Maternal and Child Health Services Title V Block Grant

Wyoming

FY 2024 Application/ FY 2022 Annual Report

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I. General Requirements

I.A. Letter of Transmittal

Wyoming Department of Health

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Stefan Johansson
Director

Mark Gordon
Governor

May 15, 2023

Ref: FT-2023-009

Shirley Payne, PhD, MPH
Director, Division of State and Community Health
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18N33
Rockville, Maryland 20857

Letter of Transmittal

Dear Dr. Payne,

The UEI number for the Wyoming Mate[illegible] and Chi[illegible] Health [illegible]CH) Services Block Grant is JP1QRJYYJG73, as requested in the T[illegible]and Condit[illegible]issu[illegible]n November 16, 2004. The core grant number for Wyoming's Title V B[illegible] Grant is B0[illegible]7456.

If you need additi[illegible]information[illegible]ase co[illegible]t me by phone at 307-777-3733 or by email at feliciana.turner[illegible]yo.gov.

[illegible]ncerely,

F Turner

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: January 31, 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 partner with communities and families to promote and advocate for optimal health and wellbeing, using a public health approach (mission updated in 2023).

WY MCH receives approximately $1.2 million in federal Title V funding annually, and employs nine full-time staff who are supported by two full-time WDH MCH epidemiologists. Title V funds, state matching funds, and other federal funding support programming for an estimated population of 581,381 (July 2022 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 potentially coordinate care for children left at home.

WY MCH works closely with both state and county staff in 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 Unit, Community Prevention Unit (CPU), with focuses on substance use, tobacco prevention, and injury and violence prevention, Cancer and Chronic Disease Prevention Unit, Immunization Unit, Public Health Nursing (PHN), Women, Infants, and Children (WIC) Unit, Health Care Financing Division, and the Behavioral Health Division [BHD], Wyoming Injury and Violence Prevention Program [WIVPP], as well as other state agencies and statewide partners, such as 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).
WY MCH and PHN jointly receive Temporary Assistance for Needy Families (TANF) funding from 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 or local health departments 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 Maternal, infant, and Early Childhood Home Visiting (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, 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 preventive care, especially in providing mental health services. A current Maternal Mortality Review helped to drive the work on promoting well woman visits and preventive 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, given 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 and overweight 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 FFY24 Proposed Strategies

WY MCH's seven priorities for FFY21-FFY25, along with key examples of related strategies and performance measures for FFY24, are listed below.

1 - Promote healthy and safe childre

Key strategies will include continuing to expand outreach to additional childcare facilities in policy development and implementation related to physical activity, developing further partnerships and collaborations on childhood physical activity and obesity prevention efforts, supporting state-level expansion of early childhood mental health services, continuing involvement in statewide childhood blood lead surveillance and prevention efforts, building on Bright Futures work with parent messaging and Pangoi Toolkit distribution. Measures will include the percent of children ages 6-11 who are active at least one hour a 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 Evidence-Based or -Informed 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. In FFY24, the CYSHCN director anticipates moving from assessment to planning and implementation around strategic approach and improvements in the program. Measures will include the percent of children ages 0-17 with a medical home, the percent of Children's Special Health Program (CSH) Advisory Council members with lived experience, and other temporary ESMs that support our efforts to align with national standards and the Blueprint.

3 - Prevent maternal mortality

Key strategies will include promotion of preventive annual visits in partnership with the Wyoming Cancer Program

(WCP), 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 additional grant funding to aid and complement efforts in this domain. Measures will include the percentage of women ages 18-44 with a preventive medical visit in the last year, and ESMs the percentage of women who receive services under the WCP partnership.

4 - Prevent infant mortality

*Key s*trategies will include continuing to provide education and resources to PHNs on safe sleep, providing Quitkits to home-visiting programs as tools to give pregnant/postpartum people for driving usage of the Wyoming Quitline, offering funding opportunities to communities working to prevent infant mortality, and expanding and maintaining the WyPQC. 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 partnering with Community Prevention progra[illegible] to e[illegible]d implement Sources of Strength (SOS) in Wyoming middle and high schools, suicide postvention training a[illegible]rotocol d[illegible]opment in Wyoming schools, and administration of a young adult survey that further informs efforts to reach [illegible]ddress be[illegible]l health issues and risk factors for young adults ages 18-24. Measures will include the rate of hospitaliz[illegible]n for non-fatal injury per 100,000 adolescents ages 10-19 and the percent of Wyoming youth reporti[illegible]eased y[illegible]-adult connectedness.

7 - Strengthen MCH workforce capacity to operationalize MCH[illegible]re valu[illegible]

Key strategies will include goal setting and professional d[illegible]lopmen[illegible]entered on WY MCH core values: being data-driven, strengthening engagement, operationalizing health eq[illegible] taking a l[illegible]cour[illegible]perspective, and prioritizing systems-level approaches. WY MCH will strive to develop and maintai[illegible]diverse wor[illegible]ce and a culture of belonging and inclusion. Staff professional development opportunitie[illegible]l str[illegible]n com[illegible]encies and skills, promote and integrate core values across all MCH domains and state priority ne[illegible], and continu[illegible]rk to u[illegible]rstand and leverage individual and team strengths. WY MCH will further align our workforce d[illegible]lopment efforts wit[illegible]e PHD strategic plan and workforce development efforts. The primary measure will be the percent of new[illegible] MCH staff comp[illegible]ng 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 $1.2 million 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 formerly funded a Centers for Disease Control and Prevention (CDC) - assigned MCH senior epidemiology advisor, and would likely do so for any future assignees.
- Title V funds enable 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 effectiveness, and who will largely help WY MCH with strategic plan implementation through ongoing coaching, performance management support, and leadership development in the coming years.
- 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 screening, RPE, PREP, and ERASEMM.

WY MCH's Title V-funded specialty genetics services and 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 and subrecipients 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, University of Wyoming for healthy policies toolkit training for childcare organizations and Bright Futures Extension of Community Healthcare Outcomes (ECHO) administration. WY MCH has also recruited Infield Vector LLC as the WyPQC 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

WY MCH has invested time, resources, and staff capacity to assure Wyoming can participate in maternal mortality reviews under the Utah-Wyoming Joint MMRC. Leveraging Title V and State MOE/Match-funded program and epidemiological staff, as well as CDC ERASEMM funding, WY MCH has established the necessary infrastructure for fatality reviews.

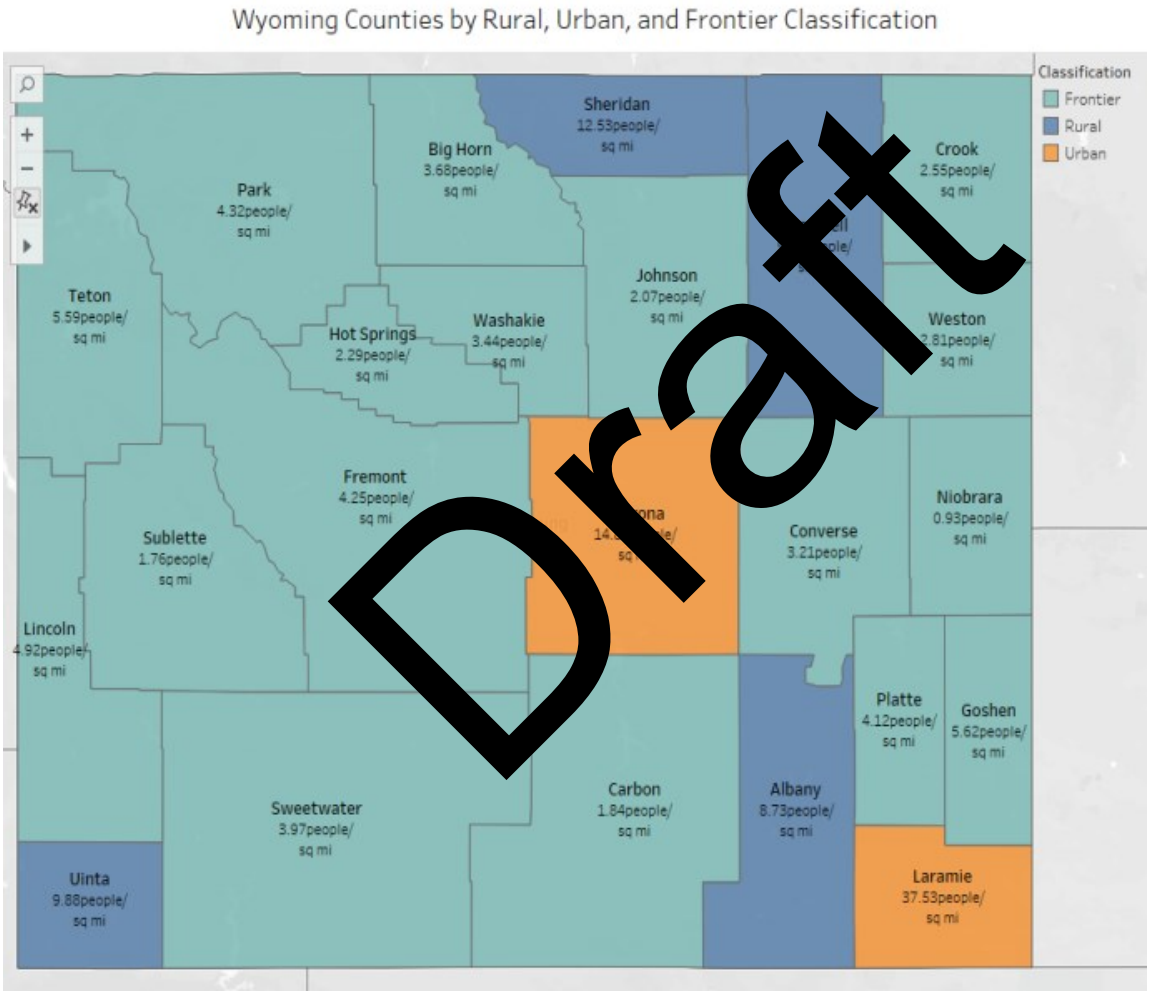
As of January 2023 WY MCH has successfully completed maternal fatality reviews for all cases from 2018-2021. This is the first time Wyoming has completed such a review. The reviews allow Wyoming to understand contributing factors in the state, at a time when the nation is experiencing an increased rate of maternal mortality. Wyoming specifically has identified substance use and mental health as contributing factors into the maternal mortality rate for the state. A report detailing the 2018-2020 findings and recommendations will be released later this year, with the goal to take these findings into action.

To continue advancing this work, the WIHP will apply for funding that would increase WY MCH capacity to engage in maternal mortality review, and formalize partnerships and opportunities for birthing hospitals and other community-based partners to act on recommendations.

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 45% of the population (Wyoming Economic Analysis Division (WY EAD), 2022).



Wyoming Counties by Rural, Urban, and Frontier Classification

Wyoming is the least populous state in the U.S., with a July 2022 estimated population of 581,381–an increase of 0.3% from July 2021 (U.S. Census Quick Facts, 2022). The population is predominantly White alone (92.4%). The remaining population is Black or African American alone (1.2%), American Indian and Alaska Native alone (2.8%), Asian alone (1.1%), Native Hawaiian and Other Pacific Islander alone (0.1%), two or more races (2.4%), and 10.6% of the population is Hispanic or Latino. In 2022, 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, 2022). According to WY EAD, the

minority population, and groups 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 (22.9%) of the population is under the age of 18, and 17.9% is over the age of 65. Almost 94% of people over the age of 25 have a high school education or higher, with 28.5% of this group having at least a bachelor's degree. The median household income in 2022 was $68,002, just slightly less than the median household income in the U.S. of $69,021. Persons in poverty are estimated to be 11.4% of the population, compared to 11.6% nationally (U.S. Census Quick Facts, 2022).

According to the WY EAD, Wyoming's economy continued to rebound in the fourth quarter of 2022, as energy businesses maintained their drilling activities. However, this was still slower than the U.S average. In 2022, employment in Wyoming increased 2.0% (5,700 jobs), compared with a U.S. growth of 3.4%. Unemployment in Wyoming increased to 3.9%, slightly higher than the national average of 3.6% (WY EAD, 2023).

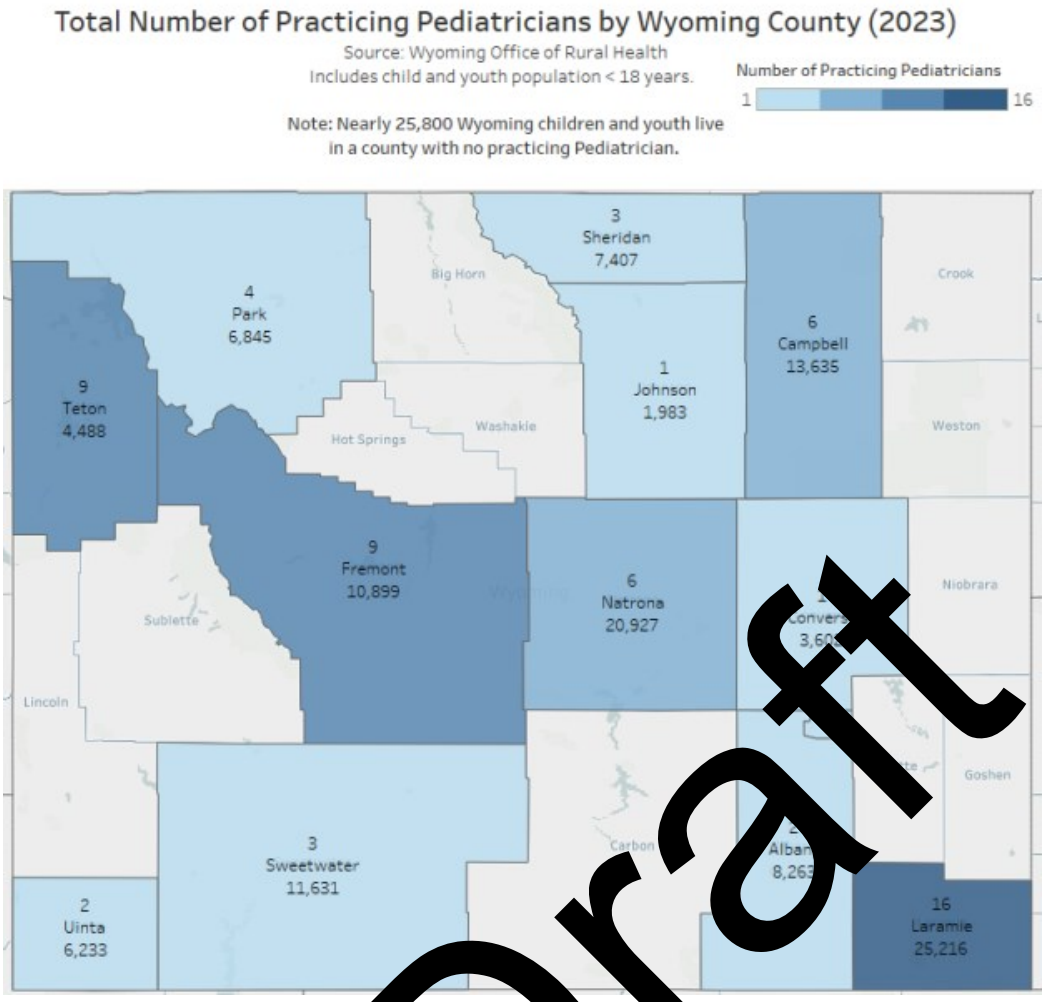
Strengths and Challenges

According to the 2022 Annual America's Health Rankings Report, Wyoming ranks 35th in the nation in overall health outcomes, and 33rd 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 high fourth grade reading proficiency, low prevalence of violent crime, low incidence of chlamydia, low income inequality and low levels of air pollution. Also, the report highlighted HPV vaccination increasing 8[illegible] from 26.7% [illegible]% of adolescents ages 13-17 between 2016 and 2021. Food Insecurity decreased 15% from 13.2% [illegible]11.2% of households between 2015-2017 and 2019-2021. The listed challenges in Wyoming include high rates of low birthweight, occupational fatalities,high school graduation racial disparities, premature death racial disparities and adverse childhood experiences. Also, the report highlighted premature death increasing 1[illegible] from 8,000 to 9,141 years lost before age 75 per 100,000 population between 2019 and 2020.

