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Maternal and Child Health Services Title V Block Grant

Wyoming

FY 2023 Application/ FY 2021 Annual Report

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I. General Requirements

I.A. Letter of Transmittal

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Stefan Johansson
Director

Mark Gordon
Governor

July 8, 2022

Ref: FT-2022-011

Dorothy Kelley, Director
Division of Grants Management Operations
5600 Fishers Lane
Rockville, Maryland 20857

Letter of Transmittal

Dear Ms. Kelley,

The UEI number for the Wyoming Maternal and Child Health (MCH) Services Block Grant is JP1QRJYYJG73 (formerly DUNS number 809915796), as requested in the Terms and Conditions issued on November 16, 2004. The core grant number for Wyoming's Title V Block Grant is B04MC45254.

If you need additional information, please contact me by phone at 307-777-3733 or by email at feliciana.turner@wyo.gov.

Sincerely,

Feliciana Turner
Maternal and Child Health Unit Manager
Public Health Division

FT/ft

c: Stephanie Pyle, MBA, Senior Administrator, Public Health Division
Debra Wagler, Region VIII Project Officer, Health Resources and Services Administration

I.B. Face Sheet

The Face Sheet (Form SF424) is submitted electronically in the HRSA Electronic Handbooks (EHBs).

I.C. Assurances and Certifications

The State certifies assurances and certifications, as specified in Appendix F of the 2021 Title V Application/Annual Report Guidance, are maintained on file in the States' MCH program central office, and will be able to provide them at HRSA's request.

I.D. Table of Contents

This report follows the outline of the Table of Contents provided in the *"Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms,"* OMB NO: 0915-0172; Expires: January 31, 2024.

II. Logic Model

Please refer to figure 4 in the "Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms," OMB No: 0915-0172; Expires: January31, 2024.

III. Components of the Application/Annual Report

III.A. Executive Summary

III.A.1. Program Overview

Maternal and Child Health (MCH) in Wyoming (WY): Overview, Role, Funding, and Partnerships

The MCH Services Title V Block Grant is managed by the MCH Unit (WY MCH) within the Community Health Section (CHS) and Public Health Division (PHD) of the Wyoming Department of Health (WDH). WY MCH's programs are structured according to the population domains they serve: women and infants, children, including children and youth with special health care needs (CYSHCN), and youth and young adults. WY MCH's mission is to improve the health and well-being of Wyoming families and communities by supporting and collaborating on public health activities that benefit the health of mothers, infants, children, CYSHCN, youth, and young adults.

WY MCH receives approximately $1.08 million in federal Title V funding annually, and employs nine full-time staff who are supported by one Centers for Disease Control and Prevention (CDC)-assigned senior epidemiology advisor, and two WDH MCH epidemiologists. Title V funds, State matching funds, and other federal funding support programming for an estimated population of 578,803 (2021 estimate, United States [U.S.] Census) spanning 97,813 square miles.

Wyoming is a rural and frontier state with 23 counties. The Wind River Indian Reservation, located near the center of the state, within the boundaries of Fremont County, is home to two federally recognized tribes, the Eastern Shoshone and Northern Arapaho. Wyoming lacks Level III facilities for both neonatal and maternal levels of care, and lacks sufficient specialty care. This requires families, especially those with special health care needs, to travel long distances for health care, miss work for appointments, and coordinate care for children left at home.

WY MCH works closely with both state and county staff in all 23 counties to assure access to community-level MCH services, including genetics clinics in three counties; home visiting in all counties; and care coordination services for CYSHCN, high-risk pregnant people, and high-risk infants in all counties. WY MCH partners with the MCH Epidemiology Program (MCH Epi), other programs and divisions within WDH (such as Rural and Frontier Health, Healthcare Financing, the Behavioral Health Division [BHD], Substance Abuse Prevention, Tobacco Prevention and Control Program [TPCP], Wyoming Injury and Violence Prevention Program [WIVPP], Chronic Disease Prevention, Immunizations, Public Health Nursing [PHN], Women, Infants, and Children [WIC]), other State agencies (including the Department of Education [WDE], Department of Family Services [DFS], and Department of Workforce Services [DWS]), the University of Wyoming (UW), Wyoming Health Council (the agency that administers the Title X grant), and Parents as Teachers National Center (PATNC). PATNC is the agency that formerly administered the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant. Effective October 1, 2021, the MIECHV grant is administered by DFS in partnership with PATNC.

WY MCH and PHN jointly receive Temporary Assistance for Needy Families (TANF) funding from the Wyoming DFS to support implementation of the PHN "Hand in Hand" Infant Home Visitation Program. WY MCH also oversees $2,375,591 in State and other funds (i.e. newborn screening [NBS] program fees) which are required to meet the 1989 Maintenance of Effort (MOE). A majority of State funds allocated to WY MCH support delivery of home visitation and CYSHCN care coordination services by PHN in all 23 counties. In addition, PHN addresses other Title V priorities within their communities through this joint agreement.

WY MCH currently receives and administers federal funding from the Rape Prevention and Education (RPE) grant, Personal Responsibility Education Program (PREP), State Systems Development Initiative (SSDI), Preventive Health and Health Services Block Grant (PHHSBG), Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASEMM), and Pregnancy Risk Assessment Monitoring System (PRAMS). WY MCH does not manage Wyoming's Title X and MIECHV grants, however, WY MCH staff work closely with the grantees.

Federal Fiscal Year (FFY)21-FFY25 Needs Assessment Process

WY MCH based its needs assessment on the six-step Peterson and Alexander Needs Assessment Process and the John M. Bryson strategic planning process. The stages, which spanned November 2018 through August 2020, were: start-up planning, operational planning, data, needs analysis, program and policy development, and resource allocation. WY MCH utilized qualitative and quantitative data from WDH's State Health Assessment, the MCH partner survey, the National Survey of Children's Health (NSCH), Vital Statistics Services (VSS), and PRAMS--in consultation with the MCH Epidemiology Program--in the development of National Outcome Measures (NOM) and National Performance Measure (NPM) data dashboards. WY MCH involved a steering committee made up of WDH, government personnel, and community members, and involved MCH stakeholder Priority Action Teams (PATs), in early decisions to identify priorities and strategies. Other resources included feasibility assessments and activity prioritization tools. A public input survey following initial strategy selection provided further community feedback to refine plans specific to communities.

Examination of Wyoming MCH data helped drive the chosen MCH priorities. High rates of adolescent suicide and motor vehicle accident rates, especially compared to U.S. rates, highlighted the need to focus more on teen driving safety, as well as strengthening adolescent preventative care, especially in providing mental health services. A current Maternal Mortality Review helped to drive the work on promoting well woman visits and preventative care, again with a focus on improving mental health services for women of reproductive age. PRAMS data demonstrated that improvements in safe sleep environments could be made, being that a leading cause of death of post-neonatal infants in Wyoming is sudden unexpected infant death (SUID). Examination of the NSCH showed that Wyoming is most lacking in the CYSHCN coordinated care component of receiving care in a medical home. While NSCH showed rates of physical activity among children were better in Wyoming compared to the U.S., increasing trends in childhood obesity indicated the need to continue to focus on physical activity promotion.

Wyoming's identified population needs are outlined below, along with measures and strategies.

FFY21-FFY25 Priorities and FFY23 Proposed Strategies

WY MCH's seven priorities for FFY21-FFY25, along with key examples of related strategies and performance measures for FFY23, are listed below.

1 - Promote healthy and safe children

Key strategies will include continuing to promote Bright Futures guidelines and implementation, expanding outreach to additional childcare facilities in policy development and implementation related to physical activity, supporting state-level expansion of early childhood mental health services, and continuing involvement in statewide childhood blood lead surveillance and prevention efforts. Measures will include the percent of children ages 6-11 who are active at least one hour per day, the percent of children receiving at least one Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) visit as noted within the Centers for Medicare and Medicaid Services 416 Report, and two

evidence-based strategy measures (ESMs): the number of providers receiving training and technical assistance (TA) on the Wyoming Healthy Policies Toolkit and the percentage that implement a physical activity policy.

2 - Improve systems of care for CYSHCN

Key strategies will include developing a comprehensive baseline understanding of needs, gaps, and opportunities to improve WY MCH efforts to serve the CYSHCN populations. We will fully onboard a new CYSHCN director, who will work collaboratively with internal and external partners to identify future strategic direction of programming that aligns our needs and activities with national standards of care. The CYSHCN director will also begin developing and convening a Children's Special Health (CSH) Advisory Council involving individuals with lived experience, and will continue coordinating and collaborating with multiple partners to deliver existing CSH care coordination and gap-filling financial assistance. Measures will include the percent of children ages 0-17 with a medical home, the percent of CSH Advisory Council members with lived experience, and other temporary ESMs that support our efforts to align with national standards.

3 - Prevent maternal mortality

Key strategies will include incorporating promotion of the My 307 Wellness App; continuing a joint Utah-Wyoming maternal mortality review committee (MMRC), which supports Wyoming-specific protocols and recommendations; and further developing capacity and infrastructure for the Wyoming Perinatal Quality Collaborative (WyPQC). WY MCH is pursuing CDC grant funding to aid the WyPQC in capacity-building and strengthen capabilities to implement quality improvement (QI) initiatives. WY MCH also plans to offer funding opportunities to communities to prevent maternal mortality. Measures will include the percentage of women ages 18-44 with a preventative medical visit in the last year, and ESMs around My 307 Wellness app usage and well woman visit content engagement on the app.

4 - Prevent infant mortality

Key strategies will include providing education and resources to PHNs on safe sleep, reaching out to agencies working with unhoused populations to support infant safe sleep practices, providing Quitkits to home-visiting programs as tools to give pregnant/postpartum people for driving usage of the Wyoming Quitline, partnering with the TPCP to fund more incentives for pregnant/postpartum people to call the Quitline, creating a media campaign with TPCP to inform the public about the new benefits of the Quitline, offering PHNs motivational interviewing training to increase screening, intervention, and referral of pregnant/postpartum people who use tobacco, and offering funding opportunities to communities working to prevent infant mortality. Measures will include the percent of infants placed to sleep on their backs, on a separate approved sleep surface, without soft objects or loose bedding, and the percent of people who smoke during pregnancy.

5 - Promote adolescent motor vehicle safety

Key strategies will include continued facilitation and strengthening of collaborative efforts to implement evidence-based strategies, such as Teens in the Driver's Seat, in high school settings. Measures will include the rate of hospitalization for non-fatal injury per 100,000 adolescents ages 10-19 and the percent of high schools providing teen driver safety programs for new and emerging drivers.

6 - Prevent adolescent suicide

Key strategies will include improving the ability and capacity of Wyoming clinics to provide mental health screening and care to adolescents through Bright Futures guidelines and implementation, coordinating access to healthcare through the Pediatric Mental Health Care Access (PMHCA) grant awarded to WY MCH, partnering with Community Prevention programs to implement Sources of Strength (SOS) in Wyoming middle and high schools, suicide postvention training and protocol development in Wyoming schools, and administration of a young adult survey that

further informs efforts to reach and address behavioral health issues and risk factors for young adults ages 18-24. Measures will include the percent of adolescents ages 12-17 with a preventative medical visit in the last year, WY EPSDT rate, and number of SOS-participating youth reporting increased youth-adult connectedness.

NOTE: Across Domains 1-6, WY MCH contracted with the OMNI Institute to conduct focus groups with parents, guardians, and other caregivers to better understand knowledge, beliefs, and barriers related to safe sleep practices, well-child visits and Bright Futures guidelines, systems of care for CYSHCN, access to genetic or other speciality care services, and the well woman visit. In the upcoming cycle, WY MCH will use the results of the focus groups to inform strategic implementation and quality improvement opportunities.

7 - Strengthen MCH workforce capacity to operationalize MCH core values

Key strategies will include goal setting and professional development centered on WY MCH core values: being data-driven, strengthening engagement, operationalizing health equity, taking a life-course perspective, and prioritizing systems-level approaches. WY MCH will strive to develop and maintain a diverse workforce and a culture of belonging and inclusion. Staff professional development opportunities will strengthen competencies and skills, promote and integrate core values across all MCH domains and state priority needs, and continue work to understand and leverage individual and team strengths. WY MCH will also work to improve onboarding and training protocols for WY MCH to ensure strong foundations. WY MCH will further align our workforce development efforts with the PHD workforce development plan, which supports the workforce through an ongoing “resilience journey,” and makes way for team and organizational practices that support staff recovery and wellbeing. The primary measure will be the percent of new WY MCH staff completing MCH orientation (including MCH Navigator self-assessment) within their first six months.

III.A.2. How Federal Title V Funds Complement State-Supported MCH Efforts

WY MCH receives an annual Title V award of approximately $1,079,852 to complement its $2,375,591 in State MOE/match and Trust & Agency funds. Title V funds provide WDH with the workforce capacity, expertise, and infrastructure to address MCH priority needs:

- Title V partially or fully funds eight MCH staff, and Title V match funds two MCH staff (including the Title V Director) and partially funds two MCH epidemiologists. Title V direct assistance also funds a CDC-assigned MCH senior epidemiology advisor.
- Title V funds enable support staff capacity to develop, implement, and evaluate strategies within each domain.
    - The grant provides for distinct staff in the following leadership roles: CYSHCN Director/CYSHCN Program Manager/Child Health Program Manager, Women and Infant Health Program (WIHP) Manager, and Youth and Young Adult Health Program (YAYAHP) Manager.
    - The grant provides for a workforce development/strategic planning contractor, who utilizes StrengthsFinder assessments to maximize WY MCH's effectiveness, and who will largely help WY MCH with strategic plan implementation through ongoing coaching, performance management support, and leadership development in the coming year.
- In Wyoming, all 23 counties have State match-funded MCH Public Health Nurses (PHNs) who provide home nursing, CYSHCN care coordination, and other MCH services in alignment with community and Title V priorities. Through Title V, WY MCH provides infrastructure and dedicated staff to support and train PHNs and build local capacity to implement MCH work.

Staff members partially funded by Title V blend their work with other State- and federally-funded activities that enhance MCH work, such as newborn genetic screening, RPE, PREP, and ERASEMM.

WY MCH's Title V-funded specialty genetics services, and State-funded gap-filling CYSHCN services, directly benefit from the Title V-provided staff, leadership, and infrastructure.

Title V funds further enable WY MCH to leverage partnerships critical to Title V activities. Recent and ongoing contractors include a Youth Council Coordinator; the University of Colorado to bring in genetics clinic specialists, Uplift (Wyoming's Family Voices affiliate) for family engagement and family leadership development, and the OMNI Institute to conduct focus groups and provide recommendations for improvement in key priority areas. WY MCH has also recruited Infield Vector LLC as the PQC coordinator, to be funded primarily through Title V with supporting ERASEMM funds. In addition, we are continuing our relationship with the existing workforce development/strategic planning contractor, Lolina, Inc.

III.A.3. MCH Success Story

In the face of natural disasters, outbreaks, pandemics and other emergency situations, MCH populations can be adversely or critically impacted. Therefore, WY MCH is working to strengthen its role in assisting local communities to respond to emerging threats and needs through active partnership in preparedness planning and activities.

In October 2020, WY MCH was assigned a CDC public health associate whose focus was to build and strengthen WY MCH's capacity to support and engage in preparedness planning efforts in service to MCH populations. This associate has actively contributed to building more collaboration in regards to preparedness efforts. One effort in particular on which WY MCH is proud to report is the development and delivery of a mini-grant program to community-based organizations (CBOs).

During the summer of 2021, WY MCH worked to build awareness of emergency planning and preparedness while actively supporting 47 CBOs--including child care and after school care facilities, school districts, local YMCAs, and faith-based organizations–with the purchase of emergency supplies for community emergency closets. Recipients were reimbursed up to $1,400 for the purchase of items to which families need access during an emergency, such as diapers, wipes, formula, bottled water, clothing, and hygiene products.

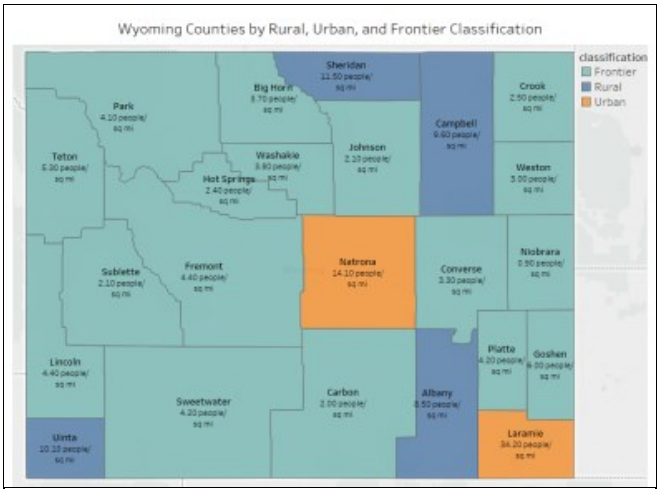
As part of the award, each grant recipient agreed that the supplies purchased will be issued to any family with need for supplies, without regard to race, color, religion, national origin, sexuality or gender identity, age, or disability. WY MCH wanted families, no matter their configuration, to feel comfortable asking for assistance.

Overall, WY MCH provided over $48,000 to communities throughout Wyoming for the purchase and subsequent distribution of emergency supplies. These supplies helped provide substantial safety and security for many families in our Wyoming community during the height of the COVID-19 pandemic. This project also highlighted MCH's commitment to community engagement and strengthening WY MCH's emergency preparedness efforts, which was identified as critical during our last FY2020 Title V application.

III.B. Overview of the State

Demographics, Geography, and Economy

Geographically, Wyoming is the tenth largest state in the United States (U.S.), spanning 97,813 square miles. Wyoming is a rural/frontier state with 23 counties ranging in ecoregion from the Great Plains to the Rocky Mountains. The Wind River Indian Reservation (WRIR), located toward the center of the state, is home to two federally recognized tribes, the Eastern Shoshone and Northern Arapaho. Two counties, Laramie and Natrona, each have a town with over 60,000 people and are considered urban. Seventeen of the remaining 21 counties are considered frontier, with fewer than six people per square mile. These 17 counties are home to 46% of the population (Wyoming Economic Analysis Division (WY EAD), 2020).



Wyoming Counties by Rural, Urban, and Frontier Classification

Wyoming is the least populous state in the U.S., with a July 2021 estimated population of 578,803–an increase of 0.3% from April 2020 (U.S. Census Quick Facts, 2021). The population is predominantly White alone (92.5%). The remaining population is Black or African American alone (1.3%), American Indian and Alaska Native alone (2.7%), Asian alone (1.1%), Native Hawaiian and Other Pacific Islander alone (0.1%), two or more races (2.2%), and 10.1% of the population is Hispanic or Latino. In 2021, 93% of the population aged five years and older spoke only English at home, and 7% spoke a language other than English (U.S. Census Quick Facts, 2021). According to WY EAD, the minority population, and group other than single-race, Non-Hispanic White increased by 34.4% between 2010 and 2020, accounting for nearly all the growth in Wyoming from 2010 to 2020 (WY EAD, 2021).

Nearly one quarter (23.1%) of the population is under the age of 18, and 17.1% is over the age of 65. 93.2% of people over the age of 25 have a high school education or higher, with 28.2% of this group having at least a bachelor's degree. The median household income in 2021 was $65,304, just slightly more than the median household income in the U.S. of $64,994. Persons in poverty are estimated to be 9.2% of the population, compared to 11.4% nationally (U.S. Census Quick Facts, 2021).

During the fall and winter of 2021, Wyoming's economy had a small rebound as the Delta variant faded. Current supply chain bottlenecks, semiconductor shortage, rising energy prices, and inflation pressures add to the uncertainty in economic recovery. Employment in Wyoming increased 2.6% (7,000 jobs) along with the U.S. decline of 4.3%. The unemployment decreased to 4.0%, which is lower than the national average (WY EAD, 2021).

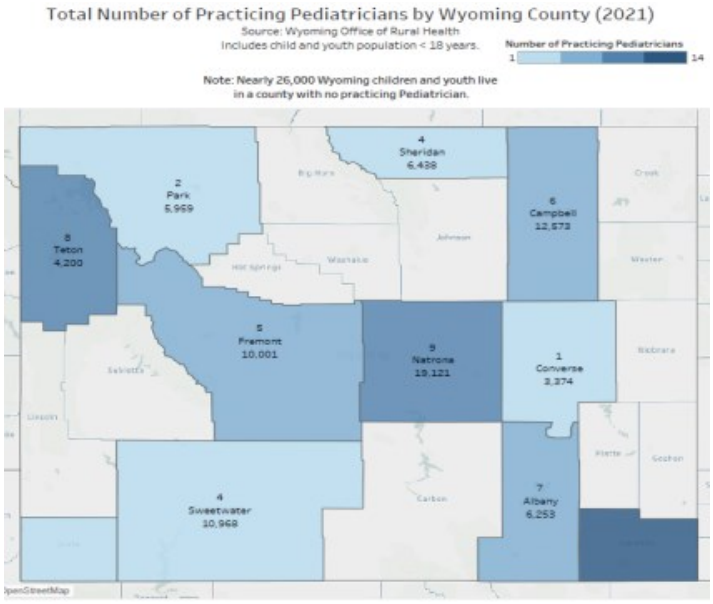
Strengths and Challenges

According to the 2021 Annual America's Health Rankings Report, Wyoming ranks 25th in the nation in overall health outcomes, and 34th in the nation in all health determinants (social and economic factors, physical environment, clinical care, and behaviors). The listed strengths for Wyoming in the report include low prevalence of non-medical drug use, low incidence of chlamydia, and low levels of air pollution. Also, the report highlighted flu vaccination increasing 13% from 36.5% to 41.3% of adults between 2019 and 2020. High health status increased 12% from 52.1% to 58.5% of adults between 2019 and 2020. The listed challenges in Wyoming include high rates of cigarette smoking and occupational fatalities, and a low prevalence of colorectal cancer screening. Also, the report highlighted low birthweight increasing 15% from 8.5% to 9.8% of live births between 2016 and 2019.

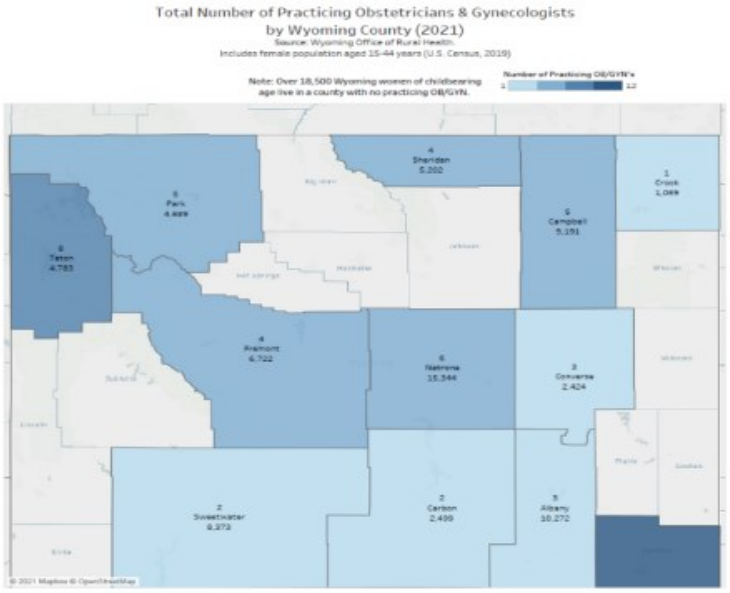
As noted, Wyoming is considered a rural/frontier state, which presents unique challenges. According to the Health Resources and Services Administration's (HRSA) Designated Health Provider Shortage Areas (HPSA) Quarterly Summary Report (Second Quarter of Fiscal Year 2022, 3/31/2022), Wyoming had a total of 46 Primary Care HPSA designations, with 186,533 residents residing in primary care shortage areas. There were 31 dental HPSA designations in the state with a total of about 49,361 Wyoming residents residing in these areas. Finally, the entire state (comprising five regions) is considered an HPSA for mental health. Per HRSA's Designated HPSA Quarterly Summary, only 41.22% of the mental health needs are being met and 28 full-time psychiatrists are needed to meet the needs of the population.

According to the Wyoming Office of Rural Health, in 2022 there are currently 41 physicians practicing obstetrics and gynecology (OB/GYN) in Wyoming and 54 practicing pediatricians. 11 counties have no OB/GYN and 11 counties have no pediatrician. Over 18,500 Wyoming women of childbearing age (15-44) live in a county with no practicing OB/GYN, and approximately 26,000 Wyoming children and youth (<18 years of age) live in a county with no practicing pediatrician (CDC Wonder, 2022).

There are 248 family practice physicians in the state. 54 individuals practice in Natrona County, 55 in Laramie County, 15 in Park County, and 15 in Fremont County. Nine counties have fewer than five family practice physicians (Wyoming Office of Rural Health, 2022).



Total Number of Practicing Pediatricians by Wyoming County



Total Number of Practicing Obstetricians & Gynecologists by Wyoming County

Access to care is a challenge in Wyoming, given the rural/frontier nature of the state. This is especially pertinent to the MCH population, given the absence of Level III facilities, few specialist providers, and a high uninsured population. In 2021, 14.8% of Wyoming residents under the age of 65 years had no health insurance coverage, compared to 10.2% of the population nationally (U.S. Census Quick Facts, 2021). Wyoming is one of nine states that has not expanded Medicaid. During the 2022 Wyoming legislative session (a budget session), a Medicaid expansion bill (HB0020) was not considered for introduction. The bill proposed expanding Medicaid, contingent on the state continuing to receive a 90% federal match assistance percentage for the expansion population and at least 55% for the traditional Medicaid population. A similar bill in the 2021 session (HB0162) passed the Wyoming House, but subsequently failed a vote in the Senate Labor, Health, and Social Service Committee. Prior to the new American Rescue Plan Act incentive, the Wyoming legislature had rejected multiple Medicaid expansion bills during

the 2020 and other previous legislative sessions. Health insurance options in the Federal Health Insurance Marketplace for Wyoming include Blue Cross Blue Shield and Mountain Health co-op.

Health Equity

According to the 2020 Robert Wood Johnson County Health Rankings & Roadmaps, Wyoming fares better than the nation for the proportion of children in poverty, with 12% of children in poverty versus 17% nationally. However, within Wyoming, the proportion of children in poverty varies widely by county, with rates ranging from 6% (Teton County) to 19% (Niobrara County) (Small Area Income and Poverty Estimates, 2021).

Racial and ethnic disparities are also observed to exist in regard to high school graduation rates. Wyoming's overall high school graduation rates have risen steadily over the past seven years, from 78.6% (2013-2014) to 82.4% (2020-2021). However, while 84.5% of White youth graduated from high school in the 2020-2021 school year, only 78.3% of Hispanic youth and 52.9% of American Indian youth graduated during the school year (Wyoming State Four-Year Graduation Rates).

The definition used for health equity by the Robert Wood Johnson foundation is:

> *"Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."*

Due to the unique nature of Wyoming, a number of barriers to measuring health equity exist. Small population numbers (particularly for minority populations) at the state and county levels make stratification by geographic region, race, and ethnicity challenging. Wyoming continually monitors MCH outcomes for minority populations through the calculation of rolling rates and data aggregation. Too often, even with multiple years, numbers are too small to report, which can contribute to the erasure of their experiences. During the 2021-2025 Title V cycle, WY MCH established a Title V priority to build workforce capacity to operationalize all of its core values, with specific emphasis on health equity. The operationalization of health equity will consider ways in which we can increase our capacity to present data through a health equity lens and mitigate the effects of small numbers.

In 2018, the WDH PHD completed a State Health Assessment (SHA) in pursuit of public health accreditation. From there, priorities were selected for the State Health Improvement Plan (SHIP) – Behavioral Health, Access to Healthcare, and Unintentional Injury. WY MCH aligns Title V and other MCH priorities and action to these priorities wherever possible.

Agency Organizational Structure and Role

The Maternal and Child Health Services Title V Block Grant is managed by the WY MCH within the CHS and PHD of the WDH. WDH's mission is to "promote, protect, and enhance the health of all Wyoming residents." PHD's mission is to "promote, protect, and improve health and prevent disease and injury in Wyoming."

PHD is one of four divisions within WDH, joining the Aging, Behavioral Health, and Health Care Financing (Wyoming Medicaid) Divisions. Please see the attached organizational chart for a visualization of PHD's structure. WDH is an executive branch State agency, with an appointed director, that has been granted authority and responsibility to govern health services through Wyoming statutes §§ 9-2-101 through 9-2-127. Specific to PHD, Wyoming statutes

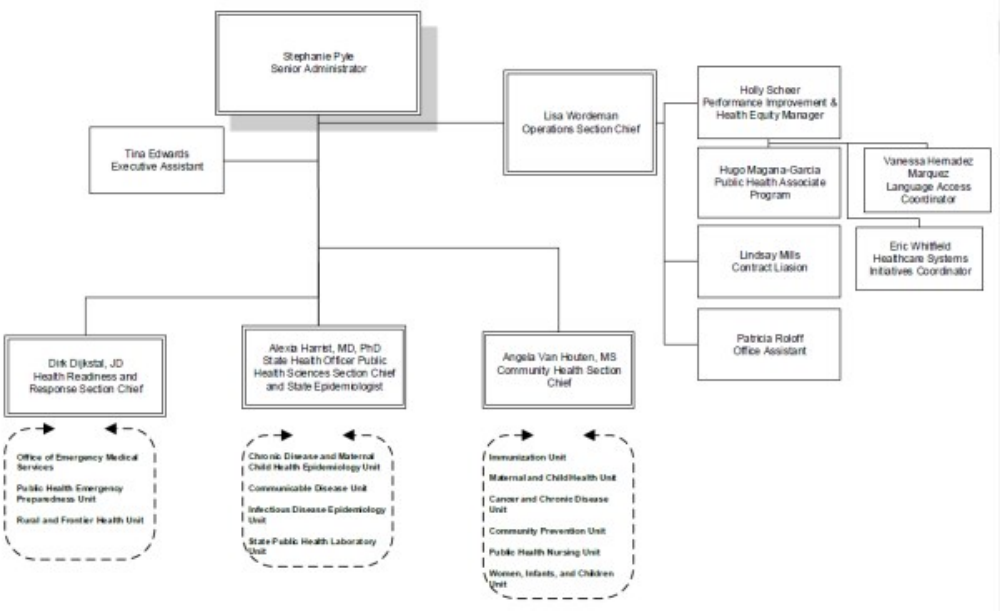
§§ 35-1-201 through 35-1-244 contain provisions for public health and safety responsibilities. Various other statutes offer provision for public health services carried out by PHD.

PHD employs approximately 265 staff in a mostly-centralized public health system. All but four PHN offices are administered through a state-county partnership. The remaining four are independent local health departments.

PHD provides a wide range of services that promote, protect, and improve health and prevent disease and injury in Wyoming. The following list outlines PHD's key services, which are in line with the 10 Essential Public Health Services:

- *Community Health Section* - optimizes quality of life through the promotion of health, protection of community health, and prevention of disease and injury
    - Cancer and Chronic Disease Prevention Unit
    - Community Prevention Unit (substance use, tobacco, and injury prevention)
    - Immunization Unit
    - Maternal and Child Health Unit
    - PHN
    - WIC Unit
- *Health Readiness and Response Section* - coordinates preparedness and response for public health emergencies; coordinates efforts to improve the health of rural, medically underserved residents; and maintains and enhances the Emergency Medical Services and Trauma Systems across Wyoming
    - Office of Emergency Medical Services
    - Public Health Preparedness and Response
    - Rural and Frontier Health
- *Public Health Sciences Section* - performs epidemiologic and disease control activities
    - Chronic Disease and Maternal Child Health Epidemiology
    - Communicable Disease Prevention, Surveillance, and Treatment
    - Infectious Disease Epidemiology
    - Public Health Laboratory

A summary of the PHD organizational structure is included below.



Public Health Division Organizational Chart

PHD is working toward public health accreditation. The division completed a SHA in 2018 and is nearing completion of the SHIP. Efforts to develop and finalize the SHIP were delayed due to COVID-19. A member of MCH Epi is on the SHA/SHIP Leadership Team.

PHD has set several strategic priorities, all of which are supported by foundational priorities to promote health equity and health literacy, ensure continuous quality improvement, and apply public health core functions and essential services. The remaining strategic priorities follow:

- Promote understanding of the relevance and value of public health
- Foster programmatic excellence
- Support the integration of public health and health care
- Foster a competent, flexible workforce
- Build a sustainable, cohesive organization

Several workgroups continue to address each of these PHD strategic priorities. For example, the workgroup working to foster a competent, flexible workforce facilitates a biennial assessment of the Core Competencies for Public Health Professionals by all PHD staff. This valuable tool helps staff identify opportunities for professional development related to public health practice.

Additionally, PHD is in the process of undergoing a strategic plan update. Nonprofit Impact is the contractor providing expert consultation and support to the strategic planning process. MCH WY staff are participating in the process wherever staff engagement opportunities present.

WY MCH administers the Title V MCH Services Block Grant and provides leadership for state- and local-level efforts that improve the health of the MCH population. The unit's programs are divided according to the population groups they serve. This structure aligns well with the Title V population domain framework and assures dedicated resources within each domain. Programs collaborate to ensure consideration of the life course perspective in program planning and decision making, and where domain populations overlap. WY MCH programs include:

- **Women and Infant Health Program**, focusing on women of reproductive age and infants through age one

(*Women/Maternal Health and Perinatal/Infant Health domains*)

- **CYSHCN Program**, focusing on all children one through 21 years, including those with special health care needs (*Child Health and Children with Special Health Care Needs [CSHCN] domains*)
- **Youth and Young Adult Health Program**, focusing on the unique needs of youth and young adults ages 12-24 (*Adolescent Health domain*)

WY MCH Mission and Vision

WY MCH's vision is a Wyoming where all families and communities are healthy and thriving. WY MCH's mission is to improve the health and well-being of Wyoming families and communities by supporting and collaborating on public health activities that benefit the health of mothers, infants, children, youth, and young adults, including those with special health care needs, and their families. WY MCH core values include:

- **Data-driven**: WY MCH uses data, evidence, and continuous quality improvement
- **Engagement**: WY MCH cultivates authentic collaboration and trust with families and community partners
- **Health Equity**: WY MCH integrates an understanding of how differences in social, economic, cultural, and environmental factors across generations and throughout the lifespan impact health
- **Life Course Perspective**: WY MCH integrates an understanding of how risk and protective factors influence health across the lifespan and across generations
- **Systems-Level Approach**: WY MCH prioritizes work that addresses community structures, social norms, environment, and policies to maximize impact

The 2020 MCH Needs Assessment resulted in the selection of seven priorities for 2021-2025:

1. Prevent Maternal Mortality (Women/Maternal Domain)
2. Prevent Infant Mortality (Perinatal/Infant Domain)
3. Promote Healthy and Safe Children (Child Domain)
4. Promote Adolescent Motor Vehicle Safety (Adolescent Domain)
5. Prevent Adolescent Suicide (Adolescent Domain)
6. Improve Systems of Care for Children and Youth with Special Health Care Needs (CYSHCN Domain)
7. Strengthen MCH Workforce Capacity to Operationalize MCH Core Values (Cross-Cutting Domain)

WY MCH benefits from participating in and aligning with the PHD SHA and SHIP. The SHA/SHIP process identified three priority issues: Behavioral Health, Access to Healthcare, and Unintentional Injury. These priorities were used to guide WY MCH's 2021-2025 needs assessment and strategic planning.

Systems of Care and Services for CYSHCN

CYSHCN Program Overview and Population Served

In 2019-2020, approximately 24,064 (18.1%) of Wyoming children and youth ages 0-17 had a special health care need. The prevalence of CYSHCN whose parents reported receiving care in a well-functioning system in Wyoming increased to 12.7% from 8.6% in 2018-2019, but is still below the U.S. at 14.1% (National Survey of Children's Health). Currently, WY MCH's CYSHCN program activities are limited in systems-level scope and serve a small proportion of the overall CYSHCN population in Wyoming. The CYSHCN program will focus on assessing and improving systems of care for all CYSHCN.

WY MCH's CYSHCN program (also known as the CSH Program) offers care coordination and limited gap-filling financial assistance as the payer of last resort for enrolled clients (CYSHCN ages 0-18 and high-risk pregnant

women and infants requiring Level III care) who meet medical and financial eligibility criteria. In order to be eligible for assistance, families must first apply for Medicaid, Kid Care Children's Health Insurance Program (CHIP), and/or the Federal Marketplace. The CSH program provides reimbursement to eligible providers for covered services provided to eligible clients. In FFY21, CSH actively served 484 clients. Of all enrolled clients, 398 were CYSHCN, 65 were high-risk infants, and 21 were high-risk pregnant women. Of those served, 92% were on Medicaid during the reporting year.

WY MCH works with partners such as PHN, Medicaid, Kid Care CHIP, in-state and out-of-state primary care and specialty providers, early intervention providers, and home visiting providers, to assure child populations, especially CYSHCN, have access to health insurance; a primary care provider or, ideally, a certified medical home; specialty care services; support for transitioning to adult healthcare settings; and other supports and services based on identified family needs.

Health Services Infrastructure and Integration of Services

Wyoming lacks a children's hospital and has a significant shortage of pediatric specialists in the state, leading families to rely heavily on bordering states' infrastructure for Level III hospital care and pediatric specialty care. WY MCH maintains an updated map of pediatric specialty clinics offered in Wyoming, and directly funds in-person and telehealth genetic clinic services due to an absence of an in-state geneticist and long wait times for out-of-state appointments.

Strengthening partnerships with out-of-state providers and neighboring Title V agencies helps to build Wyoming's health services infrastructure. For example, the Wyoming Newborn Screening and Genetics Programs contract with the Colorado Department of Public Health and the Environment (CDPHE) for newborn screening laboratory and short-term follow-up services, and the University of Colorado Medicine for in-person and telehealth genetics services and consultation. Additionally, WY MCH partnered with the Utah Department of Health to apply for a CDC ERASEMM grant to expand the scope of the well-established Utah Perinatal Mortality Review Committee to include review of Wyoming cases.

Financing of Services

Wyoming is one of two remaining states whose Medicaid payments are based on fee for service. Overall, children make up 67% of Wyoming residents covered by Medicaid and Kid Care CHIP. Wyoming Medicaid and Kid Care CHIP serve a large portion of Wyoming's child population, including 100% of children in foster care, 55% of children who live in or near poverty, 34% of children with disabilities or special health care needs, and 29% of infants, toddlers, and preschoolers (Georgetown University Health Policy Institute Wyoming Snapshot 2019). The most current eligibility requirements for Wyoming Medicaid and Kid Care CHIP are as follows:

- Kid Care CHIP is available to the children of parents, whose income is below 200% of the federal poverty level (FPL).
- Wyoming Medicaid:
    - Children 0-5 whose family income is at or below 154% of the FPL
    - Children 6-18 whose family income is at or below 133% of the FPL
    - Pregnant women whose income is at or below 154% of the FPL

State Statutes Relating to MCH

Three state statutes directly impact the work of WY MCH.

