiver Evaluation score began in October 2012 and moved to semi-annual tracking as of October 2013.
- Getting Caregivers to accept the services has continued to be a challenge.
- Information Services, including radio ads, flyers, health fairs, and word of mouth, are being used to inform potential Caregivers that there are services available to assist them.

Wyoming Home Services

Program Description

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

Program Expenditures and People Served

	2013	2014	2015
Total Program Cost	\$4,156,230	\$4,239,391	\$4,135,095
People Served	2,322	2,328	2,257
Cost per Person	\$1,790	\$1,820	\$1,364
Non-600 Series*	0%	0%	0%

* 600 series is defined as direct service contracts.

Program Cost Notes

- SFY15 WyHS budget equaled approximately \$3,123,001 GF and there is a 5% local match required to the state funds for all contractors. In SFY 15, the contractors used the state funds plus \$645,755 in local match and \$340,848 in client contribution. In SFY 15, local contractors have over matched the program by \$611,723.

Program Staffing

- 1 FTE
- 0 AWEC
- 0 Other

Program Metrics

- In SFY 2015, WyHS:
 - served 2,257 people in 23 counties at an average cost of \$1,364 per client,
 - generated program revenue of \$340,848, and
 - had a waiting list ranging from a low of 54 to a high of 109

Events that have Shaped this Program

- This program has had the same amount of state funds allocated to its general fund budget for State fiscal years 2008-2015. Since the Program began, more clients are now on the program for longer timespans and needing more services to be able to stay in the home. More potential clients are on waiting lists.
- For SFY2016, WyHS will be receiving a one-time increase of \$200,000 in order to serve additional eligible people in need of services

Wyoming Home Services

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 premature institutionalization.

OUTCOMES

Performance Metric	SFY 2015 Target	SFY 2016 Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
# of people served	N/A	2,357	N/A	2,384	2,322	2,328	2,257
# of service units provided	N/A	97,586	N/A	N/A	N/A	N/A	93,446
Average # of people on the waiting list	N/A	0	N/A	146	84	92	83

(-) 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	SFY 2015	2014 Q1+Q2	2014 Q3+Q4	2015 Q1+Q2	2015 Q3+Q4
OUTPUTS									
# of APS reports	N/A	N/A	88	113	159	61	52	65	92
# of WyHS clients with an ADL of 2 or higher	N/A	1,770 (76%)	1,789 (77%)	1,812 (78%)	1,761 78%	N/A	N/A	1,468	1,445
# of WyHS clients with an IADL of 2 or higher	N/A	2,218 (93%)	2,216 (95%)	2,257 (97%)	2,185 97%	N/A	N/A	1,822	1,792
# of Homemaking units provided	N/A	N/A	N/A	N/A	50,694	N/A	N/A	25,655	25,039
# of Personal Care units provided	N/A	N/A	N/A	N/A	14,819	N/A	N/A	7,665	7,154
EFFICIENCIES									
Average cost per person	N/A	\$1,903	\$1,790	\$1,820	\$1,832	N/A	N/A	\$1,102	\$1,123
Average cost per unit of service	N/A	N/A	N/A	\$41	\$44	N/A	N/A	\$44	\$45

(-) 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 has had the same amount of state funds allocated to its general fund budget for State fiscal years 2008 through 2015.
- 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.
- For SFY2016, WyHS will be receiving a one-time increase of \$200,000 in order to serve additional eligible people in need of services.

Appendix A: Program Budget Strings

Programmatic funding comes out of the budget strings listed to the right of each Program. Note that a single budget string may contain budgetary funding for multiple programs. For example, 0401 Medicaid administrative costs includes several administrative and eligibility programs. Note also that some programs are funded out of multiple budget strings. For example, Medicaid dental benefits are paid for both adults (0470) and children (0461). Please refer to budget documents for more detailed budgetary information.

Division of Health Care Financing

Electronic Record Incentive Program.....	0404
Eligibility Customer Service & Call Center	0401
Eligibility Long Term Care Unit	0401
Health Management Program.....	0401
KidCare CHIP	0420
Long Term Care (LTC) Waiver.....	0483
Medicaid Behavioral Health Program.....	0470, 0461
Medicaid Dental Program.....	0470, 0461
Medicaid Pharmacy Program.....	0470, 0461
Medicaid Third Party Liability.....	0401
Medicaid Utilization Management	0401
Medication Donation Program.....	0401
Nursing Facilities	0463
Psychiatric Residential Treatment Facilities (PRTFs)	0461, 0462

Behavioral Health Division

Acquired Brain Injury (ABI) Waiver.....	0482
Comprehensive Waiver.....	0485
Court Supervised Treatment (CST) Programs.....	2503
Early Intervention and Education Program.....	2510
Mental Health Outpatient Treatment	2506
Mental Health Residential Treatment.....	2508
Recovery Supports – Peer Specialists.....	2502
Substance Abuse Outpatient Treatment.....	2507

Substance Abuse Residential Treatment	2509
Supports Waiver	0486
Veteran Outreach and Advocacy Program	2502

Public Health Division

Adolescent Health Program	0523
Child Health	0523
Chronic Disease Prevention	0539
Communicable Disease Prevention Program	0534
Communicable Disease Treatment Program.....	0534
Community Medical Access and Capacity (CMAC) Program.....	0510
Community Services Program	0510
Emergency Medical Services	0503
End Stage Renal Disease (ESRD).....	0510
Environmental and Occupational Health	0536
Healthcare Workforce Recruitment, Retention and Development (HWRRD)...	0510
Healthy Baby Home Visitation Program.....	0524
Hospital Preparedness Program (HPP).....	0503
Immunization Program	0522
Infectious Disease Epidemiology.....	0540
Integrated Cancer.....	0531
Office of Multicultural Health	0510
Oral Health Program.....	0521
Public Health Emergency Preparedness (PHEP)	0502
Public Health State Laboratory.....	0532
Public Health Nursing.....	0526
Substance Abuse and Suicide Prevention Program.....	0550
Tobacco Prevention and Control Program.....	0550
Trauma Program	0503
Women and Infant Health	0523
Women, Infants and Children (WIC) Program	0525

Aging Division

Aging Disability Resource Center	5002
Legal Services & Legal Developer Program.....	5002
Title III-B Supportive Services.....	5002

Title III-C1 Congregate Nutrition Program..... 5003
Title III-C2 Home Delivered Meal Program..... 5003
Title III-D Disease Prevention and Health Promotion Program..... 5002
Title III-E National Family Caregiver Support Program..... 5002
Wyoming Home Services..... 5002