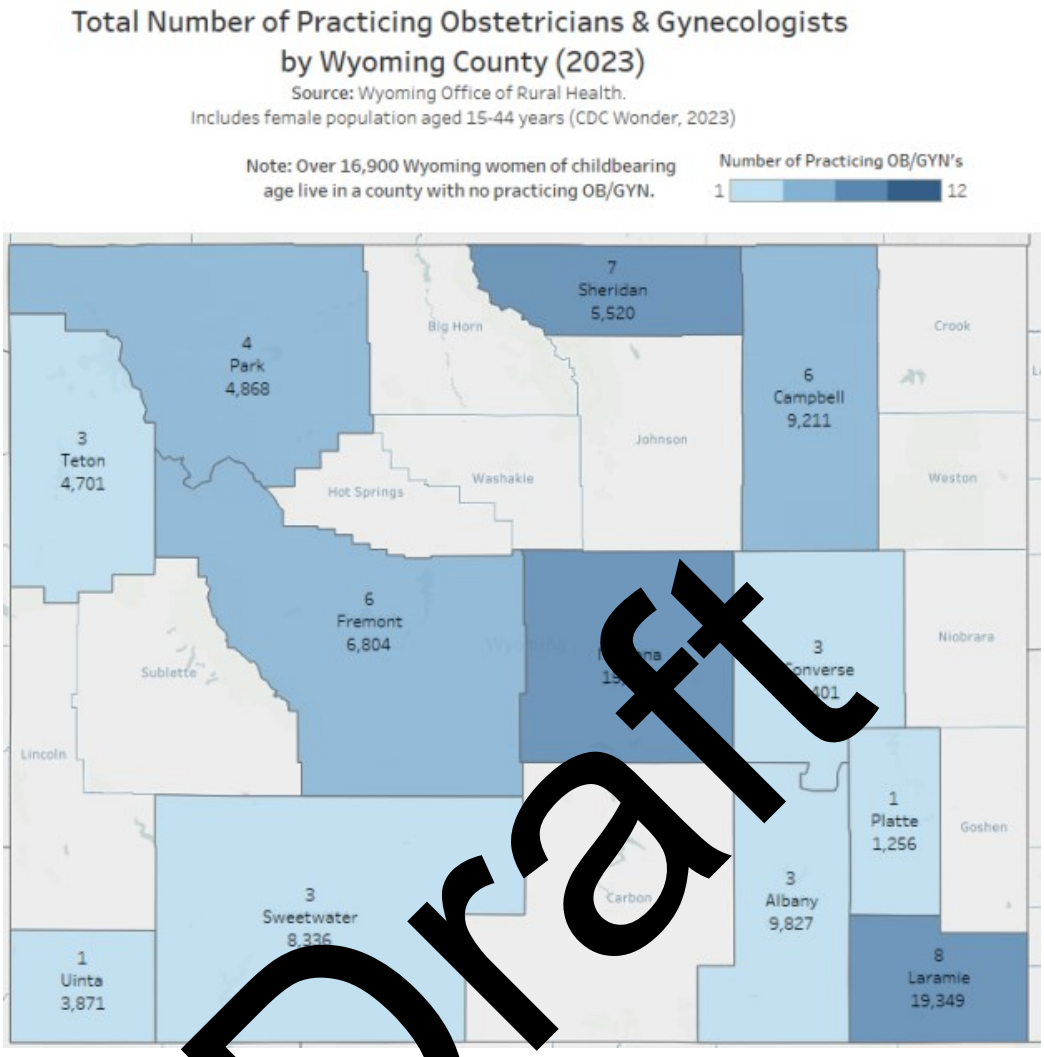
As noted, Wyoming is considered a rural frontier state, which presents unique challenges. According to the Health Resources and Services Administration's (HRSA) Designated Health Provider Shortage Areas (HPSA) Quarterly Summary Report (Second Quarter of Fiscal Year 2023, 3/31/2023), Wyoming had a total of 44 Primary Care HPSA designations, with 186,622 residents residing in primary care shortage areas. There were 29 dental HPSA designations in the state with a total of about 49,36[illegible] 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 2023 there are currently 48 physicians practicing obstetrics and gynecology (OB/GYN) in Wyoming and 61 practicing pediatricians. Eleven counties do not have an OB/GYN and 11 counties do not have a pediatrician. Over 16,900 Wyoming women of childbearing age (15-44) live in a county with no practicing OB/GYN, and approximately 25,800 Wyoming children and youth (<18 years of age) live in a county with no practicing pediatrician (CDC Wonder, 2023).

There are 274 family practice physicians in the state. Fifty-one individuals practice in Natrona County, 69 in Laramie County, 16 in Park County, and 18 in Fremont County. Five counties have five or fewer family practice physicians (Wyoming Office of Rural Health, 2023).



Total Number of Practicing Pediatricians by Wyoming County



Total Number Practicing Obs ricians & Gynecologists by Wyoming County

Access to care is a challenge in Wyom give e rural/frontier nature of the state. This is especially pertinent to the MCH population, given the absence o el III facilities, few specialist providers, and a high uninsured population. In 2022, 14.8% of Wyoming residents under the age of 65 years had no health insurance coverage, compared to 9.8% of the population nationally (U.S. Census Quick Facts, 2022). During the 2023 Wyoming legislative session, a Medicaid extension bill (HB0004), extending Medicaid coverage up to 12 months postpartum was passed, but has a sunset date of March 31, 2027, thus is time-limited.

Additionally, Wyoming is one of ten states that has not expanded Medicaid. During the 2023 Wyoming legislative session, a Medicaid expansion bill (HB0080) initially passed the Revenue Committee but was not considered for Committee of the Whole. This is the ninth time a Medicaid expansion bill has failed. HB0080 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 2022 session (HB0020) was drafted but was not considered for introduction. Health insurance options in the Federal Health Insurance Marketplace for Wyoming are limited to Blue Cross Blue Shield and Mountain Health co-op. During open enrollment for 2023 coverage, 38,565 residents enrolled in private individual-market plans through the Wyoming exchange, which was a record high.

Health Equity

According to the 2023 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 continues to vary widely by county, with rates ranging from 6% (Teton County) to 19% (Niobrara and Fremont County) (County Health Rankings & Roadmaps, 2023).

Wyoming's overall high school graduation rates rose steadily from 78.6% (2013-2014) to 82.4% (2020-2021), and was 81.8% for the 2021-2022 school year. However, racial and ethnic disparities continue to be observed in regards to high school graduation rates. While 84.1% of White youth graduated from high school in the 2021-2022 school year, 76.4% of Hispanic youth and 49.3% of American Indian youth (a drop from 52.9% the previous year) 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 level make stratification by geographic region, race, and ethnicity challenging. Wyoming continually monitors health 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 DFS's 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.

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 "To promote, protect, and improve health 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 290 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 in Wyoming. The following list outlines PHD's key services, which are in line with the 10 Essential Public Health Services:

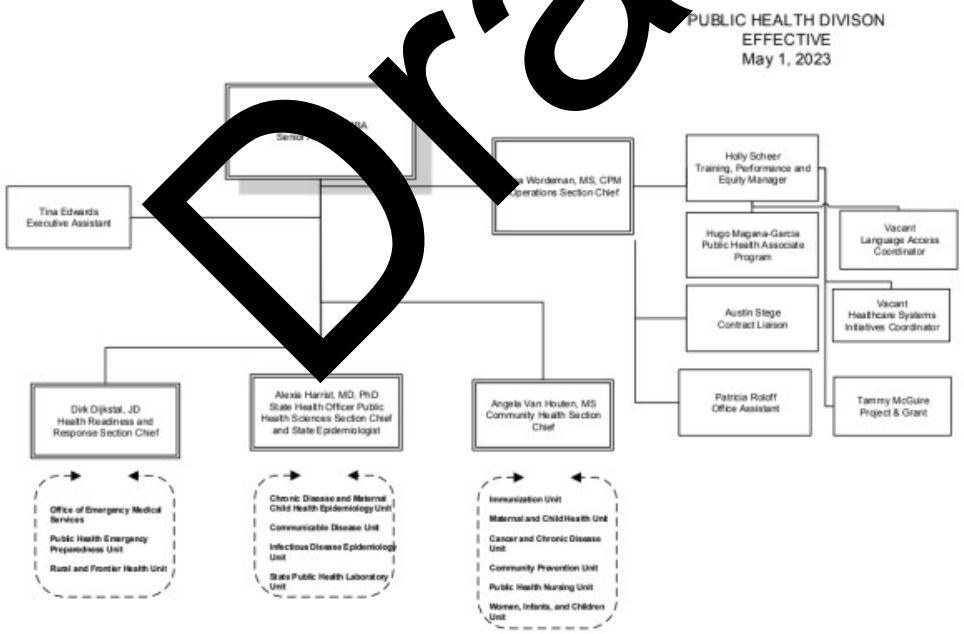
- *Community Health Section* - optimizes quality of life through the promotion of health, protection of community health, and prevention of disease and injury

- 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 Unit

- *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 as of May 2023

PHD is working toward public health accreditation. The division completed a State Health Assessment (SHA) in 2018 and will update it in the near future.

PHD has recently undergone strategic planning efforts to refresh its priorities following the COVID-19 pandemic.

The draft PHD strategic plan contains guiding principles that act as the underlying foundation to guide the division's work. The plan will also contain operational and population health goals. Tentatively, those goals are:

- Operational
    - Recruit and retain a skilled workforce
    - Promote a culture of wellness and inclusion
    - Ensure processes and procedures meet the needs of the workforce
    - Achieve public health accreditation

- Population Health
    - Promote mental and physical wellbeing
    - Improve access to healthcare and public health services
    - Prevent injury and disease
    - Prepare for, monitor, and respond to public health issues
    - Monitor EMS agencies for compliance
    - Conduct timely and complete infectious and communicable disease surveillance and diagnostic activities
    - Conduct timely and relevant chronic disease surveillance

WY MCH staff are participating in the division's strategic planning process wherever engagement opportunities are present. WY MCH does and will continue to align Title V priorities and strategies with PHD goals and plans.

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 guided 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 domains or 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 from one through 21 years, including those with special health care needs (*Child Health and Children and Youth with Special Health Care Needs [CYSHCN] 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, updated in 2023, is to partner with communities and families to promote and advocate for optimal health and wellbeing, using a public health approach. 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 strategic plan. This provides opportunity for intra-division partnership and coordination.

Systems of Care and Services for CYSHCN

CYSHCN Program Overview and Population Served

In 2020-2021, approximately 26,200 (19.7%) 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 was 18.0% in 2020-2021, compared to 12.7% in 2019-2020, and the U.S. estimate was 43.7% in 2020-2021 (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 is focusing on assessing and improving systems of care for CYSHCN.

WY MCH's CYSHCN program (also known as the CSHCN Program) offers care coordination and limited gap-filling financial assistance as the payer of last resort for enrolled clients with CSHCN 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 CHIP, Children's Health Insurance Program (CHIP), and/or the Federal Marketplace. The CSHCN program provides reimbursement to eligible providers for covered services provided to eligible clients. In FFY22, CSHCN actively served 3[illegible] clients. Of all enrolled clients, 306 were CYSHCN, 39 were high-risk infants, and 21 were high-risk pregnant women. Of all clients served, 93% 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).

Additionally, 2019 data indicated that only 79% of Wyoming eligible children were enrolled, the lowest of any state. During COVID-related continuous coverage, Wyoming ranked second among states for child enrollment growth (38%) in Medicaid and Kid Care CHIP from February 2020 through August 2022 (Georgetown Center for Children and Families).

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 133% 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 133% 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 through September 10, 2024. 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 2024 Application/FY 2022 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:

- Cross-Domain Efforts:
    - 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 begin planning for the next five-year needs assessment. This will involve developing a framework that will incorporate social determinants of health and plan for community and family engagement throughout the entire process.
    - In spring 2023, 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.
    - WY MCH will annually convene MCH Title V Steering Committee (SC) to gather feedback on state action plan progress and address challenges/barriers.
- Children/CYSHCN:
    - The CYSHCN Director is undertaking assessment and planning activities to inform future strategic direction for the program. This will involve reviewing program data, analyzing key indicators from the NSCH, reviewing CYSHCN expenditure data, collecting staff and public health nurses' perspectives, and reviewing previous CYSHCN national standards assessment and other frameworks and guides (e.g., Blueprint). As this work progresses, these efforts will engage communities/families.
    - WY MCH has invested in NSCH oversampling for two years. The first full completion of oversampling occurred for NSCH 2022, with 1,250 responses (double the baseline number of responses for Wyoming). This is anticipated to provide Wyoming a larger data set to further assess CYSHCN population needs and identify disparities by demographic characteristics.
- Women and Infant Health:
    - The WIHP continues to engage in maternal mortality review to identify contributing factors and inform prevention recommendations.
- Youth and Young Adult Health:
    - WY MCH will leverage Title V and SSDI funds and partner with the CPU to survey young adults. The first iteration occurred in 2022. The survey focuses on 18-29 year olds and asks about attitudes and

behaviors related to substance use, mental health, motor vehicle safety, healthcare access, sexual health, and interpersonal violence. The data will further inform current and future strategies. In addition to the standard report at the state and county level, WY MCH has applied for an intern through the Graduate Student Epidemiology Program (GSEP) for more detailed analysis across demographic stratifiers.

- WY MCH leveraged other federal funds to support a comprehensive sexual violence needs assessment and economic impact report, released in March 2023, that will inform shared risk and protective factors with other MCH priorities.

Health Status and Needs Update

Women's/Maternal Health

Maternal Mortality and Morbidity

The Wyoming MMRC has completed reviews of 2018-2021 pregnancy-associated deaths. From 2018-2021, 16 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. 15 of these deaths were reviewed and seven 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 six of the seven pregnancy-related deaths. All but one of the pregnancy-related deaths were deemed to be preventable.

From 2017-2021, WY's severe maternal morbidity rate was 86.3 per 10,000 delivery hospitalizations. The most common severe maternal morbidity in WY is transfusion, followed by eclampsia.

Maternal Mental Health

In WY, 20.3% of new moms reported prepregnancy depression, 19.4% reported depression during pregnancy, and 14.5% reported postpartum depression (PPD). PPD was highest among women ages 15-24 years, and also significantly higher for women at 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, 2016-2021).

Preconception Health

According to the 2021 Behavioral Risk Factor Surveillance System (BRFSS), 68% of WY women reported having a preventive medical visit in the past year, the first time in over a decade this prevalence was not significantly less than the U.S. prevalence. In 2021, the prevalence of women reporting having a well women visit in the past year continued to be highest for those with a college degree or more (77%), and those with a household income of $75,000 or more (79%). A higher prevalence of women with health insurance (76%) compared to uninsured women (35%) 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 the WY 2021 prevalence (10%) was significantly less than the WY 2020 prevalence (13%), it is still significantly higher than the U.S. 2021 prevalence of 5% (National Vital Statistics System [NVSS]). The prevalence of smoking during pregnancy was significantly higher among WY women with less than a high school education (26%)

compared to those with at least a high school education (18%), those with some college education (8%), and those who graduated from college (1%), and significantly higher among women on Medicaid (23%) compared to those who are uninsured (12%) and those with private insurance (4%) (NVSS). WY still needs to increase the percentage of women giving birth who did not smoke during pregnancy by 5% to reach the HP2030 goal of 96% of women giving birth not reporting smoking during pregnancy.

Family Planning

In 2021, 21.5% 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 (38.9%) compared to women living with incomes 201-300% FPL (16.3%) and 301%+ FPL (12.9%).

In 2021, 54% 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 2015. No differences were seen by race/ethnicity, income, or Medicaid status. While not currently a Title V priority, MCH Epi will continue to monitor contraceptive use (PRAMS).