The NBS statute, Wyoming Statutes (Wyo. Stat.) §§ 35-4-801 and 802, mandates newborn screening be available to

all newborns, and that WDH provides necessary education on newborn screening to hospitals, providers, and families. WY MCH's NBS and Genetics Programs fulfill this statutory requirement in partnership with families, providers (including midwives), hospitals, CDPHE (laboratory services and short-term follow up contractor), and a contracted courier service. The Wyoming NBS and Genetics Coordinator is funded by both Title V and State Trust and Agency funding (comprised of hospital fees charged for NBS services), which demonstrates the partnership between Title V and WDH to assure access to newborn screening statewide.

Wyo. Stats. §§ 35-27-101, 102, 103, 104, Public Health Nurses Infant Home Visitation Services, was passed in 2000. This statute directs PHN to contact eligible women to offer home visitation services. The initial intent of the legislation was to implement Nurse Family Partnership (NFP), an evidence-based home visiting model, in all 23 counties. Due to challenges meeting growing fidelity requirements and a small birth cohort in many communities (limiting the number of women eligible for the program), NFP implementation in Wyoming reduced from statewide implementation to zero sites over the course of 20 years. Since 2021, the statute requirement is met by a new evidence-based home visitation model, Maternal Early Childhood Sustained Home-Visiting (MECSH), a model selected for its fit for Wyoming's unique characteristics and needs. The newly named program, Wyoming Hand in Hand, launched in spring 2021 and is funded by TANF funding and State General Funds that count toward the required Title V match.

During the 2020 legislative session, Wyo. Stat. § 21-2-202 was updated to authorize the State Superintendent of Public Instruction to employ a state school nurse if/when non-State funds were available. Together, the WDE and WY MCH agreed to contribute funding for this position. The selected candidate started in June 2021. Through a Memorandum of Understanding (MOU), the state school nurse works closely with MCH to support and promote Title V priorities, identify and support professional development needs for Wyoming school nurses, educate school nurses and district boards on public health issues, collect aggregate data on a range of medical and health conditions impacting schools and students, develop best practice standards for school nursing, and assist in a range of other education and guidance development.

III.C. Needs Assessment
FY 2023 Application/FY 2021 Annual Report Update

Ongoing Needs Assessment Activities

WY MCH leadership and MCH Epi staff will work closely to identify and implement interim activities to occur between 5-year needs assessments (NA).

Current and planned ongoing NA activities include:

- Under the new CYSCHN Director's leadership, the Maternal and Child Health Bureau (MCHB)-funded TA-supported National Standards for Systems of Care for CYSHCN assessment will be revisited. WY MCH will further define the current state of CYSHCN, gaps in data, information needed, and the desired state, working with PHN, Medicaid, and other partners to strategically direct the program
- WY MCH partnered with the OMNI Institute to hold focus groups on well woman visits, safe sleep, child well visits, and CYSHCN systems of care. Results will inform state action plan strategies and activities, ensuring community member voices influence implementation
- MCH Epi maintains dashboards to monitor key indicators from birth certificate data, PRAMS, and Title V NOMs and NPMs for ongoing assessment, to identify trends and disparities, and makes data more accessible to partners
- MCH Epi creates data briefs focused on the selected MCH priorities and selected NPMs
- WY MCH will annually convene MCH/Title V Steering Committee (SC) to gather feedback on state action plan progress and address challenges/barriers
- In spring 2022, WY MCH released an online public input survey to gather input on recent and planned activities and identify emerging needs. For each domain, the survey asked, "What are the unmet needs in your community?" WY MCH will use the results to inform ongoing action planning and implementation.

Health Status and Needs Update

Women's/Maternal Health

Maternal Mortality and Morbidity

The Wyoming MMRC has completed reviews of 2018-2020 pregnancy-associated deaths. From 2018-2020, 13 women died during pregnancy or within one year after the end of their pregnancy. Most of these deaths occurred after the end of their pregnancy. 12 of these deaths were reviewed and six were determined by the committee to be pregnancy-related. Mental health conditions were the most common cause of pregnancy-related deaths. Substance use was involved in all six pregnancy-related deaths. All of the pregnancy-related deaths were deemed to be preventable.

From 2016-2020, WY's severe maternal morbidity rate was 91.5 per 10,000 delivery hospitalizations. The most common severe maternal morbidity in WY is transfusion, followed by eclampsia.

Maternal Mental Health

In WY, 19% of new moms reported pre-pregnancy depression, 19% reported depression during pregnancy, and 13.9% reported postpartum depression (PPD). PPD was highest among women ages 15-24 years, and also significantly higher for women in the lowest FPL, as well as among American Indian/Alaska Native (AI/AN) women

compared to White women, and women with less than a high school education or equivalent compared to those with more than a high school education. A majority (87%) of women reported their providers discussed depression with them at a postpartum visit (PRAMS, 2016-2020).

Preconception Health

According to the 2020 Behavioral Risk Factor Surveillance System (BRFSS), 65% of WY women reported having a preventive medical visit in the past year, significantly less than the U.S. prevalence of 71%. While the prevalence in WY has increased over the past few years, it has been significantly less than the U.S. prevalence since 2009. In 2020, the prevalence of women reporting having a well women visit in the past year was highest for those with a college degree or more (74%), and those with a household income of $75,000 or more (73%). A higher prevalence of women with health insurance (70%) compared to uninsured women (45%) report having a preventive medical visit in the past year.

Maternal Smoking

Significant reductions in the prevalence of women smoking during pregnancy continue to be seen in the U.S. and WY. While decreases in smoking have been seen, the 2020 WY prevalence (13%) is significantly higher than the U.S. prevalence of 6% (National Vital Statistics System [NVSS]). The prevalence of smoking during pregnancy was significantly higher among WY women with less than a high school education (29%) compared to those with at least a high school education (23%), those with some college education (20%), and those who graduated from college (1%), and significantly higher among women on Medicaid (27%) compared to those who are uninsured (17%) and those with private insurance (5%) (NVSS). To reach the HP2030 goal of 96% of women giving birth not reporting smoking during pregnancy, WY needs to increase the percentage of women giving birth who did not smoke during pregnancy by 9%.

Family Planning

In 2020, 25% of women reported having an unintended pregnancy, compared to 33% in 2012. The rate of unintended pregnancies did not differ by race, but differences were seen by income level. Women living with incomes ≤100% FPL reported having an unintended pregnancy significantly more (38%) compared to women living with incomes 201-300% FPL (17%) and 301%+ FPL (12.7%).

In 2020, 67% of WY women at risk of pregnancy/not actively trying to become pregnant reported use of the most/moderately effective form of contraception. The prevalence has not changed significantly since 2012. No differences were seen by race/ethnicity, income, or Medicaid status. Although no longer a Title V priority, MCH Epi will continue to monitor contraceptive use (PRAMS).

Perinatal/Infant Health

Births

From 2016-2020, there were a total of 33,355 births of WY residents, an average of 6,671/year. Of those births, 90% occurred within WY, and 10% occurred out-of-state. Among in-state births, 74% occurred in seven facilities. Two of those seven facilities accounted for 36% of in-state births.

Infant Mortality

WY's 2016-2020 infant mortality rate (IMR) was 5.4 deaths/1,000 live births; with a majority of deaths (63%) occurring among neonatal infants (WY VSS). The WY IMR was lower than the 2019 national rate of 5.6 deaths/1,000 live births. Both met the HP2020 objective (6.0 deaths/1,000 live births); but not the HP2030 objective of 5.0. From 2010-2020, the WY IMR among white women was 5.7/1,000 and was 7.4/1,000 among AI/AN women (VSS 2010-

2020).

Both neonatal and postneonatal mortality rates in WY have been similar to U.S. rates over the past 10 years. From 2016-2020, the leading causes of death among WY neonates were congenital malformation, deformations, and chromosomal abnormalities, followed by disorders related to short gestation and low birth weight. The leading causes of postneonatal infant death were SUID, congenital malformation, deformations, and chromosomal abnormalities (VSS).

Preterm and Low Birth Weight (LBW) Births

In 2020, 10% of WY infants were born preterm, the same as the 2020 U.S. prevalence. Since 2009, WY's preterm rate has fluctuated from a high of 11% in 2014 and a low of 9% in 2017. The 2020 rate was the same as 2009. The prevalence of LBW births in WY has increased since 2009; the 2020 prevalence of 10% was not significantly higher than the 2009 prevalence (8%) but it was significantly higher than the 2020 U.S. prevalence of 8%. WY has not met the HP2020 preterm goal of 9%, or the HP2020 LBW goal of 8%. MCH Epi will continue to monitor changes in preterm and LBW deliveries and will examine the LBW increase in more detail.

Infant Sleep Environment

The leading cause of postneonatal infant death in WY from 2016 to 2020 was SUID. Over 90% of WY women reported their infants are put to sleep on their backs only (PRAMS, 2016-2020), exceeding the HP2020 goal of 76%. However, less than one third of women reported their infants always or often were placed to sleep on a separate approved sleep surface; 34% reported their infants were usually placed to sleep with *no* soft bedding. Disparities in sleep environments were seen by race, ethnicity, and income. Planned program activities include conducting focus groups to better understand the observed disparities in sleep environments.

Breastfeeding

The WY breastfeeding initiation rate (91%) exceeds the HP2020 Goal (82%) (PRAMS, 2016-2020). According to the National Immunization Survey (NIS), in 2018 30% of infants in WY were breastfed exclusively through six months compared to 26% in the U.S. To reach the HP2030 goal of 42% of infants breastfed exclusively through six months, WY needs to increase its percentage in 2018 by 41% (NIS). As WY has continued to show good breastfeeding rates, breastfeeding is not a Title V priority, although monitoring will continue.

Child Health

Child Mortality

In 2019, the WY child mortality rate (CMR) among children ages 1-9 years was 16.8/100,000 (the 2020 rate was not reportable), similar to the 2019 U.S. rate of 16.7/100,000. The WY CMR has not changed significantly since 2009. The 2017-2019 CMR is significantly higher for children ages 1-4 (25.3/100,000) than for children ages 5-9 (20.3/100,000).

Unintentional Injury

Between 2011 and 2021, unintentional injury (UI) was the leading cause of death among WY children ages 1-9 and accounted for 44% of deaths in this age group. Drowning (23%) and motor vehicle traffic injuries (21%) were the most common mechanisms of UI fatal injuries (VSS). Childhood mortality and injury hospitalization are no longer a WY Title V priority, but MCH Epi will continue to monitor this topic.

Overall Health and Preventive Care

According to the 2019-2020 NSCH, 91% of WY children ages 0-11 were reported to be in excellent or very good

health, 48.0% received care in a medical home, 55% had adequate and continuous insurance, and 16% received care in a well-functioning system. A significantly higher prevalence of children who received care in a medical home were reported to be in excellent or very good health, compared to children who did not receive care in a medical home.

In 2019, 65% of eligible, Medicaid-enrolled children ages 1-9 who should receive at least one initial or periodic EPSDT screening received at least one screening. WY continues to see an increase in the percent of eligible children receiving at least one EPSDT screening, with an 18% increase since 2013. 2020 data is not yet available (WY Centers for Medicare & Medicaid Services [CMS] 416 Report).

Obesity and Physical Activity

In 2019-2020, 11% of WY children ages 10-13 were obese, significantly less than 16% in the U.S. (NSCH). In 2019-2020, 39% of WY children ages 6-11 were active for 60 minutes every day, which was significantly higher than the U.S. prevalence of 26% (NSCH). Small numbers continue to make any noted disparities in physical activity between different groups of children difficult to evaluate.

Adolescent Health

Adolescent Mortality

The WY adolescent (ages 10-19) mortality rate (AMR) decreased significantly from the 2009 rate of 66.8/100,000 adolescents to 31.8/100,000 adolescents in 2018, then increased in 2019 to 52.7/100,000. There was another decrease in 2020 to 43.1/100,00, the 2020 rate was not significantly different from the 2009 rate. The 2020 WY AMR was not significantly different than the 2020 US AMR of 37,6/100,000. From 2011-2021, the leading cause of death among 10-19 year olds in WY was UI (41% of deaths) and suicide (34% of deaths) (VSS).

The 2018-2020 AMR was significantly higher among ages 15-19 (65.6/100,000) compared to ages 10-14 (21.2/100,000), males (59.4/100,000) compared to females (25.4/100,000) and Non-Hispanic AI/ANs (150.8/100,000) compared to Non-Hispanic Whites (40.7/100,000).

Motor Vehicle Mortality

The 2018-2020 adolescent (ages 15-19) motor vehicle mortality rate in WY has decreased from the 2007-2009 rate of 37.8/100,000 to 21.9/100,000 (NVSS, 2018-2020). However, the WY rate has been significantly higher than the US rate since 2007. While the U.S. male rate for 2016-2020 of 15.1/100,000 was significantly higher than the U.S. female rate of 8.0/100,000, there was no observed difference between WY male rate (23.1/100,000) and the female rate (19.4/100,000) for 2016-2020.

The YAYAHP is focusing on injury hospitalization among 10-19 year olds as an NPM for decreasing motor vehicle mortality. The WY injury hospitalization rate for 10-19 years old in 2019 (248.9/100,000 10-19 year olds) was significantly higher than the 2019 U.S. rate (204.2/100,000). The YAYAHP is implementing *Teens in the Driver's Seat* as a strategy to tackle motor vehicle mortality and injury hospitalizations by focusing on seat belt use among adolescents. In partnership with MCH Epi, the YAYAHP added a new question around seatbelt use to the WY Prevention Needs Assessment (PNA), as the Youth Risk Behavior Surveillance System is no longer administered in WY.

Suicide, Self-Harm, and Risk and Protective Factors

By 2017-2019, the WY adolescent suicide rate (32.1/100,000) increased by more than two-thirds the rate it was from 2007-2009 (18.0/100,000), while the U.S. rate has increased by half of what it was from 2007-2009 (7.2/100,000) to

2017-2019 (10.8/100,000). The WY rate decreased between 2017-2019 to 2018-2020 from 32.1/100,000 to 23.7/100,000, but the WY rate has remained significantly higher than the U.S. rate since 2007-2009. Suicides made up 32% of all deaths among adolescents ages 10-19 in WY from 2009 to 2019 (VSS). From 2015 to 2019, adolescent males in WY died by suicide at a significantly higher rate (48.5/100,000) than adolescent females (11.5/100,000). Data on the WY female rate from 2016-2020 is not reportable, however this difference is also seen in national data (NVSS).

The YAYAHP is working to increase adolescent well visit rates and promote mental health screenings during adolescent well visits. In 2019/2020, 71% of adolescents, 12-17 years, had a preventative medical visit in the past year, compared to 76% in the U.S., and down from 78% in 2016/2017 (NSCH). According to 2019 WY Medicaid data, 34% of adolescents (ages 10-20 years) eligible to receive at least one screening received a screening, an increase from 24% in 2015 when the lowest rate in the past 10 years was observed (WY CMS 416 report).

Children with Special Health Care Needs

Approximately 18% of WY children ages 0-17 years (24,064) have a special health care need. In 2019/2020, 52% of WY CYHSCN had insurance that was considered adequate for a child's health needs, significantly less than the U.S. percentage of 63% of CYHSCN. In WY, 12.7% of CYSHCN reported receiving care in a well-functioning system compared to 14% of CYSHCN in the U.S. (NSCH).

In 2019/2020, 42% of WY CYSHCN reported having a medical home, compared to the 49% of non-CSHCN children in WY, and 42% of CYSHCN in the U.S. WY's CYSHCN Program has chosen to work on increasing the prevalence of WY CYSHCN receiving care in a medical home over the next five years, with a specific focus on the need to improve the care-coordination component of a medical home for this population. The prevalence of WY CSHCN receiving care-coordination when needed (57%) is the lowest among all the components of a medical home (NSCH).

Emerging Needs Update

Childhood Lead Poisoning Prevention

The WDH PHD historically lacked capacity and funding for a lead surveillance and prevention program. Blood lead test results are a reportable condition in WY. In 2021, only 3% of WY children under the age of six were tested for lead, and 2% of those tested had elevated blood lead levels. In comparison, in the U.S. in 2018 (the most recent year available for comparison), 18% of children under the age of six were tested for lead, and 3% of those tested had elevated blood lead level. An epidemiologist has been hired to support implementation of the CDC Childhood Lead grant, awarded to WDH PHD in August 2021. MCH is an implementation partner on this grant.

COVID-19 and MCH Emergency Preparedness and Response

In FY21, all MCH Epi staff and some WY MCH staff continued support for the State's COVID-19 response, including staffing COVID-19 call lines, case investigation, contact tracing, and COVID-19 data collection, analysis, and reporting. MCH staff contributed subject matter expertise related to the impact of COVID-19 on pregnant women and children.

WY PRAMS added two COVID-19 supplements. The general COVID-19 supplement began in October 2020 with the July 2020 births. The COVID-19 Vaccine Supplement, asking about vaccine administration and hesitancy, began data collection in April 2021 with the January 2021 births.

MCH Epi is conducting a linkage of COVID-19 cases in women of reproductive age to birth/fetal death records in 2020 and 2021 to describe the pregnant population who also had COVID-19 and monitor the outcomes of both the

infant and mother. MCH Epi is monitoring for potential maternal mortality cases who also were diagnosed with COVID-19. To date, there have been no maternal mortality cases linked to COVID-19 cases.

Since late 2020, a CDC Public Health Associate Program (PHAP) fellow has worked to expand WY MCH capacity to address the MCH population needs and systems of care in emergency preparedness and response. The associate coordinated with the NBS Program and the Public Health Preparedness and Response (PHPR) Unit to develop the state's first NBS Emergency Procedures Plan (EPP), designed to assure continuity of operations during an emergency situation. The associate also developed the state's first-ever Wyoming Access and Functional Needs (AFN) Core Advisory Committee Charter to guide collective AFN preparedness efforts. WY MCH will continue collaboration with PHPR.

Oral Health

The WDH PHD Oral Health Program was eliminated in 2016 due to budget cuts. The role of WY MCH in oral health activities is limited. The unit participates in a statewide WY Oral Health Coalition co-led by the WYPCA. In 2020, the WY Oral Health Coalition received funding from the State Office of Rural Health (SORH) to update a statewide oral health NA. These efforts were suspended due to turnover experienced by the grantee agency, and the assessment has not been completed. When efforts resume, WY MCH will use results to monitor oral health among MCH populations, determine our capacity to address needs, and add to our work plans as it relates to the Title V Priority, Promote Healthy and Safe Children.

Child and Adolescent Health Insurance

In 2019/2020, the prevalence of children ages 0-17 who were adequately insured in the past year in WY (55%) was significantly less than the U.S. prevalence (67%), and significantly less than the WY prevalence in 2016-2017 (63%). According to the 2019 American Community Survey, 10.1% of WY children (ages 0-17) were not currently insured, significantly higher than the U.S. prevalence (5%). When examined by race, the highest prevalence of uninsured children was among non-Hispanic AI/AN (31%) (ACS). Due to the pandemic, 2020 data is not available. In 2019/2020, uninsured children (ages 1-17) had the lowest prevalence (58%) of having a preventive dental visit in the past year, as well as the lowest prevalence (24%) of receiving care within a medical home (NSCH). These numbers, coupled with the uninsured statistics from the CYSHCN population, clearly show there is much work left to do in these areas.

While child health insurance (NOM 21) was identified as an emerging need during the 2020 NA, it was not selected as a priority due to capacity challenges and concerns over the impact WY MCH is actually positioned to make. WY MCH will continue to monitor child health insurance measures and will work to promote access to health insurance among clients served through WY MCH programs.

Capacity Update

In 2021, the former CHP and CYSHCN Program were consolidated to form an expanded CYSHCN Program overseeing the Child Health and CSHCN population domains. This program is now led by one program manager who also assumes the role of the Title V CYSHCN Director. The WY NBS and Genetics Program was transferred to the CYSHCN program in 2021 to consolidate all CYSHCN services and workforce.

The WY MCH team has undergone a near-full leadership change. The WY MCH Unit Manager/Title V Director assumed the role in February 2022, followed by a new CYSHCN Program Manager/CYSHCN Director in April 2022. The current WIHP Manager assumed the role in November 2021. The YAYHP Manager is the most tenured program manager in the unit, having served in the role for nearly two years. Capacity has been impacted given the personnel

changes in WY MCH, however, the unit's capacity will improve going forward.

WY MCH continues to allocate state funding to local PHN offices or local health departments to support local MCH programming. Due to the economic downturn, state funding reductions will impact county funding in biennium fiscal year 2023-2024. WY MCH has since integrated Title V 2021-2025 priorities and strategies into contracts with local PHN under the contract renewal process.

Title V Partnerships and Collaborations Update

WY MCH partners with MCH Epi for epidemiology and evaluation support. MCH Epi manages the SSDI grant for Wyoming. WY MCH also collaborates with other MCHB investments, such as the F2FHIC (housed in the UW WIND). In the next year, WY MCH will also participate in the Region VII Tribal Relations Community of Practice.

WY MCH partners with other state agencies and programs to improve MCH population health, including: Health Care Financing (HCF); DWS; DFS; WDE; WDH BHD; WDH PHD programs (e.g., WIC, WIVPP, PHPR, SORH, Communicable Disease Unit); UW; WY Health Council (Title X grantee); the federal MIECHV grant, administered by DFS; and other statewide organizations and associations (e.g., WY Medical Society, WY Hospital Association, Uplift, WY Primary Care Association [WYPCA], WY American Academy of Pediatrics (AAP) Chapter, WY American College of Obstetricians and Gynecologists Chapter, WY Kids First, WY Afterschool Alliance, WY 211, WY Community Foundation).

WY MCH representatives sit on the following statewide councils:

- WY Governor's Council on Developmental Disabilities
- WY Governor's Early Childhood State Advisory Council
- WY Early Intervention Council
- WY Preschool Development Grant Executive Leadership Committee
- WY Citizen Review Panel

In 2022, WY MCH executed new two-year contracts with all 23 county PHN offices with TANF and state funds provided for reimbursement of MCH services. These funds support an estimated 47 full-time employees across WY in support of MCH services. Although no formal funding agreements exist, WY MCH also works with the Northern Arapaho and Eastern Shoshone Tribes to promote and provide gap-filling financial assistance and care coordination services as part of the CYSHCN Program. CYSHCN staff provide training and support to tribal nurses to improve and sustain programming.

In the coming year, WY MCH will continue to establish and build partnerships with state and local organizations that serve the state's MCH population or otherwise have a vested interest in health, social, and economic outcomes facing families in our state.

Efforts to Operationalize Five-Year Needs Assessment Findings

The WY MCH NA framework was not designed to be static or time-defined. Many elements will persist throughout the five-year grant cycle.

Steering Committee and Partner Involvement

The WY MCH/Title V SC formed in 2019 to drive NA activities, approve priorities, and hold WY MCH accountable to

its developed state action plan (SAP). This SC met in January 2020 to approve draft Title V priorities. Due to COVID, the SC did not meet again until June 2021, at which time the SC approved the final WY MCH SAP. The SC met again in June 2022 to hear implementation updates, offer guidance and feedback, and assure accountability to the plan. The committee is expected to meet annually hereafter to receive implementation updates and offer feedback and recommendations to support WY MCH accountability, increase leadership buy-in, and provide opportunities for ongoing feedback and QI.

After convening MCH PATs in spring 2020 to gather input on the selected priorities and strategies for the 2021-2025 NA, the PATs were unable to meet as planned to formally launch the 2021-2025 five-year cycle due to COVID. Program managers worked to move toward virtual PAT meetings, and have found other ways to plug into existing groups that are working toward similar priorities.

Strategic Plan Implementation

In January 2021, WY MCH released a Request for Proposal (RFP) for strategic planning, strategic implementation, workforce development, and leadership consultation services. Seven proposals were received and Lolina, Inc. was selected for an initial two-year contract, with options for renewals throughout the 2021-2025 Title V cycle.

In partnership with Lolina, WY MCH uses a 60/60 implementation structure, where we visit progress across domains every eight weeks and discuss the successes, challenges, and how MCH values are being operationalized over the past 60 days, and what is planned for implementation in the next 60 days. This performance and implementation management process is designed to support individual and team accountability for implementation of strategies, rotating by domain to ensure each MCH population domain is highlighted.

WY MCH will revisit and revise its SAP and ESMs/State Performance Measures (SPMs) before FFY23, and will receive TA from the MCH Evidence Center and Lolina, Inc. throughout summer 2022. WY MCH will then focus on resource allocation and structure its budget to align with updates to the SAP.

Organizational Structure and Leadership Updates

WY MCH administers the Title V MCH Services Block Grant and provides leadership for state and local efforts that improve the health of MCH populations. The table below outlines MCH and MCH Epi staff and their full-time employee (FTE) status.

Staff Member	Title/Role	Unit/ Program	FTE	Title V Domain	Tenure with WY MCH/ MCH Epi (Tenure with State of WY)
Feliciana Turner	MCH Unit Manager, Title V Director	MCH	1	All	<1 (16)
Carleigh Soule, MS	CYSHCN Program Manager, Title V CSHCN Director	MCH	1	Child; CYSHCN; Cross-	16 (16)

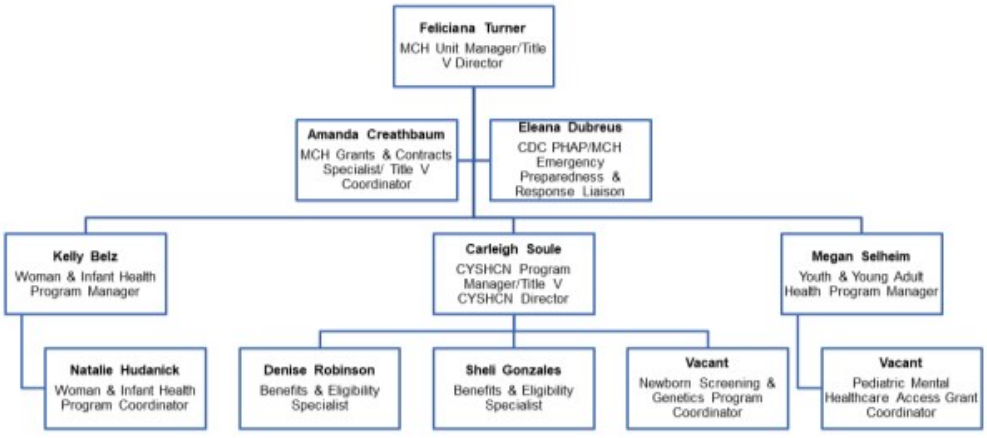
Staff Member	Title/Role	Unit/ Program	FTE	Title V Domain	Tenure with WY MCH/ MCH Epi (Tenure with State of WY)
				Cutting	
Megan Selheim, BS, MFA	Youth and Young Adult Health Program Manager	MCH	1	Adolescent; Cross-Cutting	2 (2)
Kelly Belz, MPH	Women and Infant Health Program Manager	MCH	1	Women/ Maternal; Perinatal/ Infant; Cross-Cutting	<1 (<1)
Amanda Creathbaum, AS	Grants and Contracts Specialist, Title V Block Grant Coordinator	MCH	1	All	<1 (4)
Vacant as of 4/4/2022	Newborn Screening and Genetics Coordinator	MCH	1	Perinatal/ Infant; CYSHCN; Cross-Cutting	N/A
Natalie Hudanick, MPH	Women and Infant Health Program Coordinator	MCH	1	Women/ Maternal; Perinatal/ Infant; Child; Cross-Cutting	1 (1)
Denise Robinson	Benefits and Eligibility Specialist	MCH	1	CYSHCN; Cross-Cutting	2 (15)
Sheli Gonzales	Benefits and Eligibility Specialist	MCH	1	CSHCN; Cross-Cutting	16 (20)
Eleana Dubreus	CDC PHAP Associate	MCH	1	All	2 (2)
Vacant (new position)	Pediatric Mental Healthcare Access Grant Coordinator	MCH	1	CYSHCN; Adolescent	N/A

Staff Member	Title/Role	Unit/ Program	FTE	Title V Domain	Tenure with WY MCH/ MCH Epi (Tenure with State of WY)
Ashley Busacker, PhD	Senior Epidemiology Advisor	MCH Epi	1	All	12 (12)
Joseph Grandpre, PhD	Chronic Disease/MCH Epi Unit Manager	MCH Epi	0.25	All	9 (20)
Moira Lewis, MPH	MCH Epidemiology Program Manager	MCH Epi	1	All	3 (3)
Neva Ruso, MPH	PRAMS Coordinator/MCH Epidemiologist	MCH Epi	1	All	2 (2)

Key organizational/staffing changes since last report's submission include:

- MCH Unit Manager/Title V Director position vacated in January 2022 and rehired in February 2022
- CYSHCN Program Manager/CYSHCN Director position vacated in December 2021 and rehired in April 2022
- Posting/recruitment for a PMHCA grant coordinator position
- Posting/recruitment of the NBSGPC vacated in April 2022 due to promoting the previous NBSGPC into the CYSHCN position
- CDC PHAP graduated in June 2022

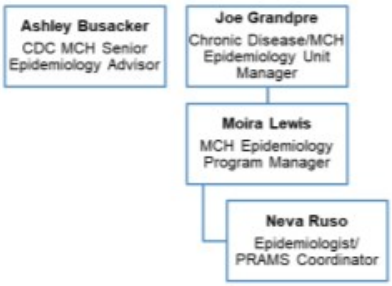
See below for an updated WY MCH organizational chart as of April 2022.



WY MCH Organizational Chart as of April 2022

WY MCH partners closely with PHN Unit leadership and two full-time PHN staff to implement a statewide home visiting program and support implementation of local MCH services, including CYSHCN care coordination services.

WY MCH benefits from a strong MCH Epi housed within the Public Health Sciences Section of the WDH PHD. Program staff include a Program Manager, MCH Epi/PRAMS Coordinator, CDC-Assigned Senior MCH Epidemiologist, and Chronic Disease/MCH Epi Unit Manager (0.25 FTE support for MCH Epi). A fifth MCH epidemiology position, a MCH/Injury Epidemiologist, was eliminated due to budget reductions. See below for an updated WY MCH Epi organizational chart as of April 2022.



WY MCH Epi Organizational Chart as of April 2022

Click on the links below to view the previous years' needs assessment narrative content:

2022 Application/2020 Annual Report – Needs Assessment Update

2021 Application/2019 Annual Report – Needs Assessment Summary

III.D. Financial Narrative

	2019		2020	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$1,100,000	$1,076,672	$1,100,000	$1,078,080
State Funds	$1,736,286	$1,853,637	$1,825,591	$1,825,591
Local Funds	$0	$0	$0	$0
Other Funds	$639,305	$0	$550,000	$550,000
Program Funds	$0	$521,954	$0	$0
SubTotal	$3,475,591	$3,452,263	$3,475,591	$3,453,671
Other Federal Funds	$1,578,412	$1,539,667	$1,877,176	$1,877,176
Total	$5,054,003	$4,991,930	$5,352,767	$5,330,847

	2021		2022	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$1,078,080	$0	$1,078,080	
State Funds	$1,850,000		$1,850,000	
Local Funds	$0		$0	
Other Funds	$0		$0	
Program Funds	$525,591		$525,591	
SubTotal	$3,453,671		$3,453,671	
Other Federal Funds	$1,957,109		$653,000	
Total	$5,410,780		$4,106,671	

	2023	
	Budgeted	Expended
Federal Allocation	$1,079,852	
State Funds	$1,850,000	
Local Funds	$0	
Other Funds	$0	
Program Funds	$525,591	
SubTotal	$3,455,443	
Other Federal Funds	$1,971,003	
Total	$5,426,446	

III.D.1. Expenditures

III.D.2. Budget

The 2021-2025 Title V Needs Assessment and strategic planning processes provided the WY MCH with direction for leveraging available resources to impact the health and wellness of Wyoming's families across all population domains. Title V funding, in combination with other federal funds (e.g. PREP, RPE), will continue to fund WY MCH positions, including a direct assistance-funded, CDC-assigned MCH epidemiologist. Three positions, the MCH Grants & Contracts Specialist/Title V Block Grant Coordinator, MCH Unit Manager, and two epidemiologists, are funded fully or partially (over 75%) with State Match/MOE funds.

Wyoming's required MOE is greater than the legislatively-required match. Several programs assist in maintaining this level of funding effort: NBS, PHN Home Visitation Program, CSH, and Immunizations. WY MCH's FFY22 budget includes $1,850,000 in State General Funds and $525,591 in program income from NBS. WY MCH remains able to meet the required MOE of $2,375,591.

WY MCH's proposed budget for FFY23, as reflected in Form 2, includes the following budget items:

- Prevention and Primary Care for Children: $367,000 (34%)
- Children with Special Health Care Needs: $400,000 (37%)
- Other/Family: $227,852 (21%)
- Administrative Costs: $85,000 (8%)
- State MCH Funds: $1,850,000
- Program Income (NBS): $525,591
- State MOE: $2,375,591

III.E. Five-Year State Action Plan

III.E.1. Five-Year State Action Plan Table

State: Wyoming

Please click the links below to download a PDF of the Entry View or Legal Size Paper View of the State Action Plan Table.

State Action Plan Table - Entry View

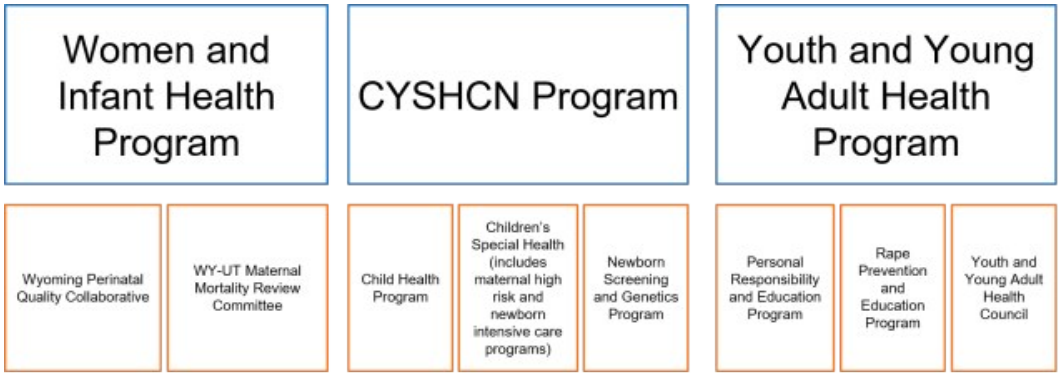
State Action Plan Table - Legal Size Paper View

III.E.2. State Action Plan Narrative Overview

III.E.2.a. State Title V Program Purpose and Design

The Wyoming Title V Program, known as the Wyoming Maternal and Child Health Unit, is organized within the Community Health Section of the Public Health Division. Structurally, the WY MCH unit's programs are divided according to the population groups they serve. This structure aligns well with the Title V population domain framework and assures dedicated resources within each domain. Programs coordinate and collaborate to ensure consideration of the life course perspective in program planning and decision-making. WY MCH programs include:

- Women and Infant Health Program, focusing on women of reproductive age and infants through age one (Women/Maternal Health and Perinatal/Infant Health domains)
- CYSHCN Program, focusing on all children one through 21 years of age, including those with special health care needs (Child Health and Children with Special Health Care Needs domains)
- Youth and Young Adult Health Program, focusing on the unique needs of youth and young adults ages 12-24 (Adolescent Health domain)



WY MCH Organizational Chart

The Wyoming Title V Program receives approximately $1.08 million in federal Title V funding annually. Due to a small budget, small staff capacity, and the rural and frontier nature of Wyoming, WY MCH relies heavily on partnerships to develop and achieve State Action Plan objectives.

During the 2021-2025 needs assessment, WY MCH acknowledged a need to formalize partnerships in order to successfully implement strategies, most of which are larger than WY MCH. To accomplish this, MCH PATs for each priority were developed in March 2020 to guide the strategic planning process and support implementation over the five-year cycle. The strategic planning process ended with development of logic models for each priority, each of which included key partners as "inputs" necessary to achieve success. COVID-19 interrupted WY MCH's plans and ability to consistently engage PATs during years one and two of the grant cycle.

Due to the significant impact COVID-19 has had on a range of partners, WY MCH has used this as an opportunity to rethink engagement. As such, WY MCH worked to plug into existing groups that might align or intersect with the priorities of the unit. For example, there are a number of state and local groups and efforts addressing suicide prevention. Instead of creating another group, WY MCH staff have connected to existing organizations to better align efforts and find synergy in funding and programmatic opportunities. In year three, engagement is expected with partners through similar methods and convening groups only when/if there is not an existing effort in place. WY MCH found this to be a more effective and efficient way to assure partnership development and shared decision-making

for ongoing implementation.

WY MCH will continue to utilize the life course perspective framework and other public health frameworks, such as the 10 Essential Public Health Services, the Foundational Core Public Health Functions, and Root Cause/Health Equity frameworks, to help center its work in an equitable public health approach.

Along with the core frameworks used in the work of the unit, WY MCH revised its core values during the needs assessment and priority selection phase for 2021-2025. The WY MCH unit's updated values reflect those WY MCH believes should be fully integrated and operationalized in its work. These values are detailed below:

- Data-driven: Utilize data, evidence, and continuous quality improvement
- Engagement: Cultivate authentic collaboration and trust with families and community partners
- Health Equity: Integrate an understanding of how differences in social, economic, cultural, and environmental factors across generations and throughout the lifespan impact health
- Life Course Perspective: Integrate an understanding of how risk and protective factors influence health across the lifespan and across generations
- Systems-Level Approach: Prioritize work that addresses community structures, social norms, environment, and policies to maximize impact

These values, along with realistic assessments of staff capacity, allows WY MCH to determine its most appropriate role in priority-related work, whether that be leader, convener, or collaborator.

Partnerships external to WDH are building as WY MCH prioritizes its core value of engagement. These efforts are tied into activities related to 2021-2025 priorities. Further, WY MCH will continue to actively strengthen MCH workforce capacity to operationalize MCH core values.

III.E.2.b. State MCH Capacity to Advance Effective Public Health Systems

III.E.2.b.i. MCH Workforce Development

Public Health Recruitment, Retention, and Workforce Development

WY MCH and MCH Epi have current staff sizes of eleven and four, respectively. This includes a term-limited CDC-assigned public health associate and a CDC-assigned MCH epidemiology senior advisor. Staff turnover is common, with both programs collectively losing approximately one to three staff members per year. 53% of staff have been with WY MCH or MCH Epi for two years or less. WDH-PHD tracks turnover and vacancy data for its 289 positions (including temporary COVID-19 staff). As of April 29, 2022, the vacancy percentage for PHD was 19.7% (57 vacant positions). The turnover rate (number of separations in the past year divided by the number of positions) is 15.22%, representing 44 separations in the past year.

Workforce Development Group

The prior WY MCH Unit Manager participated in the WDH-PHD Workforce Development Workgroup (WFD WG)[1], which identifies workforce needs and challenges across the public health workforce. In spring/summer 2020, the WFD WG conducted meetings with every unit in the Division, with representation from almost 50% of staff in the Division. The purpose of the meetings was to ensure a more staff-inclusive and interactive process for updating the workforce development plan. The WFD WG wanted to better understand the needs of the workforce, especially in light of COVID-19 and its impact on employees. The WFD WG brought forward 20 potential strategies for staff to prioritize. Staff were asked to assess each strategy according to how *important* they believed the strategy to be and by how *feasible* they believed the strategy to be. The results by importance and feasibility are detailed in the below table, on a scale of one (low importance or feasibility) to three (high importance or feasibility).

Top 5 by Importance	Rating	Top 5 by Feasibility	Rating
Reduce Worker Burnout and Exhaustion	2.81	Workforce Flexibility and Telework Beyond COVID	2.45
Value the Workforce	2.75	Value the Workforce	2.32
Workplace Wellness for Staff	2.57	Create and Deploy Stay Interviews	2.31
Define the Culture we Want and What it Takes to Achieve It	2.57	Workplace Wellness for Staff	2.29
Workforce Flexibility and Telework Beyond COVID	2.52	Train Staff on Priorities Based on Position	2.29

Additionally, an open-ended question was asked to learn what makes the workforce feel valued, so as to create actionable recommendations to achieve that specific strategy (as it was anticipated to be rated highly by staff).

Public Health Workforce Interests and Needs Survey

Public Health Division staff, including WY MCH also participated in the 2021 iteration of the Public Health Workforce Interests and Needs Survey (PHWINS). The Division did not meet the benchmark response rate to receive a state-specific report, however, the national findings are inline with what the WFD WG learned in the process of updating the work plan: there is rising stress and burnout in the public health workforce. The national findings indicate that nearly one in three public health employees are considering leaving their organization in the next year, with work overload/burnout and stress being the second and fourth reason for leaving, respectively.

Challenges

The Wyoming public health workforce also faces unique challenges, such as geographic dispersion of the workforce, remote locations that challenge recruitment efforts, wage disparities between public and private sector, an aging workforce, lack of agency or division-level social media and streamlined public health communication, and boom-and-bust economic cycles which can lead to governmental budget reductions. All of these factors impact the ability to recruit and retain qualified staff, and can cause service delivery interruptions and setbacks during periods of transition.

WY MCH is not immune to these challenges. For this reason, WY MCH is prioritizing workforce development in a number of ways. The WY MCH Unit Manager is committed to applying the division's workforce development recommendations at the unit level, to the extent possible. This means adopting a culture within the unit that aligns with the top strategies in the workforce development plan: value the workforce, promote and facilitate workplace wellness for staff, and maintain flexibility and telework long-term. This culture values staff, values rest, supports staff recovery and resilience, considers staff wellbeing in all aspects of our operations, and creates and maintains an environment of inclusivity and belonging. It further requires WY MCH to adopt practices and training/development that align with this culture. WY MCH will be:

- Establishing "no-meeting" days for the unit to reduce meeting fatigue and provide more time and space for accomplishing desired outcomes and engaging in professional development;
- Establishing our shared commitment to, and expectations for, "unplugging";
- Supporting staff wellness and encouraging staff to take advantage of division or agency-wide policies and practices that support employee health (e.g., staff can combine breaks for physical activity under agency policy); and
- Encouraging staff participation in a division-wide resilience journey, facilitated by the Resilience Institute.

When WY MCH has vacancies, the reach of the job posting is broadened to ensure qualified candidates are found. Job postings are distributed through Handshake to reach surrounding universities' alumni, postings are shared with partners, shared on the WY MCH Facebook page, and in the WY MCH quarterly newsletter whenever applicable.

Also of note, in the 2022 budget session, the Wyoming Legislature authorized the distribution of State funds to adjust pay for state employees, effective July 2022. Eligible employees received a base pay increase or a one-time bonus.

Finally, in 2020, the WY PHD completed their bi-annual public health core competency assessment across all staff. Results were not analyzed at a unit-level during that iteration due to staff capacity and the ongoing COVID-19 response efforts.

The overall results of the assessment were analyzed against the de Beaumont Foundation's Strategic Skills for the public health workforce to identify division-level opportunities to strengthen competency. Within that context, *policy development* and *financial planning and managing* domains were identified as the competencies with greatest opportunity for improvement, as well as strategic skills related to *problem solving* (specifically in the context of using health status, factors influencing health, and assets and resources in assessing and improving community health) and *change management* (analyzing and taking measures to mitigate or leverage internal and external factors affecting the delivery of the 10 Essential Public Health Services).

During the 2022 state performance management initiative (PMI) goal-setting period, WY MCH staff will assess how these competencies and skills might be included in our goals. The MCH Unit Manager recently participated in the de

Beaumont Foundation's Building Expertise in Administration and Management certificate program for public health professionals, and participated in training on making and managing subawards under federal grants.

MCH-Specific Assessment of Training and Professional Development Needs

WY MCH established a 2021-2025 Title V Priority under the Cross-Cutting/Systems Building Domain: Strengthen MCH Workforce Capacity to Operationalize MCH Core Values. Identified strategies under this priority will increase staff assessment of professional development needs by requiring all new staff to complete the MCH Navigator self-assessment within six months of hire. WY MCH leadership will request technical assistance from the MCH Workforce Development Center to develop WY MCH new employee orientation and evaluate increased knowledge and/or skills related to key MCH competencies and WY MCH core values.

WY MCH staff are encouraged to participate in training programs and professional development opportunities such as the Association of Maternal and Child Health Programs (AMCHP) Leadership Lab or CityMatCH Leadership and MCH Epidemiology Conference.

WY MCH continues to support employee development through the use of StrengthsFinder 2.0, an online assessment to assist individuals in identifying, understanding, and maximizing their unique combination of strengths. StrengthsFinder assesses four domains of leadership strength (executing, influencing, relationship building, and strategic thinking) plus 34 themes, which are all critical to the overall effective functioning of a leadership group. All WY MCH staff complete the StrengthsFinder assessment upon hire and participate in an Introduction to Strengths session to learn about the assessment tool and receive their results from a trained coach. Additional strengths coaching and/or consultation is available for staff as requested. This offering is especially important in order to support a small staff tasked with expansive priorities. WY MCH currently contracts with Lolina, Inc. to offer this important workforce development opportunity to all staff. In the current and coming year of the grant cycle, WY MCH will further develop orientation and onboarding support to improve MCH staff experience and integration into the team. This will allow us to better incorporate organizational structure/context, values-based orientation and training, and public health preparedness training and skill building.

Training Needs of MCH's PHN Partners

In 2019, WY MCH and PHN partnered to revise a quarterly performance report completed by county governments that receive WY MCH funding. The quarterly performance report asked about technical assistance and training needs related to MCH services. Due to PHN's extensive involvement in every aspect of the COVID-19 response, the quarterly performance reports were suspended. Therefore, current data on their training needs are not available. In the next grant cycle, the quarterly reports will be reinstated. WY MCH will work with PHN on identified training needs, with WY MCH program managers serving as subject matter experts and providing training as needed and/or requested.

Innovations in Staffing Structures

While a small staff size presents capacity and resource challenges, it also allows for increased collaboration across population areas and improved cohesion related to advancing a shared vision. Often, decisions about future programming are made as a team instead of by an individual program manager.

In late 2020, the Child Health and CSH Programs were merged under one program manager's responsibilities, and the program manager was promoted to Title V CYSHCN Director. This change in structure strengthens

leadership capacity for CYSHCN services in Wyoming. Further, in June 2021, a Benefits and Eligibility Specialist position was reclassified, upon retirement, to create the Women and Infant Health Program Coordinator position. This shift allows WY MCH to better address previously unmet needs such as oversight of 23 MCH grant agreements with county governments, and coordination of strategies related to women/maternal, perinatal/infant, and child health domains, and strategies that cut across multiple domains (e.g. Bright Futures implementation efforts).

WY MCH will continue leveraging opportunities to increase workforce capacity through internships, CDC's Public Health Associate Program (PHAP), and AmeriCorps Volunteers in Service to America (VISTA) volunteers. A few representative examples include:

- Partnership with University of Wyoming School of Social Work to host bachelor and master-level students to meet MCH priorities. Another unit manager possesses the credentials to serve as the preceptor for these students in partnership with WY MCH.
- Participation in the Title V Internship Program through National MCH Workforce Development Center's Title V Internship Program. The 2020 internship application focused on increasing MCH involvement in emergency preparedness planning and response pertaining to newborn screening emergencies. Such emergencies experienced by the NBS program include snowstorms shutting down primary interstates used by courier services, and a contracted courier service filing for bankruptcy during a busy holiday season. Due to COVID-19, the internship program was moved to a virtual setting and host sites were afforded flexibility in changing assignment projects. WY MCH modified its assignment topic due to COVID-19's impact on staff capacity to orient and support students. The new project addressed a previously identified need to develop an MCH communications plan, an effort to build WY MCH workforce capacity to operationalize the MCH core value of engagement. WY MCH used the finalized communications plan to request approval from WDH, which was granted, to develop and maintain a WY MCH Facebook page. This page launched in early 2021.
- In 2020, WY MCH recognized that while an intern may need in-person support to work on emergency preparedness, a PHAP associate would have the experience necessary to succeed in this area, despite WY MCH leadership's limited capacity to provide support during the pandemic. The work very much still needed to be accomplished, so in fall 2020, WY MCH was accepted as a host site and matched with a public health associate, Eleana Dubreus. Eleana has been instrumental in building and strengthening WY MCH's involvement and partnership with the Public Health Preparedness and Response Unit (PHPR) within the PHD. To that end, the associate:
    - Assisted the PHPR unit by being a key drafter of the state's first-ever Wyoming AFN Core Advisory Committee Charter. This draft charter ensures the collective efforts to assess the impact of state plans and other public health preparedness projects on communities with AFN.
    - Developed Wyoming's first NBS Emergency Procedures Plan (EPP). The NBS program is critical in screening for over 40 genetic, metabolic and congenital conditions that can cause disability or death if not identified and treated promptly. Interruptions to NBS program operations can be deadly for newborns. To gather vital information for the plan, the associate organized and facilitated a Winter Storm Xylia after-action discussion with stakeholders from the NBS program, Wyoming Office of Homeland Security, Public Health Preparedness and Response, Public Health Laboratories (CO and WY), and many others. The after-action discussion strengthened partnerships and built momentum for the development of the NBS EPP. This plan prepares WY MCH, along with state and local partners, to assure continuity of operations during a disaster/emergency. The efforts of the PHAP associate have established a legacy for ensuring the continuity of operations for this mission-essential program.
- WY MCH hopes to be accepted as a host site and matched with another PHAP associate in FFY23. Our

application, submitted in spring 2022, seeks to build the Youth and Young Adult Program's capacity to address sexual health and connectedness priorities.

- WY MCH will collaborate with the State Office of Rural Health (SORH) to also participate in a contract whereby WY MCH can apply AmeriCorps VISTA volunteers to further build workforce capacity to meet the unit's current and emerging needs.

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[1] The current MCH Unit Manager previously led the WFD WG efforts and will likely rejoin this group as a member in the future.

III.E.2.b.ii. Family Partnership

As defined by the MCH Block Grant, family partnership as "the intentional practice of working with families for the ultimate goal of positive outcomes in all areas through the life course. Family engagement reflects a belief in the value of family leadership at all levels from an individual, community and policy level."

WY MCH's core value of engagement, established in 2015 and updated in 2018, demonstrates a commitment to cultivating authentic collaboration and trust with families and community partners to improve outcomes for all MCH populations. WY MCH will continue to prioritize community and family engagement and actively work to build and strengthen staff capabilities to operationalize this value in meaningful ways.

In recent years, WY MCH formed a workgroup that included WY MCH, Uplift (Wyoming Family Voices), the Wyoming Institute for Disabilities (WIND) (Wyoming Family to Family Health Information Center [F2FHIC]), the Wyoming Parent Information Center, and a representative from the Wyoming Department of Education. The workgroup met monthly to share updates on parent/family engagement activities and identify collaboration opportunities. During the COVID-19 pandemic, discussions centered on better understanding families' challenges and needs during the crisis, and sharing about each organization's efforts to maintain engagement and provide support. This workgroup also agreed to lead implementation of consumer education strategies to promote well visits as part of the Bright Futures Implementation Task Force. Unfortunately, COVID-19 and diminished leadership capacity has slowed progress on this effort, and turnover in WY MCH leadership has caused a disruption to the ongoing ability to meet regularly with these partners. The new MCH Unit Manager will begin assessing how to move forward and re-engage across all of these partners in the current and upcoming year in the grant cycle.

Wyoming is a Preschool Development Birth through Five grant recipient, and received a renewal grant in 2021 to continue for another three years. This grant is collaboratively led by the Governor's Office, the Early Childhood State Advisory Council, state agencies, the University of Wyoming, and the nonprofit and philanthropy sectors. One strategic aim of the grant is Family Empowerment, Knowledge, and Choice. Under this strategic aim, the grant seeks to provide families with information about the importance of early childhood development and resources to support and advocate for their children's interests, healthy development, and learning. A primary activity to achieve progress is developing a family partnership and engagement framework (currently in the design phase of implementation). The grant further supports the development of an early childhood education community resource center. Family surveys and educational campaigns also support family engagement and awareness-building. WY MCH is working to better align parent/family engagement efforts led by this grant with Title V family partnership activities.

WY MCH acknowledges that meaningful parent and family partnership requires dedicated staff and resources. In the absence of a dedicated position in WY MCH to lead this work, WY MCH leverages partnerships (e.g. Wyoming Family Voices, Wyoming F2FHIC) and other workforce capacity-building opportunities, such as internships and other temporary employee assignments.

In past years, WY MCH staff participated in a Fatherhood Initiative, hosted by the Wyoming Children's Trust Fund. The goal of the meeting was to bring together interested stakeholders to develop a fatherhood engagement strategic plan. Due to COVID-19, no recent progress has been made on this effort. However, in the upcoming year, WY MCH will be looking for broader opportunities to engage fathers and other caregivers in MCH efforts and develop (or re-engage) partnerships with father-serving initiatives. In partnership with Uplift, a network of family leaders is being developed and trained to actively engage in MCH work. Within that context, efforts will be made to engage fathers or other caregivers as family leaders in the coming year. Additionally, other state agencies engage fathers, such as the Dads Making a Difference Program administered by the DWS. Participants in this program

receive job training in high-growth and high-demand occupations, followed by job placements to reduce barriers to self-sufficiency. The program also provides life and parenting skills training, healthy relationship development, and practical training on financial literacy, employment retention, and problem solving. WY MCH recognizes opportunities to develop relationships with this and similar programs serving families across the state, and empowering fathers to be actively involved in the health of their families.

Family Voices Partnership

WY MCH continues to work toward strengthening its relationship with Uplift, Wyoming's Family Voices affiliate. WY MCH supported Uplift's Executive Director's attendance at the 2020-2022 virtual AMCHP conferences. In late 2020, WY MCH and Uplift began planning for a partnership agreement to include Uplift's provision of technical assistance to WY MCH staff to engage parents and families in MCH program planning, implementation, and evaluation. This agreement will be amended for the upcoming year to continue technical assistance. Over this time, Uplift identified and recruited parent, family, and youth representatives to serve on each WY MCH PAT. Uplift also supported efforts to improve the public input process in summers 2020-2022 and will continue to do so in subsequent years under the new partnership agreement. Their involvement, paired with leadership from a new Title V Block Grant Coordinator, has led to a significant increase in public input responses, jumping from just two in 2019 to 107 responses in 2020, 101 responses in 2021, and 76 in 2022. One success noted in 2021 is that a higher percentage of respondents (79.5%) were members of the general public, compared to only 60% in 2020. WY MCH believes this may be due to marketing the survey through more directly engaging means, such as the WY MCH Facebook page and Uplift's social media pages. 18 of Wyoming's 23 counties were represented in the survey responses. Due to WY MCH leadership transitions in 2022, public engagement outreach was limited. For example, last year Uplift was able to host community cafes (virtual family feedback forums) with CYSHCN parents, but that was not possible this year. However, WY MCH continued to host a public webinar in April 2022. A total of 16 public participants attended. Uplift helped promote the webinar and our survey.

Family-to-Family Health Information Center Partnership

In prior years, WY MCH, in partnership with the WIND (where the F2FHIC is housed) issued a survey of providers, revealing a lack of knowledge among providers on WY MCH genetics clinics, Bright Futures guidelines, and Wyoming F2FHIC programs and services. A document describing all programs and resources was developed and sent to all providers who requested more information. WY MCH is now partnering with the WIND to launch an Extension for Community Healthcare Outcomes (ECHO) learning community focused on best practices in using and disseminating the AAP Bright Futures Guidelines. The ECHO network will launch in fall 2022 and consist of 10-12 learning sessions. Wyoming F2FHIC will be engaged by WY MCH in the completion of an assessment of the National Standards for Systems of Care for CYSHCN. With new WY MCH leadership in place, the unit will reconvene WIND/F2FHIC and other family engagement partners so we can establish partnership and coordination moving forward which builds on previous efforts. This will be especially important as we take the CYSHCN National Standards for Systems of Care assessments and determine our next steps toward system improvements. F2FHIC distributes a monthly newsletter to families and professionals working with families of CYSHCN. Through renewed partnerships, F2FHIC can include updates and important news from WY MCH in upcoming newsletters.

Children's Special Health Advisory Council

The 2021-2025 needs assessment identified a priority to improve systems of care for CYSHCN. A key strategy of this priority is to develop and convene a CYSHCN Advisory Council, with the goal of including members with lived

experience. It was expected this council would be formed in FFY22, however, WY MCH leadership transitions during this time caused delays. While WY MCH still expects to move this effort forward, it will likely not occur until FFY23 as the new CYSHCN director onboards and begins assessing next steps with internal and external partners. WY MCH still expects this council will support the program in identifying priority national standards toward which to focus action. Future efforts will build on the prior work of the previous CYSHCN director, which involved expert consultation for internal assessment and initial scoping of potential strategic direction.

Wyoming State Youth and Young Adult Council

WY MCH has been engaged in formal partnership with the Youth and Young Adult Council since early 2020. The Council meets virtually on a regular basis, and has provided input and feedback to the YAYAH program, other Wyoming community organizations, and state offices on how best to meet the health and wellness needs of the older adolescent and young adult population. While this Council was started to primarily serve Title V priorities related to teen traffic safety and adolescent suicide, WY MCH recognizes that there is broader potential to shift this Council to a Domain 6 strategy that cuts across domains and can serve to advise and advocate on a range of health issues impacting this population (e.g., reproductive healthcare, mental health, and equitable access to health for LGBTQIA+ and other marginalized youth/young adult populations). In Year 3 of the grant, WY MCH will work to build this out as a broader community engagement strategy, and will work with the Council to evaluate actions and progress or successes to date.

III.E.2.b.iii. MCH Data Capacity

III.E.2.b.iii.a. MCH Epidemiology Workforce

Staffing Structure and Composition Overview

The Wyoming MCH Epi comprises four staff, which consists in total of 3.3 FTEs dedicated to the management and analysis of MCH data. The four positions are composed of one full-time MCH Epidemiology Program Manager (1 FTE), one full-time PRAMS Coordinator/MCH Epidemiologist (1 FTE), one full-time CDC-assigned MCH Epidemiologist (0.8 FTE) and the Chronic Disease and MCH Epidemiology Unit Manager, with 25% of his time dedicated to MCH Epi (0.25 FTE).

The MCH Epidemiology Unit is funded through multiple federal programs, which include the SSDI and PRAMS, in addition to Title V funds, as well as Wyoming State General Funds.

Staff Experience, Roles and Funding Source

MCH Epidemiology Program Manager, 1.0 FTE

- *Education and training:* The current MCH Epi manager, Moira Lewis, has a Masters in Public Health, Epidemiology. Ms. Lewis has held the MCH Epidemiology Program Manager role for three years, and also holds three years of additional experience in clinic data management, as well as pharmaceutical research and management. Additionally, Ms. Lewis has over two years of training on community development, specifically focusing on public health, from her time serving as a Peace Corps volunteer in Mongolia.
- *Funding:* This position is funded with SSDI, PRAMS, and State General Funds.
- *Roles/Responsibilities:*
    - Manages the MCH Epidemiology Program, including direct supervision of the MCH Epi staff, management of grants and budgets for the program, and providing direction for surveillance and epidemiological duties of MCH Epi epidemiologists.
    - Oversees the collection and analysis of data for various surveillance systems that monitor and assess health status and its determinants for women of childbearing age, infants, children, adolescents, and families.
    - Manages data collection and analysis for WY MCH priorities and the Title V Block Grant, including national and state performance and outcome measures, and provides epidemiology assistance for MCH programs for grant applications, performance reports to funding agencies, Healthstat (the Wyoming Department of Health's performance management system) and other reports.
    - Provides epidemiologic leadership for the five-year MCH Needs Assessment process, including data collection, reporting, and monitoring to help identify priorities and performance measures, as well as collaborates with MCH programs to monitor and evaluate programmatic success.
    - Serves as the SSDI Principle Investigator (PI) and manages the SSDI grant and its budget, writes and submits the SSDI grant application, and implements the application plan.
    - Serves as the PRAMS Project Manager, supervising and providing overall management of PRAMS operations, including oversight of budget and fiscal operations, contracts, data downloads, protocol changes and Internal Review Board approvals, data collection, and the dissemination of PRAMS data and results to MCH programs, stakeholders, and other WDH programs.

PRAMS Coordinator/MCH Epidemiologist, 1.0 FTE

- *Education and training:* The current PRAMS Coordinator/MCH Epidemiologist, Neva Ruso, has a Masters in Public Health, majoring in Epidemiology and minoring in Infectious Disease, and has held this role for a year and a half. Mrs. Ruso holds two years of additional experience with injury prevention research and one year of risk management.
- *Funding:* This position is funded with PRAMS and State General Funds.
- *Roles/Responsibilities:*
    - Serves as the PRAMS Project Coordinator, including managing and maintaining PRAMS mail and phone procedures, and entry of survey data into the PRAMS data system.
    - Serves as primary data analyst for PRAMS data, developing fact sheets, data briefs, and reports based on data analyses.
    - Assists with the collection and analysis of data for various surveillance systems, monitoring and assessing the health status and its determinant for MCH populations in Wyoming.
    - Provides data translation and analysis of MCH data, and presents data for stakeholder use and epidemiological support to MCH program staff for the Title V Needs Assessment and Block Grant reporting. Evaluates program strategies implemented by WY MCH related to the selected priorities, under supervision of the MCH Epidemiology Program Manager.

Chronic Disease/MCH Epidemiology Unit Manager, 0.25 FTE

- *Education and training:* The current Unit Manager, Joe Grandpre, PhD, MPH, has over twenty years' experience in public health and epidemiology. Dr. Grandpre also manages the Wyoming BRFSS program and the Wyoming Violent Death Reporting System.
- *Funding:* This position is funded with State General Funds.
- *Roles/Responsibilities:*
    - Supervises the MCH Epidemiology Program Manager, overseeing the activities of the MCH Epidemiology Unit and hiring and supervising MCH Epi staff.
    - Serves as the PRAMS PI, overseeing administrative aspects of PRAMS and monitoring PRAMS surveillance activities.

CDC-Assigned MCH Epidemiologist, 0.8 FTE

- *Education and training:* Dr. Ashley Busacker holds a PhD in Epidemiology. She has 14 years of experience in public health and epidemiology.
- *Funding:* This position is a direct assistance position from CDC, funded through Title V.
- *Roles/Responsibilities:*
    - Provides scientific advice and support to Wyoming MCH Epi, including creating analysis plans, complex analyses, and data dissemination of Title V strategies and PRAMS activities.

Current Workforce Capacity

The previous year, it was reported that the MCH Epidemiology Unit has experienced organizational restructuring through the loss of an At-Will Employee Contract (AWEC) position. This position has not been reinstated. However, the unit has experienced no turnover this past year, and the COVID-19 response duties have been greatly reduced, if not completely eliminated for MCH Epi staff. The MCH Epi program manager and the PRAMS coordinator still attend COVID-19 response meetings, and are available to perform website updates when needed. The CDC-assigned MCH Epidemiologist is still the lead for COVID-19 in Fremont County and on the Reservation, but her COVID-19-related duties have reduced with a shift to endemic COVID-19 rather than COVID-19 response.

With the continued absence of the MCH Epi AWEC position, which supported programs run through WY MCH's YAYAHP, the MCH Epidemiology Program Manager has been working with the YAYAHP Manager to continue to support the program with its immediate data and epidemiological needs. Together, plans have been made and put into place contracting out evaluation needs and other data needs when it is clear there is not enough internal capacity. MCH Epi continues to evaluate capacity when new projects are introduced, so current surveillance and Title V supporting needs are not affected.

III.E.2.b.iii.b. State Systems Development Initiative (SSDI)

The SSDI grant is a key resource for ensuring access to quality MCH data for the Wyoming Title V Program. SSDI supports the work of Title V in three main ways: 1) supporting needs assessment and block grant reporting, 2) providing access to timely and accurate MCH data, including linked data sets, and 3) supporting ongoing MCH surveillance to identify emerging needs by developing new resources and tools to assist with surveillance, along with evaluation and quality improvement of programs.

Block Grant Reporting and Needs Assessment

The SSDI grant supports funding for MCH Epi staff who gather and analyze the necessary data to complete the block grant reporting. This support includes development of Evidence-Based or -Informed Strategy Measures (ESM) and data gathering efforts for ESM monitoring. MCH Epi participated in the planning group for the 2021-2025 Needs Assessment, and supported the process by providing tools to assist in assessing and monitoring both Title V NOMs and NPMs. MCH Epi continues to work with WY MCH staff to ensure developed Title V strategies are measurable and to develop evaluation plans. MCH Epi will collect and monitor data surrounding the chosen priorities. Specifically, MCH Epi will monitor and collect relevant data from PRAMS, BRFSS, NSCH, vital statistics, and others as part of the development of evaluation plans for the proposed strategies, and for block grant reporting purposes.

Access to Timely and Accurate MCH Data

SSDI continues to support the work of the Wyoming VSS office as it works to improve the timeliness and accuracy of its data. These efforts include:

- Creation and maintenance of data linkages between Wyoming birth and death certificates, as well as Wyoming death certificates for women of reproductive age to births and fetal deaths, to enhance MCH Epi's ability to monitor infant and maternal mortality
- Creation and maintenance of real-time access to VSS reports, focused on newly developed linkages
- Creation of electronic maternal death reporting, enhancing quality and timeliness for MCH projects including the MMRC
- Inclusion of maternal email and phone number on birth certificates, enhancing the ability of PRAMS to contact mothers for improved response rates
- Development of linkage of birth file to Medicaid claims data to improve understanding of infant care and outcomes
- Development of a test environment for VSS linkage to the Wyoming Health Information Exchange for automatic completion of portions of the death certificate (and eventually birth certificates), increasing the data accuracy and decreasing burden and time for providers to complete certificates
- Creation of geo-coding fields on birth certificates to better analyze the impact of the distance from the mother's residence to the birth facilities on birth procedures and outcomes
- Supporting VSS to implement system updates which improve the data quality of birth and death reports, such as Help buttons for fields to assist those entering the data better understand what is required
- Utilizing SSDI funds to assist VSS in trainings to improve data quality.

In addition to the work with Wyoming VSS, SSDI supports:

- Continued participation in PRAMS, specifically the phone data collection protocol of PRAMS that is contracted to Market Decisions, LLC.
- Access to training and technical assistance on the data visualization software Tableau to enhance MCH

epidemiologists' ability to share data in a timely manner with internal and external partners.

MCH Surveillance

Ongoing surveillance has been developed for key MCH indicators. Epidemiologists utilized Tableau software for a dashboard that tracks injuries (including childhood injuries) and a dashboard to monitor Title V NOMs. MCH epidemiologists also work with the contractor Plante & Moran to develop an improved dashboard to monitor Title V NOMs and NPMs; this dashboard will both assist in the ongoing surveillance of outcomes and performance measures for both MCH Epi and WY MCH staff, in addition to aiding in completing evaluations of and reporting on chosen priorities and strategies.

Work with Plante & Moran, funded with SSDI funds, further resulted in the development of two additional Tableau dashboards. One visualizes Wyoming PRAMS data, allowing for easier access to state PRAMS data for internal staff, stakeholders, and other health professionals. The second dashboard visualizes Wyoming MCH VSS data and assists MCH Epi, WY MCH, and VSS staff, as well as outside stakeholders, in monitoring the status of the MCH populations in Wyoming. From the information learned from working with Plante & Moran, MCH Epi also developed an EPSDT Trends Dashboard. EPSDT data is used by both the CSH program and the YAYAHP to monitor Title V priorities. MCH Epi plans to also use new Tableau skills to make improvements to the VSS trends dashboard but include breakdown by certain demographic factors, with the goal of monitoring additional data which should assist with future programmatic work around health equity.

III.E.2.b.iii.c. Other MCH Data Capacity Efforts

MCH Epi relies on many sources of data, including those not funded by SSDI, to maintain and help grow the data capacity efforts of WY MCH. PRAMS funding allows MCH Epi to identify and monitor behaviors and experiences of women before, during, and after pregnancy. PRAMS data was used during the recent Five-Year Needs Assessment to assist in choosing the priority areas for the WIHP, including safe sleep and maternal smoking. Wyoming relies on PRAMS data for Title V NOMs and NPMs for annual block grant reporting purposes, as well as to monitor and evaluate proposed Title V strategies. Wyoming has also developed ESMs based on PRAMS data to assist with annual reporting and evaluation. The Wyoming BRFSS is another source of data MCH Epi utilizes for annual performance reporting on the block grant and for program evaluation.

MCH Epi has regular access to state hospital inpatient and outpatient discharge data, which allows for more in-depth monitoring and analysis on injury data. This data is important to block grant reporting on child and adolescent injury hospitalization NPMs. Access to hospital discharge data also allows for routine monitoring of substance use during pregnancy, including neonatal abstinence syndrome, and for monitoring of severe maternal morbidity. In addition, more insight can be gained regarding self-harming, especially among adolescents, through the analysis of hospitalization data. With adolescent suicide a stated priority of the YAYAHP, examining suicide/self-harm attempts will provide the program with better insight on how to approach strategies to reduce self-harm and suicide rates in Wyoming. Wyoming is also currently participating in the National Violent Death Reporting System through funding from the CDC. Data submitted from reviews of statewide violent deaths will be available on the state level to Wyoming.

The CDC-assigned MCH Epidemiologist is leading the epidemiology portions of the joint Utah-Wyoming MMRC for MCH Epi. The Utah Department of Health is a recipient of the CDC ERASEMM grant, and Wyoming is Utah's subrecipient. The results of the MMRC review process will provide Wyoming with valuable information on maternal mortality in the state, as well as recommendations to assist with further efforts to prevent maternal mortality. MCH Epi continues to maintain a strong working relationship with Wyoming VSS, which means regular access to state birth and death records, in addition to the enhancements funded by SSDI already stated above. MCH Epi plans to use its recently acquired access to Wyoming Medicaid data to allow for a more thorough case identification process for the MMRC via linkages with Medicaid data.

III.E.2.b.iv. MCH Emergency Planning and Preparedness

To date, the Wyoming MCH is starting to close the gap on critical measures that were annotated during our last Title V application process. A collaborative effort between WY MCH staff and the PHPR Unit have resulted in WY MCH's review of Wyoming's current Continuity of Operation Plan (COOP) and an invitation to attend PHPR Unit meetings around emergency readiness and preparedness. MCH leadership have also been invited to take part in the AFN Advisory Core Committee group and are being incorporated into the State's Incident Management Structure. In addition, WY MCH has created a training plan for members of the MCH Unit to be trained in Incident Command and the Emergency Operations Center. The new MCH Unit Manager is in contact with the PHPR Unit Manager, and will serve as a liaison to PHPR to ensure that we continue to have a seat at the table.

During the last assessment, it was noted that WY MCH participated in the AMCHP Emergency Preparedness and Response (EPR) Action Learning Collaborative (ALC). The Wyoming EPR ALC team selected the following strategies on which to focus. Since the last application cycle, the WY MCH has followed through on these strategies, as described below:

1. Integrate MCH considerations into state/territory EPR Plan. Activities include:

    a. During the next 12 months, the Title V Director and PHPR Unit leadership will meet at least one time to discuss EPR needs related to maternal and infant health. **The leadership has met regularly and MCH has been invited to a number of high level emergency coordination meetings.**

    b. A WY MCH staff member will regularly review and provide suggestions to update sections of the state/territory EPR plan that pertain to MCH populations, with special focus on the health needs of women of reproductive age (including pregnant/postpartum/lactating people) and infants in emergencies. **WY MCH reviewed a number of state/territory EPR plans and provided considerations for PHPR review and implementation. Currently Wyoming's Emergency Operations Plan (EOP) is being reviewed. WY MCH is confident our comments related to MCH community needs and considerations will be incorporated into this updated plan. As the PHPR Unit continues its yearly review of EPR plans, MCH will continue to provide comments for review and implementation that address MCH gaps.**

2. Identify public health programs, interventions, and policies to protect/promote health and prevent disease and injury in emergencies among maternal and infant populations. Activities include:

    a. WY MCH will develop and review a contingency plan for newborn screening during and after emergencies annually. **The AMCHP EPR ALC was a success because it led to the foundational knowledge to create a NBS COOP. With additional research and advice from Alaska's NBS Program Coordinator, Wyoming now has a draft EPP. It is currently being reviewed through leadership. Once approved, the EPP will fall under the PHPR Unit's cycle for review, training, and exercising in partnership with WY MCH and other necessary partners.**

The MCH Unit is incorporating EPR into the MCH priorities. While much work remains to ensure that we continue integrating EPR, strides have been made to demonstrate our investment in ensuring that Wyoming's MCH population have every advantage they will need in expected and unexpected emergency situations.

Over the summer of 2021, WY MCH initiated a program to help communities update or create community

emergency closets. This was done by actively supporting community-based organizations, including child care and after school care facilities, school districts, local YMCAs, and faith-based organizations with the purchase of emergency supplies, such as diapers, wipes, formula, bottled water, clothing, and hygiene products for community emergency closets. This effort is described more in our Success Story.

Moving forward, WY MCH will continue building and maintaining a relationship with PHPR and other community-based organizations. Additionally, the current WY MCH PHAP, who has supported and advanced much of this work, will transition to PHPR as the CDC Preparedness Field Assignee in October 2022. This transition will continue to benefit the WY MCH preparedness efforts since this person is expected to continue liaising with WY MCH in their new role. WY MCH will strive to remain aware of the emergency and preparedness needs of WY MCH families and will develop or contribute to existing plans for appropriate response.

COVID-19 Response

In addition to broad collaborative efforts to better integrate MCH into Wyoming emergency preparedness and response efforts, WY MCH also supported the COVID-19 response. All MCH Epidemiology Program staff and some WY MCH staff volunteered or were reassigned to support activities such as staffing a 24-hour health care provider call line, contact tracing, data visualization updating, and website maintenance. The WY MCH PHAP assignee also participated in the COVID-19 communications workgroup. This workgroup was part of a front-facing effort to provide Wyoming residents with current, credible information on COVID-19 vaccines, their availability, and where to access them.

III.E.2.b.v. Health Care Delivery System

III.E.2.b.v.a. Public and Private Partnerships

WY MCH is committed to partnerships that assure access to the delivery of quality health care services for mothers, infants, children, and youth, including CYSHCN. Specifically, WY MCH will continue to support statewide delivery of high-quality, evidence-based home visiting and care coordination services for families by PHN in all 23 Wyoming counties. Beyond providing support to PHN, each WY MCH program has increased its engagement with providers and hospitals in order to improve access to preventive and quality care for children and adolescents, and high-quality perinatal care for mothers and babies. Examples of ways WY MCH supports a foundation for family and community health include work toward improving well visit rates and efforts to reduce maternal and infant mortality. WY MCH also oversees the Newborn Screening and Genetics program, which supports timely screening for genetic and metabolic conditions and necessary follow-up and treatment.

WY MCH strives to partner with all PHD programs with particular emphasis on fellow CHS units, including Immunizations, PHN, Community Prevention (including Tobacco Prevention, Substance Abuse Prevention, Injury Prevention), Cancer and Chronic Disease Prevention, and WIC public nutrition program. In addition, the WDH organizational structure and a current Title V-Title XIX interagency agreement encourage a close working relationship between WY MCH and Wyoming Medicaid, which is evident in program strategies.

WY MCH partners closely with MCH Epi to conduct required needs assessments, identify and respond to emerging needs in between needs assessment cycles, and plan and evaluate programs. The State Action Plan will be reviewed quarterly by WY MCH and MCH Epi staff in order to continually assess progress and alignment with state priority needs and emerging needs. Ongoing efforts will continue to partner with existing groups or to convene stakeholders and partners to involve a range of perspectives in the implementation of the WY MCH State Action Plan.

Following a joint application for the CDC ERASEMM Program in 2019, the Utah Department of Health was funded, with Wyoming acting a subrecipient. This funding led to the development of a UT-WY maternal mortality review committee, a committee that significantly enhances WY MCH's ability to address maternal mortality. WY MCH will continue to seek other funding options to complement Title V priorities and other needs within Wyoming. For instance, WY MCH has applied for the 2022 CDC Statewide Perinatal Quality Collaborative grant.

WY MCH has another long-standing cross-state partnership with the Colorado Department of Public Health and Environment, which provides laboratory services for Wyoming's NBS Program, a service that an in-state laboratory cannot currently provide. WY MCH further partners with Colorado through our genetics clinic contract with University Physicians. Cross-state partnerships like this enhance WY MCH's capacity to improve systems of care for MCH populations that transcends state boundaries.

Opportunities exist to strengthen the healthcare delivery systems that serve women and children, including CYSHCN, especially as it relates to integrating medical and mental healthcare. To that end, WY MCH will work to leverage the Pediatric Mental Healthcare Access grant to engage a range of healthcare providers in advancing mental healthcare access via telehealth technologies.

Further, under the direction of the new CYSHCN director, WY MCH will assess the current healthcare systems serving CYSHCN and identify further opportunities to strengthen the systems serving this population, as connected to our State Action Plan.

Other key WY MCH partners include Wyoming's DWS (Early Head Start); DFS (Child Care Licensing, Temporary

Assistance for Needy Families, Preschool Development Grant); WDE; WDH BHD (Early Intervention, Behavioral Health Treatment, Early Hearing Detection Intervention Program); the University of Wyoming (WIND, Wyoming Family-to-Family Health Information Center, School of Nursing, School of Social Work); Wyoming Health Council (Title X grantee); the federal MIECHV grant, formerly administered by an out-of-state, non-profit partner (now administered by DFS); and other statewide organizations and associations (Wyoming Medical Society [WMS], Uplift [Wyoming Family Voices Affiliate], Wyoming Primary Care Association, Wyoming AAP Chapter, Wyoming American College of Obstetricians and Gynecologists Chapter, Wyoming Kids First, Wyoming Afterschool Alliance, Wyoming 211, Wyoming Community Foundation).