Perinatal/Infant Health

Births

From 2018-2022, there were a total of 31,348 births of WY residents, an average of 6,297/year. Of those births, 89% occurred within WY, and 11% occurred out-of-state. Among out-of-state births, 73% occurred in seven facilities. Two of those seven facilities accounted for 35% of in-state births.

Infant Mortality

WY's 2018-2022 infant mortality rate (IMR) was 5.7 deaths/1,000 live births; with a majority of deaths (74%) occurring among neonatal infants (WY VSS), compared to the national rate of 5.4 deaths/1,000 live births in 2020. Both met the HP2020 objective of 6.0 deaths/1,000 live births, but not the HP2030 objective of 5.0. From 2018-2022, the WY IMR among white women from urban counties was 7.0 deaths/1,000 live births, compared to 5.9/1,000 for women from rural counties, and 4 1,000 for women from frontier counties (VSS 2018-2022).

Both neonatal and postneonatal mortality rates in WY have been similar to U.S. rates over the past 10 years. From 2018-2022, 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 2021, 11% of WY infants were born preterm, the same as the 2021 U.S. prevalence. Since 2009, WY's preterm prevalence has fluctuated from a high of 11% in 2014 and a low of 9% in 2017. The 2021 prevalence was comparable to the 2009 prevalence . The 2021 prevalence of LBW births in WY was 9%. The WAY prevalence has been significantly higher than the U.S. since 2018. 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 2018 to 2022 was SUID. Over 84% of WY women reported their infants are put to sleep on their backs only (PRAMS, 2016-2021), 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; 36.6% reported their infants were usually placed to sleep with *no* soft bedding. Disparities in sleep environments were seen by race, age, and income.

Breastfeeding

The WY breastfeeding initiation rate (91.2%) exceeds the HP2020 Goal (82%) (PRAMS, 2016-2021). 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). Breastfeeding is currently not a Title V priority, and while WY continues to show good breastfeeding rates, monitoring will continue.

Child Health

Child Mortality

In 2021, the WY child mortality rate (CMR) among children ages 1 [illegible] years [illegible] s 30.4/100,000, significantly higher than the U.S. rate of 17.5/100,000. The WY CMR has not change[illegible] ignificant[illegible] ince 2009. The 2017-2019 CMR is significantly higher for children ages 1-4 (25.3/100,000) than for chil[illegible] ages 5-[illegible]0.3/100,000). Rates for 2020 are not available.

Unintentional Injury

Between 2012 and 2022, unintentional injury (UI) remaine[illegible] he l[illegible]ding [illegible]e of death among WY children ages 1-9 and accounted for 44% of deaths in this age group. [illegible]otor vehi[illegible]e traffi[illegible]njuries (23%) and drowning (21%) were the most common mechanisms of UI fatal injuries (VS[illegible] Childhood [illegible]ty and injury hospitalization are not currently a WY Title V priority, but MCH Epi con[illegible] monitor[illegible]s topic.

Overall Health and Preventive [illegible]are

According to the 2020-2021 NSC[illegible] 91% of WY ch[illegible]ren ages 0-11 were reported to be in excellent or very good health, 49.0% received care in a me[illegible]al home, [illegible]% had adequate and continuous insurance, and 17% received care in a well-functioning system. A sig[illegible]ant[illegible]higher prevalence of children who received care in a medical home were reported to be in excellent or very go[illegible]ealth, compared to children who did not receive care in a medical home.

In 2020, 45% of eligible, Medicaid-enrolled children ages 1-9 who should receive at least one initial or periodic EPSDT screening received at least one screening, a drop from 65% the previous year. This was the first decrease in the percent of eligible children receiving at least one EPSDT screening since 2015. In both WY and the U.S., decreases were seen for almost all ages in 2020 (WY Centers for Medicare & Medicaid Services [CMS] 416 Report).

Obesity and Physical Activity

In 2020-2021, 12% of WY children ages 10-13 were obese, significantly less than 17% in the U.S. (NSCH). In 2020-2021, 40% of WY children ages 6-11 were active for 60 minutes every day, 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) increased from 43.1/100,000 in 2020 to 62.6/100,000 in 2021, significantly higher than the U.S. rate of 39.5/100,000. From 2012-2022, the leading cause of death among 10-19 year olds in WY was UI (42% of deaths) and suicide (34% of deaths) (VSS).

The 2019-2021 AMR was significantly higher among ages 15-19 (82.3/100,000) compared to ages 10-14 (25.2/100,000), males (74.7/100,000) compared to females (29.5/100,000). Due to small numbers in 2019-2021, disparities by race/ethnicity are not able to be observed.

Motor Vehicle Mortality

The 2019-2021 adolescent (ages 15-19) motor vehicle mortality rate in WY was 22.4/100,000, similar to the rate reported for 2018-2020 (21.9/100,000), and still significantly higher than the U.S. 2019-2021 rate of 12.0/100,00 (NVSS, 2019-2021). While the U.S. male rate for 2017-2021 of 15.4/100,000 was again significantly higher than the U.S. female rate of 8.1/100,000, there was still no significant difference between WY male rate (25.0/100,000) and the female rate (17.0/100,000) for 2017-2021.

The YAYAHP continues to focus on injury hospitalization among 10-[illegible]ear olds as an NPM for decreasing motor vehicle mortality. The WY injury hospitalization rate for 10-19 years old in 2020 (23[illegible],000 10-19 year olds) was no longer significantly higher than the 2020 U.S. rate (210.0/100,000), which was the case in 2019. The YAYAHP is working on expanding *Teens in the Driver's Seat* to more schools to tackle motor vehicle mortality and injury hospitalizations by focusing on seat belt use among adolescents. In 2022, initial data was collected on seatbelt use from a new question in WY Prevention Needs Assessment (PNA), added via a partnership with MCH Epi and the YAYAHP. Initial data show that just over half (52%) of middle and high schoolers in Wyoming reported to "always" wear their seatbelt when riding in a car.

Suicide, Self-Harm, and Risk and Protective Factors

The 2019-2021 WY adolescent suicide rate was 3[illegible]/100,000, continuing to be significantly higher than the U.S. rate of 10.6 in 2019-2021. Suicides made up 34% of all deaths among adolescents ages 10-19 in WY from 2012 to 2022 (VSS). The 2017-2021 suicide rate for adolescent males was 45.8/100,000, conintuning to be significantly higher than the adolescent female rate of [illegible]00,000 (NVSS).

Children with Special Health Care Needs

Approximately 20% of WY children ages 0-17 years (26,199) have a special health care need. In 2020/2021, 52% of WY CYHSCN had insurance that was considered adequate for a child's health needs, again, significantly less than the U.S. percentage of 64% of CYHSCN. In WY, 18% of CYSHCN reported receiving care in a well-functioning system compared to 14% of CYSHCN in the U.S. (NSCH).

In 2020/2021, 48% of WY CYSHCN reported having a medical home, similar to the 49% of non-Children with Special Health Care Needs (CSHCN) children in WY, and 42% of CYSHCN in the U.S. WY's CYSHCN Program is currently taking a closer look at data from the NSCH to assist in planning the next steps for the program. As part of this effort, WY is currently participating in a three- year oversample for the NSCH to ensure enough data is available to be able to help drive decisions for future programmatic efforts.

Emerging Needs Update

Childhood Lead Poisoning Prevention

Blood lead test results are a reportable condition in WY. In 2022, only 5% 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. The WDH PHD historically lacked capacity and funding for a lead surveillance and prevention program; however, WDH PHD was awarded the CDC Childhood Lead grant in August 2021. MCH is an implementation partner on this grant.

COVID-19

In 2023, MCH Epi is planning to conclude the initial linkage of COVID-19 cases in women of reproductive age to birth/fetal death records from 2020-2022 to describe the pregnant population who also had COVID-19 and monitor the outcomes of both the infant and mother. MCH Epi continues to monitor 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.

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. Both supplements are no longer being collected starting with 2023 births, and MCH Epi should have the final datasets for the late 2024 to conduct analyses.

Oral Health

The WDH PHD Oral Health Program was eliminated in 2020 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 led by the Wyoming Primary Care Association (WYPCA). WY MCH will consider how to incorporate oral health as part of the next five-year needs assessment health, determine our capacity to address needs, and assess if including it as a priority is feasible.

An important policy decision related to oral health was made during the 2023 legislative session. The approved supplemental budget included a Medicaid dental reimbursements rate increase. This increase is expected to improve access to dental care for Medicaid patients. Over half of Medicaid patients are children.

Child and Adolescent Health Insurance

In 2020/2021, the prevalence of children ages 0-17 who were adequately insured in the past year in WY (56%) continued to be significantly less than the U.S. prevalence (68%). According to the 2021 American Community Survey, about 1 in 10 (10%) 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 (26%), followed by Hispanic children (23%) (ACS). In 2020/2021, only 55% of uninsured children (ages 1-17) in WY were reported as having a preventive dental visit in the past year compared to 84% of insured children, and only 21% of uninsured children received care within a medical home compared to 50% of insured children (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 early 2022, the WY MCH team underwent leadership changes.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. However, the remainder of the year, the WY MCH team experienced relatively few changes in capacity or staff turnover. In March 2023, the Title V Coordinator resigned, leaving a vacancy. The position was refilled by the end of April 2023.

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. PHN offices also experience staffing challenges, especially in the most rural/frontier counties. 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 Maternal and Child Health Bureau (MCHB) investments, such as the Family to Family Health Information Center (F2FHIC) (housed in the [illegible]). In 2022, WY MCH also participated 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, WYPP, Public Health Preparedness and Response (PHPR), State office of Rural Health (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, 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

In 2022, WY MCH executed new two-year contracts with all 23 counties using 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 and 2023 to hear implementation updates, offer guidance and feedback, and assure accountability to the plan. The committee is expected to meet annually 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 Quality Improvement (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. This contract has since been renewed to continue consultation and Title V support.

In partnership with Lolina, WY MCH has engaged in performance management activities. Formerly, we conducted 60/60s to discuss implementation by domain every 60 days. However, in 2022, WY MCH moved toward quarterly QI workshops to begin in spring 2023. This process is designed to support individual and team accountability for implementation of strategies and improve capabilities to operationalize our values.

WY MCH will revisit and revise its SAP, NPMs/ESMs/State Performance Measures (SPMs) before FFY24, and will receive TA from the MCH Evidence Center and Lolina, Inc. throughout summer 2023. 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. With the exception of the MCH-Chronic Disease Epidemiology Unit Manager (.25 Full-time Employee [FTE]), all staff are full-time (1 FTE).

Staff Member	Title/Role	Title V Domain	Tenure with WY MCH/ MCH Epi (Tenure with State of WY)
Feliciana Turner, BS	MCH Unit Manager, Title V Director	All	1 (17)
Carleigh Soule, MS	CYSHCN Program Manager, Title V CSHCN Director	Child; CYSHCN; Cross- Cutting	17 (17)
Megan Selheim, BS,	Youth and Young Adult	Adolescent;	3 (3)

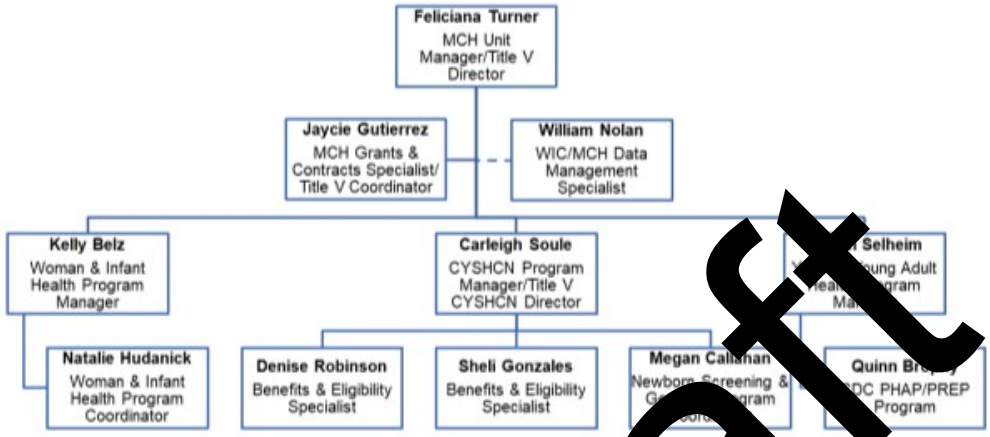
MFA	Health Program Manager	Cross- Cutting	
Kelly Belz, MPH	Women and Infant Health Program Manager	Women/ Maternal; Perinatal/ Infant; Cross- Cutting	1.5 (1.5)
Jaycie Gutierrez, AS	Grants and Contracts Specialist, Title V Block Grant Coordinator	All	<1 (<1)
Meg Callahan, BS	Newborn Screening and Genetics Coordinator	Perinatal/ Infant; CYSHCN; Cross-Cutting	N/A
Natalie Hudanick, MPH	Women and Infant Health Program Coordinator	Women/ Maternal; Perinatal/ Infant; Child; Cross-Cutting	2 (2)
Denise Robinson	Benefits and Eligibility Specialist	CYSHCN; Cro Cutting	3 (16)
Sheli Gonzales	Benefits and Eligibility Specialist	CYS CN; Cr Cutti	17 (21)
William Nolan, BS	WIC/MCH Data Manage ist	All	<1 (<1)
Quinn Brophy, BA	CDC AP Associate	Adol ent	<1 (<1)
Joseph Grandpre, PhD	Chronic ase/MCH Epi Unit Ma er	All	10 (21)
Moira Lewis, MPH	MCH Epidemiology Program Manager	All	4 (4)
Neva Ruso, MPH	PRAMS Coordinator/MCH Epidemiologist	All	3 (3)
Michelle Azar, MPH	CSTE Applied Epidemiology Fellow	Women/ Maternal; Perinatal/ Infant;	1 (1)

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

- Unable to successfully recruit a Pediatric Mental Health Care Access (PMHCA) grant coordinator; seeking coordination services through a request for applications

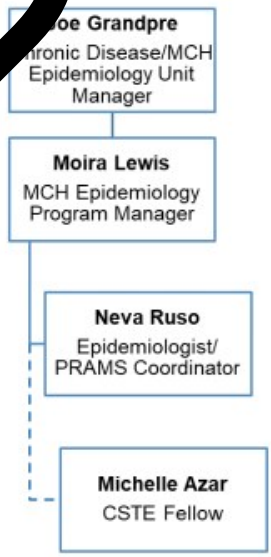
- Matched with a Council of State and Territorial Epidemiologists (CSTE) fellow in May 2022
- Filled the newborn screening and genetics program coordinator in July 2022
- Hired an at-will employee contract (AWEC) data specialist, in partnership with WIC, in July 2022
- The CDC-assigned senior MCH epidemiologist vacated the position in August 2022
- Onboarded a CDC PHAP in October 2022
- The Title V coordinator/grants and contract specialist vacated the position in March 2023, and was refilled by the end of April 2023

See below for an updated WY MCH organizational chart as of April 2023.



WY MCH Organizational Chart as of April 2023

WY MCH benefits from a strong MCH Epi team, housed within the Public Health Sciences Section of the WDH PHD. Program staff include a Program Manager, MCH Epi/PRAMS Coordinator, CSTE Fellow, and Chronic Disease/MCH Epi Unit Manager (0.25 FTE supporting for MCH Epi). WY MCH and MCH Epi plan to apply for another CDC-assigned epi advisor. See below for an updated WY MCH Epi organizational chart as of April 2023.



WY MCH Epi Organizational Chart as of April 2023

Finally, WY MCH continues to partner 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.