WY MCH representatives also sit on the following statewide councils:

- Wyoming Governor's Council on Developmental Disabilities
- Wyoming Governor's Early Childhood State Advisory Council
- Wyoming Early Intervention Council
- Wyoming Preschool Development Grant Executive Leadership Committee
- Wyoming Citizen Review Panel

III.E.2.b.v.b. Title V MCH – Title XIX Medicaid Inter-Agency Agreement (IAA)

Title V and Medicaid are both housed within the WDH, allowing for communication and partnership. This partnership is formalized by a 2013 inter-agency agreement (IAA) and is supported by WDH leadership. Senior administrators for PHD and HCF meet monthly to discuss ongoing and new collaboration opportunities. WY MCH provides updates to PHD Senior Administration to discuss during these meetings. The WY Medicaid Medical Director and WY Title V Director meet on a bi-monthly basis due to the high number of ongoing collaborative projects, and communicate regularly on MCH initiatives, research, and opportunities.

The purpose of the IAA is to:

1. Enable WDH PHD and WY Medicaid to carry out the mandate of cooperation contained in related provisions of the federal statutes and regulations
2. Strengthen the relationship between WDH PHD and WY Medicaid
3. Avoid duplication of effort
4. Improve access to Title XIX (Medicaid), Title XXI (Kid Care CHIP), and Title V (MCH) for eligible Medicaid clients
5. Enhance the quality of Medicaid and MCH services
6. Enhance program coordination and information exchange

WY MCH and Medicaid will soon update the IAA to assure it reflects the existing relationship, shared goals and responsibilities, and aligns with current and anticipated needs. This includes updates to meet data-sharing needs, strengthen health equity expectations, and reflect programmatic needs across both divisions. This update will be finalized in FFY23.

Program Outreach and Enrollment

WY MCH and partners (e.g. PHN) promote outreach and enrollment in available Medicaid programs, including children's programs (Medicaid Children's Program, Kid Care CHIP, and Children's Mental Health Waiver), assistance programs for pregnant women (presumptive eligibility, Medicaid Pregnant Women Program, and Pregnant by Choice), and other assistance programs (Parent and Caretaker Relative Program, Emergency Services Program [serving undocumented or ineligible immigrants]), Supplemental Security Income, Developmental Disabilities Waiver Program, and Community Choices Waiver Program).

WY MCH's CSH Program requires families to apply for Medicaid, Kid Care CHIP, and/or the Federal Marketplace before CSH Program eligibility is determined. CSH will not cover services already covered by Medicaid or other insurance, but reimburses Medicaid providers for CSH-covered services provided to eligible clients. CSH Program claims are processed through the WY Medicaid billing system to increase efficiency and reduce duplication of effort. If CSH pays a claim for a Medicaid-covered service for an eligible client, CSH is reimbursed for that claim, ensuring Title V is the payer of last resort. In FFY21, CSH served 484 clients, 92% of which were on Medicaid.

Healthcare Financing

Children make up 67% of WY residents covered by Medicaid and Kid Care CHIP. WY Medicaid and Kid Care CHIP serve a large portion of WY's vulnerable populations, including 100% of children in foster care, 55% of children living in or near poverty, 34% of children with disabilities or special health care needs, and 29% of infants, toddlers, and preschoolers (Georgetown University Health Policy Institute WY Snapshot 2019).

WY Medicaid offers four waiver programs that support MCH populations: the Supports Waiver, the Comprehensive Waiver, the Children's Mental Health Waiver program, and the Pregnant by Choice Waiver.

The Supports Waiver provides services to eligible persons with intellectual or developmental disabilities or brain injuries so they can actively participate in the community, be competitively employed, and live as safely and independently as possible according to their preferences. The Comprehensive Waiver, serving this same population, provides a higher annual budget amount than the Supports Waiver based on the eligible individual's level of proven need. Children are not placed on this waiver without a submitted and approved emergency request.

The Children's Mental Health Waiver is a short-term home- and community-based program using intensive care coordination designed to provide a community-based alternative for children and youth ages 4-21 with serious emotional disturbance who might otherwise be hospitalized and whose parents may be required to relinquish custody of their child for them to receive needed mental health treatment and services.

The Family Planning Waiver, Pregnant by Choice Program is a family planning program for women ages 19-44. Benefits are limited to birth control and reproductive support services for women losing full Medicaid benefits under the Pregnant Women Program.

Joint Policy-Level Decision Making

Long-Acting Reversible Contraception (LARC)

WY MCH and Medicaid participated in a multidisciplinary LARC workgroup which led a cost analysis on LARC vs. unintended pregnancy; informed updates to Medicaid LARC reimbursement policies for federally qualified health centers (FQHCs) and rural health clinics (RHCs); and began development of an immediate postpartum (IPP) LARC toolkit.
The Medicaid LARC policy went into effect on January 1, 2022. A provider bulletin was distributed in 2021, in advance of the policy, to disseminate relevant information to providers. Since the policy's inception, WY MCH shifted effort toward 2021-2025 priorities and action plan implementation.

EPSDT Visits and Bright Futures

WY MCH purchased AAP licenses for all WY providers to access the Bright Futures toolkit. Medicaid's Chief Medical Officer is working with the WMS and the AAP WY Chapter to further disseminate Bright Futures licenses and toolkit access to providers. To further support Bright Futures implementation and EPSDT visits, WY MCH released a RFP in spring 2021 for professional consultation and virtual focus groups in both English and Spanish among selected segments of the WY MCH population. The OMNI Institute was selected to conduct these focus groups. One of the group topics was to understand patient and provider knowledge and barriers around AAP's Bright Futures guidelines and child well visits.

Work with UW's WIND to create an ECHO series to educate providers on Bright Futures began in summer 2021 and will continue through November 2022. For FFY23, WY MCH plans to use the results of the Bright Futures ECHO series to understand how to increase child well visits among children ages 1-9 using a provider perspective. WY MCH will also use the results from the focus groups to increase child well visits from a parent/patient perspective.

Childhood Lead Screening

WDH lost funding in 2014 for a dedicated Environmental Health/Lead Prevention Program. Due to that loss, WDH staff, led by the State Health Officer (SHO) and including representatives from WY MCH, the WY Public Health Laboratory, WY Medicaid, WIC, Immunizations, and PHN, have partnered to coordinate messaging, education,

screening, and prevention efforts related to childhood lead screening. WY does not currently have a risk-based screening protocol for childhood lead. Bright Futures recommends lead screenings at 12- and 24-month well-child visits

In August 2021, in partnership with the SHO, WY MCH was awarded the CDC Childhood Lead Poisoning Prevention and Surveillance of Blood Levels in Children grant. The grant will fund one FTE to implement blood lead testing and reporting activities, enhance blood lead surveillance, and improve linkages to recommended services for children with elevated blood lead levels. The CYSHCN Director will also connect this grant and the Title V MCH Services Block Grant, with contributions and support from other WY MCH staff. Under this grant, WY MCH and Medicaid collaborate on activities, advisory council meetings, and outcome reporting (e.g., elevated blood levels by Medicaid enrollment status)

Maternal Depression Screening at Well-Child Visits

Since 2020, WY Medicaid opened codes to allow for maternal depression screening to occur and be billed during childhood well visits.

Maternal Mortality Review Committee and WY Perinatal Quality Collaborative Membership

The WY Medicaid Medical Director participates in the UT-WY MMRC and the WyPQC. Although no joint policy-level decision making has yet resulted from this partnership, there is potential for future MMRC and WyPQC recommendations and projects leading to policy change. For example, WY MCH and WY Medicaid are discussing extension of postpartum Medicaid coverage through 12 months in response to new incentives offered under the American Rescue Plan Act of 2021. This will be a legislative interim topic in 2022.

Systems of Care for CYSHCN

The CYSHCN Program partners with WIND, Uplift, WY Medicaid, and others to assure CYSHCN and their families receive comprehensive, community-based, family-centered care. In 2021-2025, WY MCH will assess and strengthen the system of care for CYSHCN by using the National Standards of Care for CYSHCN and developing a CYSHCN advisory council under the direction and leadership of a new CYSHCN director in Year 3.

III.E.2.c State Action Plan Narrative by Domain

State Action Plan Introduction

The WY MCH 2021-2025 strategic planning process was significantly impacted by the COVID-19 pandemic; therefore, ongoing modifications to its strategic plan during the remaining grant cycle are anticipated.

As reported last year, the onset of the pandemic shifted WY MCH staff hours toward COVID-19 response assistance activities, such as MCH Epi supporting contact tracing, the CDC-assigned PHAP being redirected to COVID-19 communication, and others in WY MCH supporting provider hotline calls and data entry tasks. Since the pandemic response continued to be demanding through 2021, WY MCH has remained cognizant of how the demand placed on partners, community organizations, and healthcare systems with whom the unit typically works on strategic planning and implementation, affects their availability to be thoroughly engaged.

While WY MCH did complete its needs assessment and State Action Plan before the September 15, 2020 submission deadline, the pandemic affected the degree of thoroughness WY MCH could devote to the development of its State Action Plan and planned Year 1 and 2 strategies, activities, measures, and early implementation. WY MCH is working with the MCH Evidence Center to refine its plan and ESMs for Year 2, and we anticipate other future adjustments as well. WY MCH will apply lessons learned from Years 1-2 to the remaining three years of the cycle and continue requesting MCHB support if needed.

Additionally, WY MCH recognized the need for external help to get back on track as the pandemic response and situation evolved. Lolina Inc. was selected, through the RFP process, to provide planning, implementation, and leadership consultation and technical assistance services to support WY MCH staff and priorities. The contract was executed in June 2021. From June through September, Lolina, Inc. carried out the following tasks:

- **Team Key Informant Interviews**. This involved 15 interviews with staff to assess strengths, weaknesses, opportunities, and threats related to WY MCH. Key themes included:
    - Strengths: Staff passion and subject matter expertise, readiness to integrate health equity, partnership-building capabilities, and continued shifts toward population-health approaches
    - Weaknesses: Implementation follow-through challenges, heavy workloads, and lack of understanding of implementation plans
    - Opportunities: Prioritize efforts at the program level within priorities, continue toward population health approaches, apply equity, and mobilize existing partnerships
    - Threats: staff turnover, FTE limitations, staff burnout
- **Individual Capacity Assessment**. This process was developed with, and facilitated by, WY MCH staff to inform work planning for FFY21-22 grant years. The assessment involved detailing individual responsibilities related to, and hours dedicated to, administrative, program, and professional development tasks.
- **Operating Framework and Performance Management**. Consulted with WY MCH staff to develop and adopt an operation framework for implementation that includes:
    - Strategic framework
    - Title V annual work plans by domain
    - Group performance meetings (dubbed “60/60s,” where we focus on a domain and what progress, challenges, etc. have occurred in the past 60 days and what is coming up in the next 60 days)
    - Individual check-in meetings

Work with Lolina, Inc. is ongoing and expected to continue into the next fiscal year. Future support will involve:

- Ongoing implementation and leadership coaching and support for WY MCH staff

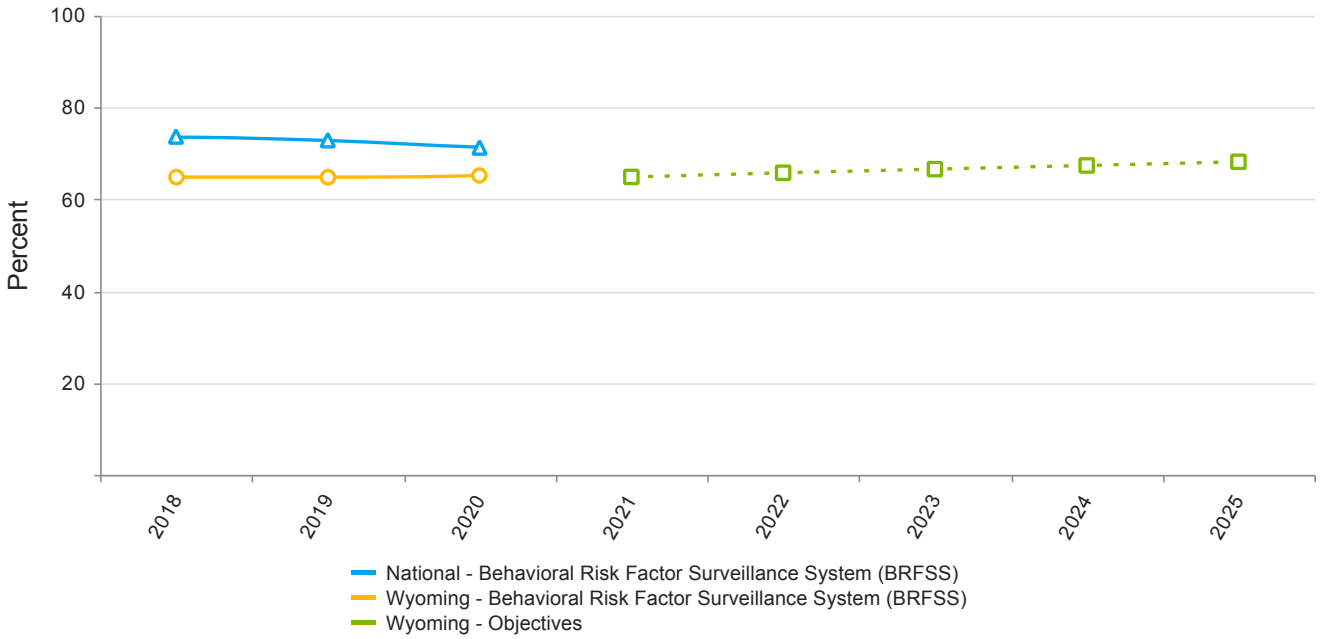
- CYSHCN strategy and change management support
- Strengths-based team development
- Workforce development planning consultation
- Title V planning and performance management consultation
- Consultation and support on operationalizing core values

It is expected that WY MCH will be well-positioned in the coming year to advance the State Action Plan described in the application sections.

Women/Maternal Health

National Performance Measures

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year
Indicators and Annual Objectives



Federally Available Data			
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)			
	2019	**2020**	**2021**
Annual Objective			64.8
Annual Indicator	64.8	64.6	65.1
Numerator	61,481	61,360	62,272
Denominator	94,822	94,984	95,624
Data Source	BRFSS	BRFSS	BRFSS
Data Source Year	2018	2019	2020

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	65.7	66.5	67.3	68.1

Evidence-Based or –Informed Strategy Measures

ESM 1.1 - Number of women ages 18-44 enrolled in the My 307 Wellness App

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			250
Annual Indicator			160
Numerator			
Denominator			
Data Source			Wildflower Health
Data Source Year			2021
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	275.0	303.0	333.0	366.0

ESM 1.2 - Percent of women ages 18-44 interacting with developed messaging in regard to the well-woman visit and its importance on the My 307 Wellness App

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			20
Annual Indicator			5.6
Numerator			9
Denominator			160
Data Source			Wildflower Health
Data Source Year			2021
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	25.0	30.0	35.0	40.0

State Action Plan Table

State Action Plan Table (Wyoming) - Women/Maternal Health - Entry 1
Priority Need
Prevent Maternal Mortality
NPM
NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year
Objectives
By September 30, 2023 use recently developed advertising materials to promote My 307 Wellness App among women of reproductive age.
By September 30, 2023 Partner with Title X to identify and choose an evidence based strategy to promote the importance of preventive annual visits for women 18-44.
By September 30, 2023 develop a state list of all organizations with the shared goal of improving preventive annual visits for women of reproductive age.
Strategies
Promote importance of preventive annual visit and identify and implement evidence-based strategies to address barriers to preventive annual visit.

ESMs	Status
ESM 1.1 - Number of women ages 18-44 enrolled in the My 307 Wellness App	Active
ESM 1.2 - Percent of women ages 18-44 interacting with developed messaging in regard to the well-woman visit and its importance on the My 307 Wellness App	Active

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

State Action Plan Table (Wyoming) - Women/Maternal Health - Entry 2

Priority Need

Prevent Maternal Mortality

Objectives

By September 30, 2023 Implement one plan addressing MMRC recommendations around maternal mental health and substance use.

By September 30, 2023 continue to support and expand WyPQC outreach, on boarding and engagement efforts in partnership with PQC contractor.

Strategies

Implement evidence-based strategies to improve maternal health outcomes to include implementation of cross-state UT-WY maternal mortality review committee.

State Action Plan Table (Wyoming) - Women/Maternal Health - Entry 3

Priority Need

Prevent Maternal Mortality

Objectives

By September 30, 2023 create and distribute a Request for Applications (RFA) for county level programs to apply for funding to implement work on maternal mortality prevention.

Strategies

Offer funding opportunities for county level organizations to implement community level projects to prevent maternal mortality.

Annual Report Fiscal Year 2021:

This section provides a summary of FFY21 activities, accomplishments, and challenges related to NPMs and SPMs (2021-2025) for the Women/Maternal Health Domain.

Priority	Performance Measure	ESM (if applicable)
Prevent Maternal Mortality	**NPM 1: Percent of women ages 18-44 with a preventive medical visit in the past year**	**ESM 1.1: Number of women ages 18-44 enrolled in the My 307 Wellness App** **ESM 1.2: Percent of women ages 18-44 interacting with developed messaging in regard to the well-woman visit and its importance on the My 307 Wellness App**

Access to quality reproductive health services can be difficult to find in rural and frontier areas. FQHCs and RHCs play a vital role in contraceptive access, providing services to a large number of Wyoming women of reproductive age. While many states across the country saw a reduction in Title X clinics and services in the past few years, Wyoming saw increased Title X funding and the ability to partner to improve training and access to LARC services in the outpatient setting.

Unfortunately, provider training on LARC insertions in the outpatient setting were put on hold due to the COVID-19 pandemic. The entire nation saw the pandemic's impacts on reproductive health services as clinics shut down and quickly changed protocols in order to provide limited hours or telehealth services. In Wyoming, some clinics did find that doing contraceptive screenings via telehealth improved retention rates for LARC insertions. Telehealth services provided new protocols on how patients are screened to receive the contraceptive of their choice and improved secondary visits for LARC insertions. (It is common practice that a LARC cannot be inserted in an outpatient setting without a separate screening appointment, so the LARC is then inserted at the second medical encounter.)

Strategy 1
Develop culturally appropriate communication campaign(s) on the importance of a well woman visit.

In FFY21, the WIHP released a RFP to conduct focus groups. During the summer of 2021, the OMNI Institute was selected to conduct virtual focus groups in both English and Spanish across the state to better understand the knowledge of, and the barriers to, attending a well woman visit. The contract was executed in FFY21 and ended in FFY22.

The WIHP provided guidance and support for the content creation regarding well woman visits in the My 307

Wellness App. This application provides a “learn library” for users to seek out information related to health and lifestyle questions they may have. Content around the importance of the well woman visit was added alongside a “well woman exam to-do” that users can cross off when their annual visit is completed. From October 2020 to September 2021, 160 women aged 18-44 enrolled in the My 307 Wellness App. Of those 160 women, 9 women checked off the “to-do” for the well woman exam. The percentage of women who interacted with messaging regarding the well woman visit was 5.6%.

In June of FFY21, the WIHP contracted with the WYPCA to provide training on LARC outpatient insertions for clinicians, provide a series of trainings on shared decision-making during well woman visits and a postpartum follow-up visits, assist in the creation of provider training materials on well woman visits and LARC, and translating the most recent draft of a LARC toolkit (created in a previous contract with the WYPCA) into a digital and downloadable resource for providers. The WYPCA coordinated monthly stakeholder meetings to review training materials and discuss updates to the content in the LARC toolkit. During FFY21, Medicaid approved the unbundling of immediate postpartum LARCs. This will help to ensure that postpartum women will have prompt access to the LARC of their choosing, without having to wait and return to an outpatient office setting to receive one. This also ensures that their LARC is covered by Medicaid in a timely manner and will be a separate code from labor and delivery services. Since the policy went into effect, WY MCH shifted effort toward the 2021-2025 priorities and action plan implementation.

Strategy 2

Work with Medicaid, the BHD, and other partners to conduct a gap analysis and map of the current mental health infrastructure for women of reproductive age in Wyoming.

In FFY21, due to the ongoing COVID-19 pandemic and the lack of partnership with the BHD, a gap analysis and map of the current mental health infrastructure for women of reproductive age in Wyoming was not completed. The WIHP Manager worked to improve the relationship between WY MCH and BHD to ensure partnership in the future. Collaborations with Medicaid continued, but were not focused on mental health of reproductive-aged women.

In FFY21, the WIHP partnered with Medicaid on their Postpartum Care Affinity project. The goal of this project was to increase postpartum visits among the Wyoming population who are on Wyoming Medicaid. Within this partnership, the WIHP has provided guidance on the creation of activities and materials to reach pregnant people on Medicaid. Specifically, the WIHP created an infographic displaying information on postpartum visit recommendations by the American College of Obstetricians and Gynecologists. This infographic was posted on Wyoming Medicaid’s social media and distributed across Wyoming Medicaid Newsletters.

Strategy 3

Stand up a joint state Maternal Mortality Review Committee with the Utah Department of Health and develop Wyoming specific protocols.

In FFY21, the WIHP, as part of the Wyoming Department of Health partnered with the Utah Department of Health for the Wyoming MMRC Partnership grant. This partnership created a joint, cross-state Utah-Wyoming Maternal Mortality Review Committee, in which the Wyoming Department of Health shares non-identifiable case summaries of pregnancy-associated deaths in Wyoming to the Utah Department of Health for evaluation. In FFY21, Wyoming’s first MMRC case review was held, with Wyoming receiving good feedback on the review, and the WIHP made an agreement with the Utah Department of Health to hold four Wyoming reviews per year instead of two per year as initially agreed upon. In FFY21, case reviews had begun for the years 2018-2020. In February of 2021, WY MCH renewed the contract for abstractor services with the University of Wyoming Fay W. Whitney School of Nursing case abstractor. In April of 2021, a Laramie, Wyoming based OB/GYN and a PHN regional coordinator were onboarded

to the Wyoming team and participated in their first case review. A new family practice physician was recruited and onboarded to the Wyoming team in May 2021.

A majority of the Wyoming team attended the Maternal Mortality Review Information Application User Meeting, held virtually in April 2021. The team met with Utah to further discuss how to conduct family interviews as part of the case abstraction process. Both states' teams will also begin to look at the Iowa model of bringing on lived experience to the WyPQC to assist with moving recommendations from the review committee forward.

In FFY21, the WyPQC held one meeting in February of 2021. This meeting introduced an e-learning implicit bias course from the March of Dimes, titled "Breaking Through Implicit Bias in Maternal Healthcare," with the goal of members recruiting hospitals to participate in this course. This course was provided free of cost for participating Wyoming hospitals, as funding was allocated from WY MCH's partnership with the Utah Department of Health in their Alliance for Innovation on Maternal Health (AIM) Obstetric Care for Women with Opioid Use Disorder Safety Bundle.

Annual Report Fiscal Year 2021 Supplement:

This section provides an interim update for FFY22 activities currently in process for the WIHP.

Well Woman Visits and LARC

Activities and strategies on LARCs in Wyoming are finished, with no new objectives or strategies to be implemented for the new cycle. The 2021-2025 Title V priorities have now switched to focus on the promotion of well woman visits. It was decided that the LARC work, while important, did not actively impact our NPM of increasing the percentage of women ages 18-44 with a preventive medical visit in the past year. Focusing on work that actually promotes the well woman visit will not only increase LARC usage, but also improve screening and prevention of multiple different health issues. A well woman visit here is described and measured as any preventive annual visit in the last year. This would be a visit to a primary care provider or any medical focused visit, including visits for screenings, general checkups, or informational conversations with a medical provider. Current work for the well woman visit is ongoing, with virtual focus groups in English and Spanish conducted in spring 2022. Results from these will help to inform well woman visit programming and any possible barriers to access to care.

Wyoming Perinatal Quality Collaborative

In FFY22, the WyPQC started the process of revitalization after one year of being inactive due to low capacity from WIHP staff, COVID-19, and lack of funding. A leadership board was created in January 2022, and has met monthly since. One quarterly general membership meeting has been held already, with the next one expected to be held in early summer. Yearly QI projects will be chosen based on the recommendations from the joint UT-WY MMRC. Current WyPQC project topics for FFY22 concern mental health and substance use.

A RFP was released for a WyPQC coordinator in March 2022, and Infield Vector LLC was selected in April 2022. The contract process with Infield Vector LLC is underway, and their work should begin by September 2022. Having a WyPQC coordinator will help increase capacity overall for the WyPQC and will help with outreach to hospitals and other community partners. The WIHP and the WyPQC have applied for the CDC Statewide Perinatal Quality Collaboratives grant program, which will help increase capacity to implement quality improvement initiatives in hospitals. Specifically, if awarded, the WyPQC will work to implement a substance use screening tool in participating hospitals, which will help improve maternal and infant health outcomes. Notice of awards for this grant are expected by September 2022.

Application Year Plan (FFY23):

This section presents strategies/activities for 2021-2025 MCH priorities related to the Women/Maternal Domain. See Five-Year State Action Plan Table for more information.

Priority	Performance Measure	ESM (if applicable)
Prevent Maternal Mortality	**NPM 1: Percent of women ages 18-44 with a preventive medical visit in the past year**	**ESM 1.1: Number of women ages 18-44 enrolled in the My 307 Wellness App** **ESM 1.2: Percent of women ages 18-44 interacting with developed messaging in regard to the well-woman visit and its importance on the My 307 Wellness App**

The U.S. continues to see a rise in maternal mortality cases, especially among women of color. The COVID-19 pandemic and changed hospital protocols are driving maternal mortality and morbidity numbers even higher. In December 2020, U.S. Surgeon General Jerome Adams released a Call to Action to Improve Maternal Health, complementing the CDC Hear Her campaign. Both such actions by the federal government demonstrate that maternal mortality has hit crisis levels in our country.

Women in rural and frontier areas, such as Wyoming, face even more health care disparities while pregnant. Because Wyoming lacks tertiary care facilities, birthing people who are deemed high-risk must deliver at hospitals in neighboring states, and if these people experience an emergency before their planned delivery, they are often transported out of state by air ambulance. Furthermore, the entire state of Wyoming is a designated HPSA with respect to mental health care, and most counties are HPSAs for primary care. Many primary care providers are under-equipped to provide wrap-around services to someone in need of mental health care. According to the 2020 BRFSS only 65.1% of Wyoming women had a preventive medical visit in the last year, compared to the national rate of 71.2%.

Of the May 2022 public input survey respondents who indicated they have a woman aged 15-44 in their household, 82.3% indicated that they believe the current priority areas are important for preventing maternal mortality. Further, 96.7% indicated that they believe it is important or very important to increase the number of women seeing their doctor each year for a well woman visit to help women be as healthy as possible before pregnancy and to prevent new mothers from passing away in their communities.

In FFY23, WIHP will implement the following strategies to address the prevention of maternal mortality:

1. Promote the importance of preventive annual visits to physicians, and identify and implement evidence-based strategies to address barriers to preventive annual visits.
    a. By September 30, 2023, recently developed advertising materials will be used to promote the My 307 Wellness App among women of reproductive age
    b. By September 30, 2023, WY MCH will partner with Title X to identify and select an evidence-based strategy to promote the importance of preventive annual visits for women 18-44.
    c. By September 30, 2023, a state list of all organizations with the shared goal of improving preventive annual visits for women of reproductive age will be developed.

2. Implement evidence-based strategies to improve maternal health outcomes, including implementation of a cross-state UT-WY MMRC.
    a. By September 30, 2023, one plan addressing MMRC recommendations around maternal mental health and substance use will be implemented.
    b. By September 30, 2023, continue to support and expand WyPQC outreach, onboarding, and engagement efforts in partnership with PQC contractor.

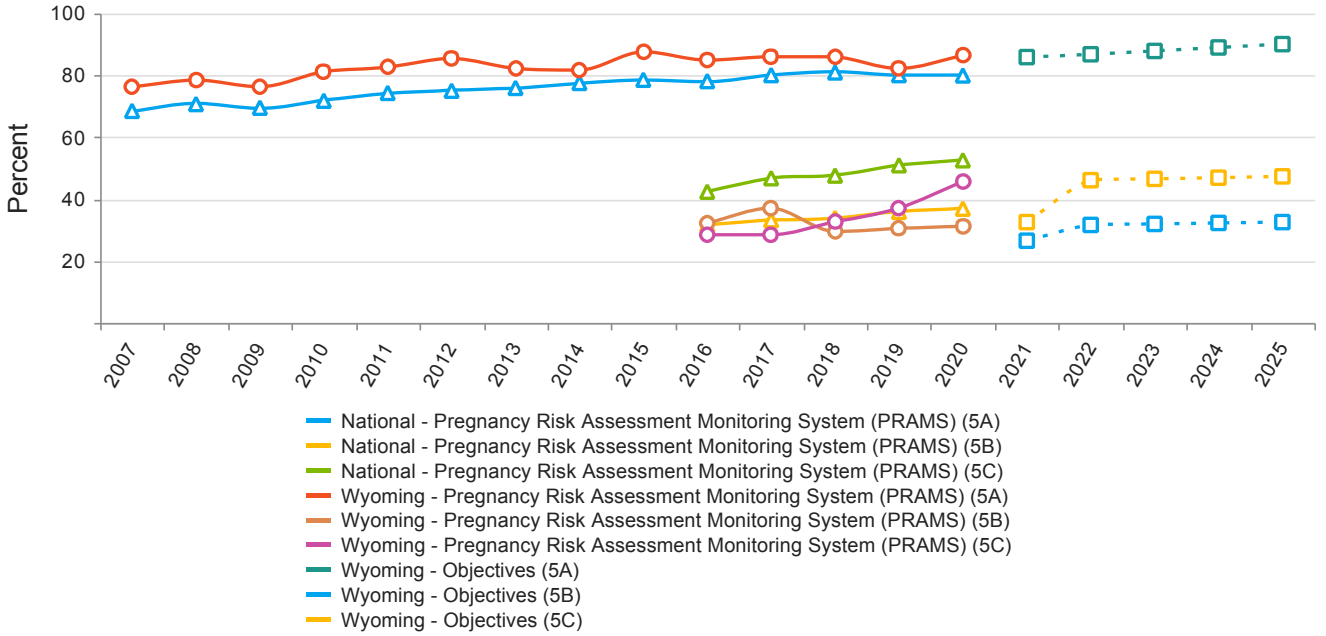
3. Offer funding opportunities for county level organizations to implement community level projects to prevent maternal mortality.
    a. By September 30, 2023, create and distribute a Request for Application (RFA) for county level programs to apply for funding to implement work on maternal mortality prevention.

Perinatal/Infant Health

National Performance Measures

NPM 5 - A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

Indicators and Annual Objectives



NPM 5A - Percent of infants placed to sleep on their backs

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2019	**2020**	**2021**
Annual Objective			85.7
Annual Indicator	85.7	82.3	86.2
Numerator	5,251	5,105	5,022
Denominator	6,130	6,201	5,828
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2018	2019	2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	86.6	87.7	88.8	89.9

NPM 5B - Percent of infants placed to sleep on a separate approved sleep surface

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2019	**2020**	**2021**
Annual Objective			26.6
Annual Indicator	29.6	30.4	31.4
Numerator	1,775	1,800	1,792
Denominator	5,999	5,921	5,705
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2018	2019	2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	31.7	32.0	32.3	32.6

NPM 5C - Percent of infants placed to sleep without soft objects or loose bedding

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2019	**2020**	**2021**
Annual Objective			32.6
Annual Indicator	32.6	37.1	45.7
Numerator	1,928	2,226	2,580
Denominator	5,918	6,001	5,647
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2018	2019	2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	46.1	46.5	46.9	47.3

Evidence-Based or –Informed Strategy Measures

ESM 5.1 - Percent of PRAMS moms who report having a home visit and report their baby sleeps on a separate approved sleep surface

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			32.6
Annual Indicator			29.3
Numerator			967
Denominator			3,298
Data Source			WY PRAMS
Data Source Year			2018-2020
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	33.0	36.0	38.0	40.0

ESM 5.2 - Percent of PRAMS moms who report having a home visit and report their baby sleeps without soft objects or loose bedding

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			31
Annual Indicator			44.3
Numerator			1,463
Denominator			3,304
Data Source			WY PRAMS
Data Source Year			2018-2020
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	46.0	49.0	51.0	53.0

State Performance Measures

SPM 1 - Percent of women who smoke during pregnancy

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			13.4
Annual Indicator	13.4	13.6	12.5
Numerator	859	855	735
Denominator	6,404	6,266	5,894
Data Source	NVSS	NVSS	NVSS
Data Source Year	2018	2019	2020
Provisional or Final ?	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	11.8	11.1	10.4	9.7

State Action Plan Table

State Action Plan Table (Wyoming) - Perinatal/Infant Health - Entry 1
Priority Need
Prevent Infant Mortality
NPM
NPM 5 - A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding
Objectives
By September 20, 2023 Disseminate evidence based material for safe sleep education to every county PHN office. This includes, Charlies Kids evidence based board book, Sleep Baby, Safe and Snug.
By September 20, 2023 Identify and partner with Wyoming agencies working with unhoused populations to support safe sleep practices in emergency situations.
By September 20, 2023 Supply all PHN county offices with a minimum of two packn' plays to support families in need.
Strategies
Promote importance of safe sleep practices and identify and implement evidence-based activities to address barriers to safe sleep practices.

ESMs	Status
ESM 5.1 - Percent of PRAMS moms who report having a home visit and report their baby sleeps on a separate approved sleep surface	Active
ESM 5.2 - Percent of PRAMS moms who report having a home visit and report their baby sleeps without soft objects or loose bedding	Active

NOMs
NOM 9.1 - Infant mortality rate per 1,000 live births
NOM 9.3 - Post neonatal mortality rate per 1,000 live births
NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

State Action Plan Table (Wyoming) - Perinatal/Infant Health - Entry 2

Priority Need

Prevent Infant Mortality

SPM

SPM 1 - Percent of women who smoke during pregnancy

Objectives

By September 20, 2023 Partner with the WY Tobacco Cessation Program to offer extra incentives for pregnant and postpartum women that use the Quitline and create a media campaign directed at informing pregnant and postpartum women about all the quitline benefits.

By September 30, 2023 Maintain support of PHN County Tobacco cessation efforts of pregnant/postpartum moms with Quitkits, and pamphlets as counties request.

By September 30, 2023 Assess PHN need for evidence-based intervention training, such as motivational interviewing, to increase screening, intervention, and referral of tobacco using pregnant and postpartum women.

Strategies

Promote importance of smoking cessation among women of reproductive age, pregnant/postpartum women and implement evidence-based activities to address barriers to smoking cessation.

State Action Plan Table (Wyoming) - Perinatal/Infant Health - Entry 3

Priority Need

Prevent Infant Mortality

Objectives

By September 30, 2023 create and distribute a Request for Applications (RFA) for county level programs to apply for funding to implement work on infant mortality prevention.

Strategies

Offer funding opportunities for county level organizations to implement community level projects to prevent infant mortality.

Annual Report Fiscal Year 2021:

This section provides a summary of FFY21 activities, accomplishments, and challenges related to NPMs and State Performance Measure (SPM)s (2021-2025) for the Perinatal/Infant Domain.

Priority	Performance Measure	ESM (if applicable)
Prevent Infant Mortality	**NPM 5: A) Percent of infants placed to sleep on their backs; B) Percent of infants placed to sleep on a separate approved sleep surface; C) Percent of infants placed to sleep without soft objects or lose bedding** **SPM (NPM 14.1 and 14.2): Percent of women who smoke during pregnancy; Percent of children, ages 0-17, who live in households where someone smokes**	**ESM 5.1: Percent of PRAMS moms reporting their baby sleeps on a separate approved sleep surface, among moms who reported having a home visit** **ESM 5.2: Percent of PRAMS moms reporting their baby sleeps without soft objects or loose bedding among moms who reported having a home visit**

While Wyoming mothers report higher than national average in placing babies to sleep on their backs, the Wyoming PRAMS data indicates that improvements could be made in the areas of placing babies on a separate, approved surface and making sure babies are placed without soft objects or loose bedding. In 2020, about half of mothers (49.5%) in Wyoming reported that in the past two weeks their infant usually slept with a blanket; just under one third (29.6%) reported their infants usually slept on a twin or larger mattress or bed; 11.1% reported their infant slept with crib bumper pads; 10.7% reported their infant usually slept on a couch, sofa, or armchair; and 7.6% of women reported their infant usually slept with toys, cushions, or pillows.

Strategy 1

Utilize PRAMS data to identify disparities in safe sleep practices for Wyoming families that use the home visitation program. Offer provider training on safe sleep using a health equity lens.

PRAMS data can help identify where disparities may exist across maternal age, income, education, and marital status. More analysis would be required to further stratify by PRAMS respondents who also reported participating in home visiting. Additionally, due to lack of WY MCH and Epi staff capacity, and Wyoming Hand in Hand Home Visiting Program data not yet being available, disparities in safe sleep practices of Wyoming families that use the home visitation programs were not identified during this time. Thus, education and resources were not developed or provided to families that may implement safe sleep practices less often or as part of the general home visitation

model and schedule of visits. Additionally, education and resources were not provided to PHN and providers outside of the training the PHNs received as part of the home visiting program.

In the summer of 2021, the PHN home visiting program, Wyoming Hand in Hand, started using the evidence-based, Australian MECSH model. This curriculum provides information and best practices on safe sleep and sudden infant death syndrome (SIDS) prevention for enrolled mothers, beginning in the prenatal visits and continuing as part of each visit up until the infant is 26 weeks.

To gather a better understanding of safe sleep in Wyoming, in January 2021, a RFP to conduct virtual focus groups was released. In summer of 2021, the OMNI Institute was selected to conduct these virtual focus groups throughout Wyoming, in both English and Spanish, to better understand the knowledge of, and barriers to, safe sleep practices. The OMNI Institute completed this work in April 2022.

Strategy 2

Promote importance of smoking cessation among women of reproductive age and pregnant women, and implement evidence-based activities to address barriers to smoking cessation

In FFY21, the WIHP addressed smoking cessation among women of reproductive age and pregnant and postpartum people by continuing to fund and support the Wyoming Hand in Hand Home Visiting Program. As part of this program, PHNs are required to talk to participating mothers about their smoking status and ultimately refer them to the Wyoming Quit Tobacco Program (WQTP). WQTP is a smoking cessation program that serves Wyoming residents and is managed by the WDH TPCP. WQTP has a specific Pregnancy and Postpartum Program, which has specialized counseling for pregnant and postpartum people, as well as different incentives compared to the program for the general population of Wyoming (e.g., prepaid gift cards of $10 for every counseling call completed while pregnant and $20 for every call completed in the postpartum period).

In FFY21, The WIHP continued to promote the WQTP through distribution of marketing materials in PHN home visiting and PHN offices. These marketing materials, directed at both the general population who smoke and people who are pregnant and smoke, included Quitkits and brochures on smoking cessation in both English and Spanish. In spring 2021, a number of PHN offices requested refill Quitkits that they could give to clients or those who visited their offices. Those kits were ordered in spring 2021 but were not delivered until February of 2022 due to delays in printing and staff turnover.

Additional Strategies:

Fetal Infant Mortality Review

WY MCH will hold several meetings with county and state level partners to determine if Fetal and Infant Mortality Review (FIMR) should be conducted at the state or county level. Implementation may begin during the five-year cycle.

Due to low WY MCH staff capacity and increased focus on establishing a MMRC, efforts in FFY21 to establish a FIMR at the state or local level have been put on hold. Training materials developed from the last FIMR (led by WY MCH and community partners in Fremont County, Wyoming) will remain available to train future FIMR members, if it is reintroduced in Wyoming.

Plan of Safe Care

As of FFY21, Wyoming does not currently have a Plan of Safe Care (PoSC) in place and needs to comply with this federal mandate issued under the Child Abuse and Prevention Treatment Act/Comprehensive Addiction and

Recovery Act (CAPTA/CARA). The WIHP manager sits on a PoSC working group (comprised of PHN staff, DFS staff, and a nurse champion) that has utilized partnerships with the Association of State and Territorial Health Officials OMNI Learning Community and the Utah AIM Opioid Use Disorder safety bundle to not only understand what other states have done to roll out this policy, but to educate providers and nursing staff about Wyoming mandatory reporting laws, CAPTA/CARA laws, and what Wyoming hopes to achieve from this plan.

The PoSC working group has sought federal in-depth technical assistance with the National Center on Substance Abuse and Child Welfare, through a joint application from WDH and DFS. During the drafting of the federal application, the working group lead and the federal lead presented to the WyPQC. The WIHP manager facilitated the presentation and saw many great questions come through from WyPQC members. This presentation created further statewide buy-in and interest in an alternative to ensure birthing people can receive the assistance they need, and that the rate of infants placed in foster care decreases in Wyoming. PHN is also participating in PoSC community meetings and related training.

Annual Report Fiscal Year 2021 Supplement:

This section provides an interim update for FFY22 activities currently in process for the WIHP.

Safe Sleep Promotion

Ongoing efforts to increase safe sleep have included focus groups to better understand knowledge and barriers to practicing safe sleep, and collaborations with county PHN to disseminate safe sleep books to new mothers in their respective counties. The OMNI Institute conducted focus groups, analyzed results, and provided a final report in spring 2022. These results will help to inform future programming efforts targeting safe sleep. The WIHP purchased multiple orders of Charlie's Kids *Sleep Baby Safe and Snug* safe sleep children's books for interested Wyoming PHN offices to distribute to new mothers as part of an engagement incentive to enroll in the Wyoming Hand in Hand Home Visiting Program. These books will be mailed to counties in summer 2022.

Smoking Cessation

Ongoing efforts to increase smoking cessation among pregnant and postpartum people have included mailing Quitkits and smoking cessation brochures to counties who have previously requested more Quitkits in FFY21. These Quitkits were mailed out in spring 2022. Collaboration with the Wyoming Department of Health's Community Prevention Unit is being explored. Projects on which to partner are being brainstormed and will hopefully be implemented in FFY23.

FIMR

After the FIMR activity in FFY21, there has been no further efforts in FFY22 to start this group. After much discussion on issues currently being experienced with the MMRC regarding legal immunity, it has been decided that starting a FIMR cannot happen until these types of committees have legal immunity. Currently, there is no policy or law protecting the committee from subpoena. As these groups are designed to give recommendations on how a death could have been avoided, there is an issue with the fact that when creating recommendations, it is possible that you are also laying blame on a system or individual. Other state MMRC or FIMR agencies have legal immunity, meaning the recommendations and findings cannot be used in a court case. The point of these review committees is not to lay blame, but to avoid further cases of mortality by giving system-level recommendations that lead to change.

Plans of Safe Care

The work on PoSC continues into FFY22. While the WIHP manager is not leading PoSC efforts (it is led by DFS), the WIHP manager is a member of the PoSC leadership committee. Currently the WyPQC QI Initiative is to improve

substance use screening and referral at hospitals. As this project is extremely related to PoSC work, talks this year have evolved into the idea of a joint WyPQC and PoSC initiative. With both groups coming together to improve screening and referral for substance use at hospitals, the initiative has a greater chance of creating a sustainable and long lasting positive impact.

Application Year Plan (FFY23):

This section presents strategies/activities for 2021-2025 MCH priorities related to Perinatal/Infant Health. See Five-Year State Action Plan Table for more information.

Priority	Performance Measure	ESM (if applicable)
Prevent Infant Mortality	**NPM 5: A) Percent of infants placed to sleep on their backs; B) Percent of infants placed to sleep on a separate approved sleep surface; C) Percent of infants placed to sleep without soft objects or lose bedding** **SPM (NPM 14.1 and 14.2): Percent of women who smoke during pregnancy; Percent of children, ages 0-17, who live in households where someone smokes**	**ESM 5.1: Percent of PRAMS moms reporting their baby sleeps on a separate approved sleep surface, among moms who reported having a home visit** **ESM 5.2: Percent of PRAMS moms reporting their baby sleeps without soft objects or loose bedding, among moms who reported having a home visit**

Of the May 2022 public input survey respondents who indicated that they have an infant age 0-1 in their household, 95.5% indicated that they believe it is important or very important to improve safe sleep for infants in Wyoming. However, according to the public input survey some respondents didn't understand the reason for focusing on safe sleep. One stated, "How many WY babies are dying yearly due to unsafe sleep? I'm not aware of any." Many other respondents felt there were more pressing issues than topics related to infant mortality. This shows a need for more education for families around the infant mortality rate in Wyoming and the reason for safe sleep and tobacco cessation focuses. According to the NVSS, in 2019 Wyoming's infant mortality rate was 7.2/1,000 live births (47 deaths), compared to the 5.6/1,000 live births national average. In 2020, the number of infant deaths decreased to 31 and the infant mortality rate decreased to 4.9/1,000 live births. The 2019 increase appears to be an outlier, MCH Epi is examining the potential reasons. The infant mortality rate from 2016-2020 was 5.4/1000 births (n=179); SUID was the cause of 21.2% (n=38) of these deaths, the second leading cause after congenital malformation, deformations, and chromosomal abnormalities. Of these SUID deaths, 34.2% (n=13) were SIDS and 57.9% (n=22) were due to accidental suffocation and strangulation in bed (WY VSS). Wyoming is behind the national average in many infant safe sleep practices and in tobacco cessation, which shows the importance of focusing on these topics for lowering Wyoming's rate of infant mortality.

Wyoming PRAMS data indicate that the majority of infants in Wyoming (86.2%) are put to sleep on their back only (2020). During the same time period, 31.4% of infants in Wyoming were reported to always or usually be placed on a separate approved sleep surface, compared to the national average of 36.9%. Additionally, 45.7% of infants in

Wyoming were usually placed to sleep with no soft bedding, compared to the national average of 52.5%.

Smoking cessation remains a priority for the WIHP, as smoking during pregnancy and smoke in the home are established risk factors for SUIDs. A 2019 *Pediatrics* article (Anderson, et al.) found that the risk of SUID doubled with any maternal smoking during pregnancy, underscoring the importance of linking pregnant and postpartum people to effective tobacco cessation programs and resources. Infants exposed to secondhand smoke also have a higher risk of SUID, as well as a higher risk of developing chronic diseases, like asthma, as they grow older. According to NVSS data from 2020, the prevalence of women that smoke during pregnancy is 12.5%, significantly higher than the national average of 5.5%.

In FFY23, the WIHP will implement the following strategies to address the prevention of infant mortality:

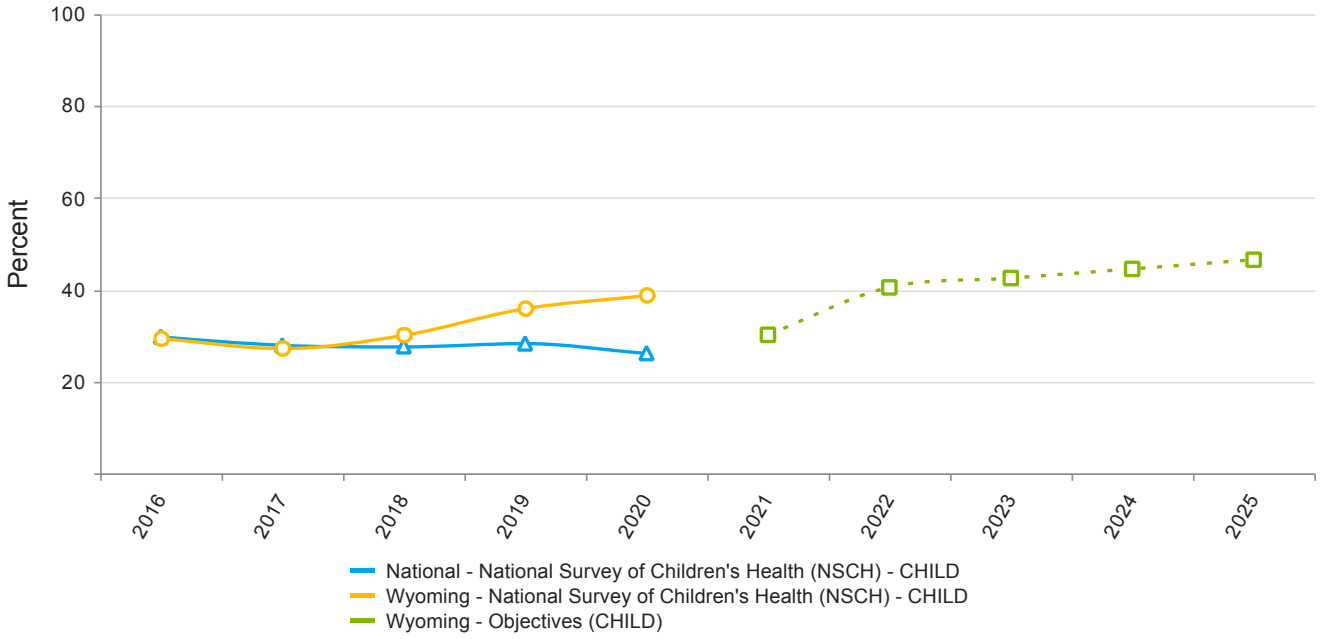
1. Promote importance of safe sleep practices and identify and implement evidence-based activities to address barriers to safe sleep practices.
    a. By September 20, 2023, disseminate evidence-based safe sleep educational materials to every county PHN office. This includes Charlie's Kids evidence-based board book *Sleep Baby, Safe and Snug*.
    b. By September 20, 2023, identify and partner with Wyoming agencies working with unhoused populations to support safe sleep practices in emergency situations.
    c. By September 20, 2023, supply all PHN county offices with a minimum of two pack 'n' plays to support families in need.
2. Promote the importance of tobacco cessation among people of reproductive age and pregnant/postpartum people, and implement evidence-based activities to address barriers to cessation.
    a. By September 20, 2023, partner with the TPCP to offer extra incentives for pregnant and postpartum people who use the Quitline, and create a media campaign directed at informing pregnant and postpartum people about all the quitline benefits.
    b. By September 30, 2023, maintain support of PHN tobacco cessation efforts of pregnant/postpartum moms with Quitkits and pamphlets as counties request.
    c. By September 30, 2023, assess PHN need for evidence-based intervention training, such as motivational interviewing, to increase screening, intervention, and referral of pregnant and postpartum people who use tobacco.

3. Offer funding opportunities for county organizations to implement local projects to prevent infant mortality.
    a. By September 30, 2023, create and distribute a RFA for county level programs to apply for funding to implement work on infant mortality prevention.

Child Health

National Performance Measures

NPM 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day
Indicators and Annual Objectives



Federally Available Data			
Data Source: National Survey of Children's Health (NSCH) - CHILD			
	2019	**2020**	**2021**
Annual Objective			30.2
Annual Indicator	30.2	35.8	38.7
Numerator	14,688	17,398	17,855
Denominator	48,676	48,566	46,181
Data Source	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD
Data Source Year	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	40.5	42.5	44.5	46.5

Evidence-Based or –Informed Strategy Measures

ESM 8.1.1 - Number of childcare providers receiving training and technical assistance on Wyoming Healthy Policies Toolkit

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			15
Annual Indicator			8
Numerator			
Denominator			
Data Source			Program Data
Data Source Year			2021
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	10.0	13.0	16.0	20.0

ESM 8.1.2 - Percent of childcare providers receiving TA that implemented at least one physical activity policy

Measure Status:	Active

Annual Objectives			
	2023	2024	2025
Annual Objective	60.0	70.0	80.0

State Performance Measures

SPM 3 - Percent of children (ages 1-9 years old) who should receive at least one visit based on the "periodicity schedule", receiving at least 1 EPSDT visit as noted within CMS 416 report

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			64.2
Annual Indicator	64.2	64.6	45.4
Numerator	10,333	9,775	9,053
Denominator	16,100	15,130	19,943
Data Source	CMS-416 Report	CMS-416 Report	WY CMS-416 Report Submission
Data Source Year	2018	2019	2020
Provisional or Final ?	Final	Final	Provisional

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	47.3	67.4	69.0	70.6

State Action Plan Table

State Action Plan Table (Wyoming) - Child Health - Entry 1	
Priority Need	
Promote Healthy and Safe Children	
NPM	
NPM 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day	
Objectives	
By September 30, 2023 increase the # Childcare Providers receiving orientation training and TA on Wy Health Policies by 25%.	
By September 30, 2023, demonstrate a baseline of 50% of Childcare Providers receiving training and TA that implemented a physical activity policy following training/TA.	
Strategies	
Continue to promote the Healthy Policies Toolkit and expand outreach for TA to additional licensed childcare facilities.	
ESMs	**Status**
ESM 8.1.1 - Number of childcare providers receiving training and technical assistance on Wyoming Healthy Policies Toolkit	Active
ESM 8.1.2 - Percent of childcare providers receiving TA that implemented at least one physical activity policy	Active
NOMs	
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	

State Action Plan Table (Wyoming) - Child Health - Entry 2

SPM

SPM 3 - Percent of children (ages 1-9 years old) who should receive at least one visit based on the "periodicity schedule", receiving at least 1 EPSDT visit as noted within CMS 416 report

Objectives

By September 30, 2023 develop plan to promote guidance on comprehensive annual well child visits, or universal developmental screening as recommended by Bright Futures for providers.

Strategies

Promote childhood well visit, such as the EPSDT utilizing the Bright Futures Periodicity Table to both parents and providers.

Annual Report Fiscal Year 2021:

This section provides a summary of FFY21 activities, accomplishments, and challenges related to NPMs and SPMs (2021-2025) for the Child Health Domain.

Priority	Performance Measure	ESM (if applicable)
Promote Healthy and Safe Children	**NPM 8.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes** **SPM 3: Percent of children, ages 1-9, who should receive at least one visit based on the "periodicity schedule", receiving at least one EPSDT visit as noted within CM 416 report**	**ESM 8.1.1: Number of childcare providers receiving training and technical assistance on Wyoming Healthy Policies Toolkit.**

Developmental surveillance, screening, and observations are important in all aspects of a child's growth and development. The AAP Bright Futures, 4th Ed. Guidelines provide guidance and tools for the recommended screenings for children at each age in their periodicity schedule. The screening tools also provide opportunities for parents and providers to engage in conversation about their home and community environments, ultimately providing a holistic well visit that targets the overall health and well-being of the child and their parents or guardian.

Strategy 1

Collaborate with Wyoming Medicaid and other partners to expand the education of providers and parents on the AAP Bright Futures, 4th Ed. Guidelines. This will primarily be completed through Child Health Program (CHP) leadership in the Wyoming Bright Futures Implementation Taskforce (BFITF) and involvement in connected workgroups. These collective efforts will support improvements in both access to, and quality of, EPSDT in Wyoming.

In FFY21, the Wyoming BFITF met once, in late fall 2020. Unfortunately, due to lack of WY MCH staff capacity and ongoing pandemic response efforts, the BFITF did not meet again. The CHP continued to build relationships with the BFITF members with the goal of continuing the work outside of the taskforce. In summer 2021, the CHP met with former BFITF members from the University of Wyoming WIND to discuss a potential Bright Futures Project ECHO learning community. This ECHO will focus on best practices for implementing and disseminating the Bright Futures, 4th Ed. Guidelines in various medical practices around the state. This work is set to begin in FFY22.

In FFY21, the CHP Manager and WIHP Manager partnered to draft a RFP to implement focus groups on four key MCH topic areas, including consumer and provider knowledge and understanding of well visit recommendations and Bright Futures, 4th. Edition Guidelines. In summer 2021, the OMNI Institute was selected to lead this focus group

project and began work in late fall 2021. Results of these focus groups will inform FFY22 and FFY23 promotion of child well visit strategies.

In FFY21, WY MCH continued to focus on the importance of developmental surveillance, screening, and observations through participation as steering committee members for the Wyoming Preschool Development capacity-building grant. WY MCH staff provided subject matter expertise and connection to knowledge leaders. In addition, WY MCH staff participated in weekly needs assessment and strategic planning meetings representing WY MCH. This opportunity was leveraged to promote AAP Bright Futures recommendations and guidelines as a standard of care for Wyoming families, as well as other related Title V priorities.

WY MCH also maintained active representation on the Governor's Early Childhood State Advisory Council, providing guidance and recommendations to members of the Wyoming early childhood system. This membership provided opportunities to expand partner knowledge of Title V priorities and alignment with other efforts within the early childhood system.

In addition, the CHP Manager remained an active member of the Governor's Early Intervention Council (EIC). The EIC's mission is to advise and assist coordinated community-based programs and services for families and their children ages birth through five who are identified as having developmental delays and/or disabilities.

Of the May 2022 public input survey respondents who indicated that they have a child age 2-11 in their household, 80.0% indicated that they believe the Child Health Program's focus on outreach and implementation of Bright Futures with healthcare providers and the public, supporting more childcare centers to use the Healthy Policies Toolkit, and increasing statewide childhood blood testing for lead levels and working with providers to help families prevent childhood lead poisoning fits well or very well with the needs of their family or community.

Strategy 2

Provide technical assistance and networking to expand child physical activity and nutrition education in early care and education settings.

WY MCH continued to connect with state-level partners to support the increase in childhood physical activity through the following activities:

WY MCH continued to promote and actively support the Healthy Policies Toolkit, and provided TA and training to the University of Wyoming, Cent$ible Nutrition Program. The Cent$ible Nutrition Program maintains Certified Nutrition Educators (CNEs) in all 23 Wyoming counties and the Wind River Indian Reservation. The CNEs have identified childcare facilities serving low-income populations for site-specific TA and training, reaching eight licensed child care providers that serve a total of 184 children. All CNEs utilize the policy toolkit as a standardized framework to support settings in increasing physical activity and reducing obesity.

The CHP Manager also actively participated in a state-level nutrition collaborative, the Wyoming State Nutrition Action Coalition. This group consists of representatives from the University of Wyoming, Wyoming Hunger Initiative, WDH, DWS, WDE, DFS, and Wyoming chapter of the AAP, as well as other applicable invitees, depending upon the meeting topic. The CHP Manager applies a Title V lens to the collective areas of work on hunger, obesity, food sustainability, access, and the promotion of physical activity within the state collaborative.

Strategy 3

Continue participation in a multidisciplinary workgroup focused on improving lead screening rates and on expanding state-level infrastructure to support lead surveillance and prevention efforts.

In 2014, the WDH lost funding for a dedicated Environmental Health/Lead Prevention Program. In April 2021, WDH-PHD submitted an application for the CDC Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children grant, and in fall 2021, received the award. Within the grant application, WDH was authorized to budget for an at-will employee position that will focus on statewide lead surveillance and prevention efforts. In addition, the grant application includes a role for WY MCH staff to support provider education and improve linkages of lead-exposed children to recommended services. WY MCH staff coordinated the effort to draft and submit the CDC application. Current work activities detailed in the grant are ongoing.

Other Programmatic Activities

My 307 Wellness Phone Application

WY MCH staff supported the application developers by serving as subject matter experts, and also provided content reviews for their respective population domains. In addition, WY MCH staff served in several leadership and administrative roles in support of expanding public use of this free health resource, which provides valuable health information to adolescents, parents, caregivers, and the general public. The My 307 Wellness application also connects Wyoming residents to health resources within the state.

Annual Report Fiscal Year 2021 Supplement:

This section provides an interim update for FFY22 activities currently in process for the CHP.

Lead Screening

After receiving the CDC Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children grant, grant activities began. Stakeholders who interact with populations and infrastructure that have been exposed to lead were identified, and in February 2022, the first Lead Advisory Council (LAC) was held. More LAC meetings are expected to be held in 2022, with hopes of an in-person meeting held in September 2022. In April 2022, the Lead Prevention and Surveillance Program Manager/Epidemiologist was hired and will lead grant activities.

Bright Futures ECHO Learning Community

Currently, in FFY22, the CHP has contracted with WIND to launch the AAP Bright Futures ECHO Learning Community for providers in Wyoming. This contract was implemented in April 2022 and is expected to be completed by December 2022. As of May 2022, stakeholders, including state and national experts, Wyoming family stakeholders, pediatricians, family practice providers, and more, are being recruited to participate in a monthly stakeholder group that will work to inform more specific topics in the curriculum for the ECHO.

Application Year Plan (FFY23):

This section presents strategies/activities for 2021-2025 MCH priorities related to the Child Health domain. See Five-Year State Action Plan Table for more information.

Priority	Performance Measure	ESM (if applicable)
Promote Healthy and Safe Children	**NPM 8.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes** **SPM 3: Percent of children, ages 1-9, who should receive at least one visit based on the "periodicity schedule", receiving at least one EPSDT visit as noted within CM 416 report**	**ESM 8.1.1: Number of childcare providers receiving training and technical assistance on Wyoming Healthy Policies Toolkit** **NEW: ESM 8.1.2: Percent of childcare providers receiving TA that implemented at least one physical activity policy**

Child well visits and physical activity are crucial to promoting healthy and safe children in Wyoming. Consistent child well visits can help ensure children are receiving the appropriate developmental screenings for their age, detect health problems early, and address potential home or community environmental conditions that could lead to developmental issues. Increasing physical activity can help decrease childhood obesity, which is associated with adverse consequences such as increased risk of cardiovascular disease, type 2 diabetes, asthma, social stigmatization, low self-esteem, and adult obesity.

Respondents to the 2022 public input survey echoed the need for a comprehensive approach to healthy children. Their qualitative responses highlighted access to healthy food, safe indoor and outdoor play areas for physical activity, access to pediatric mental health care, and parent education--including topics such as vaccines and nutrition--as needs in their communities.

WY MCH will promote healthy and safe children through the following proposed strategies:

1. Continue to promote the Healthy Policies Toolkit and expand outreach to additional licensed childcare facilities. Proposed activities include:
    a. Continuation of a subaward to the University of Wyoming, Cent$ible Nutrition Program to continue a mini-grant program to incentivize 25 or more licensed childcare centers to adopt at least one policy from the Healthy Policies Toolkit. Cent$ible Nutrition will also provide training and technical assistance to the childcare centers to support policy adoption and implementation.
    b. WY MCH and Cent$ible Nutrition will work to expand the number of policies adopted at childcare settings that have already integrated some policies.
    c. For this strategy, WY MCH will add ESM 8.1.2 to help measure impact of the technical assistance

provided to facilities.

2. The CHP will work in partnership with the YAYAHP to support implementation of the PMHCA grant to expand child and adolescent access to mental health via telehealth. PMHCA activities will focus on increasing primary care provider uptake of the Partnership Access Line, a pediatric mental health care consultation provider. PMHCA is also supporting the implementation of universal depression and anxiety screening in alignment of the Bright Futures guidelines. This should positively impact Title V work to prevent adolescent suicide.

3. WY MCH will work, in partnership with an initiative led by the Governor's Office, to support Adverse Childhood Experiences training and expansion of trainers in Wyoming. This will be a multi-agency and multi-branch approach involving WDH, DFS, philanthropic organizations, and other state and community leaders. Early discussions are underway.

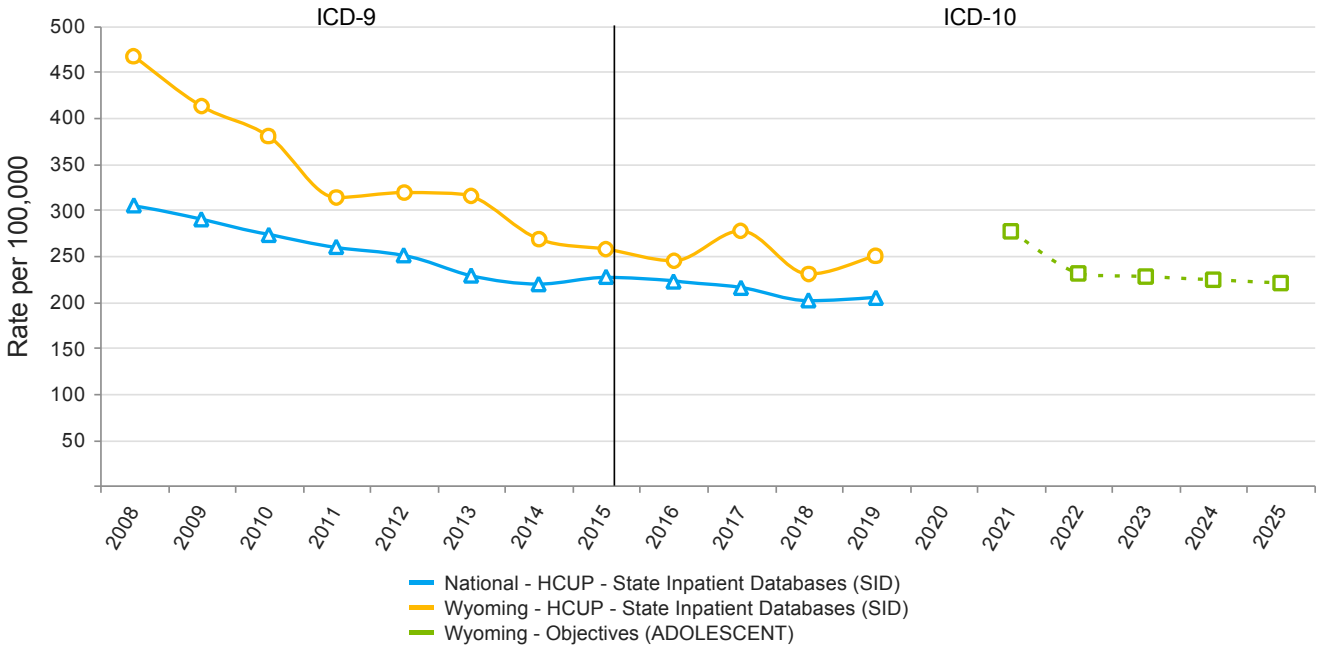
4. Promote childhood well visits, such as the EPSDT, utilizing the Bright Futures Periodicity Table, to both parents and providers. Proposed activities include:
    a. Partnership with Medicaid and provider associations to provide access to the Bright Futures provider toolkit
    b. Disseminate toolkits to providers
    c. Continue partnership with WIND for ECHO learning community implementation and provider training opportunities
    d. Parent/caregiver-focused materials will be developed and shared through social media channels, such as Facebook and the MCH Unit website, and in languages other than English based on the need for specific populations.

5. Continue involvement in statewide childhood blood lead surveillance and prevention efforts. (This work is closely connected to Bright Futures/well visit/EPSDT efforts, creating synergy across multiple strategies.) Proposed activities include:
    a. Participation in the Lead Advisory Council.
    b. Partnership and coordination on surveillance and prevention activities.
    c. Promotion and communication dissemination to improve lead awareness among the public, to include using social media channels and assuring materials are in other languages, as might be needed for specific populations.

Adolescent Health

National Performance Measures

NPM 7.2 - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19
Indicators and Annual Objectives



Note: ICD-10-CM beginning in 2016; previously ICD-9-CM with 2015 representing January - September

Federally Available Data			
Data Source: HCUP - State Inpatient Databases (SID)			
	2019	**2020**	**2021**
Annual Objective			276.4
Annual Indicator	276.4	230.7	248.9
Numerator	207	174	189
Denominator	74,890	75,417	75,945
Data Source	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT
Data Source Year	2017	2018	2019

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	230.7	227.2	223.7	220.2

Evidence-Based or –Informed Strategy Measures

ESM 7.2.1 - Percent of high schools providing Teens in the Driver's Seat (TDS)

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			3
Annual Indicator			0
Numerator			0
Denominator			134
Data Source			Program Data
Data Source Year			2021
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	6.0	12.0	18.0	27.0

State Performance Measures

SPM 3 - Percent of children (ages 1-9 years old) who should receive at least one visit based on the "periodicity schedule", receiving at least 1 EPSDT visit as noted within CMS 416 report

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			64.2
Annual Indicator	64.2	64.6	45.4
Numerator	10,333	9,775	9,053
Denominator	16,100	15,130	19,943
Data Source	CMS-416 Report	CMS-416 Report	WY CMS-416 Report Submission
Data Source Year	2018	2019	2020
Provisional or Final ?	Final	Final	Provisional

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	47.3	67.4	69.0	70.6

SPM 4 - Percent of Wyoming youth reporting increased youth/adult connectedness

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			84
Annual Indicator	84	83	83
Numerator	20,244	9,047	9,047
Denominator	24,099	10,905	10,905
Data Source	WY PNA	WY PNA	WY PNA
Data Source Year	2018	2020	2020
Provisional or Final ?	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	86.1	86.1	88.2	88.2

State Action Plan Table

State Action Plan Table (Wyoming) - Adolescent Health - Entry 1	
Priority Need	
Promote Adolescent Motor Vehicle Safety	
NPM	
NPM 7.2 - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19	
Objectives	
By September 30, 2023 double the number of pilot schools engaging with the Teens in the Driver's Seat (TDS) program with 100% of pilot schools will be implementing TDS and a plan with partners will be developed to fund additional schools to implement TDS.	
Strategies	
Implement and expand TDS in high schools through collaboration with statewide partners.	
ESMs	Status
ESM 7.2.1 - Percent of high schools providing Teens in the Driver’s Seat (TDS)	Active
NOMs	
NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000	
NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000	
NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000	
NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000	

State Action Plan Table (Wyoming) - Adolescent Health - Entry 2

Priority Need

Prevent Adolescent Suicide

SPM

SPM 4 - Percent of Wyoming youth reporting increased youth/adult connectedness

Objectives

By September 30, 2023, all schools implementing Sources of Strength will implement with fidelity.

Strategies

Implement and expand suicide prevention and postvention programs in Wyoming junior high and high schools.

State Action Plan Table (Wyoming) - Adolescent Health - Entry 3

Priority Need

Prevent Adolescent Suicide

Objectives

By September 2023, offer training on common pediatric mental health screening tools and best practice to pediatric primary care providers.

Strategies

Improve the ability and capacity of Wyoming clinics to provide mental health screening and care to adolescents in coordination with Pediatric Mental Health Care Access grant activities.

Annual Report Fiscal Year 2021:

This section provides a summary of FFY21 activities, accomplishments, and challenges related to NPMs and SPMs for the YAYAHP.

Priority	Performance Measure	ESM (if applicable)
Promote Adolescent Motor Vehicle Safety	**NPM 7.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents ages 10-19**	**ESM 7.2.1: Percent of high schools providing Teens in the Driver's Seat**

The Wyoming and U.S. rates for adolescent motor vehicle traffic (MVT) mortality have been decreasing, with the U.S. rate declining significantly since 2007. However, teens contribute to, and suffer from, the consequences of motor vehicle collisions at a disproportionate rate. The Wyoming 2018-2020 adolescent MVT mortality rate for 15-19-year-olds is 21.9/100,000, almost double the U.S. 2018-2020 rate of 11.2/100,000.

Strategy 1

Implement and expand Teens in the Driver Seat (TDS) in high schools through collaboration with statewide partners

TDS is a peer-to-peer traffic safety program that focuses on five major risk factors for adolescent car wrecks:

- Distracted driving (including texting while driving)
- Nighttime and drowsy driving
- Speeding and street racing
- Low seat belt use
- Impaired driving

The program is designed to engage adolescents in educating peers and caregivers. TDS was selected as an evidence-based strategy in part because of the YAYAHP's participation in the Child Safety Learning Collaborative convened by the Child Safety Network. The YAYAHP has engaged with other states implementing TDS, including Nebraska, to identify common challenges and key facilitators in early stages of TDS implementation.

The YAYAHP contracted with the Texas Transportation Institute (TTI) in August 2021 to support a pilot of TDS at up to five high schools in the state. YAYAHP opened a competitive application for high schools to participate in the program, and will support TDS launch in selected schools in January 2022. The application was distributed through partners at the Wyoming Department of Transportation (WYDOT) and WDE.

The YAYAHP is working to further engage state traffic safety stakeholders, including WYDOT and WDE in promoting TDS and linking TDS to existing adolescent motor vehicle traffic safety (MVTS) work across the state.

Strategy 2

Develop MVTS guidelines and materials to promote teen driver safety in adolescent well visits

WY MCH, including the YAYAHP, is building capacity for meaningful engagement with primary care providers. The YAYAHP is supporting CHP work to engage pediatric providers in Bright Futures adoption. To align engagement efforts and accommodate provider capacity, this strategy will be delayed until later in the current grant cycle. The YAYAHP will also prioritize Prevent Adolescent Suicide Strategy 1: Promote the adolescent well visit (below), in advance of asking providers to distribute additional materials related to MVTS.

Priority	Performance Measure	ESM (if applicable)
Prevent Adolescent Suicide	**NPM 10: Percent of adolescents ages 12-17 with a preventive medical visit in the past year** **SPM 4: Percent of Wyoming youth reporting increased youth-adult connectedness**	**ESM 10.1: Percent of Medicaid pediatric providers sending text reminders for annual well visits for 10-19-year-olds linking patients to web-based well visit information** **ESM 10.2: Wyoming EPSDT rate among 10-20 year olds**

The Wyoming adolescent suicide rate is significantly higher than the U.S. rate and has been since 2007. Both the U.S. and Wyoming adolescent suicide rates have increased; however, the Wyoming rate is increasing at a faster rate. In 2007-2019, the Wyoming rate (18.0/100,000) was 2.5 times higher than the U.S. rate (7.2/100,000). In 2017-2019, the Wyoming rate (32.1/100,000) was three times higher than the U.S. rate (11.2/100,000). Suicide among adolescents continues to be a serious problem, and current statewide efforts do not focus predominantly on adolescents.
Adolescence is a period of major physical, psychological, and social development. An annual preventive well visit may help adolescents adopt or maintain healthy habits and behaviors, avoid health-damaging behaviors, manage chronic conditions, prevent disease, and identify emerging health concerns.

Strategy 1

Promote the adolescent well visit to youth (ages 10-20) through partnership with Medicaid, providers, and the Youth Council

Adolescence is the period following the onset of puberty, during which a young person develops from a child into an adult. A number of events take place during this time, such as assuming responsibility for health habits; initiating risky behaviors; and a series of psychological, social, emotional, and physical changes. Bright Futures guidelines recommend that adolescents have an annual checkup from ages 11 to 21, as this may help adolescents adopt and maintain healthy habits and behaviors. The visit should cover a comprehensive set of preventive services, such as a physical examination, immunizations, and discussion of health-related behaviors, including mental health.

The YAYAHP has been researching evidence-based approaches to increasing the adolescent well visit. In comparing approaches focused on the patient population and approaches focused on providers, provider strategies

will be prioritized.

The YAYAHP will partner with the CHP to identify and support pediatric providers to implement and adapt scheduling and communications practices to increase well visit rates, and will promote Bright Futures guidelines among pediatric providers to encourage universal mental health screening of adolescents. For this reason, the YAHAHP is discontinuing ESM 10.1, and will evaluate provider engagement through updated ESMs.

Strategy 2

Improve the ability and capacity of Wyoming clinics to provide mental health screening and care to adolescents in continued partnership with the University of Michigan Health Initiative to implement Adolescent-Centered Environment-Assessment Process (ACE-AP)

To improve the quality of the adolescent clinical environment with a long-term goal of increasing the number of well visits among youth and young adults, the YAYAHP continued its partnership with the University of Michigan to implement the 18-month ACE-AP within six pilot clinics between 2018 and 2022. The ACE-AP is a facilitated, comprehensive self-assessment and guided improvement process that includes customized resources, recommendations, technical assistance, and implementation plans using Plan, Do, Study, Act improvement cycles. The ACE-AP addresses 12 indicator categories of adolescent-centered care, listed below, along with the number of clinics that chose to work in each category:

- Access to Care (5 of 6 clinics)
- Adolescent Appropriate Environment (6 of 6 clinics)
- Confidentiality (6 of 6 clinics)
- Best Practices and Standards of Care (6 of 6 clinics)
- Reproductive and Sexual Health (6 of 6 clinics)
- Behavioral Health (5 of 6 clinics)
- Nutritional Health (5 of 6 clinics)
- Cultural Responsiveness (4 of 6 clinics)
- Respectful Treatment (4 of 6 clinics)
- Adolescent Involvement and Empowerment (4 of 6 clinics)
- Parent Engagement (4 of 6 clinics)
- Community Engagement and Outreach (1 of 6 clinics)

In 2020 (late spring for Clinic 1 and late fall for Clinic 2), the second cohort of two clinics completed a baseline self-assessment of their organizations' environment, policies, and practices related to youth-friendly services to identify opportunities for improvement. Then, they met with the University of Michigan to identify and implement quality improvement initiatives. Clinics were eligible to receive up to $2,000 to implement changes within their clinic to become more adolescent-friendly (e.g. tablets for completion of adolescent screening tools, privacy screens for check-in, youth-friendly posters and materials). To assure ongoing quality improvement and evaluation, each clinic collected staff and provider surveys assessing the extent to which the clinic provides a youth-friendly environment and adolescent-centered care. The second cohort of two clinics completed mid-year and end-of-year self-assessments in 2021 and 2022.

Both clinics reported improvement in at least nine of twelve categories assessed by the ACE-AP, with Clinic 2 reporting improvement in all twelve. Clinic 2 had the highest improvement in communicating and supporting confidentiality in adolescent care (67% improvement), while Clinic 1 had the highest improvement in community engagement and outreach (56%).

The ACE-AP offers a certification at three levels--bronze, silver, or gold--if a clinic scores "Fully Implemented" in 10

(bronze), 11 (silver), or 12 (gold) pre-identified clinic measures. Clinics that do not achieve certification do so either because they are unable to achieve a "Fully Implemented" score in the necessary pre-identified measures, or because the clinic chose not to focus on implementing those pre-identified measures as part of their ACE-AP. In the second cohort, Clinic 1 achieved Bronze-Level certification and Clinic 2 achieved Gold-Level certification.

One common need identified across all six participating ACE-AP clinics was information and guidance related to adolescent consent and confidentiality. In addition to the consent and confidentiality guides developed by the Center for Adolescent Health and the Law, the University of Michigan summarized Wyoming consent and confidentiality laws to create a handout for participating clinics.

The COVID-19 pandemic significantly impacted the second cohort's ability to focus on environmental improvements. The YAYAHP extended the timeline for the second cohort's participation in the ACE-AP to accommodate clinics' need to focus on safety modifications to continue to offer medical care in the midst of the pandemic.