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

2023 Application/2021 Annual Report – Needs Assessment Update

2022 Application/2020 Annual Report – Needs Assessment Update

2021 Application/2019 Annual Report – Needs Assessment Summary

III.D. Financial Narrative

	2020		2021	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$1,100,000	$1,078,080	$1,078,080	$1,079,852
State Funds	$1,825,591	$1,825,591	$1,850,000	$1,827,776
Local Funds	$0	$0	$0	$0
Other Funds	$550,000	$550,000	$0	$0
Program Funds	$0	$0	$525,591	$547,815
SubTotal	$3,475,591	$3,453,671	$3,453,671	$3,455,443
Other Federal Funds	$1,877,176	$1,[illegible]	$1,957,109	$1,773,274
Total	$5,352,767	$[illegible]	$5,410,780	$5,228,717

	2022		2023	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$1,078,080		$1,079,852	
State Funds	$1,[illegible]		$1,850,000	
Local Funds	$[illegible]		$0	
Other Funds	$0		$0	
Program Funds	$52[illegible]		$525,591	
SubTotal	$[illegible]		$3,455,443	
Other Federal Funds	$653,000		$1,971,003	
Total	$4,106,671		$5,426,446	

	2024	
	Budgeted	Expended
Federal Allocation	$1,018,201	
State Funds	$0	
Local Funds	$0	
Other Funds	$0	
Program Funds	$0	
SubTotal	$1,018,201	
Other Federal Funds	$0	
Total	$1,018,201	

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. Three positions, the MCH Grants & Contracts Specialist/Title V Block Grant Coordinator, MCH Unit Manager, two epidemiologists, and two state-level home visiting public health nurse staff 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 FFY23 budget includes $1,827,776 in State General Funds and $547,815 in program income from NBS. WY MCH remains able to meet the required MOE of $2,375,591.

WY MCH's proposed budget for FFY24, as reflected in Form 2, includes the following budget items, with brief descriptions about how those funding allocations are directed toward Title V priorities.

- **Prevention and Primary Care for Children: $331,023 (32.5%)** - directly supports staffing, infrastructure, and programs and strategies to address child health and adolescent health priorities, such as child physical activity, adolescent suicide prevention, and adolescent motor vehicle safety.
- **Children with Special Health Care Needs: $443,482 (43.6%)** - directly supports staffing, infrastructure, and programs and strategies to support systems of care for CYSHCN, such as the Children's Special Health Program, genetics clinics, and supporting and improving access to telehealth.
- **Other/Family: $171,091 (16.8%)** - directly supports staffing, infrastructure, and programs and strategies to address woman/maternal and perinatal/infant health priorities, such increasing safe sleep practices, decreasing tobacco use in pregnant and postpartum populations, and increasing well woman visits.
- **Administrative Costs: $72,605 (7.1%)** - directly supports cross-cutting needs, such as community and family engagement partnerships, language access services, and professional consultation, implementation support, and leadership and team development.
- **State MCH Funds: $1,827,776** - directly supports staffing, infrastructure, and programs and strategies such as PHN home-visiting and CSH client support and care coordination.
- **Program Income (NBS): $547,815** - directly supports the administration of the Newborn Screening Program.
- **Total State MOE: $2,375,591** - reflected in the State MCH Funds and Program Income (NBS) items above.

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 Program Organizational Chart

The Wyoming Title V Program receives approximately $1.2 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.

Starting in year three and moving into year four, WY MCH has approached engagement differently. WY MCH has instead plugged 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. Through the remainder of the 2021-2025 cycle, engagement is expected to continue in this manner, only convening groups related to priorities 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. Utilizing a range of frameworks also aids our ability to adapt to ongoing or emerging MCH issues in our state that are grounded in public health practice.

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, allow WY MCH to determine its most appropriate role in priority-related work, whether that be leader, convener, or collaborator. It also allows us to assess resource allocation and where our Title V funds can be most effectively leveraged to support priority-related strategies and activities.

In addition to our core values, we have undertaken work to better define our overarching WY MCH strategy across domains and funding sources. This allowed us to also reflect on the core functions or role of governmental public health and how those align with our values and other public health frameworks, so we can further operationalize them. WY MCH has identified the core functions listed below as instrumental to our strategic aims. WY MCH recognizes that there is room for improvement in how we carry out these functions and is working to integrate that into our performance framework.

- Establish and maintain a diverse and skilled workforce
- Embed equity, justice, and accessibility
- Assure partner, family, and community engagement
- Establish and maintain capacity to use data use and evaluation
- Deliver health communication and information
- Assure evidence-based/informed program and policy development
- Assure funding and resource allocation

WY MCH is committed to providing a foundation for family and community health across the state through how we partner, engage, and allocate our resources for maximum impact given our available resources and staffing. Partnerships external to WDH are continuously being developed and maintained. Many partnerships are directly tied into activities related to 2021-2025 priorities, but also provide a foundation for future needs assessment, prioritization, and collaboration. Further, WY MCH will continue to actively strengthen MCH workforce capacity to operationalize MCH core values.

Finally, as it relates to future Title V needs assessments, WY MCH will begin planning the framework and approach for quantitative and qualitative data collection and analysis, as well as capacity assessment. Per WY MCH 2022 Title V Review recommendations, we will seek to incorporate social determinants of health into the assessment and

prioritization process to continue seeking root cause solutions to issues affecting the MCH populations.

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 CSTE Applied Epidemiology Fellow. While staff turnover isn't uncommon, it has slowed. Currently 40% of staff have been with WY MCH or MCH Epi for two years or less, down from 53% reported in last year's submission. WY PHD tracks vacancy and turnover data for its 290 positions (including temporary COVID-19 staff). As of April 24, 2023, the vacancy percentage for PHD was 19.3% (56 vacant positions) and is virtually unchanged from last year at the same time. The turnover rate (number of separations in the past year divided by the number of positions), however, has declined from 15.2% reported in the last submission to 9.7% this year, representing 28 separations in the past year (down from 44). This speaks to an overall improvement in retention over the last year.

Also of note, in the 2023 budget session, the Wyoming Legislature authorized a second compensation increase for state employees, effective July 2023. Eligible employees will receive a base pay increase or a one-time bonus. The 2023 and 2022 compensation increases are intended to bring state employee wages into greater alignment with market values, which should aid retention.

WY MCH experienced some changes in staffing during the FFY22 year, to include both the Title V and CYSHCN directors. However, it has been relatively stable since then, with only one recent staff turnover.

When WY MCH has vacancies, the reach of the job posting is broadened to ensure qualified candidates are found. Job postings are distributed through division listservs, partner organizations, shared on the WY MCH Facebook page, and in the WY MCH quarterly newsletter which reaches over applicable. WY MCH has also purchased job posting support through the Association of Maternal and Child Health Programs (AMCHP) job board. Further, the WY PHD has also established a direct feed with PublicHealthCareers.org for all public health vacancies.

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 works to align with division-level workforce development, and recruitment and retention efforts. The unit strives to have a culture that 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. In FFY22 and beyond, WY MCH is committed to and/or promotes:

- "No-meeting" Fridays for the unit to reduce meeting fatigue and provide more time and space for accomplishing desired outcomes and engaging in professional development;
- A shared commitment to, and expectations for, "unplugging"
- Staff wellness, by 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, participate in wellness activities, etc); and
- Staff participation in a division-wide resilience journey, facilitated by the Resilience Institute.

Assessments and Needs

MCH Staff Expertise and Identified Needs
Following leadership transition in FFY22, the WY MCH team convened on December 1, 2022, for a team retreat, facilitated by public health consultant, Lolina Inc. During the retreat, staff developed a greater understanding of their individual and collective strengths, and worked together to define their needs. When asked what the team needs to be successful and effective in our work, the following were identified:
- Continuous quality improvement and data capacity
- Public health communication infrastructure and skills
- Community engagement and relationship building
- Authentic and culturally responsive tribal engagement and relationship building
- Health equity skills and opportunities
- Collaboration among our team and with other public health programs and partners

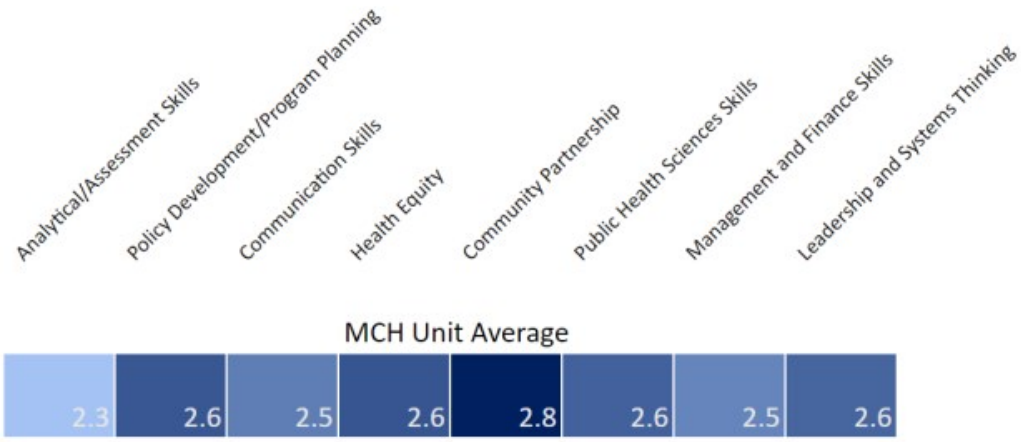
When reviewing these needs across the core public health functions identified in our Strategy Map, there is clear alignment with between staff needs and the following core functions:
- Equity, Justice, and Accessibility
- Partner, Family, and Community Engagement
- Data Capacity, Use, and Evaluation
- Health Communication and Education

To prepare for the retreat, WY MCH also requested a composite of MCH Navigator scores across any existing staff who had taken the assessment. Those results indicated a greater gap between knowledge and skill for the following MCH leadership competencies, in order of largest gap to smallest:

- Cultural competency
- Critical thinking
- Policy
- Family-professional partnerships

These findings further underscore some of our identified areas of staff development or have significant cross over (e.g., equity, justice and accessibility, and cultural competency).

Public Health Core Competencies
WY PHD last completed a public health core competency assessment across all staff in early 2023. This assessment reflected the updated version of the core competencies revised and adopted by the Council on Linkages Between Academia and Public Health Practice in 2021. Participating staff each received an individual report, which can be used to inform goal-setting and professional development needs. Additionally, WY MCH received aggregate results across all participating staff.



MCH Unit Aggregate Core Competency Results

Aggregate responses illustrate a collective strength in community partnerships. This is an area WY MCH can leverage and expand competency. Areas for continued growth and improvement are analytic/assessment, communication, and management and finance skills.

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. The national findings indicate that nearly one in three public health employees were considering leaving their organization in the next year, with work overload/burnout and stress being the second and fourth reason for leaving, respectively.

While the PHWINS administrators have since released the Workforce Groups reports, which included MCH-specific needs, due to data quality issues the data for MCH originally indicated that nationally:

- 22% of the MCH public health workforce was considering leaving, with work overload/burnout and stress being top reasons for considering leaving
- Key training needs for MCH supervisors included budget and financial management, systems/strategic thinking, change management, community engagement, cross-sectoral partnerships
- Key training needs for MCH non-supervisors: the same as above but with change management and systems/strategic thinking in reverse order
- Only about half of the MCH workforce agreed that leadership staff and employees communicate well and only 46% agreed that creativity and innovation are rewarded
- 18% of the MCH workforce rated their mental health as either poor or fair

Looking instead at Regions 7 and 8 combined, across all workforce groups, we see that that:

- 28% of the public health workforce was considering leaving in one year, with pay, work overload/burnout, and stress being top reasons
- Key training needs for public health supervisors included budget and financial management, systems/strategic thinking, justice, equity, diversity and inclusion, community engagement, change management, and policy engagement.
- Key training needs for non-supervisors: budget and financial management, change management, systems/strategic thinking, community engagement, and policy engagement
- About half of the workforce agreed that leadership staff and employees communicate well and that creativity and innovation are rewarded
- 26% of the workforce rated their mental health as either poor or fair

Meeting WY MCH Needs

In addition to fostering a culture that values and supports the staff, 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 support ongoing staff assessment of professional development needs and require all new staff to complete the MCH Navigator self-assessment within six months of hire.

In FFY22, WY MCH developed a new employee orientation to also support onboarding and introduction to core competencies and WY MCH programs and values. WY MCH leadership may request technical assistance from the MCH Workforce Development Center to further develop new employee orientation and evaluate increased knowledge and/or skills related to key MCH competencies and WY MCH core values.

WY MCH staff are also encouraged to participate in training programs and professional development opportunities such as the AMCHP's Leadership Lab or CityMatCH Leadership a[illegible] M[illegible] Epidemiology Conference.

WY MCH continues to support employee development through the [illegible] StrengthsFinder 2.0, an online assessment to assist individuals in identifying, understanding, and maximizing th[illegible]ique com[illegible]n 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 [illegible] effective functioning of a leadership group. All WY MCH staff complete the StrengthsFinder assessment [illegible]on hir[illegible] participate in an Introduction to Strengths session to learn about the assessment tool and receive th[illegible] res[illegible]s fro[illegible]rained 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 priorit[illegible] WY MCH [illegible]y contracts with Lolina, Inc. to offer this important workforce development op[illegible]o all st[illegible] In the current and coming year of the grant cycle, WY MCH will consider how to adapt orient[illegible]n and onb[illegible]ling su[illegible]rt for external partners, family leaders, and subrecipients.

During the 2023-2024 state perfo[illegible]ce manage[illegible]ent initiative (PMI) goal-setting period, WY MCH staff will determine how the broad findings ac[illegible] asses[illegible]ents, needs, and broader division expectations can be integrated into goals.

Finally, the WY MCH is developing a broader workforce development plan that will help us connect priorities to training and development, as well as further our commitment to team development. The plan also seeks to align with public health and MCH leadership competencies and MCHB's strategic plan workforce recommendations.

Training Needs of MCH's PHN Partners

Formerly suspended quarterly performance reports were reinstated in FFY22. The quarterly performance report asks about technical assistance and training needs related to MCH services. 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. Additionally, WY MCH staff will seek training opportunities that align with emerging needs, such as substance use training and support for home visitation and Plans of Safe Care implementation.

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.

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. WY MCH's 2023 internship application focused on researching evidence-based strategies to reduce tobacco use and promote cessation during pregnancy and postpartum, particularly in rural and frontier communities. The WY MCH application was selected and matched for FFY23 completion.
- In FFY22, WY MCH applied for and was matched with another CDC PHAP associate. The associate is assigned to the YAYAHP to address sexual health and connectedness priorities. The associate began their time with WY MCH in FFY23 and will continue through FFY24.

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.

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.

Family Engagement Workgroup

In recent years, WY MCH formed a workgroup that includes WY M[illegible]Uplift (W[illegible]ming Family Voices), the Wyoming Institute for Disabilities (WIND), Wyoming F2FHIC, the W[illegible]g Paren[illegible]formation Center, and a representative from the Wyoming Department of Education. In FFY22, th[illegible]orkgroup re-established regular quarterly meetings to share updates on parent/family engage[illegible]ctivities and identify collaboration opportunities. The workgroup decided their meeting purpose is to create space [illegible]learning, sharing, coordination, and future shared projects or collective family engagement opportun[illegible]s.

Preschool Development Grant

Wyoming is a Preschool Develo[illegible]ent Birth thr[illegible]h Five [illegible]nt (PDG) recipient, and received a renewal grant in 2021 to continue for another [illegible]e years. This gra[illegible]s collaboratively led by the Governor's Office, the Department of Family Services, the Align Team[illegible]e Early Childho[illegible] State Advisory Council, state agencies, the University of Wyoming, and the nonprofit and ph[illegible]thropy sect[illegible]s. One strategic aim of the grant is Family Empowerment, Knowledge, and Choice. Under this st[illegible]gic a[illegible], the grant seeks to provide families with information about the importance of early childhood developme[illegible]d 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 online 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. At minimum, WY MCH has established more regular communication and two-way information sharing. For example, WY MCH promotes PDG efforts in our quarterly newsletter, such as the Early Childhood Behavioral Consultants program, the Early Childhood Resiliency Project, and the Bright by Text Program. WY MCH has recently participated in the Bright by Text effort as a partner organization as well. Bright by Text sends curated content to participating families, based on household member ages and includes hyper-local community updates. WY MCH partnered with Medicaid to develop messages that could be distributed through this channel to raise awareness of Medicaid unwind efforts in English and Spanish. PDG funds have been utilized to develop and distribute resources for families including a Milestone Tracker, a Developmental Domains Guide, and a Transitions Guide. Partnership opportunities continue to deepen with PDG resource distribution, both with WY MCH as well as other community partners, such as local WIC offices

and birthing hospitals.