The YAHAHP closed out the ACE-AP pilot program in March 2022. The YAYAHP will pivot to support Bright Futures adoption across pediatric providers, and support providers in increasing adolescent well visits. The YAYAHP's work on improving mental health screening in well visits will be conducted in partnership with the PMHCA grant, which Wyoming received in October 2021.

Strategy 3

Implement and expand SOS in Wyoming junior high and high schools

SOS is "a best practice youth suicide prevention project designed to harness the power of peer social networks to change unhealthy norms and culture, ultimately preventing suicide, bullying, and substance abuse." SOS is designed to increase help-seeking behaviors and promote connectedness between and among peers and caring adults.

The YAYAHP has partnered with the WDH WIVPP to support the expansion of SOS in Wyoming junior high and high schools. SOS was chosen because: 1) it is evidence-based to increase connectedness in school settings when implemented with fidelity, and 2) SOS is already in place in several communities in Wyoming. WIVPP funds currently support the implementation of SOS in three of 23 counties in Wyoming. The YAYAHP engaged in in-depth partnership building and needs assessment work to determine the best way to support existing SOS efforts, and leverage knowledge and expertise already in place in the state, for promotion of SOS expansion. Conversations with WIVPP staff and county-based community prevention specialists determined that hosting a train-the-trainer (T4T) workshop in Wyoming for schools to attend is an important first step in MCH support for SOS implementation and expansion. YAYAHP will host the T4T in FFY22.

Strategy 4

Develop and maintain statewide Youth Council to assure youth voices are included in program development, implementation, and evaluation

The YAYAHP seeks to promote youth voice in the development of strategies, materials, and activities. The support of a statewide Youth Council brings youth voices and experience together with health programs, promoting success, increased youth engagement, and quality improvement. One council member shared, "I grew up in Wyoming, so as a young Latina woman with a multicultural background, I understand what it feels like to be in a state that oftentimes doesn't represent you. As a young adult now, I am able to share my own struggles and experiences to raise awareness and create a safe space."

The Youth Council was launched in the summer of 2020, and was able to convene virtually and start work despite the COVID-19 pandemic. The council meets virtually every other week to discuss current projects and hear from

organizations and agencies across Wyoming that are currently engaging in activities to promote youth wellness. The council also maintains a website to engage young adults across the state.

The Youth Council provides feedback to YAYAHP on proposed strategies and program implementation. However, given the wide range of interests and lived experiences of Youth Council members, WY MCH is looking at the possibility of engaging the Youth Council across domains or as a strategy of Domain 6 as it relates to community and family engagement.

Other YAYAHP Activities:

YAYAHP Partnership Development

The YAYAHP Manager continued to develop and build partnerships with many youth-serving organizations, other WDH programs, and other agencies to increase the effectiveness of YAYAHP programming. Partnerships include:

- Wyoming Equality
- Wyoming Primary Care Association
- Strong Families Strong Wyoming
- Wyoming Health Council
- Students Against Destructive Decisions
- Wyoming Children's Trust Fund
- Wyoming Department of Education
- Wyoming Highway Patrol
- Wyoming Department of Transportation
- Wyoming Medicaid
- Uplift
- Wyoming County Prevention Specialists
- Office of Health Equity of WDH
- Injury and Violence Prevention Program of WDH
- Communicable Disease Unit of WDH
- Immunization Unit of WDH
- Wyoming Division of Victim Services
- Wyoming Coalition Against Domestic Violence and Sexual Assault
- Wyoming Department of Family Services

Partnership with Wyoming State School Nurse Coordinator

WY MCH entered into a formal MOU with the WDE in 2021 to support a State School Nurse Coordinator. The YAYAHP Manager meets regularly with this coordinator, and has participated in the work of the coordinator to improve health and wellness outcomes among students in Wyoming. This crosses over with child health and CYSHCN domain activities as well.

YAYAHP Manager Memberships

The YAYAHP Manager has remained an active member of AMCHP. As a member of the PHD's Health Equity Workgroup (HEW), the YAYAHP Manager participates in HEW activities and meetings, identifies inclusive strategies for capturing data and identifying gaps in service due to disparities, and participates in WY MCH discussions related to the 6th domain priority. The YAYAHP Manager is an active participant in the National Network of State Adolescent

Health Coordinators, and is a member of the third cohort of the Child Safety Learning Collaborative.

Annual Report Fiscal Year 2021 Supplement:

This section provides an interim update for FFY22 activities currently in process for the YAYAHP.

Motor Vehicle Safety

Three high schools expressed interest in the first TDS pilot, and one fully engaged in program implementation. The YAYAHP recognizes that many schools in Wyoming are still focused on recovering from the impacts of COVID-19 on their school communities and students. The YAYAHP plans to meet with the implementing school, TTI, and key state stakeholders to discuss any changes that need to be made to better support program implementation. Recruitment will then open for up to eight schools, including the current implementing site, to launch or continue TDS for the 2022-2023 school year.

Suicide Prevention

WY MCH contracted with SOS to host two SOS T4T sessions in the summer of 2022 for middle and high school staff, and key community partners, to begin implementation in several new school districts, starting in September 2022. In addition to partnering with WIVPP, the YAYAHP is working with the WDE Substance Abuse and Mental Health Services Administration-funded Advancing Wellness and Resiliency in Education project (Project AWARE) to engage Project AWARE-funded schools to participate in the SOS T4T and potentially leverage Project AWARE funds for program implementation.

Application Year Plan (FFY23):

This section presents strategies/activities for 2021-2025 MCH priorities related to YAYAHP. See Five-Year State Action Plan Table for more information.

Priority	Performance Measure	ESM (if applicable)
Promote Adolescent Motor Vehicle Safety	**NPM 7.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents ages 10-19**	**ESM 7.2.1: Percent of high schools providing Teens in the Driver's Seat**

The Wyoming and U.S. rates for adolescent MVT mortality have been decreasing, the U.S. rate significantly, since 2007. However, teens contribute to, and suffer from, the consequences of motor vehicle collisions at a disproportionate rate. The Wyoming 2017-2019 adolescent MVT mortality rate for 15-19-year-olds is 22.0/100,000, almost double the U.S. 2017-2019 rate of 11.2/100,000.

Work during FFY22 has been focused on piloting activities that will be scaled up based on success and lessons learned in FFY23, and on researching approaches that will be piloted in FFY23.

Of the 2022 public input survey respondents who indicated that they have a teen or young adult aged 12-24 in their household, 94.9% indicated that they believe the YAYAHP's recent and planned work, including work around motor vehicle traffic safety, fits well or very well with the needs of their family or community.

97.2% indicated that they believe it is important or very important for schools to be a partner in keeping teens safe. This supports YAYAHP's current focus in both MVTS and Suicide Prevention to implement programs designed for K-12 schools.

In FFY23, the YAYAHP will continue the following strategy to address NPM 7.2 within the Adolescent Motor Vehicle Mortality Prevention priority:

1. Implement and expand TDS in high schools through collaboration with statewide partners.

Building on the TDS pilot in FY22, YAYAHP will engage up to eight high schools in Wyoming, with a continued focus on increasing correct seat belt usage. The most recent crash data (2021) from WYDOT showed that for all crashes in Wyoming, 7% of the occupants involved (driver or passenger of all ages) either misused or did not use seat belts. Over the last five years (2017 through 2021), 61% of fatalities among occupants under the age of 25 in fatal crashes were not wearing seat belts or were wearing them incorrectly, and 49% of the occupants under the age of 25 who sustained serious injuries were not using seat belts or were using them incorrectly.

Priority	Performance Measure	ESM (if applicable)
Prevent Adolescent Suicide	**NPM 7.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents ages 10-19** **SPM 4: Percent of Wyoming youth reporting increased youth-adult connectedness**	

The Wyoming adolescent suicide rate is significantly higher than the U.S. rate and has been since 2007. Both the U.S. and Wyoming adolescent suicide rates have increased; however, the Wyoming rate is increasing at a faster rate. In 2007-2019, the Wyoming rate (18.0/100,000) was 2.5 times higher than the U.S. rate (7.2/100,000). In 2017-2019, the WY rate (32.1/100,000) was three times higher than the U.S. rate (11.2/100,000). Suicide among adolescents continues to be a serious problem, and current statewide efforts do not focus predominantly on adolescents.

Of the 2022 public input survey respondents who indicated that they have a youth or young adult aged 12-24 in their household, 100% indicated that they believe it is important or very important to address how comfortable youth feel talking to adults about difficult issues, and 94.9% indicated that they believe the YAYAHP's recent and planned work, including work around teen mental health and suicide prevention, fits well or very well with the needs of their family or community. In October 2021, the YAYAHP was awarded a PMHCA grant. YAYAHP will collaborate with the Child Health Program and the PMHCA grant to identify opportunities for partnership and collaboration to reduce adolescent suicide.

In FFY23, the YAYAHP will implement the following strategies to address NPM 7.2 and SPM 4 within the Adolescent Suicide Prevention priority:

Implement and expand SOS in Wyoming junior high and high schools.

1. The YAYAHP will support the implementation with fidelity of SOS, an evidence-based social-emotional learning program evaluated for middle and high school students to reduce suicidal ideation, suicide attempts, and deaths by suicide. SOS is currently in place in at least one school each in ten counties in Wyoming, and the YAYAHP will both support the expansion of the program to additional schools and counties, and support existing school programs in delivering the program with fidelity. YAYAHP will also investigate opportunities to support the implementation of SOS in state-run youth residential facilities, including juvenile justice and crisis care institutions. The YAYAHP will partner with the WDH WIVPP and local community prevention specialists in extending the impact of SOS in Wyoming.

2. Support the development of evidence-based suicide postvention protocols in K-12 schools.
    a. The YAYAHP will provide access to training for K-12 schools on developing and deploying evidence-based suicide postvention protocols. YAYAHP will partner with WIVPP and WDE to explore the development of a model suicide postvention policy to allow schools to develop and deploy postvention protocols more quickly and consistently across districts. Evidence-based postvention should reduce the risk of suicide contagion in a community where a person has recently died from suicide, and should also improve youth-adult connectedness in schools by supporting and training adults in the school

system to proactively and meaningfully respond to the emotional needs of students who have recently lost a peer to suicide.

Other Programmatic Activities

Young Adult Survey

The YAYAHP identified surveillance data gaps for the 18-24 year old population. YAYAHP is partnering with the Wyoming Substance Abuse Prevention Program to administer a biannual young adult survey. The survey will collect health behavior information related to substance use and MCH NPMs and priorities within the 18-29 year old population in Wyoming. This data will allow the YAYAHP to better identify strategies to improve outcomes for the young adult population. The first survey will be administered in the fall of 2022.

Suicide Prevention Promotion

In addition to the suicide prevention strategies detailed in the application, the YAYAHP will support WDH efforts to promote the suicide prevention lifeline and the transition to 988. In recent years, Wyoming has established two lifeline call centers. Those services have recently been expanded to assure Wyoming-based coverage 24 hours a day, every day.

Further, in 2022, the State legislature appropriated $200,000.00 in American Rescue Plan funds for the purpose of training over 100 mental health first aid trainers, to include trainers in each school district, each community college district, and the University of Wyoming. This appropriation will contribute additional resources toward the state response to suicide and further prevention in settings where adolescent and young adults can be reached. The YAYAHP will work collaboratively with other partners to promote these training opportunities.

Sexual Violence Prevention

The YAYAHP Manager is also the RPE Director for Wyoming. The YAYAHP uses RPE and Preventive Health and Health Services Block Grant funds to support healthy relationship and sexual violence prevention programs in Wyoming. These programs use approaches that specifically address healthy relationships and violence prevention, and support shared risk and protective factors (such as adult-youth connectedness) that also support Title V priorities, including adolescent suicide prevention and adolescent motor vehicle safety promotion.

WyPREP

The YAYAHP Manager is also the Wyoming PREP (WyPREP) Manager for Wyoming. The YAYAHP uses WyPREP funds to support the provision of evidence-based reproductive health curricula to adolescents in school and community settings across Wyoming. WyPREP also supports addressing shared risk and protective factors (such as parent-child connectedness) that also support Title V priorities, including adolescent suicide prevention and adolescent motor vehicle safety promotion.

PMHCA

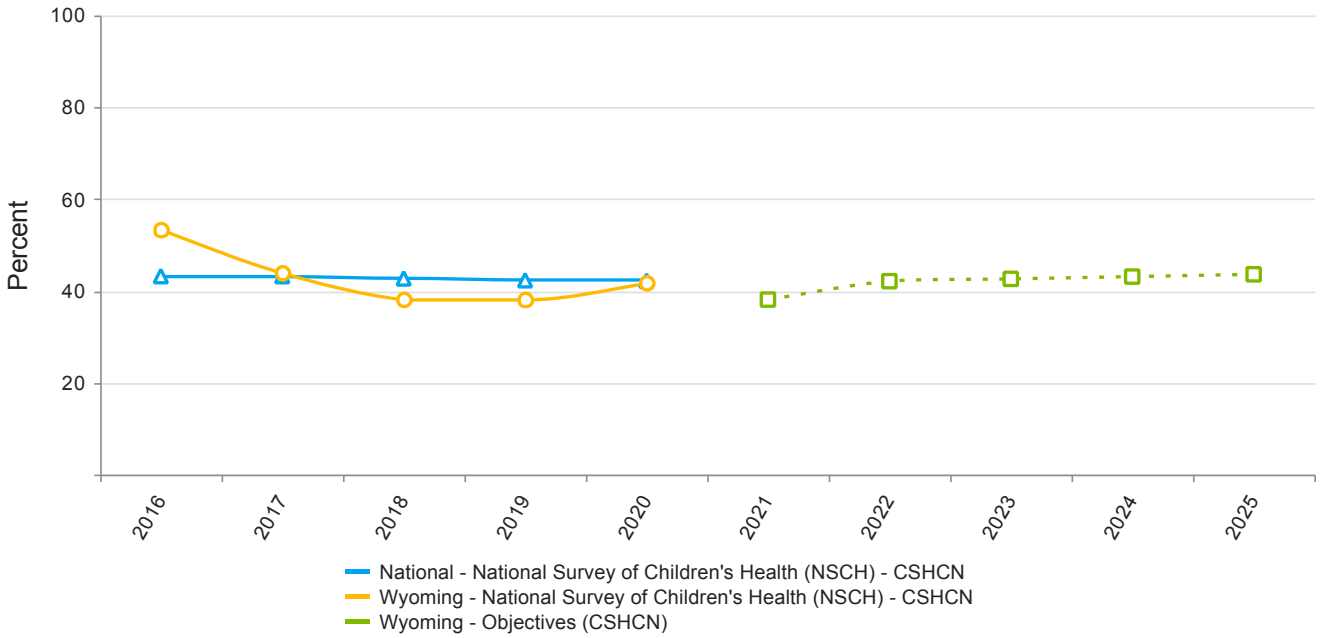
The YAYAHP Manager is the project director for the Wyoming PMHCA grant project. Among other grant activities, PMHCA is working to increase primary care provider uptake of the Partnership Access Line, a pediatric mental health care consultation provider. PMHCA is also supporting the implementation of universal depression and anxiety screening in alignment of the Bright Futures guidelines. This work should positively impact Title V work to prevent adolescent suicide.

Children with Special Health Care Needs

National Performance Measures

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Indicators and Annual Objectives



NPM 11 - Children with Special Health Care Needs

Federally Available Data			
Data Source: National Survey of Children's Health (NSCH) - CSHCN			
	2019	**2020**	**2021**
Annual Objective			38.1
Annual Indicator	38.1	37.9	41.6
Numerator	10,270	9,240	10,009
Denominator	26,977	24,351	24,064
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	42.1	42.6	43.1	43.6

Evidence-Based or –Informed Strategy Measures

ESM 11.1 - Percent of CSH Advisory Council members with lived experience

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			50
Annual Indicator			0
Numerator			0
Denominator			1
Data Source			Program Data
Data Source Year			2021
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	10.0	30.0	45.0	50.0

ESM 11.2 - Complete assessment of National Standards for Systems of Care for CYSHCN

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			Yes
Annual Indicator			Yes
Numerator			
Denominator			
Data Source			Program Data
Data Source Year			2021
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	Yes	Yes	Yes	Yes

ESM 11.3 - Develop an Action Plan based on results of National Standards Assessment

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			Yes
Annual Indicator			No
Numerator			
Denominator			
Data Source			Program Data
Data Source Year			2021
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	Yes	Yes	Yes	Yes

State Action Plan Table

State Action Plan Table (Wyoming) - Children with Special Health Care Needs - Entry 1	
Priority Need	
Improve Systems of Care for Children and Youth with Special Health Care Needs	
NPM	
NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home	
Objectives	
By September 30, 2023 develop plan to address gaps identified by the National Standards for Systems of Care Assessment.	
Strategies	
Improve upon the Wyoming CSH program to reach more families to provide gap-filling financial assistance, and better meet the National Standards for Systems of Care of CYSHCN .	
ESMs	**Status**
ESM 11.1 - Percent of CSH Advisory Council members with lived experience	Active
ESM 11.2 - Complete assessment of National Standards for Systems of Care for CYSHCN	Active
ESM 11.3 - Develop an Action Plan based on results of National Standards Assessment	Active
NOMs	
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling	
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	
NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year	

State Action Plan Table (Wyoming) - Children with Special Health Care Needs - Entry 2

Priority Need

Improve Systems of Care for Children and Youth with Special Health Care Needs

Objectives

By September 30, 2023 have at least 10% of the CSH Advisory Council members with lived experience.

Strategies

Convene a CSH Advisory Council with the goal of including members with lived experience to support statewide collaboration, parent education, and provider education around patient/ family centered medical home and other CYSHCN related topics.

Annual Report Fiscal Year 2021:

This section provides a summary of FFY21 activities, accomplishments, and challenges related to NPMs and SPMs (2021-2025) for the CSHCN domain.

Priority	Performance Measure	ESM (if applicable)
Improve Systems of Care for Children and Youth with Special Health Care Needs	**NPM 11: Percent of children with and without special healthcare needs, ages 0-17, who have a medical home (NSCH)**	**ESM 11.1: Percent of CSH Advisory Council members with lived experience** **ESM 11.2: Complete assessment of National Standards for Systems of Care for CYSHCN (completed)** **ESM 11.3: Develop an Action Plan based on results of National Standards Assessment**

The percentage of Wyoming children with special health care needs, ages 0-17, who have a medical home was 41.6% during 2019-2020, similar to the U.S. percent of 42.2% (NSCH, 2019-2020). A greater proportion (49.4%) of non-CSHCN children in Wyoming reported receiving care in a medical home during the same time frame. The CSH Program continued to focus efforts on increasing the number of children and families receiving care in a medical home, but made important programmatic shifts in FFY21 in response to the 2020 needs assessment.

Strategy 1

Conduct a comprehensive gap analysis of Wyoming CSH programs and services to understand where gaps exist internally for meeting the National Standards for Systems of care for CYSHCN

MCHB-provided TA from a national CYSHCN leader (Meredith Pyle) was conducted in FFY21. This TA included an internal (Title V staff) systems assessment for the Wyoming CYSHCN system, using the National Standards to Improve Systems of Care for CYSHCN as the foundation for the assessment.

Ms. Pyle conducted interviews with CYSHCN staff to identify key barriers to accessing needed care among CYSHCN populations in Wyoming, and included ideas for improving systems of care through the program. Key barriers included provider shortages (especially pediatric specialists); lack of adequate or affordable insurance options; cost, availability, and reliability of transportation; and costs for care received and for accessing care. Ideas for improvement included: modernizing and updating the CYSHCN program, establishing or strengthening local and state-level partnerships to improve coordination and improvement, improving access to pediatric specialists, and supporting wraparound services for CYSHCN and their families.

Additionally, WY MCH participated in training on the National Standards, as well as social and structural determinants of health and equity. Those concepts were applied to the internal assessment. Ms. Pyle further took the WY MCH team through the Single Organization National Standards of Systems of Care Statewide Systems of Care Assessment Tool to self-assess how well our organization and system is structured to assure access to, and quality of care for, CYSHCN and their families, and assess the WY MCH capacity to implement or improve policies and processes outlined in the National Standards.

As a result of the self-assessment tool, WY MCH identified the following National Standards domains as priorities for Title V in Wyoming overall:

- Identification, Screening, Assessment and Referral
- Access to Care
- Transition to Adulthood

For CYSHCN more specifically, the self-assessment resulted in the following domains being identified as high-priority:

- Medical Home
- Health Information Technology
- Quality Assurance and Improvement

Ms. Pyle engaged the WY MCH team in several facilitated follow-up sessions to discuss the results of the assessment and draft some ideas for strategic action, which included existing and emerging strategies, such as continuing gap-filling financial assistance, Medicaid partnership, strengthening care coordination, as well as developing a CYSHCN advisory council and shared definition of CYSHCN.

The work with Ms. Pyle supported WY MCH in meeting/completing ESM 11.2. An additional, external (CYSHCN system partners) assessment was expected to occur following the internal assessment, however, it was not completed.

WY MCH expected to also work on the following strategies/activities in FFY21, however, due to a change in CYSHCN leadership, WY MCH has experienced some setbacks. Please see the Supplemental report below for more information on leadership changes and an interim report.

- Compile a comprehensive Wyoming CSH systems map incorporating the National Standards for Systems of Care for CYSHCN Systems Improvement Alignment Tool.
- Develop and convene a family-centered CSH Advisory Council, to include caregivers with lived experience, to compile a comprehensive Wyoming CSH systems map incorporating the National Standards for Systems of Care for CYSHCN Systems Improvement Alignment Tool.
- Increase collaboration and coordination between state agencies, community-based organizations, families, service providers, and the University of Wyoming to support the creation of a systems map that will inform the development of the comprehensive CSH resource guide.
- Increase understanding of certification requirements for a Patient-Centered Medical Home (PCMH) by attending annual PCMH trainings hosted by the Wyoming Primary Care Association and/or partners.

Other Programmatic Activities

Children's Special Health Program

CSH continued to provide services to children and youth (ages 0-18) with special health care needs who have, or are at increased risk for, a chronic physical, developmental, behavioral, or emotional condition, and who require health

and related services of a type or amount beyond that generally required by children. Currently, CSH clients must meet both medical and financial eligibility to receive gap-filling financial assistance, however, the program encourages public health nurses to serve families of CYSHCN in need of care coordination services only, even if they narrowly miss eligibility requirements for gap-filling financial assistance. In FFY21, CSH provided services to 484 eligible CSH clients, compared to 449 eligible CSH clients in FFY20. CSH also provides up-front emergency travel assistance to Wyoming families enrolled in Medicaid, as well as to non-Medicaid families enrolled in one of the three CSH sub-programs. In FFY21, CSH processed six emergency travel or lodging requests. Some of these requests arose as a result of COVID-19 and its impact on the pre-existing support network in place (i.e., Ronald McDonald House closures).

A sub-program within CSH is the Maternal High Risk (MHR) program, which serves Wyoming women experiencing high-risk pregnancies that receive Level III obstetric and maternity care services and/or deliver in a Level III facility. In FFY21, WY MCH provided services to 21 eligible MHR clients, compared to 17 eligible MHR clients in FFY20. Services provided include, but are not limited to, language access services, transportation or lodging expenses, copay and deductible support for individuals with private insurance, and assistance navigating Medicaid or the marketplace if uninsured.

Another sub-program, the Newborn Intensive Care (NBIC) program, supports services available to high-risk infants who are delivered at, or transferred to, an out-of-state Level III nursery, such as in Fort Collins, CO; Denver, CO; Salt Lake City, UT; or Billings, MT. In FFY21, CSH provided services to 65 eligible NBIC clients, compared to 74 eligible NBIC clients in FFY20.

Transition to Adulthood

WY MCH continued supporting PHN use of the transition toolkit previously developed as part of the health care transition initiative, which includes a flow chart outlining suggested visit structure and duration, assessment forms to include a plan of care document to be shared between provider and client, talking points for clients and families, a comprehensive resource list, and other supplemental documents contained in the Bright Futures Toolkit.

Client Reminders

WY MCH continued sending reminders to enrolled clients to attend their annual well visit and complete the transition readiness assessment. The FAQ document, *The Adolescent and Young Adult Well-Visit: A Guide for Families*, is also included with the appointment letters for clients ages 11-18.

Genetics

The Wyoming Genetic Program, in partnership with the Children's Hospital of Colorado, held both in-person and telehealth clinics in Cheyenne, Casper, and Riverton. In FFY21, this program served 40 clients in person and 96 clients through telehealth. Telehealth appointments were reserved primarily for follow-up appointments, while in-person appointments were for new patients.

Due to the impact of COVID-19 on in-person medical appointments, providers and families alike were able to utilize technology for telehealth appointments via their mobile device or personal computer. The increased technology capabilities allowed the families served by the Wyoming Genetics Program to use their personal devices for telehealth appointments rather than travel to Cheyenne, Casper, or Riverton to only then be seen via telehealth. This saved on travel costs and allowed the families to meet with the provider in the comfort of their own home.

Annual Report Fiscal Year 2022 Supplement:

This section provides an interim update for FFY22 activities currently in process for the CYSHCN Program.

In December 2021, the previous WY MCH CYSHCN Director left the position. A new CYSHCN Director was

welcomed in April of 2022. Our new CYSHCN Director was the WY MCH Newborn Screening and Genetics Program Coordinator for the previous 14 years. She is in the process of onboarding in her new position and filling the program coordinator position which she had vacated. The onboarding process includes both the CYSHCN and (also new) Title V directors' review of prior CYSHCN assessment reports and national CYSHCN resources. In FFY23, WY MCH expects to re-engage in determining strategic programmatic shifts or actions that would allow WY MCH to better reach and serve the CYSHCN population and strengthen the system of care for CYSHCN and their families.

During FFY22, WY MCH also increased its support for its contracted partnerships with the Children's Hospital of Colorado by writing a letter of support for a grant to address long term follow-up of babies with cystic fibrosis. The MCH Unit also wrote a letter of support for the Colorado Department of Health and Environment Laboratory to aid in their grant submission of increased funding for the implementation of adding x-linked Adrenoleukodystrophy (X-ALD), Pompe, and Mucopolysaccharidosis type 1 (MPS I) to the Colorado and Wyoming newborn screening panel.

Following a newborn screening advisory committee vote, the Wyoming Newborn Screening Program began screening for Pompe disease and Mucopolysaccharidosis type I (MPS I) in June 2022. Screening for X-ALD will follow in the fall of 2022.

Other Programmatic Activities

Health Equity

In continued support of the WY MCH core value of health equity, CSH Program staff utilized training opportunities on the impacts of poverty and strategies to build system-level efforts to reduce poverty, then reported back to the CSH team on the connections between course content and the population CSH serves. The CSH Program also continued its collaboration with Wyoming Medicaid to offer emergency travel assistance to families in an effort to alleviate barriers to receiving care from out-of-state specialists. CSH staff also participated in a broader health equity workshop in FFY21, along with other WY MCH staff and the division's HEW, and are currently engaged in follow-up technical assistance from the workshop provider.

COVID-19 Response

Based on the impact of COVID-19 on CSH clients, the CSH team suspended the requirement that families complete an in-person check-in with their assigned county PHN. This suspension was effective from March 2020 through March 2021. Since then, those check-ins have resumed in person. CSH also suspended the requirement that clients update their eligibility information, preventing any CSH family from losing coverage without the direct approval of the program manager. The temporary suspension of annual updates was also necessary to support PHNs who shifted activities due to COVID-19 response. Additionally, CSH reduced the amount of physical mail being sent to the PHN offices and instead started to provide electronic, scanned copies of materials, thus reducing the burden on CSH staff and PHNs.

CSH identified barriers impacting Wyoming residents' ability to access care due to the COVID-19 pandemic. The Wyoming CSH team provided travel support and assistance to support families' ability to access and receive appropriate care in out-of-state hospitals.

Application Year Plan (FFY23):

This section presents strategies/activities for 2021-2025 MCH priorities related to the CSHCN domain. See Five-Year State Action Plan Table for more information.

Priority	Performance Measure	ESM (if applicable)
Improve Systems of Care for Children and Youth with Special Health Care Needs	**NPM 11: Percent of children with and without special healthcare needs, ages 0-17, who have a medical home**	**ESM 11.1: Percent of CSH Advisory Council members with lived experience** **ESM 11.2: Complete assessment of National Standards for Systems of Care for CYSHCN (completed)** **ESM 11.3: Develop an Action Plan based on results of National Standards Assessment**

The NSCH (2019-20) estimates there are 24,064 CSHCN ages 0-17 in Wyoming. In Wyoming, only 12.7% of CSHCN receive care in a well-functioning health care system, compared to 14.4% nationally (NSCH, 2019-20). Components of a well-functioning system are the following: family partnership, medical home, early screening, adequate insurance, easy access to services, and preparation for adult transition.

Of the May 2022 public input survey respondents, 84% of those who indicated that they have a child aged 2-11 in their household and 83.3% who indicated they have a teen or young adult aged 12-24 in their household indicated that they believe the CSH Program's focus on medical homes and the family advisory council fits well or very well with the needs of their family or community. Also among respondents indicating that they have a child aged 2-11 or teen or young adult aged 12-24 in their household, 100% indicated that they believe it is important or very important to improve the healthcare system for children with special health care needs in Wyoming.

Responses to the 2022 public input survey also underscore the need for CYSHCN families to have a system of care that addresses their needs. One respondent shared: "We still have to travel to other locations to see competent specialists if they are not scheduled to visit us soon. My children do not have easy, regular access to: Cardiologists Geneticists Neurologists Sleep specialists Orthopedics And so on."

Known barriers, such as lack of specialty care, distance to travel, transportation, and affordability of care were also reflected in survey responses. Additionally, it was noted by respondents that knowledge and awareness of existing services may also require improvements so families are aware of what is available in the state.

WY MCH will leverage and expand existing relationships with family-serving organizations to understand and improve systems of care for CYSHCN. Building on the technical assistance received in FFY21 for the National Standards of Systems of Care for CYSHCN as it relates to Wyoming programming, the CYSHCN program will re-engage in determining any strategic programmatic shifts or actions that would allow WY MCH to better reach and serve the CYSHCN population and strengthen the system of care for CYSHCN and their families. The CYSHCN Director expects to begin this work in fall 2022.

Additionally, WY MCH will build on its family engagement work by continuing to partner with Uplift (Family Voices Affiliate) under a formal subaward. Under this subaward, Uplift will provide technical assistance to WY MCH staff to engage parents and families in MCH program planning, implementation, and evaluation. Uplift has begun recruiting and training family leaders who advocate for MCH populations and have a voice in WY MCH planning, implementation, and evaluation efforts. As a CYSHCN advisory council is established, WY MCH will work with Uplift and other family-serving organizations to identify and recruit new members to assure representation by those with lived experience.

The CYSHCN program will continue to implement the following strategies to improve systems of care for CYSHCN and address NPM 11:

1. Develop and convene a family-centered CYSHCN Advisory Council to include members with lived experience. The CYSHCN program will work with the advisory council to engage statewide CYSHCN stakeholders to support the adoption of a shared definition for CYSHCN.

2. Continue to increase collaboration and coordination between state agencies, community-based organizations, families, service providers, and the University of Wyoming to support the creation of a comprehensive CYSHCN resource guide.

3. Incorporate focus group findings and recommendations into ongoing Title V needs assessment and program planning and implementation efforts, particularly those that underscore known barriers, needs, and system improvements.

4. Identify and implement internal CYSHCN program changes that support implementation of the National Standards for Systems of Care for CYSHCN.

5. Focus on medical home as both a Wyoming Title V NPM and an identified CYSHCN National Standard for Systems of Care. The CYSHCN program continues to support Wyoming primary care providers in serving as the coordinator and primary resource for families in Wyoming, linking them to identified services and confirming that their needs are being met. WY MCH will continue to build on this internal definition of medical home over the next year.

6. Partner with PHN to establish one shared performance measure targeting improvement of systems of care for CYSHCN based upon National Standards for Systems of Care for CYSHCN alignment.

7. Continue to partner with Medicaid to serve MCH populations, including CYSHCN, through a range of collaborative projects, policy decisions, and the renewal and update of the IAA.

Other Programmatic Activities

Children's Special Health Program

The CSH Program will continue to provide services to children and youth (ages 0-18) with special health care needs who have, or are at increased risk for, a chronic physical, developmental, behavioral, or emotional condition, and who require health and related services of a type or amount beyond that generally required by children. Currently, CSH clients must meet both medical and financial eligibility to receive gap-filling financial assistance, however, the program encourages public health nurses to serve families of CYSHCN in need of care coordination services only, even if they narrowly miss eligibility requirements for gap-filling financial assistance.

Continued services for the sub-programs MHR and NBIC will also be provided in FFY23. MHR serves Wyoming women experiencing high-risk pregnancies that receive Level III obstetric and maternity care services and/or deliver in a Level III facility. MHR provides language access services, transportation or lodging expenses, or copay and deductible support for individuals with private insurance, and assistance navigating Medicaid or the marketplace if uninsured. NBIC supports services available to high-risk infants who are delivered at, or transferred to, an out-of-state Level III nursery. Up-front emergency travel assistance will continue to be available, as well.

These direct, gap-filling financial expenses will shift to our Title V budget due to state general fund budget reductions. The reduction, however, will not impact our ability to meet the MOE requirement of the grant.

Newborn Screening and Genetics

WY MCH will continue to operate the newborn screening program using Title V MOE/match funding. Additionally, WY MCH will continue to offer telehealth and in-person genetics clinics in partnership with the University of Colorado and PHN, leveraging Title V dollars.

Cross-Cutting/Systems Building

State Performance Measures

SPM 2 - Percent of new WY MCH staff completing MCH orientation (including MCH Navigator self-assessment) within first 6 months

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			100
Annual Indicator			66.7
Numerator			2
Denominator			3
Data Source			WY MCH Program Data
Data Source Year			2021
Provisional or Final ?			Provisional

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	100.0	100.0	100.0	100.0

State Action Plan Table

State Action Plan Table (Wyoming) - Cross-Cutting/Systems Building - Entry 1
Priority Need
Strengthen MCH Workforce Capacity to Operationalize MCH Core Values
SPM
SPM 2 - Percent of new WY MCH staff completing MCH orientation (including MCH Navigator self-assessment) within first 6 months
Objectives
By September 30, 2023, develop and implement a MCH orientation
Strategies
Develop, improve, and align professional development opportunities to increase competencies related to MCH core values and/or those that support staff wellbeing.

State Action Plan Table (Wyoming) - Cross-Cutting/Systems Building - Entry 2

Priority Need

Strengthen MCH Workforce Capacity to Operationalize MCH Core Values

Objectives

By September 30, 2023, at least 75% of MCH and Epi staff participate in at least one CliftonStrengths team activity.

Strategies

Continue individual and team strengths development within WY MCH.

State Action Plan Table (Wyoming) - Cross-Cutting/Systems Building - Entry 3

Priority Need

Strengthen MCH Workforce Capacity to Operationalize MCH Core Values

Objectives

By September 30, 2023, implement at least two practices that support a culture of belonging and inclusion.

Strategies

Develop and maintain a diverse workforce and a culture of belonging and inclusion within WY MCH.

State Action Plan Table (Wyoming) - Cross-Cutting/Systems Building - Entry 4

Priority Need

Strengthen MCH Workforce Capacity to Operationalize MCH Core Values

Objectives

By September 30, 2023, ensure each domain 60/60 meeting includes a report out of past and future actions to operationalize core values.

Strategies

Promote and integrate core values across all MCH domains and state priority needs.

Annual Report Fiscal Year 2021:

This section provides a summary of FFY21 activities, accomplishments, and challenges related to SPMs (2021-2025) for the Cross-Cutting/Systems Building Domain.

During the 2020 needs assessment, WY MCH established a new Title V Priority under the Cross-Cutting/Systems Building Domain: Strengthen MCH Workforce Capacity to Operationalize MCH Core Values. As a starting point for implementing this priority, all employees, including new hires, have taken the MCH Navigator self-assessment. The results of these assessments will help drive future training catered to each individual's strengths and training needs.

Additionally, WY MCH partnered with the Office of Performance Improvement and Health Equity (OPIHE) to contract with Human Impact Partners (HIP), a national leader in health equity in the public health field. In the summer of 2021, HIP provided a five-hour workshop for the WY MCH team and the division's internal HEW that covered:

- HIP theory of change
- Dimensions of racism
- Historical context
- Power building and types of power
- Reflection
- Knowing our why
- Role work
- Identifying strategies for action

The HIP contract also included five hours of TA for the WY MCH staff to further our application of equity principles. These TA hours are expected to be completed by the end of FFY22.

Finally, WY MCH contracted with Lolina, Inc. in June 2021 to support a range of Title V planning and implementation tasks:

- Strategic implementation support:
    - Facilitating 60/60s on each domain on a rotating basis
    - Supporting WY MCH with performance management system development and alignment
    - Consulting on partnership development, community engagement, and health equity in planning and implementation, with a focus on operationalizing core values
- Professional and leadership development
    - Consultation on workforce development planning and implementation
    - Leadership coaching
    - Strengths-based team development

Annual Report Fiscal Year 2022 Supplement:

This section provides an interim update for FFY22 activities currently in-progress for the Cross-Cutting/Systems Building Domain.

During FFY22, WY MCH experienced turnover in key leadership positions, namely the MCH Unit Manager/Title V Director and the CYSHCN Director. The positions were rehired in February and April 2022, respectively. The new MCH Unit Manager/Title V Director is the former OPIHE manager, which means workforce development, health

equity, performance management, and other core values will be strongly held and consistent priorities for WY MCH, providing continuity for the WY MCH team. The new CYSHCN Director has been with WY MCH for over a decade as our Newborn Screening and Genetics Program Coordinator. Her in-depth knowledge and experience in the MCH field will be a great asset to the unit as she grows into her new role.

During this year, and in the context of the staffing changes and transition, Lolina, Inc. has continued to support the WY MCH team with ongoing implementation support; facilitation of 60/60s to support domain-specific implementation and accountability for strategy implementation; and to hold space for team dialogue about challenges, barriers, operationalizing values, and TA needs. The 60/60 schedule rotates by domain to ensure each MCH population domain (including the sixth domain, cross-cutting/systems building) is highlighted regularly.

WY MCH is continuing to engage with HIP for TA, as well. By the end of FFY22, WY MCH expects to have undergone a minimum of five hours of TA to further its ability to apply equity principles. WY MCH has prioritized, in partnership with HIP, the following focus topics:

- Community and family engagement, which will include power mapping
- Data equity, which will include assistance on transformative narrative work in data and other MCH communication

Application Year Plan (FFY23):

This section presents strategies/activities for 2021-2025 MCH priorities related to the Cross-Cutting/Systems Building domain. See Five-Year State Action Plan Table for more information.

Priority	Performance Measure	ESM (if applicable)
Strengthen MCH Workforce Capacity to Operationalize MCH Core Values	**SPM 2: Percent of new WY MCH staff completing MCH orientation (including MCH Navigator self-assessment) within first six months**	**N/A**

In an ongoing effort to operationalize WY MCH core values, the unit established a new 2021-2025 Title V Priority under the Cross-Cutting/Systems Building Domain: Strengthen MCH Workforce Capacity to Operationalize MCH Core Values.

Respondents to the 2022 public input survey reflected the following common themes related to what WY MCH can do to advance health equity for Wyoming families:

- Work to improve access to affordable healthcare options, including for families who are above the federal poverty line, but may still experience financial struggles or complex medical issues
- Work with health systems to eliminate stigma and discrimination (racial, ethnic, gender identity, sexual orientation, etc.)
- Assure our workforce is diverse and well-trained to reduce stigma and discrimination
- Improve outreach and health education:
    - through various social media platforms, local newspapers, school bulletins, radio ads, and community interactions,
    - in languages other than English, and
    - beyond the most populous counties (rural/frontier communities as well)
- Meaningful engagement with tribal nations

These results have implications for how WY MCH will approach ongoing implementation of all domain strategies.

Priorities Under New Leadership

With WY MCH leadership transition, the new MCH Unit Manager/Title V Director will assume leadership and responsibility over this domain and ongoing activities. The following strategies/activities reflect known or expected actions for FFY23 to address SPM 2 and to further operationalize core values. However, WY MCH leadership will continually assess and refine these activities as the unit manager establishes a stronger sense of team strengths and needs, as well as identifies opportunities for alignment with division-level efforts.

Strategy 1

Develop and maintain a diverse workforce and a culture of belonging and inclusion within WY MCH.

1. Assure job postings are disseminated to reach a broad range of potential applicants and expressly state, on every job posting, language that reflects our commitment to a diverse workforce.
2. The MCH Unit Manager is committed to creating psychological safety for the WY MCH team to show up in their full identities and will model this by showing up with her full identity.
3. Establish expectations and shared accountability among the WY MCH team regarding inclusion and belonging.
4. Actively work to identify and eliminate any of the five attributes of a toxic culture, as defined by Donald and Charles Sloan:
    a. Disrespectful (lacking consideration, courtesy, and dignity for others)
    b. Non-inclusive (LGBTQ, disability, racial, age, or gender inequity or other forms of inclusion)
    c. Unethical (unethical behavior, dishonesty, etc.)
    d. Cut-throat (undermining behavior)
    e. Abusive (bullying, harassment, or hostility)
5. Align WY MCH with the next PHD workforce development plan, which is expected to elevate a culture that values staff, values rest, and considers staff well-being in our operations.
6. Assess and realign meetings to create more bandwidth for staff to engage in community and family partnership and programmatic work. This may include establishing “no-meeting” days and team commitments and expectations related to “unplugging.”

Strategy 2

Develop, improve, and align professional development opportunities to increase competencies related to MCH core values and/or those that support staff well-being. Proposed activities include:

1. Continue utilizing MCH workforce assessment (i.e. MCH Navigator self-assessment) to identify baseline knowledge and training needs for existing and new WY MCH staff and volunteers within six months of hire. WY MCH leadership will work with the MCH Workforce Development Center to review MCH Navigator baseline data for Wyoming and determine a plan for repeating the assessment to show improvement in knowledge after implementation of a new WY MCH orientation.
2. Develop and implement an MCH orientation for internal MCH staff and volunteers, including content related to each core value, as well as emergency preparedness and response. MCH orientation shall be completed within six months of hire for all new staff and volunteers. Separately, an external-facing “orientation” to WY MCH will be developed or expanded as a communication tool with communities, partners, families, contractors and subrecipients, and other stakeholders.
3. Continue offering health equity training options for staff and continually assess how we are applying training to our work. Additionally, PHD leadership has called for every PHD staff member to include a health equity training goal in their 2022-2023 employee performance planning cycle. WY MCH has already incorporated this into our goals. Within the context of this goal, topics of life-span perspective, community and family engagement, and other core values may be included.

Strategy 3

Promote and integrate core values across all MCH domains and state priority needs. Proposed activities include:

1. Revisiting and strengthening the strategic framework to assure inclusion of core values is a central or foundational aspect of WY MCH planning and implementation. The MCH Unit Manager will work with Lolina, Inc. to initiate this process, and will work with WY MCH leadership and staff to advance it. This is expected to link WY MCH plans and performance management systems.
2. WY MCH staff will participate in 60/60 meetings to discuss priority area progress, challenges, and commitments to action. At each meeting, WY MCH will discuss how the core values are being integrated into past and future actions.
3. WY MCH staff (including MCH Epi and PHN partners) will participate in ongoing strategic implementation TA and leadership development activities offered by Lolina, Inc.
4. Revisiting the WY MCH communication plan and updating it to reflect ongoing commitment to reaching a diverse audience through diverse means. This includes improving inclusion and accessibility of information published by WY MCH (translation to other languages, disability access, etc.), and assessing our social media use.
    a. With respect to both internal and external communication, WY MCH communication will be intentional to use inclusive, humanizing language and narrative. The CDC Health Equity Guiding Principles for Inclusive Communication will be used as a supporting resource.
    b. This will also include intentional outreach and communication to raise awareness of WY MCH efforts and to make health services and support information more accessible to communities.
5. Enhance community and family engagement and partnership development.
6. Leverage Title V funds to contribute to a division-wide contract for interpretation and translation services. In doing so, WY MCH will be more intentional about translating written materials and making necessary interpretation available at public or community engagement events or meetings.
7. Collaborate and partner with the OPIHE to align WY MCH communication and outreach efforts, language services use, and other equity and justice-centered practices with division-led efforts.

Strategy 4

Continue individual and team strengths development within WY MCH. Proposed activities include:

1. All MCH staff and volunteers will complete the CliftonStrengths assessment upon hire/start.
2. All staff will continue to participate in CliftonStrengths team activities.
3. All staff will continue to participate in individual, professional coaching related to their individual strengths and how those interplay with other team members.

III.F. Public Input

Engagement with the public and stakeholders is one of the core values of WY MCH, and is of particular focus given WY MCH's 6th domain priority of operationalizing its core values. WY MCH continued to build on its 2020 progress in having accessible communication and genuine engagement drive public input efforts. In the future, we will revisit our communication goals and plans to further address accessibility of our communication to disabled audiences and work to make our language and content more inclusive.

The central component of WY MCH's public input plan was once again a public input survey. In determining how to best make the Application/Annual Report available to the public for feedback during its development, WY MCH recognized in 2020 that exclusively providing the public with a full draft version was, although a common approach, not the most engaging one. The length of the document and public health jargon are not digestible for the average member of the public and could limit how many responses were received, usually resulting in receiving a higher proportion of responses from those with higher socioeconomic/educational status. Providing an excerpt solves the length problem, but retains the literacy level and jargon barriers. Thus, WY MCH chose to convert the content of the application and annual report into plain language and condense it to a more digestible length, then embed this text directly in the survey itself. The survey was broken up by domain, with the plain language summaries of the Application/Annual Report content followed by questions for each domain. This model has proven to work well, as it increased the number of public input responses from two in 2019 to 107 in 2020. The public input survey received 101 responses in 2021 and 78 in 2022.

In terms of distribution, WY MCH elected not to rely on a press release, as it was feared that Wyoming citizens were oversaturated with WDH press releases regarding COVID-19 and other health issues. WY MCH instead used the following channels to market its public input survey:

- Wyoming's Family Voices Affiliate, Uplift's, social media and connections to family leaders
- A public webinar held April 27, 2022
    - 20 people attended the webinar, 16 of whom were from outside the Public Health Division
- WY MCH's quarterly email newsletter
    - The newsletter was sent to 76 stakeholders, who were asked to spread the word about the survey. The newsletter had a 74% open rate and 11% click rate
- WY MCH's Facebook page
    - This year, WY MCH "boosted" the Facebook post advertising the public input survey. This small investment showed a significant increase in the number of people reached through social media
    - Without boosting, the 2021 public input survey post reached 437 people, resulting in 16 engagements and three shares
    - The 2022 post reached 1,659 people, resulting in 119 engagements, 19 reactions, and six shares
- Word-of-mouth through other WDH programs to their clients and networks, initiated by an email blast from the WDH Director's Office announcing the survey.
- Word-of-mouth and email blasts through stakeholder groups, including the PHD SHA/SHIP steering committee members.

Unfortunately, in the midst of staff changes, WY MCH also recognized some missed opportunities. For example, communication tools and QR codes were not directly provided to local MCH PHNs as was done in the past. Further, opportunities were missed to ensure materials and the survey were translated to Spanish. Translation and engagement with Spanish-speaking communities will be something WY MCH is intentional about for future public input opportunities.

In 2020, WY MCH also recognized the importance of offering an incentive in order to communicate the value of survey respondents' time, and did so again for the 2022 survey. Uplift, Wyoming's Family Voices affiliate, purchased $10 Walmart gift cards on WY MCH's behalf, which were then emailed or mailed to all respondents who completed the full survey, live in Wyoming, wanted a gift card, and are not public employees (WDH's fiscal department defines a public employee as anyone working for a city, county, state, federal, or tribal government, or for an institution of higher learning, and they provided guidance that grant funds should not provide incentives for public employees). As several general public respondents who were eligible for a gift card incentive declined to receive the gift card, 52 respondents were provided with one. WY MCH received numerous responses in 2021 from bots and individuals who responded to the survey with unusable data only to receive the gift card. To avoid this in 2022, and in turn avoid skewing the data with responses from uninterested parties, a password was added to the survey. Unfortunately, this approach did not eliminate bot responses. Over 4,800 survey responses were deemed unusable.

Once the final survey results were available, MCH Epi staff removed the responses that were deemed to be from bots or scammers, and the responses where the respondent only answered a small fraction of the questions before quitting the survey. After removing these bot, scam, and incomplete responses, MCH determined that it had received 76 responses to its survey, slightly less than the 101 responses received in 2021. One success noted in 2022 was that a higher percentage of respondents (nearly 80%) were members of the general public, whereas 2020 saw a majority of respondents be public employees with only 35% of respondents being members of the general public. WY MCH believes this may be due to marketing the survey through more directly engaging means, such as the new WY MCH Facebook page. Of all 76 respondents, 80.3% reported having a woman aged 15-44 in their household, 28.9% reported having an infant in their household, 65.8% reported having a child aged 2-11 in their household, and 47.4% reported having a teen or young adult aged 12-24 in their household.

As for the nature of the public input, the survey collected both quantitative and qualitative data. Quantitatively, respondents were asked to rank to what degree the past and planned work of each domain fits the needs of their community, and to rank how important addressing certain MCH topics (e.g., safe sleep, adolescent mental health) are in their community. Qualitatively, respondents were posed with open-ended questions around unmet needs, health equity, potential partners in their communities, and any other thoughts they wanted to express. Findings from the survey are included in the domain reports and applications and in the needs assessment update.

In 2021, WY MCH worked with Uplift to solicit verbal feedback on the same types of content and questions included in the survey. The family feedback forum was held May 5, 2021 and four parents of CYSHCN attended. While WY MCH intended to expand the virtual family feedback forum in future years to obtain public input on all MCH domains, the family forums did not occur during the 2022 survey iteration. This was largely due to staff changes at MCH and the fact that the new Title V and CYSHCN directors were in the onboarding period when preparation for the survey and public input period occurred.

WY MCH utilized feedback from the 2022 public input survey forums to inform our strategies and approaches moving into the next fiscal year.

The full draft Application/Annual Report document was posted on the WY MCH website alongside contact information to provide feedback on July 11, 2022. As of the date of this writing, no comments have been received in this avenue. This may be a result of the public survey offering the public a condensed, plain language version of the Application/Annual Report. Upon submission of this Application/Annual Report, the final version will be posted on the WY MCH website, along with contact information, should any members of the general public decide to comment at that point.

WY MCH looks forward to increasing its public input efforts further over the next several years as the unit dives deeper into its core value of engagement. Specific planned efforts include expanding social media communication to better reach the public; establish, maintain, and/or strengthen community connections and engagement across subsets of the MCH population; continue partnership with Uplift for development, training, and engagement with family leaders; and initiating a CYSHCN Advisory Council whose members have lived experience.

III.G. Technical Assistance

MCH Emergency Preparedness Planning

Through prior TA offered through the Action Learning Collaborative, WY MCH has developed a statewide NBS EPP, which is in the final stages of the approval process. This plan will be used to provide guidance and assistance during emergencies that may impact our NBS Program. The Wyoming EOP has also been reviewed, with changes suggested to better address MCH population needs. TA will still be needed as we work to further integrate emergency preparedness into WY MCH's operations.

Increasing Well Visits

The Women/Maternal domains have identified increased well visits as a strategy to meet priorities identified in the most recent needs assessment. A review of evidence-informed approaches to increasing well woman preventive care visits in other states demonstrates that effective approaches are still in development, and likely are informed by needs and barriers specific to a community or demographic population. WY MCH may request TA to adapt promising practices to the Wyoming context, and to enable WY MCH to understand and support provider needs and tools to increase preventive care visits.

Provider Associations Engagement

Unlike other states, Wyoming does not have active professional associations such as the American Academy of Pediatrics or the American College of Obstetricians and Gynecologists. In some cases, it is difficult to identify who the Wyoming chapter leads are for associations and what their role could/should be. TA on engaging providers and provider groups in rural/frontier states is desired.

Community and Family Engagement

WY MCH continues to make progress in developing and formalizing relationships with communities and families, however, we have identified a need to go beyond existing efforts and forge meaningful relationships with more community-based organizations, local stakeholders, and families. WY MCH would like to establish an inclusive and equity-driven approach to include fathers and other caregivers--communities that are historically marginalized and under-resourced. TA to aid these efforts would help WY MCH strengthen engagement.

Children and Youth with Special Healthcare Needs

WY MCH is approaching a pivotal time in our programming. With aforementioned organizational changes in the program, we expect to further build on system assessments against National Standards and move into strategic decision-making about future program services. For example, we will assess how and who we serve and determine how we can move into more population-based approaches. We have received prior TA and consultation and anticipate future TA may also be requested.

MCH Workforce Development

For the 2021-2025 cycle, WY MCH established a new Title V priority dedicated to strengthening MCH workforce

development, especially in light of significant staffing changes in recent years. TA may be requested specifically from the National MCH Workforce Development Center and the MCH Evidence Center to identify and vet available training opportunities and provide consultation on the development of an evaluation plan for workforce development strategies. TA may also be requested to inform and support the development of a WY MCH orientation that includes content related to each identified WY MCH core value.

IV. Title V-Medicaid IAA/MOU

The Title V-Medicaid IAA/MOU is uploaded as a PDF file to this section - Title V - Medicaid IAA - MOU (accessible).pdf

V. Supporting Documents

The following supporting documents have been provided to supplement the narrative discussion.

Supporting Document #01 - Acronym List 2022 (accessible).pdf

VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - WDH-PHD Organizational Chart (accessible).pdf

VII. Appendix

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Form 2
MCH Budget/Expenditure Details

State: Wyoming

	FY 23 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 1,079,852	
A. Preventive and Primary Care for Children	$ 367,000	(33.9%)
B. Children with Special Health Care Needs	$ 400,000	(37%)
C. Title V Administrative Costs	$ 85,000	(7.9%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 852,000	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 1,850,000	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 525,591	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 2,375,591	
A. Your State's FY 1989 Maintenance of Effort Amount $ 2,375,591		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 3,455,443	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.		
10. OTHER FEDERAL FUNDS(Subtotal of all funds under item 9)	$ 1,971,003	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 5,426,446	

OTHER FEDERAL FUNDS	FY 23 Application Budgeted
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Temporary Assistance for Needy Families (TANF)	$ 1,177,341
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Personal Responsibility Education Program (PREP)	$ 250,000
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)	$ 135,546
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	$ 232,017
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	$ 100,000
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventive Health and Health Services Block Grant	$ 12,042
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > ERASE MM	$ 64,057

	FY 21 Annual Report Budgeted		FY 21 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 1,078,080 (FY 21 Federal Award: $ 1,079,852)			
A. Preventive and Primary Care for Children	$ 390,000	(36.2%)		(%)
B. Children with Special Health Care Needs	$ 400,000	(37.1%)		(%)
C. Title V Administrative Costs	$ 60,000	(5.6%)		(%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 850,000		$ 0	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 1,850,000			
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 0			
5. OTHER FUNDS (Item 18e of SF-424)	$ 0			
6. PROGRAM INCOME (Item 18f of SF-424)	$ 525,591			
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 2,375,591		$ 0	
A. Your State's FY 1989 Maintenance of Effort Amount $ 2,375,591				
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 3,453,671		$ 0	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.				
10. OTHER FEDERAL FUNDS (Subtotal of all funds under item 9)	$ 1,957,109		$ 0	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 5,410,780		$ 0	

OTHER FEDERAL FUNDS	FY 21 Annual Report Budgeted	FY 21 Annual Report Expended
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Temporary Assistance for Needy Families (TANF)	$ 1,177,341	
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)	$ 121,774	
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	$ 211,677	
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Personal Responsibility Education Program (PREP)	$ 250,000	
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	$ 99,987	
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventive Health and Health Services Block Grant	$ 12,602	
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > ERASE MM	$ 61,729	
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > PRAMS Opioid Supplement	$ 21,999	

Form Notes for Form 2:

None

Field Level Notes for Form 2:

None

Data Alerts:

- The value in Line 1, Federal Allocation, Annual Report Expended is greater or less than 10% of the Annual Report Budgeted. Please correct or add a field level note indicating the reason for the discrepancy.
- The value in Line 1A, Preventive And Primary Care Expended, Annual Report Expended is greater or less than 10% of the Annual Report Budgeted. Please correct or add a field level note indicating the reason for the discrepancy.
- The value in Line 1B, Children with Special Health Care Needs, Annual Report Expended is greater or less than 10% of the Annual Report Budgeted. Please correct or add a field level note indicating the reason for the discrepancy.
- The value in Line 1C, Title V Administrative Costs, Annual Report Expended is greater or less than 10% of the Annual Report Budgeted. Please add a field level note indicating the reason for the discrepancy.
- The value in Line 3, State MCH Funds, Annual Report Expended is greater or less than 10% of the Annual Report Budgeted. Please add a field level note indicating the reason for the discrepancy.
- The value in Line 6, Program Income, Annual Report Expended is greater or less than 10% of the Annual Report Budgeted. Please add a field level note indicating the reason for the discrepancy.

Form 3a
Budget and Expenditure Details by Types of Individuals Served

State: Wyoming

I. TYPES OF INDIVIDUALS SERVED

IA. Federal MCH Block Grant	FY 23 Application Budgeted	FY 21 Annual Report Expended
1. Pregnant Women		
2. Infants < 1 year		
3. Children 1 through 21 Years		
4. CSHCN		
5. All Others		
Federal Total of Individuals Served		

IB. Non-Federal MCH Block Grant	FY 23 Application Budgeted	FY 21 Annual Report Expended
1. Pregnant Women		
2. Infants < 1 year		
3. Children 1 through 21 Years		
4. CSHCN		
5. All Others		
Non-Federal Total of Individuals Served		
Federal State MCH Block Grant Partnership Total		

Form Notes for Form 3a:

Field Level Notes for Form 3a:

None

Data Alerts: None

Form 3b
Budget and Expenditure Details by Types of Services

State: Wyoming

II. TYPES OF SERVICES

IIA. Federal MCH Block Grant	FY 23 Application Budgeted	FY 21 Annual Report Expended
1. Direct Services		
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One		
B. Preventive and Primary Care Services for Children		
C. Services for CSHCN		
2. Enabling Services		
3. Public Health Services and Systems		
4. Select the types of Federally-supported "Direct Services", as reported in II.A.1. Provide the total amount of Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		
Physician/Office Services		
Hospital Charges (Includes Inpatient and Outpatient Services)		
Dental Care (Does Not Include Orthodontic Services)		
Durable Medical Equipment and Supplies		
Laboratory Services		
Direct Services Line 4 Expended Total		
Federal Total		

IIB. Non-Federal MCH Block Grant	FY 23 Application Budgeted	FY 21 Annual Report Expended
1. Direct Services		
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One		
B. Preventive and Primary Care Services for Children		
C. Services for CSHCN		
2. Enabling Services		
3. Public Health Services and Systems		
4. Select the types of Non-Federally-supported "Direct Services", as reported in II.B.1. Provide the total amount of Non-Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		
Physician/Office Services		
Hospital Charges (Includes Inpatient and Outpatient Services)		
Dental Care (Does Not Include Orthodontic Services)		
Durable Medical Equipment and Supplies		
Laboratory Services		
Direct Services Line 4 Expended Total		
Non-Federal Total		

Form Notes for Form 3b:

Field Level Notes for Form 3b:

None

Form 4
Number and Percentage of Newborns and Others Screened Cases Confirmed and Treated

State: Wyoming

Total Births by Occurrence: 5,648 **Data Source Year: 2021**

1. Core RUSP Conditions

Program Name	(A) Aggregate Total Number Receiving at Least One Valid Screen	(B) Aggregate Total Number of Out-of-Range Results	(C) Aggregate Total Number Confirmed Cases	(D) Aggregate Total Number Referred for Treatment
Core RUSP Conditions	5,537 (98.0%)	16	16	16 (100.0%)

Program Name(s)				
Carnitine Uptake Defect/Carnitine Transport Defect	Classic Galactosemia	Classic Phenylketonuria	Cystic Fibrosis	Medium-Chain Acyl-Coa Dehydrogenase Deficiency
Primary Congenital Hypothyroidism	Spinal Muscular Atrophy Due To Homozygous Deletion Of Exon 7 In SMN1			

2. Other Newborn Screening Tests

None

3. Screening Programs for Older Children & Women

None

4. Long-Term Follow-Up

In August 2021, WY MCH, conjunction with Colorado, was awarded two years of funding from HRSA for a project named "Comprehensive Long-Term Follow-Up Program (COLT) for Newborn Screening in Colorado and Wyoming. We are in the process of utilizing this funding to create a robust long-term follow-up program in Wyoming.

Form Notes for Form 4:

None

Field Level Notes for Form 4:

1.	**Field Name:**	**Total Births by Occurrence**
	Fiscal Year:	**2021**
	Column Name:	**Total Births by Occurrence Notes**
	Field Note: Source: WY VSS	
2.	**Field Name:**	**Core RUSP Conditions - Total Number Receiving At Least One Screen**
	Fiscal Year:	**2021**
	Column Name:	**Core RUSP Conditions**
	Field Note: Source: NBS Program Data	
3.	**Field Name:**	**Core RUSP Conditions - Total Number of Out-of-Range Results**
	Fiscal Year:	**2021**
	Column Name:	**Core RUSP Conditions**
	Field Note: Source: NBS Program Data	
4.	**Field Name:**	**Core RUSP Conditions - Total Number Confirmed Cases**
	Fiscal Year:	**2021**
	Column Name:	**Core RUSP Conditions**
	Field Note: Source: NBS Program Data	
5.	**Field Name:**	**Core RUSP Conditions - Total Number Referred For Treatment**
	Fiscal Year:	**2021**
	Column Name:	**Core RUSP Conditions**
	Field Note: Source: NBS Program Data	

Data Alerts: None

Form 5
Count of Individuals Served by Title V & Total Percentage of Populations Served by Title V

State: Wyoming

Annual Report Year 2021

Form 5a – Count of Individuals Served by Title V (Direct & Enabling Services Only)

		Primary Source of Coverage				
Types Of Individuals Served	(A) Title V Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private / Other %	(E) None %	(F) Unknown %
1. Pregnant Women	383	0.0	0.0	0.0	0.0	100.0
2. Infants < 1 Year of Age	454	0.0	0.0	0.0	0.0	100.0
3. Children 1 through 21 Years of Age	1,239	28.0	1.0	7.0	1.0	63.0
3a. Children with Special Health Care Needs 0 through 21 years of age^	321	92.0	4.0	3.0	1.0	0.0
4. Others	2,633	0.0	0.0	0.0	0.0	100.0
Total	4,709					

Form 5b – Total Percentage of Populations Served by Title V (Direct, Enabling, and Public Health Services and Systems)

Populations Served by Title V	Reference Data	Used Reference Data?	Denominator	Total % Served	Form 5b Count (Calculated)	Form 5a Count
1. Pregnant Women	6,128	No	6,236	100.0	6,236	383
2. Infants < 1 Year of Age	5,622	No	6,323	100.0	6,323	454
3. Children 1 through 21 Years of Age	156,479	Yes	156,479	9.0	14,083	1,239
3a. Children with Special Health Care Needs 0 through 21 years of age^	29,467	Yes	29,467	10.1	2,976	321
4. Others	419,526	Yes	419,526	0.7	2,937	2,633

^Represents a subset of all infants and children.

Form Notes for Form 5:

None

Field Level Notes for Form 5a:

1.	**Field Name:**	**Pregnant Women Total Served**
	Fiscal Year:	**2021**

Field Note:
Wyoming Title V serves pregnant women through the maternal high-risk program (21) and through home visiting services (362). Insurance coverage for women in the maternal high-risk program is based on programmatic information. Home Visiting data from PHNI system from October 1, 2020 - September 30, 2021. WY PHN has been working on updated reports to pull clients served. Number reported this year cannot be broken down by insurance coverage for PHN clients and may be different from previous years due to updated reporting.

2.	**Field Name:**	**Infants Less Than One YearTotal Served**
	Fiscal Year:	**2021**

Field Note:
Wyoming Title V serves infants through the Newborn Intensive Care Program (65) and postpartum home visitation (389). Insurance coverage for NBIC is based on programmatic information. Home Visiting data from PHNI system from October 1, 2020 - September 30, 2021. WY PHN has been working on updated reports to pull clients served. Number reported this year cannot be broken down by insurance coverage for PHN clients and may be different from previous years due to updated reporting.

3.	**Field Name:**	**Children 1 through 21 Years of Age**
	Fiscal Year:	**2021**

Field Note:
Wyoming Title V serves children through genetic clinics (136) and family home visitation services (782). Coverage information for genetics forms from programmatic data, Estimates for primary coverage type for home visitation services are based on Wyoming coverage for children. This also includes services for eligible-CSH program clients (321). Home Visiting data from PHNI system from October 1, 2020 - September 30, 2021. WY PHN has been working on updated reports to pull clients served. Number reported this year cannot be broken down by insurance coverage for PHN clients and may be different from previous years due to updated reporting.

4.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age**
	Fiscal Year:	**2021**

Field Note:
Wyoming Title V serves Children with Special Health Care Needs through the Children's Special Health Program (321). Insurance coverage for CSHCN comes from programmatic data.

5.	**Field Name:**	**Others**
	Fiscal Year:	**2021**

Field Note:
Wyoming Title V serves parents through home visiting services both when their children are between 0-1 (281) and when their children are 1-older (2352). Home Visiting data from PHNI system from October 1, 2020 - September 30, 2021. WY PHN has been working on updated reports to pull clients served. Number reported this year cannot be broken down by insurance coverage for PHN clients and may be different from previous years due to updated reporting.

Field Level Notes for Form 5b:

1.	**Field Name:**	**Pregnant Women Total % Served**
	Fiscal Year:	**2021**
	Field Note: Home Visitation, MHR, Maternal Mortality, PQC (all pregnant women)	
2.	**Field Name:**	**Pregnant Women Denominator**
	Fiscal Year:	**2021**
	Field Note: Source: WY VSS	
3.	**Field Name:**	**Infants Less Than One Year Total % Served**
	Fiscal Year:	**2021**
	Field Note: Home Visitation, NBIC, PQC (all), NBS	
4.	**Field Name:**	**Infants Less Than One Year Denominator**
	Fiscal Year:	**2021**
	Field Note: Source: WY VSS - The Data Alert "Infants < 1 Year of Age Denominator is greater than or equal to 110% of the Infants < 1 Year of Age Reference Data. Please double check and justify with a field note." is noted. About 10% of Wyoming Birth occur out-of-State and WY VSS confirmed the number of 6,323.	
5.	**Field Name:**	**Children 1 through 21 Years of Age Total % Served**
	Fiscal Year:	**2021**
	Field Note: Family Home Visitation, Genetics, ASQ Screenings, Adolescent Centered Environment clinics	
6.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age Total % Served**
	Fiscal Year:	**2021**
	Field Note: CSH, Genetics	
7.	**Field Name:**	**Others Total % Served**
	Fiscal Year:	**2021**
	Field Note: For this reporting year, 'other' numbers were only reported form PHNI family visits.	

Data Alerts:

1.	Infants Less Than One Year Denominator is greater than or equal to 110 % of the Infants Less Than One Year Reference Data.Please double check and justify with a field note.

Form 6
Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX

State: Wyoming

Annual Report Year 2021

I. Unduplicated Count by Race/Ethnicity

	(A) Total	(B) Non-Hispanic White	(C) Non-Hispanic Black or African American	(D) Hispanic	(E) Non-Hispanic American Indian or Native Alaskan	(F) Non-Hispanic Asian	(G) Non-Hispanic Native Hawaiian or Other Pacific Islander	(H) Non-Hispanic Multiple Race	(I) Other & Unknown
1. Total Deliveries in State	6,236	4,936	48	747	190	51	23	153	88
Title V Served	383	383	0	0	0	0	0	0	0
Eligible for Title XIX	1,846	1,241	17	325	144	15	6	62	36
2. Total Infants in State	6,323	4,887	167	968	189	112	0	0	0
Title V Served	454	454	0	0	0	0	0	0	0
Eligible for Title XIX	0	0	0	0	0	0	0	0	0

Form Notes for Form 6:

None

Field Level Notes for Form 6:

1.	**Field Name:**	**1. Total Deliveries in State**
	Fiscal Year:	**2021**
	Column Name:	**Total**
	Field Note: Source: WY VSS 2020	
2.	**Field Name:**	**1. Title V Served**
	Fiscal Year:	**2021**
	Column Name:	**Total**
	Field Note: This field represents the number of women that were served through Healthy Baby home Visitation and the Maternal and High Risk program. Data on race and ethnicity are not reliably collected.	
3.	**Field Name:**	**1. Eligible for Title XIX**
	Fiscal Year:	**2021**
	Column Name:	**Total**
	Field Note: Source: WY VSS 2020	
4.	**Field Name:**	**2. Total Infants in State**
	Fiscal Year:	**2021**
	Column Name:	**Total**
	Field Note: Source: CDC Wonder 2020.	
5.	**Field Name:**	**2. Title V Served**
	Fiscal Year:	**2021**
	Column Name:	**Total**
	Field Note: This represents the number of infants served through the Newborn Intensive Care Programs and the Healthy Baby Home Visitation Program. Data on race and ethnicity are not reliably collected.	
6.	**Field Name:**	**2. Eligible for Title XIX**
	Fiscal Year:	**2021**

Column Name:	**Total**

Field Note:
Currently we do not collect this information. Wyoming Title V will continue to explore different ways this could be collected.

Form 7
State MCH Toll-Free Telephone Line and Other Appropriate Methods Data

State: Wyoming

A. State MCH Toll-Free Telephone Lines	2023 Application Year	2021 Annual Report Year
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 438-5795	(800) 438-5795
2. State MCH Toll-Free "Hotline" Name	WY Maternal and Child Health Toll Free Hotline	WY Maternal and Child Health Toll Free Hotline
3. Name of Contact Person for State MCH "Hotline"	Feliciana Turner	Danielle Marks
4. Contact Person's Telephone Number	(307) 777-3733	(307) 777-6326
5. Number of Calls Received on the State MCH "Hotline"		782

B. Other Appropriate Methods	2023 Application Year	2021 Annual Report Year
1. Other Toll-Free "Hotline" Names	N/A	N/A
2. Number of Calls on Other Toll-Free "Hotlines"		0
3. State Title V Program Website Address	https://health.wyo.gov/publichealth/mch/	https://health.wyo.gov/publichealth/mch/
4. Number of Hits to the State Title V Program Website		13,227
5. State Title V Social Media Websites	https://www.facebook.com/Maternal-and-Child-Health-Unit-Wyoming-Department-of-Health-102428631919483	N/A
6. Number of Hits to the State Title V Program Social Media Websites		1,090

Form Notes for Form 7:

During the reporting period, WY MCH also supported COVID-19 Immunization calls through our 800 #. While only 782 calls were solely for MCH as reported in Form 7, another 3,478 calls were received for COVID immunization during this time period. Leveraging the call line supported the vaccine rollout by providing a public hotline for residents to get credible information and ask questions related to the vaccine and its availability across Wyoming.

For "Hits to State Title V Program Website," we are reporting total page views during the reporting period, which includes the parent and child pages for WY MCH.

For "Hits to Social Media," we are reporting Facebook page reach during the reporting period, as filtered and reported on Facebook Insights. Facebook is currently the only social media site used by WY MCH as we have limited capacity to manage multiple social media sites. Our WY MCH Facebook started in March 2021, so this reach reflects 6 months of use.

Form 8
State MCH and CSHCN Directors Contact Information

State: Wyoming

1. Title V Maternal and Child Health (MCH) Director	
Name	Feliciana Turner (she|her)
Title	Maternal and Child Health Unit Manager and Title V Director
Address 1	122 W. 25th St.
Address 2	3rd Floor West
City/State/Zip	Cheyenne / WY / 82002
Telephone	(307) 777-3733
Extension	
Email	feliciana.turner@wyo.gov

2. Title V Children with Special Health Care Needs (CSHCN) Director	
Name	Carleigh Soule (she|her)
Title	CYSHCN Program Manager and Title V CSHCN Director
Address 1	122 W. 25th St.
Address 2	3rd Floor West
City/State/Zip	Cheyenne / WY / 82002
Telephone	(307) 777-6326
Extension	
Email	carleigh.soule@wyo.gov

3. State Family or Youth Leader (Optional)	
Name	Michelle Heinen
Title	Executive Director, Uplift (Wyoming Family Voices)
Address 1	2617 E. Lincolnway
Address 2	Suite A-8
City/State/Zip	Cheyenne / WY / 82001
Telephone	(307) 231-6819
Extension	
Email	mheinen@upliftwy.org

Form Notes for Form 8:

None

Form 9
List of MCH Priority Needs

State: Wyoming

Application Year 2023

No.	Priority Need
1.	Prevent Maternal Mortality
2.	Prevent Infant Mortality
3.	Promote Healthy and Safe Children
4.	Promote Adolescent Motor Vehicle Safety
5.	Prevent Adolescent Suicide
6.	Improve Systems of Care for Children and Youth with Special Health Care Needs
7.	Strengthen MCH Workforce Capacity to Operationalize MCH Core Values

Form Notes for Form 9:

None

Field Level Notes for Form 9:

None

Form 9 State Priorities – Needs Assessment Year – Application Year 2021

No.	Priority Need	Priority Need Type (New, Revised or Continued Priority Need for this five-year reporting period)
1.	Prevent Maternal Mortality	New
2.	Prevent Infant Mortality	Continued
3.	Promote Healthy and Safe Children	New
4.	Promote Adolescent Motor Vehicle Safety	New
5.	Prevent Adolescent Suicide	New
6.	Improve Systems of Care for Children and Youth with Special Health Care Needs	New
7.	Strengthen MCH Workforce Capacity to Operationalize MCH Core Values	New

Form 10
National Outcome Measures (NOMs)

State: Wyoming

Form Notes for Form 10 NPMs, NOMs, SPMs, SOMs, and ESMs.