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 2020-2023 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 was 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 the former Title V Block Grant Coordinator, led to a significant increase in public input responses. The responses are outlined by year below:

- 2019: 2
- 2020: 107
- 2021: 101
- 2022: 76
- 2023: 38

In FFY22, Uplift also partnered with WY MCH to apply for the Family Engagement Systems Assessment Tool (FESAT) Community of Practice for Title V programs. We were selected to participate starting in FFY23. Uplift's Executive Director is a part of the Wyoming team participating, and is also serving as a coach to a Colorado-based team. Wyoming has also been matched with a family engagement coach to support our use of the FESAT and provide support on defined next steps.

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 of WY MCH genetics clinics, Bright Futures guidelines, and Wyoming F2FHIC programs and services. WY MCH further partnered with the WIND to launch an ECHO learning community focused on best practices using and disseminating the AAP Bright Futures Guidelines. The ECHO network launched fall 2022, with eight total ECHO learning sessions planned through May 2023. Wyoming F2FHIC will be engaged by WY MCH as CYSHCN assessment and planning progresses. 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. F2FHIC also 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 Trust Fund

In FFY22, the Children's Trust Fund (CTF) began convening partners for a family resource center initiative. CTF brought national technical assistance to the partnership for education and learning, before developing a plan. CTF invited WY MCH to participate in this effort. CTF has since secured funding to support the infrastructure and development of family resource centers in the state. The unit manager will serve on the planning and implementation team, and will be advocating for family engagement in the process.

Additionally, WY MCH partnered with CTF in FFY22 to support statewide training and technical assistance and

consultation related to adverse childhood experiences. Formalized through an Interagency Agreement, WY MCH worked with the CPU and the Office of Training, Performance and Health Equity (OTPHE) to pool resources in support of the project. Through this agreement, CTF is responsible for coordinating and assuring master trainer opportunities in the state, with designated training slots for the public health workforce, to include the YAYAHP Manager. Additionally, we worked with the Youth and Young Adult Council to recruit their members to participate in master trainer training. Two council members were selected in the first master trainer cohort. CTF will further work with ACE interface to engage this training and other technical assistance and consultation to further data use, establish prevention networks, and develop and sustain partnerships to address ACEs.

DFS Community Family Support Forums

DFS hosts Community Family Support Forums on a monthly basis. The purpose of the forums is to create a space that calls for action and gives communities, organizations, and the state a place to share ideas and resources with the ultimate goal of building community capacity to keep children, youth, families, and vulnerable adults safe at home whenever possible. WY MCH staff attend the monthly meetings as often as they are able. This provides opportunities for WY MCH to connect with other family-serving state and community organizations. It also provides opportunities to participate in, promote, or coordinate needs assessment and implementation efforts. For example, DFS is undergoing a child and family services review and assessment that members get to learn about and provide input for. In the upcoming Title V needs assessment, we anticipate opportunities to similarly connect and coordinate efforts to inform our assessment.

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 FFY23/24 as the new CYSHCN director onboards and begins assessing next steps with internal and external partners. Additionally, the CYSHCN and Title V directors, along with other WY MCH staff may further assess whether a CYSHCN-specific advisory group is right for us, or if a broader MCH advisory group would better meet all program and domain needs. As direction is decided, we anticipate working to involve people with lived experience who can further inform and aid programmatic decisions and 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 YAYAHP, 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. The Council has expressed interest in involvement in systems-level work addressing issues that are beyond both the scope of Title V and the Wyoming Department of Health, including both the juvenile justice and youth foster care systems. Additionally, the YAYAH program has not been able to provide a robust level of support to council activities due to program capacity limitations. For these reasons, WY MCH is pursuing a contract to transition the Council from a fully Title V funded entity to an independent organization that can receive Title V funds through a subrecipient relationship, and can also receive other funding to allow them to work on other issues beyond Title V priorities. In Year 4, WY MCH will execute this contract and work with the contractor to both continue support for Council activities while also developing and implementing a transition plan for the Council.

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 three staff, which consists in total of 2.25 FTEs dedicated to the management and analysis of MCH data. The three positions are composed of one full-time MCH Epidemiology Program Manager (1 FTE), one full-time PRAMS Coordinator/MCH Epidemiologist (1 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, M[illegible]a Lewis, has a Masters in Public Health, Epidemiology. Ms. Lewis has held the MCH Epidemiology P[illegible]am Manager role for three years, and also holds three years of additional experience in clinic data manage[illegible]nt, as well as pharmaceutical research and management. Additionally, Ms. Lewis has over two years of tra[illegible]g 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, PRAM[illegible] and State General Funds.
- *Roles/Responsibilities:*
    - Manages the MCH Epidemiology P[illegible]am, inclu[illegible]g 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 epidemiologists.
    - Oversees the co[illegible]tion and analysis of data from 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 Gra[illegible]PhD, MPH, has over twenty years' experience in public health and epidemiology. Dr. Grandpre manages the Wyoming BRFSS program and the Wyoming Violent Death Reporting System.
- *Funding:* This position is funded with State General F[illegible]
- *Roles/Responsibilities:*
    - Supervises the MCH Epidemiology Program Manager, o[illegible]eing the activities of the MCH Epidemiology Unit and hiring and sup[illegible]vising MCH Epi staff.
    - Serves as the PRAMS PI, overseeing administrative aspects of PRAMS and monitoring PRAMS surveillance activities.

Current Workforce Capacity

The MCH Epi program was matched with a CSTE Fellow assigned to Wyoming, who started in July 2022 and is currently about half way through a two year fellowship. The program also lost a CDC assignee in August 2022, who took another position elsewhere. The CDC assignee had many responsibilities with the MMRC, conducted jointly with Utah, as this position was the Wyoming Analysis for the MMRC. The MCH Epi Program Manager took over the role of Wyoming MMRC analyst, and with the assistance of the CSTE Fellow, Wyoming has continued to be able to successfully participate in the joint MMRC.

With the loss of the CDC Assignee and the continued absence of the MCH Epi AWEC position, a position which was removed a few years ago and which supported programs run through WY MCH's YAYAHP, the MCH Epidemiology Program Manager continues to work with the YAYAHP Manager support the program with its immediate data and epidemiological needs. THe MCH Epi Program Manager sat in on interviews for appointment of a joint data manager position between the WIC and YAYAHP, and assists with advising this position when data questions arise as they pertain to the YAYAHP. The YAYAHP Program Manager has also contracted out the evaluation of the RPE, a previous responsibility of the MCH Epi ASEW position, and again the MCH Epi Program Manager is kept informed of RPE activities, specifically related to evaluation and sits in on meetings and answer question and offer advice when needed. Besides assisting with the MMRC, the CSTE Fellow has been working on

additional analysis for the Wyoming MCH population, which should also assist when it comes time to conduct the Title V Needs Assessment for 2026-2030. 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 four main ways: 1) supporting the needs assessment and block grant reporting and ensuring programming is data-driven by strengthening capacity to collect, analyze, and use reliable data, 2) linked data sets, 3) enhancing the development, integration, and tracking of health equity and social determinants of health (SDoH) metrics to inform Title V programming and 4) developing systems and enhance data capacity for timely MCH data collection, analysis, reporting, and visualization to inform rapid state program and policy action related to emergencies and emerging issues/threats.

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 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 has recently participated in initial discussion around the planning of the 2026-2030 Needs Assessment as well. 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, including the recent development of an additional, more specific Maternal Death report in order to ensure WY is identifying as many maternal deaths as possible
- 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 and facility visits 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. Working with a contractor, Plante & Moran PLLC, MCH Epi developed an initial dashboard to monitor Title V NOMs, and gain valuable Tableau knowledge and skills through this process. Subsequently, MCH Epi then utilized Tableau software to improve upon this initial dashboard to develop the current Title V NOMs and NPM dashboard. This dashboard assists both 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.

The contract with Plante & Moran PLLC also resulted in the development of the WY PRAMS dashboard, tracking most WY PRAMS indicators, and which allows for easier access to state PRAMS data for internal staff, stakeholders, and other health professionals. As well as the development of an MCH Vital VSS data dashboard, which assists MCH Epi, WY MCH, and VSS staff, as well as outside stakeholders, in monitoring the status of the MCH populations in Wyoming.

MCH Epi developed additional dashboards, such as the EPSDT dashboard which tracks EPSDT rates in Wyoming among different age groups. EPSDT data is used by both the CSHCN program and the YAYAHP to monitor Title V priorities. Most recently, MCH Epi has developed an internal dashboard, used by both Epi and CSHCN program to visualize key CSHCN indicators in Wyoming from the NSCH survey. This dashboard allows MCH Epi and CSHCN to prioritize the CSHCN population needs to inform planning and strategic direction of the program.

MCH Epi plans to continue to use Tableau to make improvements to the VSS trends dashboard, with the help of the CSTE Fellow, to include additional indicators from the birth certificate, as well as breakdowns by certain demographic factors. The goal of these changes is improved 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. PRAMS data will play a large role in the next Five-Year Needs Assessment as well.

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 WAYAC, 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 MCH Epidemiology Program Manager 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 Wyoming Medicaid data reports, and use these to conduct a more thorough case identification process for the MMRC via linkages with Medicaid data and VSS data.

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

Wyoming maintains an Emergency Operations Plan (EOP). This plan was last reviewed and updated in January 2023. The WY MCH role in:

- Providing technical assistance and guidance on response actions, services, and shelters that may be required for women, children, and families
- Coordinate with other divisions that provide services to at-risk populations

WY MCH and/or MCH Epi may be further called upon to provide support functions during a response, as was done during the COVID-19 pandemic.

The plan also includes responsibilities for Medicaid, one of which is to ensure continuation of determination and application processing for families without insurance.

This plan is developed and exercised by the PHPR Unit. In recent years, WY MCH has become more integrated as a partner with PHRP. The WY MCH unit manager is invited to monthly preparedness partner meetings and is a member of the PHPR Access and Functional Needs (AFN) workgroup. PHPR will partner with the Wyoming Office of Homeland Security (WOHS) to develop strategic goals to guide the AFN workgroup in ensuring individuals with AFNs have what they need before, during, and after an emergency situation.

The WY MCH's previous CDC public health associate was instrumental in better integrating WY MCH into preparedness and planning efforts. The associate helped review the EOP to look for MCH considerations and offer recommendations. WY MCH can continue that work to be engaged in planning efforts. In FFY22, the assignee developed a NBS Emergency Procedures Plan (EPP). Now that the EPP is approved, it will fall under the PHPR Unit's cycle for review, training, and exercising in partnership with WY MCH and other necessary partners.

Additionally, in FFY22, WY MCH partnered with WIC, PHPR, and PHN to support coordinated communication efforts related to the nationwide infant formula shortage. WY MCH helped develop communication tools for social media use in English and Spanish. These were made available to MCH nurses statewide. Example images are included below.

In addition to communication support, WY MCH also investigated alternatives that might meet families' needs. For example, WY MCH worked with PHN to explore local milk bank options to direct families to and explored whether we could leverage funds to help offset families' costs for human milk. Unfortunately, the milk banks we reached out to were unable to provide supplies to families outside of their immediate patient pool (e.g., birthing hospital patients) or prioritized for premature infants.

Finally, as WY MCH is also further assessing CYSHCN population [illegible], the data used can be shared with PHPR, to the extent practicable, to further inform emergency planning and response as it relates to that population as well.

While much work remains to ensure that we continue integrating preparedness and response considerations, 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.

Moving forward, WY MCH will continue building and maintaining relationship with PHPR and other community-based organizations. Additionally, the [illegible] CDC public health associate, who has supported and advanced much of this work, transitioned PHPR as the CDC Preparedness Field Assignee at the beginning of FFY23. 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 to contribute to existing plans, training and exercises, and supporting response efforts.

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 how 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, CPU, 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 evidence-based program strategies. WY MCH also seeks to collaborate with BHD on efforts related to mental health, substance use, promotion, and early intervention. WY MCH also has a strong partnership with VSS for data sharing and to inform a range of WY MCH efforts.

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 program. 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 will begin seeking ERASEMM (now referenced as the Prevention Maternal Mortality: Supporting Maternal Mortality Review Committees grant) funding as a direct grantee, and will apply for the Alliance for Innovation on Maternal Health (AIM) capacity grant. If awarded, funding will begin in FFY24.

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 DFS (Child Care Licensing, Temporary Assistance for Needy Families, Preschool Development Grant, Plans of Safe Care, MIECHV); WDE (early head start, state school nurse); WDH BHD (Early Intervention, Behavioral Health Treatment, Early Hearing Detection Intervention Program); the University of Wyoming's Wyoming Institute for Disabilities (WIND), Wyoming F2FHIC, and College of Health Sciences; Wyoming Health Council (Title X grantee); and other statewide organizations and associations, such as 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 Hospital Association, Wyoming Kids First, Wyoming Afterschool Alliance, Wyoming 211, and the Wyoming Community Foundation.

WY MCH representatives also sit on the following statewide councils or groups:

- Wyoming Governor's Council on Developmental Disabilities
- Wyoming Governor's Early Childhood State Advisory Council
- Wyoming Governor's Healthcare Task Force Critical Care Subcommittee
- Wyoming Early Intervention Council
- Wyoming Family Resource Center Implementation Team
- Wyoming AFN Workgroup

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 previously met on a bi-monthly basis due to the high number of ongoing collaborative projects, and to 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 expected to update the IAA in FFY23 to ass[illegible]t reflects[illegible] existing relationship, shared goals and responsibilities, and aligns with current and anticipated needs. WY MCH int[illegible]ded to submit the updated version with this submission. However, Medicaid underwent le[illegible]hip cha[illegible]s in early 2023, causing WY MCH to delay this activity.

In January 2023, a new state Medicaid agent and se[illegible]r admin[illegible]rator was named. Additionally, a new medical director, Dr. Paul Johnson, began on April 1, 202[illegible] The Title V [illegible]rector has conducted an initial meeting with Dr. Johnson to introduce the Title V progra[illegible]d briefly [illegible]ch on collaborative projects. WY MCH looks forward to working with Dr. Johnson going fo[illegible]rd.

Program Outreach and Enr[illegible]ent

WY MCH and partners (e.g. PHN) pro[illegible]te outr[illegible]ch and enrollment in available Medicaid programs, including children's programs (Medicaid Children's [illegible]am, 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 FFY22, CSH served 366 clients, 93% 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).

Additionally, 2019 data indicated that only 79% of Wyoming eligible children were enrolled, the lowest of any state. During COVID-related continuous coverage, Wyoming ranked second among states for child enrollment growth (38%) in Medicaid and Kid Care CHIP from February 2020 through August 2022 (Georgetown Center for Children and Families).

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

Medicaid Unwind

Starting in FFY23 and into FFY24, WY MCH will coordinate with Medicaid and other state partners, such as Enroll Wyoming, to aid communication and outreach related to Medicaid Unwind. WY MCH has contributed to communication efforts in the following ways:

- Supporting translation of communication materials
- Distributing communication tool to a range of state and community partners
- Sharing information about the process through the MCH newsletter
- Coordinating with other partners to consider how we might leverage Title V funds to further public awareness

EPSDT Visits and Bright Futures

WY MCH purchased AAP licenses for all WY providers to access the Bright Futures toolkit. Medicaid's former medical director worked with the WMS and the AAP WY Chapter to further disseminate Bright Futures licenses and toolkit access to providers.

WY MCH continues work with UW's WIND to create an ECHO series to educate providers on Bright Futures. For FFY24, WY MCH plans will use the results of the Bright Futures ECHO series to improve well child visits from provider and parent/patient perspectives. In FFY24, WY MCH will also make additional AAP toolkits available to providers that supplement Bright Futures.

Childhood Lead Screening

In August 2021, in partnership with the State Health Officer (SHO), PHD was awarded the CDC Childhood Lead Poisoning Prevention and Surveillance of Blood Levels in Children grant. The grant funds one FTE program manager and epidemiologist 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. WY MCH worked to emphasize lead screening recommendations in the Bright Futures ECHO series. WY MCH and Medicaid also 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

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

Maternal Mortality Review Committee and WY Perinatal Quality Collaborative Membership

The former Medicaid Medical Director participates in the UT-WY MMRC and the WyPQC. Further opportunities exist for future MMRC and WyPQC recommendations and projects leading to policy change. Related, in the 2023 legislative session, the Wyoming legislature adopted a Medicaid extension for 12-months postpartum. This policy will be enacted through Medicaid and WY MCH will partner and support Medicaid efforts.

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. For 2021-2026, 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 4. Medicaid will be a necessary informant and partner as it relates to current CYSHCN assessment and planning activities as well.

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.

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 worked 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 1-3 to the remaining two years of the cycle and continue requesting MCHB support if needed.

In FFY21, WY MCH worked with its consultant for planning, implementation, and leadership development, Lolina Solutions, LLC (Lolina), to regroup and get back on track following pandemic-related disruptions. Lolina helped WY MCH reassess implementation needs and developed an operating framework to support that.

In FFY22, WY MCH continued working with Lolina to support implementation across domains. Some key activities included:

- **Title V Implementation Workshop**. Lolina designed, planned, and facilitated the workshop. It included team-building, review of the strategic framework, prioritization of work plan strategies and implementation planning.
- **Annual Work Planning.** Lolina consulted with all MCH program managers to carry out annual work planning across domains.
- **Individual Capacity Assessment**. This process was developed with, and facilitated by, WY MCH staff to inform work planning for the 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**. Lolina launched the framework and facilitated group performance management meetings.
- **Implementation Coaching and Support**. During the Title V Director transition, Lolina continued working with program managers to review progress, provide best-practice recommendations, and address barriers.
- **Leadership Coaching.** Continued to offer strengths-based leadership coaching to staff.
- **Quality Improvement Training.** Delivered an introductory training to familiarize the team with the purpose and key concepts related to quality improvement.
- **Leadership Transition**. Lolina worked with the new WY MCH unit manager through a day-long planning workshop. During this time, Lolina provided the new unit manager with history, context, coaching, and consultation on strategy and leadership for the FFY22-23 year.

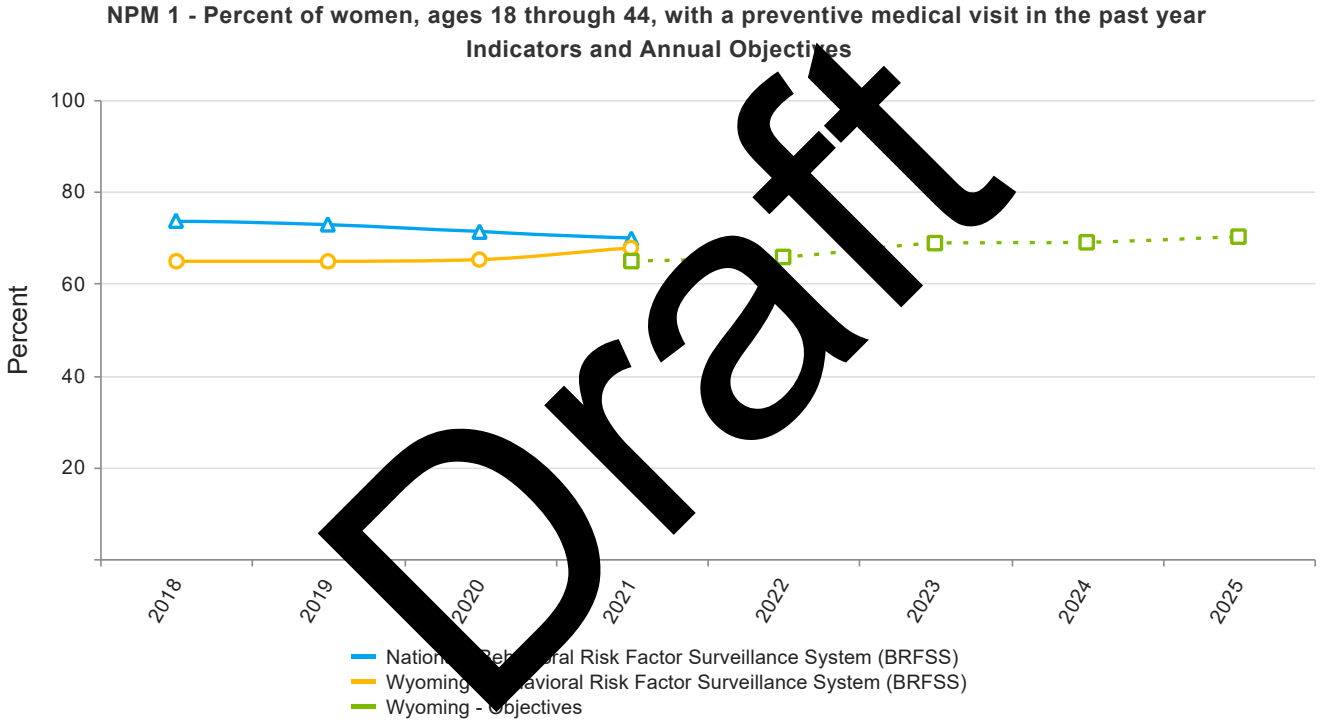
Work with Lolina is ongoing and expected to continue into the next fiscal year. Future support will involve:

- 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



Federally Available Data				
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)				
	2019	**2020**	**2021**	**2022**
Annual Objective			65.7	65.7
Annual Indicator	64.8	64.6	67.6	67.6
Numerator	61,481	61,360	65,289	65,289
Denominator	94,822	94,984	96,594	96,594
Data Source	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2018	2019	2021	2021

Annual Objectives			
	2023	**[illegible]**	**2025**
Annual Objective	68.7	68.9	70.1

Evidence-Based or –Informed Strategy Measures

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

Measure Status:	Inactive - Replaced			
State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			250	275
Annual Indicator			160	166
Numerator				
Denominator				
Data Source			Wildflower Health	Wildflower Health
Data Source Year			2021	2022
Provisional or Final ?			Final	Final

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:	Inactive - Replaced			
State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			20	25
Annual Indicator			5.6	3.6
Numerator			9	6
Denominator			160	166
Data Source			Wildflower Health	Wildflower Health
Data Source Year			2021	2022
Provisional or Final ?			Final	Final

ESM 1.3 - Percentage of women, ages 14-44 who were enrolled to receive MCH funds for a cervical screen through the Wyoming Cancer Program and who received the cervical screen with MCH funds.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives		
	2024	2025
Annual Objective	75.0	100.0

ESM 1.4 - Percentage of women, ages 14-44 who were denied coverage from other programs under the Wyoming Cancer Program for a cervical screen, and who received a cervical screen with MCH funds.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives		
	24	2025
Annual Objective	25.0	50.0

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, 2024 continue to partner with Wyoming Cancer Program (WCP) within the WDH to offer funding for cervical screening visits to patients that do not qualify for Medicaid or National Breast and Cervical Cancer Early Detection Program (NBCCEDP) funding.	
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	Inactive
ESM 1.2 - Percent of women ages 18-44 interacting with developed messaging in regard to the well-woman visit and its importance in the My 307 Wellness App	Inactive
ESM 1.3 - Percentage of women, ages 14-44 who were enrolled to receive MCH funds for a cervical screen through the Wyoming Cancer Program who received the cervical screen with MCH funds.	Active
ESM 1.4 - Percentage of women, ages 14-44 who were denied coverage from other programs under the Wyoming Cancer Program for a cervical screen, and who received a cervical screen with MCH funds.	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 pregnanc

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, 2024 complete maternal mortality review for all maternal cases from 2022.

By September 30, 2024 Improve community partners engagement with previous recommendations.

Strategies

Uphold cross-state UT-WY Joint Maternal Mortality Review Committee.

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

Priority Need

Prevent Maternal Mortality

Objectives

By September 20, 2024 score, interview and contract with at least one applicant from the distributed RFA with a Women's/Maternal NPM.

Strategies

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

Annual Report Fiscal Year 2022:

This section provides a summary of FFY22 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 regards to the well woman visit and its importance in the My 307 Wellness App**

According to the 2021 BRFSS 68% of WY women reported having a preventive medical visit in the past year, which remains lower than the U.S. average (70%). Current strategies address the need to improve preventive medical visits among women in Wyoming.

Strategy 1

Promote the importance of the well-woman visit and postpartum visit and identify and implement evidence-based strategies to address barriers to well-woman and postpartum visits.

In FFY22, the Women and Infant Health Program (WHIP) completed a contract with the Omni Institute 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. Two focus groups of five people each and three interviews were conducted on the topic of well woman visits. Based on the data collected from the focus groups and interviews, most participants were aware of women's annual exams and often used their providers, social media, and family and friends as sources of information for well woman visits. While most participants that they are able to access a well-woman visit relatively easy, barriers related to medical costs and insurance, life balance and the prioritization of other family members, and limited locations of care (i.e., limited options in the city, county, or region, often led participants to seek care out of state) were identified. The information gathered from these focus groups and interviews will help to inform future promotion efforts.

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. Content on the importance of a well woman visit is available as well as a "well woman exam to-do" that users can cross off when their annual visit is completed. From October 2021 to September 2022, 166 women

were registered in the My 307 Wellness App. Of those 166 women, 6 checked off the “to-do” for the well woman exam. The percentage of women who interacted with messaging regarding the well woman visit was 4%.

Strategy 2

Partner with Medicaid to increase access to postpartum visits and postpartum contraception.

In FFY22, the WIHP continued their partnership 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 provided guidance on potential public health activities to reach pregnant people on Medicaid. Participation in the Postpartum Care Affinity Group wrapped in Spring 2022 as Medicaid implemented the two main strategies that would have increased access to postpartum visits and postpartum contraception.

Strategy 3

Implement evidence-based strategies to improve maternal health outcomes, including implementation of cross-state UT-WY Maternal Mortality Review Committee.

In FFY22, the WIHP, as part of the Wyoming Department of Health, continued their partnership with the Utah Department of Health for the ERASEMM grant as a subrecipient. This partnership created a joint, cross-state Utah-Wyoming MMRC, 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 review. Currently, Wyoming has completed all maternal mortality cases for 2018-2021 cases and has released Wyoming's first MMRC report showing data from all 2018-2020 cases.

In FFY22, the WyPQC worked on restructuring the committee, with the establishment of a leadership board who help to plan general member meetings and help to guide projects for the committee. This leadership board met monthly from January 2022 through September 2022, and a general member meeting for the WyPQC was held in April 2022. Monthly newsletters detailing WyPQC updates, announcements, training opportunities, and resources were sent out starting in July 2022. An RFP was released in early spring 2022 for a WyPQC coordinator, and in Summer 2022, Wyoming-based Infield Vector, LLC was chosen to be the WyPQC coordinator. Their work began September 2022. With the MMRC report being released, we hope to pick recommendations to carry into action based on that report.

Annual Report Fiscal Year 2023 Supplement:

This section provides an interim update for FFY23 activities currently in process for the WIHP.

Well Woman Visits and the My 307 Wellness App

Work to increase well woman visits is continuing. In FFY23, the WIHP has collaborated with the Wyoming Cancer Program to fund cervical cancer screenings and lab analysis costs for those who fall into a gap of insurance coverage for the screening. In FFY23, the WIHP subawarded funds to the Wyoming Health Council for culturally and linguistically responsive awareness campaign to increase the awareness of the importance of well woman visits, encourage people aged 18-44 to engage in annual preventive services, and increase awareness of low and no-cost services available through Wyoming Health Council clinics. This campaign will be delivered through digital and traditional avenues, like digital ads, movie theater ads, social media posts, and print materials. This work is set to finish by September 30, 2023.

Previous well woman strategies utilized the My 307 Wellness App. A Wyoming-based health application that

provided health and lifestyle resources and information. Specific to the well woman visit, the app had content around the importance of the well woman visit and a “well-woman exam to-do” that users could cross off when their annual visit was completed. In FFY23, WY MCH, along with other WDH funders, discontinued its contract with Wildflower for the My 307 Wellness app. Based on relatively low enrollment and use metrics, the investment could not be further justified. WIHP will adjust ESMs accordingly for FFY24.

Wyoming Perinatal Quality Collaborative

In FFY23, the WyPQC continued the process of revitalization after previous inactivity due to low capacity from WIHP staff, COVID-19, and a lack of funding. In September 2022, Infield Vector, LLC began their work as the WyPQC Coordinator. Outreach to quality improvement directors at hospitals around the state began to help increase engagement of hospitals on the committee, with meetings happening with seven hospitals to talk about interest and barriers to engagement. Hospitals mentioned they have a lack of capacity to enter data or engage in QI projects that need a lot of training or work. Wyoming has applied for the Alliance for Innovation on Maternal Mortality grant to increase funding that would support hospital participation and make QI project hospital engagement less of a burden.

WIHP Funding Opportunity

In January 2023, the 2023 Title V Funding Proposal Request for Applications (RFA) was opened. This RFA was created to help fund projects from Wyoming-based organizations that address WIHP priorities (i.e., improving safe sleep, improving well woman visits, and reducing tobacco use). Ten community organizations across the state of Wyoming submitted applications for projects relevant to WIHP priorities. Of those 10, four moved on to the second round of review, and three applications were selected to receive funding. Those three funded applications are expected to improve safe sleep practices, tobacco cessation, and increase well woman visits in their communities. Funding for these projects will start fall 2023.

UT-WY Maternal Mortality Review Committee

In FFY23, Wyoming applied for ASEMM as the main applicant and if awarded will no longer be funded under Utah as a subrecipient. Wyoming has the goal to continue partnering with Utah for the Joint MMRC but as an equal for all policy and procedure decisions and meeting planning. With new funding independent of another state's approval process Wyoming will be able to explore more approaches to recommendations from the MMRC.

Women/Maternal Health - Application Year

Application Year Plan (FFY24):

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 1.3: Percentage of women, ages 14-44 who were enrolled to receive MCH funds for a cervical screen through the Wyoming Cancer Program and who received a cervical screen with MCH funds.** **ESM 1.4: Percentage of women, ages 14-44 who were denied coverage from other programs under the Wyoming Cancer Program for a cervical screen, and who received a cervical screen with MCH funds.**

Women in rural and frontier areas, such as Wyoming, face many health care disparities while pregnant. Because Wyoming lacks tertiary care facilities, pregnant 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. In Wyoming, lack of insurance or loss of insurance coverage in the postpartum period has created obstacles for women in the state to receive care. According to the 2021 BRFSS 68% of WY women reported having a preventive medical visit in the past year, which remains lower than the U.S. average (70%).

Of the 2023 public input survey respondents who indicated they have a woman aged 15-44 in their household, 69.7% indicated that the WIHP work on increasing access to well visits for women and continued work on the maternal mortality view fits very well in addressing the needs of their community. Further, 93.9% 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 FFY24, WIHP will implement the following strategies to address the prevention of maternal mortality:

1. Promote importance of preventive annual visit and identify and implement evidence-based strategies to address barriers to preventive annual visit.
    a. By September 30, 2024, continue to partner with WCP within the WDH to offer funding for cervical screening visits to patients that do not qualify for Medicaid or National Breast and Cervical Cancer Early Detection Program (NBCCEDP) funding.

2. Uphold cross-state UT-WY Joint Maternal Mortality Review Committee.
    a. By September 30, 2024, complete maternal mortality review for all maternal cases from 2022.
    b. By September 30, 2024, improve community partner engagement with previous recommendations.