None

NOM 1 - Percent of pregnant women who receive prenatal care beginning in the first trimester

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	79.4 %	0.5 %	4,796	6,039
2019	79.2 %	0.5 %	5,089	6,428
2018	76.4 %	0.5 %	4,917	6,439
2017	78.1 %	0.5 %	5,317	6,808
2016	77.8 %	0.5 %	5,678	7,301
2015	77.6 %	0.5 %	5,912	7,622
2014	75.4 %	0.5 %	5,578	7,396
2013	72.0 %	0.5 %	5,452	7,571
2012	73.9 %	0.5 %	5,554	7,516
2011	74.4 %	0.5 %	5,477	7,360
2010	75.4 %	0.5 %	5,630	7,468
2009	73.9 %	0.5 %	5,682	7,691

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 1 - Notes:

None

Data Alerts: None

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	84.5	12.4	47	5,563
2018	52.4	9.6	30	5,725
2017	47.9	8.9	29	6,051
2016	70.0	10.5	45	6,431
2015	44.0	9.4	22	5,004
2014	78.5	10.5	56	7,134
2013	73.4	10.1	53	7,220
2012	63.9	9.5	46	7,197
2011	72.5	10.1	52	7,177
2010	52.3	8.5	38	7,259
2009	53.6	8.4	41	7,644
2008	42.6	7.6	32	7,503

Legends:

Indicator has a numerator ≤10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 2 - Notes:

None

Data Alerts: None

NOM 3 - Maternal mortality rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2016_2020	NR	NR	NR	NR
2015_2019	NR	NR	NR	NR
2014_2018	NR	NR	NR	NR

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 3 - Notes:

None

Data Alerts: None

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	9.7 %	0.4 %	592	6,128
2019	9.8 %	0.4 %	643	6,564
2018	9.4 %	0.4 %	614	6,559
2017	8.7 %	0.3 %	600	6,903
2016	8.5 %	0.3 %	628	7,380
2015	8.6 %	0.3 %	666	7,759
2014	9.2 %	0.3 %	704	7,687
2013	8.6 %	0.3 %	660	7,636
2012	8.5 %	0.3 %	645	7,565
2011	8.1 %	0.3 %	600	7,393
2010	9.0 %	0.3 %	679	7,552
2009	8.4 %	0.3 %	661	7,873

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 4 - Notes:

None

Data Alerts: None

NOM 5 - Percent of preterm births (<37 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	10.1 %	0.4 %	617	6,127
2019	9.9 %	0.4 %	648	6,564
2018	9.8 %	0.4 %	646	6,561
2017	8.9 %	0.3 %	616	6,903
2016	9.5 %	0.3 %	700	7,385
2015	9.8 %	0.3 %	762	7,764
2014	11.2 %	0.4 %	863	7,691
2013	10.4 %	0.4 %	792	7,643
2012	9.0 %	0.3 %	685	7,571
2011	9.9 %	0.4 %	731	7,398
2010	10.5 %	0.4 %	794	7,556
2009	9.9 %	0.3 %	780	7,851

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 5 - Notes:

None

Data Alerts: None

NOM 6 - Percent of early term births (37, 38 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	28.3 %	0.6 %	1,734	6,127
2019	28.7 %	0.6 %	1,882	6,564
2018	27.4 %	0.6 %	1,798	6,561
2017	26.8 %	0.5 %	1,852	6,903
2016	25.4 %	0.5 %	1,878	7,385
2015	25.6 %	0.5 %	1,988	7,764
2014	25.5 %	0.5 %	1,965	7,691
2013	25.4 %	0.5 %	1,945	7,643
2012	27.6 %	0.5 %	2,087	7,571
2011	27.8 %	0.5 %	2,058	7,398
2010	29.8 %	0.5 %	2,254	7,556
2009	30.9 %	0.5 %	2,429	7,851

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 6 - Notes:

None

Data Alerts: None

NOM 7 - Percent of non-medically indicated early elective deliveries

Data Source: CMS Hospital Compare

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020/Q3-2021/Q2	2.0 %			
2019/Q4-2020/Q3	2.0 %			
2019/Q1-2019/Q4	2.0 %			
2018/Q4-2019/Q3	2.0 %			
2018/Q3-2019/Q2	2.0 %			
2018/Q2-2019/Q1	2.0 %			
2018/Q1-2018/Q4	2.0 %			
2017/Q4-2018/Q3	1.0 %			
2017/Q3-2018/Q2	1.0 %			
2017/Q2-2018/Q1	2.0 %			
2017/Q1-2017/Q4	2.0 %			
2016/Q4-2017/Q3	2.0 %			
2016/Q3-2017/Q2	1.0 %			
2016/Q2-2017/Q1	1.0 %			
2016/Q1-2016/Q4	2.0 %			
2015/Q4-2016/Q3	3.0 %			
2015/Q3-2016/Q2	4.0 %			
2015/Q2-2016/Q1	5.0 %			
2015/Q1-2015/Q4	4.0 %			
2014/Q4-2015/Q3	4.0 %			
2014/Q3-2015/Q2	6.0 %			
2014/Q2-2015/Q1	6.0 %			
2014/Q1-2014/Q4	6.0 %			
2013/Q4-2014/Q3	6.0 %			
2013/Q3-2014/Q2	5.0 %			
2013/Q2-2014/Q1	6.0 %			

Legends:

NOM 7 - Notes:

None

Data Alerts: None

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	7.4	1.1	49	6,588
2018	5.2	0.9	34	6,579
2017	4.5	0.8	31	6,919
2016	4.3	0.8	32	7,398
2015	5.5	0.8	43	7,787
2014	6.6	0.9	51	7,713
2013	4.6	0.8	35	7,662
2012	5.4	0.9	41	7,591
2011	6.5	0.9	48	7,424
2010	5.9	0.9	45	7,578
2009	6.4	0.9	51	7,909

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 8 - Notes:

None

Data Alerts: None

NOM 9.1 - Infant mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	7.2	1.1	47	6,565
2018	5.3	0.9	35	6,562
2017	4.6	0.8	32	6,903
2016	5.0	0.8	37	7,386
2015	4.9	0.8	38	7,765
2014	6.4	0.9	49	7,696
2013	4.8	0.8	37	7,644
2012	5.5	0.9	42	7,572
2011	6.6	1.0	49	7,399
2010	6.9	1.0	52	7,556
2009	6.0	0.9	47	7,881

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.1 - Notes:

None

Data Alerts: None

NOM 9.2 - Neonatal mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	4.7	0.9	31	6,565
2018	2.9	0.7	19	6,562
2017	2.9	0.7	20	6,903
2016	3.2	0.7	24	7,386
2015	3.1	0.6	24	7,765
2014	5.2	0.8	40	7,696
2013	3.0	0.6	23	7,644
2012	3.4	0.7	26	7,572
2011	4.1	0.7	30	7,399
2010	4.1	0.7	31	7,556
2009	3.7	0.7	29	7,881

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.2 - Notes:

None

Data Alerts: None

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2019	2.4	0.6	16	6,565
2018	2.4	0.6	16	6,562
2017	1.7	0.5	12	6,903
2016	1.8	0.5	13	7,386
2015	1.8	0.5	14	7,765
2014	NR	NR	NR	NR
2013	1.8	0.5	14	7,644
2012	2.1	0.5	16	7,572
2011	2.6	0.6	19	7,399
2010	2.8	0.6	21	7,556
2009	2.3	0.5	18	7,881

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.3 - Notes:

None

Data Alerts: None

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2019	228.5 ϟ	59.1 ϟ	15 ϟ	6,565 ϟ
2018	167.6 ϟ	50.6 ϟ	11 ϟ	6,562 ϟ
2017	NR ⚑	NR ⚑	NR ⚑	NR ⚑
2016	135.4 ϟ	42.8 ϟ	10 ϟ	7,386 ϟ
2015	167.4 ϟ	46.5 ϟ	13 ϟ	7,765 ϟ
2014	155.9 ϟ	45.1 ϟ	12 ϟ	7,696 ϟ
2013	143.9 ϟ	43.4 ϟ	11 ϟ	7,644 ϟ
2012	184.9 ϟ	49.5 ϟ	14 ϟ	7,572 ϟ
2011	NR ⚑	NR ⚑	NR ⚑	NR ⚑
2010	198.5 ϟ	51.3 ϟ	15 ϟ	7,556 ϟ
2009	177.6 ϟ	47.5 ϟ	14 ϟ	7,881 ϟ

Legends:

⚑ Indicator has a numerator <10 and is not reportable

ϟ Indicator has a numerator <20 and should be interpreted with caution

NOM 9.4 - Notes:

None

Data Alerts: None

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	NR	NR	NR	NR
2018	NR	NR	NR	NR
2017	NR	NR	NR	NR
2016	NR	NR	NR	NR
2015	NR	NR	NR	NR
2014	NR	NR	NR	NR
2013	NR	NR	NR	NR
2012	NR	NR	NR	NR
2011	NR	NR	NR	NR
2010	NR	NR	NR	NR
2009	165.0	45.8	13	7,881

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.5 - Notes:

None

Data Alerts: None

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	5.8 %	1.3 %	348	6,004
2019	7.2 %	1.4 %	460	6,407
2018	3.3 %	0.9 %	208	6,378
2017	8.0 %	1.4 %	543	6,749
2016	7.2 %	1.3 %	518	7,186
2015	6.2 %	1.2 %	460	7,374
2014	6.2 %	1.1 %	465	7,519
2013	4.9 %	1.0 %	362	7,343
2012	6.9 %	1.3 %	511	7,368
2011	5.5 %	1.0 %	396	7,164
2010	4.9 %	0.8 %	361	7,311
2009	6.6 %	1.1 %	503	7,622
2008	5.3 %	0.8 %	409	7,762
2007	6.5 %	0.9 %	491	7,579

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has an unweighted denominator between 30 and 59 or confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM 10 - Notes:

None

Data Alerts: None

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	2.5	0.7	14	5,507
2018	2.3	0.6	13	5,642
2017	4.4	0.9	26	5,874
2016	5.5	0.9	36	6,531
2015	3.3	0.8	17	5,089
2014	4.2	0.8	28	6,670
2013	2.5	0.6	17	6,726
2012	3.5	0.7	24	6,784
2011	NR	NR	NR	NR
2010	NR	NR	NR	NR
2009	NR	NR	NR	NR
2008	NR	NR	NR	NR

Legends:

Indicator has a numerator ≤10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 11 - Notes:

None

Data Alerts: None

NOM 12 - Percent of eligible newborns screened for heritable disorders with on time physician notification for out of range screens who are followed up in a timely manner. (DEVELOPMENTAL)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 12 - Notes:

None

Data Alerts: None

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 13 - Notes:

None

Data Alerts: None

NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	12.9 %	1.3 %	16,090	124,511
2018_2019	13.5 %	1.4 %	17,196	127,723
2017_2018	12.5 %	1.4 %	16,551	132,767
2016_2017	10.4 %	1.2 %	13,726	132,184
2016	11.7 %	1.6 %	15,341	130,633

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 14 - Notes:

None

Data Alerts: None

NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	NR	NR	NR	NR
2019	16.8	5.1	11	65,655
2018	17.9	5.2	12	66,936
2017	19.0	5.3	13	68,410
2016	19.7	5.3	14	70,988
2015	28.0	6.3	20	71,467
2014	22.6	5.7	16	70,803
2013	22.5	5.6	16	70,960
2012	24.3	5.9	17	70,037
2011	21.5	5.6	15	69,796
2010	17.2	5.0	12	69,630
2009	23.4	5.8	16	68,449

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 15 - Notes:

None

Data Alerts: None

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2020	43.1	7.5	33	76,604
2019	52.7	8.3	40	75,945
2018	31.8	6.5	24	75,417
2017	37.4	7.1	28	74,890
2016	43.8	7.6	33	75,332
2015	45.9	7.9	34	74,053
2014	41.5	7.5	31	74,698
2013	41.5	7.5	31	74,696
2012	32.6	6.7	24	73,556
2011	60.0	9.1	44	73,287
2010	45.9	7.9	34	74,097
2009	66.8	9.5	50	74,834

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 16.1 - Notes:

None

Data Alerts: None

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018_2020	21.9	4.5	24	109,824
2017_2019	22.0	4.5	24	108,936
2016_2018	20.1	4.3	22	109,359
2015_2017	21.0	4.4	23	109,363
2014_2016	20.7	4.3	23	110,845
2013_2015	22.4	4.5	25	111,820
2012_2014	19.5	4.2	22	112,773
2011_2013	25.8	4.8	29	112,344
2010_2012	24.0	4.6	27	112,581
2009_2011	34.1	5.5	39	114,373
2008_2010	30.2	5.1	35	116,043
2007_2009	37.8	5.7	44	116,541

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 16.2 - Notes:

None

Data Alerts: None

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018_2020	23.7	4.6	26	109,824
2017_2019	32.1	5.4	35	108,936
2016_2018	25.6	4.8	28	109,359
2015_2017	31.1	5.3	34	109,363
2014_2016	28.9	5.1	32	110,845
2013_2015	30.4	5.2	34	111,820
2012_2014	22.2	4.4	25	112,773
2011_2013	20.5	4.3	23	112,344
2010_2012	20.4	4.3	23	112,581
2009_2011	22.7	4.5	26	114,373
2008_2010	20.7	4.2	24	116,043
2007_2009	18.0	3.9	21	116,541

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 16.3 - Notes:

None

Data Alerts: None

NOM 17.1 - Percent of children with special health care needs (CSHCN), ages 0 through 17

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	18.1 %	1.3 %	24,064	132,925
2018_2019	18.1 %	1.4 %	24,351	134,843
2017_2018	19.4 %	1.5 %	26,977	138,786
2016_2017	20.1 %	1.5 %	28,038	139,423
2016	20.3 %	1.9 %	28,106	138,601

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.1 - Notes:

None

Data Alerts: None

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	12.7 %	2.9 %	3,048	24,064
2018_2019	8.6 %	2.0 %	2,103	24,351
2017_2018	9.7 %	2.6 %	2,609	26,977
2016_2017	16.6 %	3.3 %	4,649	28,038
2016	21.5 %	4.9 %	6,048	28,106

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.2 - Notes:

None

Data Alerts: None

NOM 17.3 - Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	2.0 %	0.4 %	2,139	109,412
2018_2019	2.8 %	0.6 %	3,144	111,450
2017_2018	3.4 %	0.8 %	3,997	116,027
2016_2017	2.3 %	0.7 %	2,613	114,917
2016	1.9 %	0.6 %	2,108	113,581

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.3 - Notes:

None

Data Alerts: None

NOM 17.4 - Percent of children, ages 3 through 17, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	8.5 %	1.2 %	9,268	109,117
2018_2019	7.2 %	1.1 %	8,023	110,815
2017_2018	7.9 %	1.2 %	9,060	114,958
2016_2017	8.7 %	1.2 %	9,965	114,254
2016	8.6 %	1.4 %	9,720	113,392

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.4 - Notes:

None

Data Alerts: None

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	52.4 %	5.0 %	8,380	15,992
2018_2019	54.4 %	5.0 %	9,713	17,871
2017_2018	58.4 %	5.2 %	10,033	17,176
2016_2017	61.8 %	5.1 %	9,863	15,959
2016	68.5 %	6.4 %	11,415	16,676

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 18 - Notes:

None

Data Alerts: None

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	91.4 %	1.0 %	121,446	132,895
2018_2019	92.0 %	1.1 %	123,930	134,680
2017_2018	90.9 %	1.2 %	125,792	138,372
2016_2017	90.3 %	1.2 %	125,626	139,055
2016	90.2 %	1.5 %	124,790	138,423

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 19 - Notes:

None

Data Alerts: None

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

Data Source: WIC

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018	10.6 %	0.5 %	342	3,231
2016	9.1 %	0.5 %	315	3,458
2014	9.9 %	0.5 %	368	3,731
2012	10.6 %	0.5 %	445	4,198
2010	11.8 %	0.5 %	521	4,413
2008	10.5 %	0.5 %	367	3,494

Legends:

Indicator has a denominator <50 and is not reportable

Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

Data Source: Youth Risk Behavior Surveillance System (YRBSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2015	11.0 %	0.8 %	2,767	25,167
2013	10.7 %	0.7 %	2,545	23,783
2011	11.1 %	0.7 %	2,766	25,025
2009	9.7 %	0.6 %	2,446	25,250
2007	9.2 %	0.7 %	2,395	26,024
2005	8.3 %	0.6 %	2,194	26,439

Legends:

Indicator has an unweighted denominator <100 and is not reportable

Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	11.0 %	1.5 %	6,203	56,392
2018_2019	13.7 %	2.0 %	7,872	57,302
2017_2018	11.8 %	2.3 %	7,114	60,360
2016_2017	10.6 %	2.0 %	6,074	57,147
2016	12.9 %	2.4 %	6,705	52,131

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 20 - Notes:

None

Data Alerts: None

NOM 21 - Percent of children, ages 0 through 17, without health insurance

Data Source: American Community Survey (ACS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	10.1 %	1.5 %	13,648	134,788
2018	8.1 %	1.3 %	10,693	131,647
2017	9.9 %	1.6 %	13,677	137,883
2016	7.6 %	1.3 %	10,653	140,140
2015	6.3 %	1.0 %	8,713	139,430
2014	6.7 %	1.1 %	9,200	137,343
2013	6.3 %	0.9 %	8,827	140,268
2012	9.9 %	1.2 %	13,426	136,250
2011	8.8 %	1.3 %	11,773	134,617
2010	7.3 %	1.1 %	10,014	136,499
2009	9.0 %	1.6 %	11,586	129,393

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 21 - Notes:

None

Data Alerts: None

NOM 22.1 - Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months

Data Source: National Immunization Survey (NIS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2017	69.6 %	3.4 %	4,000	6,000
2016	72.3 %	3.5 %	5,000	7,000
2015	63.1 %	3.6 %	4,000	7,000
2014	64.9 %	3.6 %	5,000	7,000
2013	71.8 %	4.0 %	5,000	7,000
2012	68.1 %	4.7 %	5,000	7,000
2011	64.6 %	4.4 %	5,000	7,000

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate >1.2

Estimates with 95% confidence interval widths >20 or that are inestimable might not be reliable

NOM 22.1 - Notes:

None

Data Alerts: None

NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

Data Source: National Immunization Survey (NIS) – Flu

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	46.3 %	2.3 %	59,085	127,614
2019_2020	59.0 %	2.4 %	75,031	127,171
2018_2019	46.0 %	2.1 %	59,126	128,480
2017_2018	43.2 %	2.0 %	56,061	129,852
2016_2017	43.1 %	2.3 %	56,675	131,650
2015_2016	41.7 %	2.3 %	53,885	129,220
2014_2015	45.6 %	2.2 %	59,103	129,498
2013_2014	42.1 %	2.5 %	53,704	127,561
2012_2013	46.0 %	3.0 %	58,498	127,308
2011_2012	45.2 %	3.4 %	55,904	123,614
2010_2011	49.0 %	5.5 %	60,314	123,090
2009_2010	44.1 %	2.7 %	55,091	124,923

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or because the relative standard error is >0.3.

Estimates with 95% confidence interval half-widths > 10 might not be reliable

NOM 22.2 - Notes:

None

Data Alerts: None

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	64.6 %	3.3 %	24,431	37,843
2019	59.1 %	3.3 %	21,921	37,093
2018	53.5 %	3.8 %	19,622	36,657
2017	46.9 %	3.2 %	17,261	36,772
2016	43.4 %	3.1 %	15,672	36,083
2015	42.2 %	3.4 %	15,198	36,011

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate > 1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM 22.3 - Notes:

None

Data Alerts: None

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2020	87.7 %	2.4 %	33,204	37,843
2019	90.7 %	2.0 %	33,660	37,093
2018	89.1 %	2.2 %	32,648	36,657
2017	86.4 %	2.3 %	31,758	36,772
2016	86.7 %	2.3 %	31,286	36,083
2015	87.9 %	2.1 %	31,647	36,011
2014	89.1 %	1.8 %	32,738	36,744
2013	92.3 %	1.5 %	33,957	36,780
2012	85.4 %	2.5 %	31,167	36,512
2011	86.2 %	2.5 %	31,319	36,319
2010	65.0 %	3.2 %	23,566	36,267
2009	48.2 %	3.0 %	17,231	35,752

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate > 1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM 22.4 - Notes:

None

Data Alerts: None

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	73.3 %	3.1 %	27,739	37,843
2019	73.9 %	2.9 %	27,424	37,093
2018	65.1 %	3.6 %	23,851	36,657
2017	60.7 %	3.1 %	22,323	36,772
2016	54.2 %	3.1 %	19,549	36,083
2015	58.7 %	3.3 %	21,130	36,011
2014	55.6 %	2.9 %	20,431	36,744
2013	63.1 %	3.2 %	23,216	36,780
2012	59.1 %	3.4 %	21,559	36,512
2011	60.8 %	4.1 %	22,068	36,319
2010	51.5 %	3.3 %	18,667	36,267
2009	47.8 %	3.0 %	17,074	35,752

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate >1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM 22.5 - Notes:

None

Data Alerts: None

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	18.1	1.0	322	17,823
2019	19.4	1.1	338	17,449
2018	20.8	1.1	362	17,379
2017	24.6	1.2	424	17,250
2016	26.1	1.2	463	17,711
2015	28.8	1.3	510	17,682
2014	30.5	1.3	545	17,858
2013	29.8	1.3	540	18,135
2012	34.8	1.4	622	17,855
2011	35.2	1.4	625	17,753
2010	39.4	1.5	723	18,328
2009	43.4	1.5	814	18,773

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 23 - Notes:

None

Data Alerts: None

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	14.8 %	2.2 %	874	5,917
2019	15.3 %	2.0 %	976	6,365
2018	15.7 %	1.9 %	995	6,336
2017	12.7 %	1.8 %	849	6,660
2016	11.4 %	1.5 %	803	7,055
2015	11.5 %	1.6 %	850	7,374
2014	13.6 %	1.6 %	1,017	7,503
2013	11.9 %	1.6 %	868	7,319
2012	13.8 %	1.8 %	1,018	7,360

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has an unweighted denominator between 30 and 59 or a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM 24 - Notes:

None

Data Alerts: None

NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	4.2 %	0.8 %	5,518	132,685
2018_2019	4.5 %	0.9 %	6,105	134,597
2017_2018	3.5 %	0.8 %	4,799	137,617
2016_2017	3.1 %	0.7 %	4,317	138,227
2016	3.0 %	1.0 %	4,142	138,417

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 25 - Notes:

None

Data Alerts: None

Form 10
National Performance Measures (NPMs)

State: Wyoming

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Federally Available Data			
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)			
	2019	**2020**	**2021**
Annual Objective			64.8
Annual Indicator	64.8	64.6	65.1
Numerator	61,481	61,360	62,272
Denominator	94,822	94,984	95,624
Data Source	BRFSS	BRFSS	BRFSS
Data Source Year	2018	2019	2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	65.7	66.5	67.3	68.1

Field Level Notes for Form 10 NPMs:

None

NPM 5A - Percent of infants placed to sleep on their backs

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2019	**2020**	**2021**
Annual Objective			85.7
Annual Indicator	85.7	82.3	86.2
Numerator	5,251	5,105	5,022
Denominator	6,130	6,201	5,828
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2018	2019	2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	86.6	87.7	88.8	89.9

Field Level Notes for Form 10 NPMs:

None

NPM 5B - Percent of infants placed to sleep on a separate approved sleep surface

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2019	**2020**	**2021**
Annual Objective			26.6
Annual Indicator	29.6	30.4	31.4
Numerator	1,775	1,800	1,792
Denominator	5,999	5,921	5,705
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2018	2019	2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	31.7	32.0	32.3	32.6

Field Level Notes for Form 10 NPMs:

None

NPM 5C - Percent of infants placed to sleep without soft objects or loose bedding

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2019	**2020**	**2021**
Annual Objective			32.6
Annual Indicator	32.6	37.1	45.7
Numerator	1,928	2,226	2,580
Denominator	5,918	6,001	5,647
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2018	2019	2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	46.1	46.5	46.9	47.3

Field Level Notes for Form 10 NPMs:

None

NPM 7.2 - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

Federally Available Data			
Data Source: HCUP - State Inpatient Databases (SID)			
	2019	**2020**	**2021**
Annual Objective			276.4
Annual Indicator	276.4	230.7	248.9
Numerator	207	174	189
Denominator	74,890	75,417	75,945
Data Source	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT
Data Source Year	2017	2018	2019

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	230.7	227.2	223.7	220.2

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2022**
	Column Name:	**Annual Objective**

Field Note:
Since the rate increased some in the 2021 reporting year, annual objectives have been updated to start with reach the previous year's (reporting year 2020) rate.

NPM 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

Federally Available Data			
Data Source: National Survey of Children's Health (NSCH) - CHILD			
	2019	**2020**	**2021**
Annual Objective			30.2
Annual Indicator	30.2	35.8	38.7
Numerator	14,688	17,398	17,855
Denominator	48,676	48,566	46,181
Data Source	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD
Data Source Year	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	40.5	42.5	44.5	46.5

Field Level Notes for Form 10 NPMs:

None

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - Children with Special Health Care Needs

Federally Available Data			
Data Source: National Survey of Children's Health (NSCH) - CSHCN			
	2019	**2020**	**2021**
Annual Objective			38.1
Annual Indicator	38.1	37.9	41.6
Numerator	10,270	9,240	10,009
Denominator	26,977	24,351	24,064
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	42.1	42.6	43.1	43.6

Field Level Notes for Form 10 NPMs:

None

Form 10
State Performance Measures (SPMs)

State: Wyoming

SPM 1 - Percent of women who smoke during pregnancy

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			13.4
Annual Indicator	13.4	13.6	12.5
Numerator	859	855	735
Denominator	6,404	6,266	5,894
Data Source	NVSS	NVSS	NVSS
Data Source Year	2018	2019	2020
Provisional or Final ?	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	11.8	11.1	10.4	9.7

Field Level Notes for Form 10 SPMs:

None

SPM 2 - Percent of new WY MCH staff completing MCH orientation (including MCH Navigator self-assessment) within first 6 months

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			100
Annual Indicator			66.7
Numerator			2
Denominator			3
Data Source			WY MCH Program Data
Data Source Year			2021
Provisional or Final ?			Provisional

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	100.0	100.0	100.0	100.0

Field Level Notes for Form 10 SPMs:

None

SPM 3 - Percent of children (ages 1-9 years old) who should receive at least one visit based on the "periodicity schedule", receiving at least 1 EPSDT visit as noted within CMS 416 report

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			64.2
Annual Indicator	64.2	64.6	45.4
Numerator	10,333	9,775	9,053
Denominator	16,100	15,130	19,943
Data Source	CMS-416 Report	CMS-416 Report	WY CMS-416 Report Submission
Data Source Year	2018	2019	2020
Provisional or Final ?	Final	Final	Provisional

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	47.3	67.4	69.0	70.6

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2022**
	Column Name:	**Annual Objective**

Field Note:
Provisional data from the WY CMS-416 Report Submission was received for 2021 and the annual objective for this reporting year was updated to reflect this.

SPM 4 - Percent of Wyoming youth reporting increased youth/adult connectedness

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			84
Annual Indicator	84	83	83
Numerator	20,244	9,047	9,047
Denominator	24,099	10,905	10,905
Data Source	WY PNA	WY PNA	WY PNA
Data Source Year	2018	2020	2020
Provisional or Final ?	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	86.1	86.1	88.2	88.2

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: The March 2020 school closures for COVID-19 mitigation efforts interrupted data collection, resulting in lower response rates and less participation than typical survey years. The 2020 survey results are unweighted. Users should be cautious when making comparisons between 2020 and previous survey years.	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: PNA is only collected in even years so there is no 2021 data to report. The March 2020 school closures for COVID-19 mitigation efforts interrupted data collection, resulting in lower response rates and less participation than typical survey years. The 2020 survey results are unweighted. Users should be cautious when making comparisons between 2020 and previous survey years.	
3.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: The PNA is only administered on even years so odd year estimates are the same as the previous year.	
4.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: The PNA is only administered on even years so odd year estimates are the same as the previous year.	

Form 10
Evidence-Based or –Informed Strategy Measures (ESMs)

State: Wyoming

ESM 1.1 - Number of women ages 18-44 enrolled in the My 307 Wellness App

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			250
Annual Indicator			160
Numerator			
Denominator			
Data Source			Wildflower Health
Data Source Year			2021
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	275.0	303.0	333.0	366.0

Field Level Notes for Form 10 ESMs:

None

ESM 1.2 - Percent of women ages 18-44 interacting with developed messaging in regard to the well-woman visit and its importance on the My 307 Wellness App

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			20
Annual Indicator			5.6
Numerator			9
Denominator			160
Data Source			Wildflower Health
Data Source Year			2021
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	25.0	30.0	35.0	40.0

Field Level Notes for Form 10 ESMs:

None

ESM 5.1 - Percent of PRAMS moms who report having a home visit and report their baby sleeps on a separate approved sleep surface

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			32.6
Annual Indicator			29.3
Numerator			967
Denominator			3,298
Data Source			WY PRAMS
Data Source Year			2018-2020
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	33.0	36.0	38.0	40.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Because of small numbers for individual years, three year of data were used to produce a more reliable estimates.	

ESM 5.2 - Percent of PRAMS moms who report having a home visit and report their baby sleeps without soft objects or loose bedding

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			31
Annual Indicator			44.3
Numerator			1,463
Denominator			3,304
Data Source			WY PRAMS
Data Source Year			2018-2020
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	46.0	49.0	51.0	53.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Because of small numbers for individual years, three year of data were used to produce a more reliable estimates.	

ESM 7.2.1 - Percent of high schools providing Teens in the Driver's Seat (TDS)

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			3
Annual Indicator			0
Numerator			0
Denominator			134
Data Source			Program Data
Data Source Year			2021
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	6.0	12.0	18.0	27.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
Teens in the Driver's Seat pilot school didn't begin implementation until Jan 2022/ Will report for FY23.

ESM 8.1.1 - Number of childcare providers receiving training and technical assistance on Wyoming Healthy Policies Toolkit

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			15
Annual Indicator			8
Numerator			
Denominator			
Data Source			Program Data
Data Source Year			2021
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	10.0	13.0	16.0	20.0

Field Level Notes for Form 10 ESMs:

None

ESM 8.1.2 - Percent of childcare providers receiving TA that implemented at least one physical activity policy

Measure Status:	Active		
Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	60.0	70.0	80.0

Field Level Notes for Form 10 ESMs:

None

ESM 11.1 - Percent of CSH Advisory Council members with lived experience

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			50
Annual Indicator			0
Numerator			0
Denominator			1
Data Source			Program Data
Data Source Year			2021
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	10.0	30.0	45.0	50.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Due to staff change over, and awaiting results from the contracted OMNI focus groups - we will be focusing on this ESM in the next cycle. One was put in the denominator because 0 was not accepted.	
2.	**Field Name:**	**2022**
	Column Name:	**Annual Objective**
	Field Note: Due delays in convening a council because of the COVID-19 pandemic and staff turnover, annual objectives were reassessed to be more manageable.	

ESM 11.2 - Complete assessment of National Standards for Systems of Care for CYSHCN

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			Yes
Annual Indicator			Yes
Numerator			
Denominator			
Data Source			Program Data
Data Source Year			2021
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	Yes	Yes	Yes	Yes

Field Level Notes for Form 10 ESMs:

None

ESM 11.3 - Develop an Action Plan based on results of National Standards Assessment

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			Yes
Annual Indicator			No
Numerator			
Denominator			
Data Source			Program Data
Data Source Year			2021
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	Yes	Yes	Yes	Yes

Field Level Notes for Form 10 ESMs:

None

Form 10
State Performance Measure (SPM) Detail Sheets

State: Wyoming

SPM 1 - Percent of women who smoke during pregnancy
Population Domain(s) – Perinatal/Infant Health

Measure Status:	Active
Goal:	Decrease the percent of women who smoke during pregnancy
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of women who report smoking during pregnancy **Denominator:** Number of live births
Data Sources and Data Issues:	National Vital Statistics System (NVSS)
Significance:	Women who smoke during pregnancy are more likely to experience a fetal death or deliver a low birth weight baby. Adverse effects of parental smoking on children have been a clinical and public health concern for decades. Children have an increased frequency of ear infections; acute respiratory illnesses and related hospital admissions during infancy; severe asthma and asthma-related problems; lower respiratory tract infections; and SIDS.

SPM 2 - Percent of new WY MCH staff completing MCH orientation (including MCH Navigator self-assessment) within first 6 months
Population Domain(s) – Cross-Cutting/Systems Building

Measure Status:	Active
Goal:	Increase % of WY MCH staff completing MCH orientation (including MCH Navigator self-assessment) within first 6 months
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** # of WY MCH staff completing MCH orientation (including MCH Navigator self-assessment) within first 6 months **Denominator:** # of WY MCH staff beginning after October 1, 2020
Data Sources and Data Issues:	Program data
Significance:	Assessing MCH workforce needs early in tenure is important for identifying and procuring adequate training resources.

SPM 3 - Percent of children (ages 1-9 years old) who should receive at least one visit based on the "periodicity schedule", receiving at least 1 EPSDT visit as noted within CMS 416 report
Population Domain(s) – Child Health, Adolescent Health

Measure Status:	Active
Goal:	Increase the % of children receiving at least one EPSDT of those who should be receiving at least one visit base on the "periodicity schedule"
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Total Eligibles (ages 1-9) Receiving at least One Initial or Periodic Screen **Denominator:** Total Eligibles (ages 1-9) who Should Receive at Least One Initial or Periodic Screen
Data Sources and Data Issues:	CMS 416 Report
Significance:	The CMS 416 Report provides data on how WY compares to other states for well visit rates.

SPM 4 - Percent of Wyoming youth reporting increased youth/adult connectedness
Population Domain(s) – Adolescent Health

Measure Status:	Active
Goal:	Increase the percent of students reporting having an adult with whom they can talk with about their problems
Definition:	<table><tr><td>**Unit Type:**</td><td>Percentage</td></tr><tr><td>**Unit Number:**</td><td>100</td></tr><tr><td>**Numerator:**</td><td>Number of Wyoming students answering "Yes" to the question on the WY PNA: "Is there an adult in your community who you can talk to about your problems?'</td></tr><tr><td>**Denominator:**</td><td>Total number of Wyoming students answering (either "Yes" or "No") the question on the WY PNA "Is there an adult in your community who you can talk to about your problems?'</td></tr></table>
Data Sources and Data Issues:	Wyoming PNA. WY does not currently administer the YRBS questionnaire.
Significance:	"Strong, positive relationships with parents and other caring adults protect adolescents from a range of poor health-related outcomes and promote positive development" (Sieving, et al., AJPM, 2017)

Form 10
State Outcome Measure (SOM) Detail Sheets

State: Wyoming

No State Outcome Measures were created by the State.

Form 10
Evidence-Based or –Informed Strategy Measures (ESM) Detail Sheets

State: Wyoming

ESM 1.1 - Number of women ages 18-44 enrolled in the My 307 Wellness App
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active
Goal:	Increase the # of women accessing the My 307 Wellness App
Definition:	**Unit Type:** Count **Unit Number:** 10,000 **Numerator:** # of women who enroll during reporting year **Denominator:**
Data Sources and Data Issues:	My 307 Wellness App monthly enrollment data provided by Wildflower Health
Significance:	It is important to connect with adult women of reproductive age (18-44) to educate them on what the well woman visit is and what takes place during the well woman visit.

ESM 1.2 - Percent of women ages 18-44 interacting with developed messaging in regard to the well-woman visit and its importance on the My 307 Wellness App
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active
Goal:	Increase the % of enrolled women who access well woman visit information
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** # of women who interact with developed messaging on well woman visit **Denominator:** # of women who enroll during reporting year
Data Sources and Data Issues:	My 307 Wellness App monthly click rate provided by Wildflower Health
Significance:	After engaging adult women of reproductive age through social media it is important to ensure they are reading accurate literature at a basic health literacy level to better understand and gain knowledge of what the well woman visit consists of and questions to ask their provider about any blood draws, immunizations and exams.

ESM 5.1 - Percent of PRAMS moms who report having a home visit and report their baby sleeps on a separate approved sleep surface
NPM 5 – A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

Measure Status:	Active
Goal:	Increase the % of PRAMS respondents who received a home visit, who put their infants to sleep on a separate, approved surface.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** # of women reporting their infant is put to sleep on a separate approved sleep surface **Denominator:** # of women reporting having a home visit since their baby was born.
Data Sources and Data Issues:	PRAMS
Significance:	This will help us better understand the impact of the home visitation program on safe sleep behaviors as well as better understanding who is participating in the home visitation program.

ESM 5.2 - Percent of PRAMS moms who report having a home visit and report their baby sleeps without soft objects or loose bedding
NPM 5 – A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>Increase the % of moms, who report a home visit, who put infant to sleep without soft objects or loose bedding.</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td># of women responding their infant is put to sleep without soft objects or loose bedding</td></tr>
<tr><td>Denominator:</td><td># of women reporting having a home visit since their baby was born.</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>PRAMS</td></tr>
<tr><td>Significance:</td><td>This will help us better understand the impact of the home visitation program on safe sleep behaviors as well as better understanding who is participating in the home visitation program.</td></tr>
</table>

ESM 7.2.1 - Percent of high schools providing Teens in the Driver's Seat (TDS)
NPM 7.2 – Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

Measure Status:	Active
Goal:	Increase the # of high schools providing Teen in the Driver Seat
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** # of high schools providing Teen in the Driver Seat **Denominator:** # of High Schools in Wyoming
Data Sources and Data Issues:	Program data collected from schools/organizations
Significance:	The program can directly increase # of evidence-based teen driver safety programs implemented in WY through the Child Safety Learning Collaborative and partnership with community prevention specialists and other partners in communities. Teens in the Driver Seat is one evidence-based program example.

ESM 8.1.1 - Number of childcare providers receiving training and technical assistance on Wyoming Healthy Policies Toolkit
NPM 8.1 – Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

Measure Status:	Active
Goal:	Increase # of childcare providers receiving training and TA on Wyoming Healthy Policies Toolkit
Definition:	**Unit Type:** Count **Unit Number:** 500 **Numerator:** Total number of licensed Child Care providers through DFS who received training and TA on Wyoming Health Policies Toolkit **Denominator:**
Data Sources and Data Issues:	DFS Data, Program Data, WFS Data
Significance:	Childhood obesity remains a focus as does increasing physical activity among children 6-11 years old. This is a priority among many state-level agencies and community-based partners. The Health Policies Toolkit was developed to incorporate Wyoming resources with national evidence-based or informed strategies to reduce and prevent childhood obesity.

ESM 8.1.2 - Percent of childcare providers receiving TA that implemented at least one physical activity policy
NPM 8.1 – Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

Measure Status:	Active
ESM Subgroup(s):	Children 6 through 11
Goal:	Increase the % of childcare providers that implement a PA policy as a result of receiving the Toolkit training/TA
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Total numbers of licensed Child Care providers receiving TA that implemented at least one physical activity policy **Denominator:** Total numbers of licensed Child Care providers receiving TA
Data Sources and Data Issues:	DFS Data, Program Data, WFS Data
Evidence-based/informed strategy:	Lack of physical activity is a known risk factor for obesity, which remains a focus for WY MCH. The toolkit works to support early childhood centers with implementing policies that lower risk factors (in nutrition and physical activity). The toolkit incorporates Wyoming resources with national evidence-based or informed strategies to improve protective factors in young children that can support them into later childhood and adolescence.
Significance:	Multicomponent school-based obesity prevention typically includes educational, environmental, and nutritional modifications, and may have the potential to positively impact physical activity in children and adolescents. While evidence is mixed, and not specifically measured in early childhood settings, WY currently has strong support and partnerships working on coordination of supports in early childhood settings. Additionally, the 2022 Application/2020 Report ESM Review by the MCH Evidence center encouraged strengthening our ESM to measure impact. Policy change in a childcare setting that received TA allows us to better gauge the provider's change in knowledge or behavior resulting from the TA.

ESM 11.1 - Percent of CSH Advisory Council members with lived experience
NPM 11 – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Measure Status:	Active
Goal:	Develop CSH advisory council with at least 50% of members having lived experience (e.g. being a parent of a child with special health care needs)
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of advisory council members with lived experience **Denominator:** Total number of advisory council members
Data Sources and Data Issues:	CSHCN Program Data
Significance:	This ESM (and associated activity) helps the program to prioritize family partnership in improving systems of care for CSHCN.

ESM 11.2 - Complete assessment of National Standards for Systems of Care for CYSHCN
NPM 11 – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Measure Status:	Active
Goal:	Complete assessment of National Standards for Systems of Care for CYSHCN with specific emphasis on improving access to and quality of medical homes
Definition:	**Unit Type:** Text **Unit Number:** Yes/No **Numerator:** Yes or No **Denominator:**
Data Sources and Data Issues:	CSHCN Program Data
Significance:	HRSA and AMCHP developed national standards to evaluate success of CYSHCN programs and services. Program alignment with these standards is critical to evaluate Wyoming CSH success and identify needed improvement.

ESM 11.3 - Develop an Action Plan based on results of National Standards Assessment
NPM 11 – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Measure Status:	Active
Goal:	Complete action plan based on standards assessment results to help drive improvement
Definition:	**Unit Type:** Text **Unit Number:** Yes/No **Numerator:** Yes or No **Denominator:**
Data Sources and Data Issues:	Program Data
Significance:	After completing the assessment, the program, Advisory Council, and partners will identify and target gaps within the system of care to focus improvement efforts.

Form 11
Other State Data

State: Wyoming

The Form 11 data are available for review via the link below.

Form 11 Data

Form 12
MCH Data Access and Linkages

State: Wyoming

Annual Report Year 2021

	Access				Linkages	
Data Sources	(A) State Title V Program has Consistent Annual Access to Data Source	(B) State Title V Program has Access to an Electronic Data Source	(C) Describe Periodicity	(D) Indicate Lag Length for Most Timely Data Available in Number of Months	(E) Data Source is Linked to Vital Records Birth	(F) Data Source is Linked to Another Data Source
1) Vital Records Birth	Yes	No	More often than monthly	6		
2) Vital Records Death	Yes	No	More often than monthly	6	Yes	
3) Medicaid	Yes	Yes	More often than monthly	4	No	
4) WIC	Yes	No	More often than monthly	4	No	
5) Newborn Bloodspot Screening	Yes	No	More often than monthly	1	Yes	
6) Newborn Hearing Screening	Yes	No	More often than monthly	6	Yes	
7) Hospital Discharge	Yes	Yes	Quarterly	6	No	
8) PRAMS or PRAMS-like	Yes	Yes	Annually	14	Yes	

Form Notes for Form 12:

None

Field Level Notes for Form 12:

None