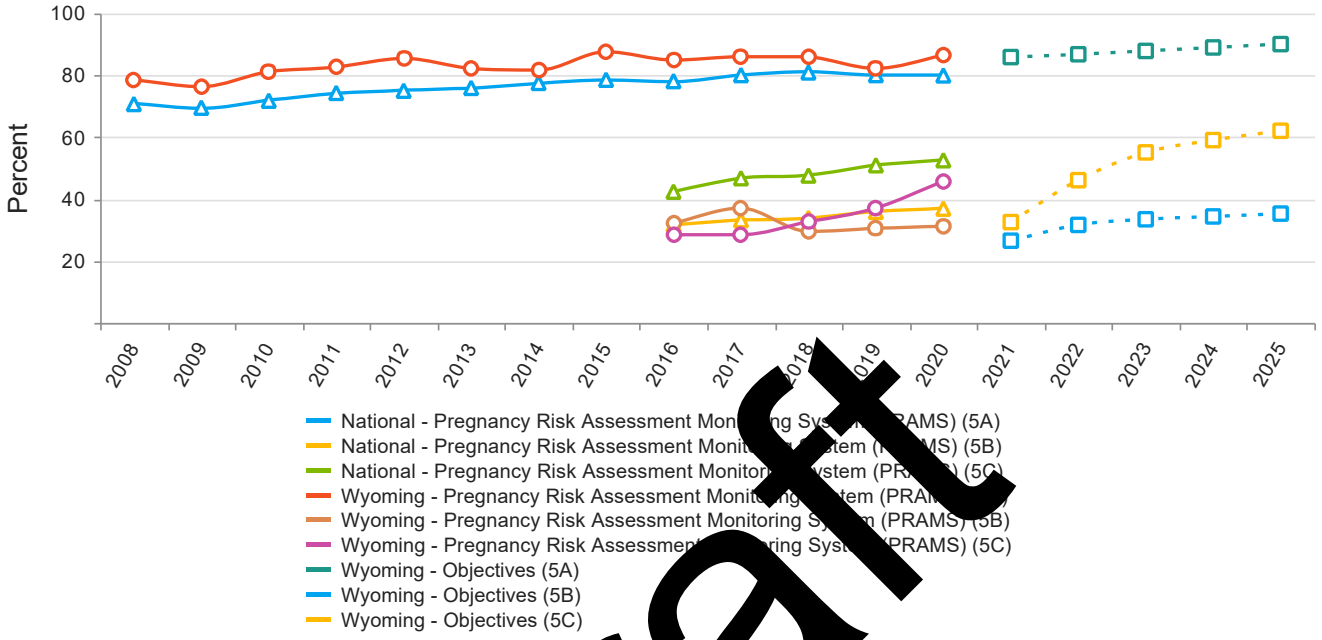
3. Offer funding opportunities for county level organizations to implement community level projects to prevent maternal mortality.
    a. By September 20, 2024, score, interview and contract with at least one applicant from the distributed RFA with a Women's/Maternal NPM.

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)				
	19	2020	2021	2022
Annual Objective			86.6	86.6
Annual Indicator	8	82.3	86.2	86.2
Numerator	5,251	5,105	5,022	5,022
Denominator	6,130	6,201	5,828	5,828
Data Source	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2018	2019	2020	2020

State Provided Data				
	2019	2020	2021	2022
Annual Objective			85.7	86.6
Annual Indicator				83.2
Numerator				4,967
Denominator				5,970
Data Source				WY PRAMS
Data Source Year				2021
Provisional or Final ?				Final

Annual Objectives			
	2023	[illegible]4	2025
Annual Objective	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**	**2022**
Annual Objective			31.7	31.7
Annual Indicator	29.6	30.4	31.4	31.4
Numerator	1,775	1,800	1,792	1,792
Denominator	5,999	5,921	5,705	5,705
Data Source	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2018	2019	2020	2020

State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			26.6	31.7
Annual Indicator				32.4
Numerator				1,867
Denominator				5,759
Data Source				WY PRAMS
Data Source Year				2021
Provisional or Final ?				Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	33.5	34.4	35.3

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**	**2022**
Annual Objective			46.1	46.1
Annual Indicator	32.6	37.1	45.7	45.7
Numerator	1,928	2,226	2,580	2,580
Denominator	5,918	6,001	5,647	5,647
Data Source	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2018	2019	2020	2020

State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			32.6	46.1
Annual Indicator				50.1
Numerator				2,899
Denominator				5,783
Data Source				WY PRAMS
Data Source Year				2022
Provisional or Final ?				Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	55.0	59.0	62.0

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	2022
Annual Objective			32.6	33
Annual Indicator			29.3	29.6
Numerator			967	765
Denominator			3,298	2,585
Data Source			WY PRAMS	WY PRAMS
Data Source Year			2018-2020	2019-2021
Provisional or Final ?			Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective		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	2022
Annual Objective			31	46
Annual Indicator			44.3	50
Numerator			1,463	1,321
Denominator			3,304	2,640
Data Source			WY PRAMS	WY PRAMS
Data Source Year			018-2020	2019-2021
Provisional or Final ?			nal	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	52.0	54.0	56.0

State Performance Measures

SPM 1 - Percent of women who smoke during pregnancy

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			13.4	11.8
Annual Indicator	13.4	13.6	12.5	9.8
Numerator	859	855	735	583
Denominator	6,404	6,266	5,894	5,949
Data Source	NVSS	NVSS	NVSS	NVSS
Data Source Year	2018	2019	2020	2022
Provisional or Final ?	Final	Final	[illegible]al	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	7.0	6.5	5.5

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 30, 2024 continue to support County PHN offices, MIECHV, and birthing hospitals with evidence based materials for safe sleep education. This includes, Charlies Kid board book, S[illegible]p Baby, Safe and Snug.	
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 30, 2024 maintain support of PHN County Tobacco cessation efforts of pregnant/postpartum moms with Quitkits, and pamphlets as counties request.

By September 30, 2024 support Title V MCH Internship Program interns on their tobacco cessation project.

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, 2024 score, interview and contract with at least one applicant from the distributed RFA with an Infant/Perinatal NPM.

Strategies

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

State Action Plan Table (Wyoming) - Perinatal/Infant Health - Entry 4

Priority Need

Prevent Infant Mortality

Objectives

By September 30, 2024 have 3 major hospitals involved and working to implement Quality Improvement Projects.

Strategies

Expand and Maintain Wyoming Perinatal Quality collaborative.

Annual Report Fiscal Year 2022:

This section provides a summary of FFY22 activities, accomplishments, and challenges related to NPMs and SPMs (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 household where some[illegible]okes**	**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 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 2021, about half of mothers (47.2%) in Wyoming reported that in the past two weeks their infant usually slept with a blanket; just under one third (26.6%) reported their infants usually slept on a twin or larger mattress or bed; 6.3% reported their infant slept with crib bumper pads; 10.7% reported their infant usually slept on a couch, sofa, or armchair; and 6.3% of women reported their infant usually slept with toys, cushions, or pillows.

Strategy 1

Promote the importance of safe sleep practices and identify and implement evidence-based activities to address barriers to safe sleep practices.

In FFY22, the WHIP completed a contract with the Omni Institute to conduct virtual focus groups in both English and Spanish across the state to better understand the knowledge of, and the barriers to practicing safe sleep. Two focus groups and three interviews were conducted on the topic of safe sleep. Based on the data collected from these groups and interviews, while most participants were aware of the safety of back sleeping, they often had different views of what was considered safe. This also revealed knowledge gaps in the consequences of unsafe sleep and the cultural differences in putting a baby to sleep. Participants identified foster care transitions, inexperience with

parenthood, economic barriers, and cultural differences and language barriers as the main barriers to practicing safe sleep. The information gathered from these focus groups will help to inform future promotion efforts. One outcome from the barriers identified by foster parents in one of the focus groups was that the current foster parent guidelines for safe sleep were not up to date. After connecting with the DFS, the WIHP was able to get the guidelines up to date with current recommended safe sleep practices.

In FFY22, the WIHP purchased Charlie's Kids *Sleep Baby Safe and Snug* safe sleep children's books to distribute across the state. As of September 2022, over 2,300 books in English and 195 books in Spanish had been distributed across the state, with books available in each county. Home Visiting programs across the state, including PHN Hand in Hand and MIECHV Parents as Teachers, have served as the main point of access for these books. Other organizations that have received books for family distribution include county WIC offices and OBGYN offices. In the summer of 2022, the WIHP purchased Pack 'n Plays and distributed them to counties who expressed interest in having them for their emergency closets, with the goal of giving them to families who were experiencing a housing emergency with no options for safe sleep for their infant. A total of 41 Pack 'n Plays were distributed to PHN and the Parent as Teachers Home Visiting Program in counties across the state.

The Wyoming Hand in Hand program uses the evidence-based Australian MOSH 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 every visit up until the infant is 26 weeks old. This program continues to provide vital safe sleep information to enrolled mothers and families, and is funded by the WIHP. As of September 2022, there were 564 clients in the program with a retention rate of 95.54%.

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 FFY22, 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 cessation services. As of September 2022 tobacco use was discussed with 169 clients and tobacco use was disclosed by 169 clients. PHNs are required to refer caregivers to the Wyoming Quit Tobacco Program (WQTP). WQTP is a smoking cessation program that serves Wyoming residents and is managed by the WDH Tobacco Prevention and Control Program (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 FFY22, 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. About 300 refill Quitkits and over 2,200 smoking cessation brochures were delivered to PHN offices in May 2022. WIHP met with CPU in summer 2022 to brainstorm projects and partnership opportunities. Due to limited funding, potential projects could not be implemented at that time and will be explored again in FFY23 and beyond.

In September 2022, the WIHP purchased materials on topics related to "moms and baby health" for Title X clinics in Wyoming. Some of these materials were on topics like "alcohol and pregnancy", "drugs and pregnancy", and "smoking and pregnancy". These specific materials were purchased in both English and Spanish, and were given

out at Title X clinics across the state.

Additional Strategies:

Plan of Safe Care

As of FFY22, Wyoming did not 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 (ASTHO) 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 fielded great questions from WyPQC members. The 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.

Distribution of CDC Hear Her Campaign Materials and Maternal Mental Health Hotline Materials

In late summer of 2022, the WIHP printed CDC Hear Her Campaign and the Maternal Mental Health Hotline materials. This included Hear Her magnets and conversation cards in English and Spanish, as well as Maternal Mental Health Hotline wallet cards and other information in both English and Spanish. These materials were, and continue, to be advertised by the WyPQC in their monthly newsletter. The WYPQC has members who treat patients throughout the perinatal and postpartum periods. By the end of September 2022, 1,955 English magnets, 620 Spanish magnets, 1,955 English conversation cards and 620 Spanish conversation cards were distributed across the state. Distribution will continue until the materials run out.

Annual Report Fiscal Year 2023 Supplement:

This section provides an interim update on FFY23 activities currently in process for the WIHP.

Safe Sleep Promotion

After the initial push to get the Charlie Kids *Sleep Baby Safe and Snug* in FFY22, safe sleep books are given out when requested by those who do not currently have the books or those who need more of them. As of Spring 2023, 535 books have been distributed to various providers and counties across the state. The WIHP will continue to distribute books based on need and request. As of January 2023, a Request for Application was released to fund projects from Wyoming-based organizations that tackle any one of the WIHP priorities, such as safe sleep practices and environments.

Fetal Movement Tracking Education

To directly impact infant mortality rates through stillbirths that were caused by issues resulting in the slowing down of fetal movement. Wyoming has decided to partner with Count the Kicks for evidence-based fetal movement tracking education and awareness. It is estimated that six infant deaths a year in Wyoming could be prevented with the implementation of fetal movement tracking during pregnancy. By September 2023, Wyoming will have begun rolling out material and outreach efforts related to fetal movement tracking.

Distribution of CDC Hear Her Campaign Materials and Maternal Mental Health Hotline Materials

Efforts to distribute magnets and conversation cards from the CDC Hear Her Campaign and the wallet cards from the Maternal Mental Health Hotline continue. Since October 2022, the WIHP has distributed over 3,000 of the English magnets and conversation cards and over 1,200 of the Spanish magnets and conversation cards for the CDC Hear Her Campaign, and over 1,500 English and over 500 Spanish wallet cards for the Maternal Mental Health Hotline. The WIHP will continue to distribute these materials as requested by organizations and counties. As of October 2022, CDC Hear Her Campaign and the Maternal Mental Health Hotline materials are available in every county.

Smoking Cessation

In FFY23, brainstorming with the CPU on project and partnership opportunities to increase smoking cessation among pregnant and postpartum people has taken place and continues. Ideas of media campaigns to advertise the pregnant and postpartum Wyoming Quitline and increasing incentive amounts have been explored and will continue to be explored. In November 2022, the WIHP applied to receive interns from the Title V MCH Internship Program. This program, which is put on by the National MCH Workforce Development Center, matches the state project idea to two interns from MCH graduate and undergraduate programs in the United States. The WIHP's state project will have interns research evidence-based strategies on tobacco cessation during pregnancy in rural and frontier settings. The WIHP was matched with two interns for a remote internship and their work is expected to take place over 10 weeks starting in June 2023. This project involves a literature review of successful tobacco cessation projects implemented in a rural area. Wyoming had previously identified that many evidence-based tobacco cessation efforts are not applicable for our frontier and isolated populations. Reviewing successful tobacco cessation projects implemented in rural populations should help Wyoming identify new and creative ways to lower tobacco use.

Plans of Safe Care

The work on PoSC continues into FFY23. 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 directly 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. Legislation passed in March 2023 requiring all hospitals to participate in Plans of Safe Care. That is set to go in effect January 1, 2024. Currently, preparation is underway to get hospitals around the state ready for when this legislation goes into effect.

WIHP Funding Opportunity

In January 2023, the 2023 Title V Funding Proposal RFA was opened. This RFA was created to help fund projects from Wyoming-based organizations that address WIHP priorities (i.e., improving safe sleep, improving well woman visits, and reducing tobacco use). Ten community organizations across the state of Wyoming submitted applications for projects relevant to WIHP priorities. Of those 10, four moved on to the second round of review, and three applications were selected to receive funding. Those three funded applications are expected to improve safe sleep practices, tobacco cessation during pregnancy, and increase well woman visits in their communities. Funding for these projects will start fall 2023.

Perinatal/Infant Health - Application Year

Application Year Plan (FFY24):

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 household where some 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 objects or loose bedding among moms who reported having a home visit**

Of the 2023 public input survey respondents who indicated that they have an infant age 0-1 in their household, 87.5% indicated that the WIHP work on improving safe sleep practices and tobacco cessation for pregnant and postpartum people fits very well within the needs of their family or community. Further, 100% of respondents indicated that it was very important for the WIHP to improve safe sleep for infants in Wyoming.

WY's 2018-2022 IMR was 5.7 deaths/1,000 live births (n=178); with a majority of deaths (74%) occurring among neonatal infants (WY VSS). In comparison, the national IMR was 5.4 deaths/1,000 live births in 2020, the most recent year available. SUID (18%, n=32) and congenital malformation, deformations, and chromosomal abnormalities (18%, n=32) were leading causes deaths among infants in WY from 2018-2022, followed by disorders related to short gestation and low birth weight, not elsewhere classified (11.2%, n=20). Of the SUID deaths, 28.1% (n=9) were SIDS and 56.3% (n=18) 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 (83.2%) are put to sleep on their back only (2021). During the same time period, 32.6% 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% (2020). Additionally, 50.1% of infants in Wyoming were usually placed to sleep with no soft bedding, compared to the national average of 52.5% (2020). 2020 is the most recent year of data available at the national level for comparison.

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 2021, the prevalence of women that smoke during pregnancy is 9.8%, significantly higher than the national average of 4.6%.

In FFY24, 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 30, 2024, continue to support County PHN offices, MIECHV, and birthing hospitals with evidence based materials for safe sleep education. This includes, Charlie's Kid board book, Sleep Baby, Safe and Snug.

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 30, 2024, maintain support of PHN County Tobacco Cessation efforts of pregnant/postpartum moms with Quitkits, and pamphlets as counties request.
    b. By September 30, 2024, support Title V MCH Leadership Program interns on their tobacco cessation project.

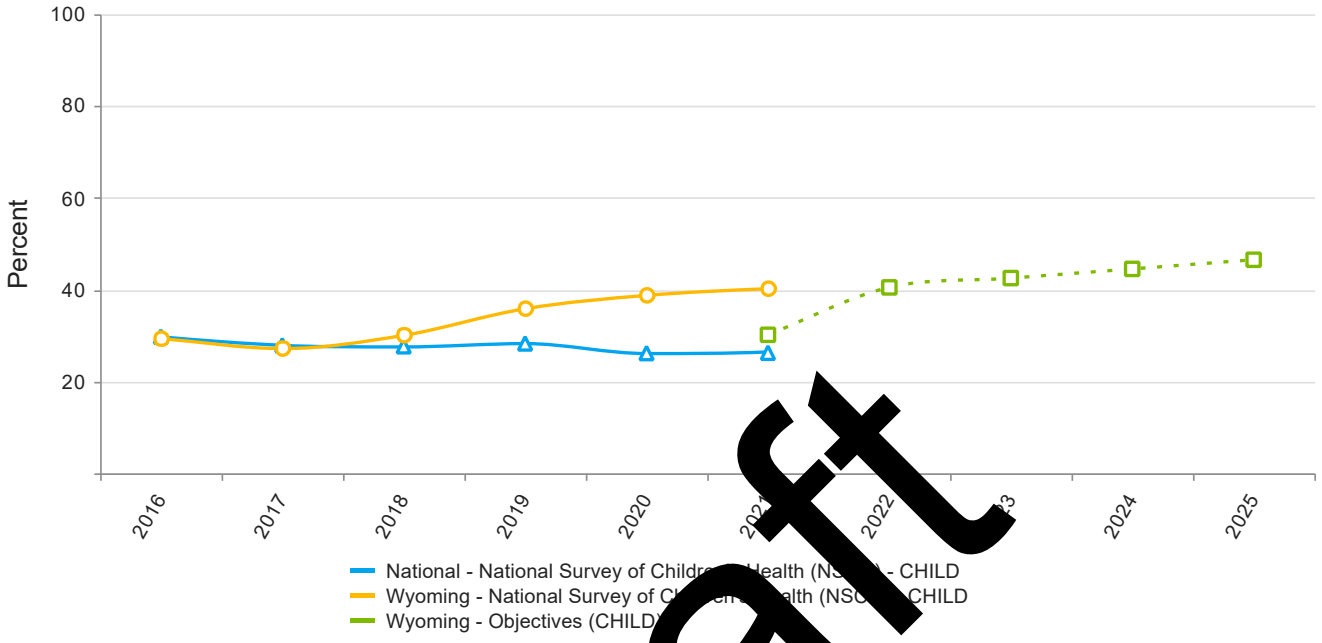
3. Offer funding opportunities for county organizations to implement local projects to prevent infant mortality.
    a. By September 30, 2024, score, interview and contract with at least one applicant from the distributed RFA with an Infant/Perinatal QIM.

4. Expand and Maintain Wyoming Perinatal Quality Collaborative.
    a. By September 30, 2024, have three major hospitals involved and working to implement Quality Improvement Projects.

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) - CH				
	19	**20**	**2021**	**2022**
Annual Objective			40.5	40.5
Annual Indicator	30.2	35.8	40.3	40.3
Numerator	14	17,398	19,171	19,171
Denominator	48,676	48,566	47,627	47,627
Data Source	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD
Data Source Year	2017_2018	2018_2019	2020_2021	2020_2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	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**	**2022**
Annual Objective			15	10
Annual Indicator			8	17
Numerator				
Denominator				
Data Source			Program Data	Program Data
Data Source Year			2021	2022
Provisional or Final ?			Final	Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective		23.0	25.0

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

Measure Status:	Active

State Provided Data		
	2021	2022
Annual Objective		
Annual Indicator		100
Numerator		17
Denominator		17
Data Source		Program Data
Data Source Year		2022
Provisional or Final ?		Final

Annual Objectives			
	202	024	2025
Annual Objective	.0	100.0	100.0

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	2022
Annual Objective			64.2	47.3
Annual Indicator	64.2	64.6	45.4	47.3
Numerator	10,333	9,775	9,053	10,765
Denominator	16,100	15,130	19,943	22,744
Data Source	CMS-416 Report	CMS-416 Report	Y CMS-416 Report bmission	WY CMS-416 Report Submission
Data Source Year	2018	2019	2020	2021
Provisional or Final ?	Final	Final	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	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, 2024 develop plan to promote guidance on comprehensive annual well child visits, or universal developmental screening as recommended by Bright Futures for providers.	
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, 2024 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 2022:

This section provides a summary of FFY22 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 the periodicity schedule. The screening tools also provide opportunities for parents and providers to engage in conversation about the 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.

Physical activity is also crucial to promoting healthy and safe children in Wyoming. 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.

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.

In FFY22, Child Health Program (CHP) held a grant agreement with University of Wyoming WIND to conduct a Bright Futures Project ECHO learning community. This ECHO was to focus on best practices for implementing and disseminating the Bright Futures, 4th Ed. Guidelines in various medical practices around the state. Due to staffing changes at WIND, significant delays in project completion occurred. CHP let the agreement expire in November 2022, and re-engaged WIND under a new agreement for FFY23 to carry-out the ECHO series.

In FFY22, Omni completed their focus groups and produced a final report. Some of the key takeaways related to well child visits had more to do with educating parents through a range of communication channels and reducing barriers for parents. The CHP Bright Futures work was predominately focused on provider adoption and implementation of

guidelines. CHP will reevaluate this provider-oriented focus, based on ECHO evaluation results.

WY MCH 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 2023 public input survey respondents who indicated that they have a child age 2-11 in their household, 88.5% 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 chil[illegible]hysical activity and nutrition education in early care and education settings.

WY MCH continued to connect with state-level partners to su[illegible]e increas[illegible]in childhood physical activity through the following activities:

WY MCH continued to promote and actively support[illegible]e Health[illegible] Policie[illegible] Toolkit, and provided TA and training to the University of Wyoming, Cent$ible Nutrition Progra[illegible]The Cent[illegible]e Nutrition Program maintains Certified Nutrition Educators (CNEs) in all 23 Wyoming[illegible]and t[illegible]Wind River Indian Reservation. The CNEs have identified childcare facilities serving low-in[illegible]e popula[illegible]s for s[illegible]pecific TA and training, reaching seventeen licensed child care providers that serve[illegible]otal of 729 chil[illegible]. All C[illegible]s utilize the policy toolkit as a standardized framework to support settings in increasing[illegible]hysical activity a[illegible]reducing obesity. In FFY22, CHP also updated our ESMs for this strategy, which will be reflecte[illegible]the applicati[illegible]section.

The CHP Manager participates in a stat[illegible]utrition collaborative, the Wyoming State Nutrition Action Coalition. This group consists of representatives from[illegible]e 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.

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 Fall 2021, WDH-PHD was awarded the CDC Childhood Lead Poisoning Prevention and Surveillance of Blood Levels in Children grant. WY MCH staff provide support to grant activities focused on provider education and improving linkages of lead-exposed children to recommended follow-up services. WY MCH staff also participate as a stakeholder in the Lead Advisory Council (LAC), which had its first meeting that was held virtually in February 2022. In April 2022, the Lead Prevention and Surveillance Program Manager/Epidemiologist was hired to lead grant activities. In Spring 2022, a RFP was released for a Lead Advisory Facilitator, and in Summer 2022, Infield Vector, LLC was selected. In Spring 2022, an RFP was released for a Childhood Lead Awareness Campaign and in

Summer 2022, Better World Advertising was selected.

Other CHP Activities:

ACE Training

CHP worked, in partnership with an initiative led by the Governor's Office, to support Adverse Childhood Experiences training and expansion of trainers in Wyoming. This was a multi-agency and multi-branch approach involving WDH, DFS, philanthropic organizations, and other state and community leaders. Title V funds were leveraged to support master trainer training.

Annual Report Fiscal Year 2023 Supplement:

This section provides an interim update for FFY23 activities currently in process for the CHP.

Lead Screening

In FFY 23, ongoing CDC Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children grant activities has continued. In January 2023, lead screening and education was a topic for case discussion in one session of the Bright Futures ECHO Learning Community. In a post-session evaluation, 80% of people who participated in the evaluation after the session expressed that they would feel comfortable discussing the risks and negative effects of lead exposure with parents, discussing potential sources of lead exposure and environment controls with parents, recognizing the updated Blood Lead Reference Level, and that they intend to follow the lead screening timeline that is listed in the AAP periodicity schedule. In June 2023, an all day in-person LAC meeting was held in Cheyenne, inviting stakeholders in the area and from all over the state to participate in this meeting. In Spring 2023, a digital awareness campaign started and will run for 12 weeks. This campaign will be created by Better World Advertising, who was selected in Summer 2022.

Bright Futures ECHO Learning Community

A new agreement with WIND was executed in FFY23, after the project experienced significant delays. The ECHO Learning Community included nine sessions covering introductions and overviews, infancy through adolescence, key health promotion topics, and implementation strategies. The final evaluation report has not been completed at the time of writing; however, CHP will review data to determine whether the providers reached were the intended providers, assess how well sessions improved participant understanding and intended action, and whether future efforts should be considered. Throughout the series, WY MCH received 29 requests for access to the AAP toolkit. Additionally, as a result of the ECHO series, school nurses requested access to additional toolkits. After consulting with the State School Nurse and AAP, WY MCH purchased access to the Autism, ADHD, and Mental Health Toolkits and will further make those accessible to providers in Wyoming.

Childhood Physical Activity

The CHP renewed its grant with UW Cent$ible Nutrition for ongoing training and technical assistance to early care and education settings related to the Healthy Policies Toolkit.

Additionally, CHP has begun exploring other opportunities for collaboration. Initial meetings with the Chronic Disease Prevention Program have occurred. Their program anticipates future CDC funding to address childhood physical activity and nutrition. We have discussed opportunities for connecting our work.

The WY MCH unit manager has had an initial discussion with Assistant Professor Kern about possible collaboration and partnership opportunities. Dr. Kern is the founder and director of the Wyoming Physical Education Teaching Collaborative (WYO PETe). In this role, he provides evidence-based professional development at low or no cost to teachers, using an extensive and community-engaged approach so participant needs are met. Recent professional learning series include: *Social and Emotional Learning in PE*, *Standards-based Assessment,* and *Modifying Instruction during COVID-19*. WYO PETe is also planning to partner with the Special Olympics Unified Champion Schools for a professional learning series on social and emotional learning through Unified PE. WY MCH sees partnership for systems-level opportunities that may cross over the CHP, CYSHCN, and YAYAHP domains and priorities.

My 307 Wellness Phone Application

In FFY23, WY MCH, along with other WDH funders, discontinued its contract with Wildflower for the My 307 Wellness app. Based on relatively low enrollment and use metrics, the investment could not be further justified.

Child Health - Application Year

Application Year Plan (FFY24):

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** **ESM [illegible]: 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 appropriate developmental screenings for their age, detect health problems early, and address any [illegible] 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 2023 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. This provides insights into ongoing strategies and partnerships WY MCH can engage to address such needs.

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.

2. The CHP will continue to 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. Promote childhood well visits, such as the EPSDT, utilizing the Bright Futures Periodicity Table, to both parents and providers. Proposed activities include:
    a. Continue disseminating Bright Futures toolkits to providers
    b. Disseminate expanded toolkit options to providers, to include the AAP Mental Health, Autism, and ADHD toolkits
    c. 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.

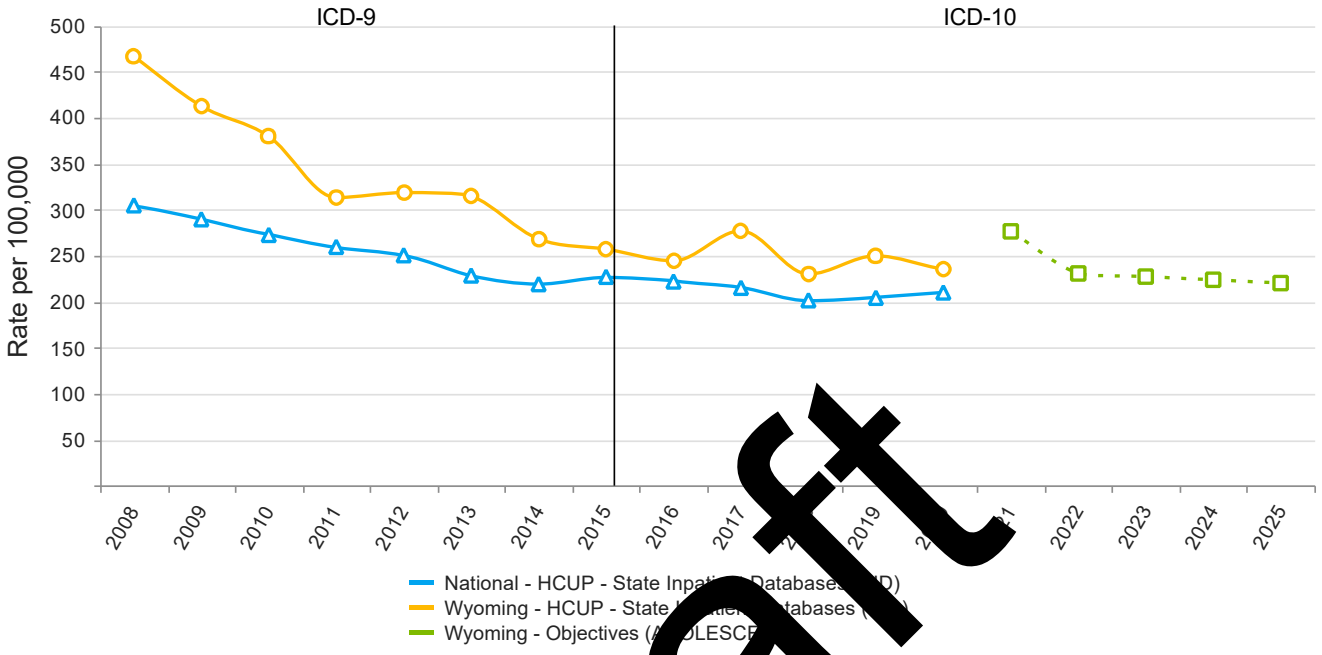
4. Continue involvement in statewide childhood blood lead surveillance and prevention efforts. (This work is closely connected to Bright Futures/well visit/EPSDT efforts, leading synergy across multiple strategies.) Proposed activities include:
    a. Participation in the Lead Advisory Council.
    b. 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.

5. Expand partnerships to advance childhood physical activity promotion and address other health and safety concerns.
    a. Continue working with the Chronic Disease Prevention Program to identify opportunities for collaboration and coordination across physical activity and childhood obesity prevention efforts.
    b. Explore partnership opportunities with WYO PETe, as led by the University of Wyoming. WYO PETe supports evidence-based professional development at low or no cost to teachers, using an extensive and community-engaged approach so participant needs are met. Recent professional learning series include: *Social and Emotional Learning in PE*, *Standards-based Assessment,* and *Modifying Instruction during COVID-19*. WYO PETe is also planning to partner with the Special Olympics Unified Champion Schools for a professional learning series on social and emotional learning through Unified PE. WY MCH sees partnership for systems-level opportunities that may cross over the CHP, CYSHCN, and YAYAHP domains and priorities.
    c. Work with Medicaid and other partners, such as Enroll Wyoming, to continue communication about Medicaid Unwind efforts. This work seeks to ensure families and children who remain eligible for coverage are able to renew.
    d. Identify opportunities to work with the CPU to disseminate education and communication related to childhood unintentional poisoning.

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-C with 2015 presen ng January - September

Federally Available Data				
Data Source: HCUP - State I tient Databases D)				
	2019	2020	2021	2022
Annual Objective			230.7	230.7
Annual Indicator	276.4	230.7	235.0	235.0
Numerator	207	174	180	180
Denominator	74,890	75,417	76,604	76,604
Data Source	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT
Data Source Year	2017	2018	2020	2020

Annual Objectives			
	2023	2024	2025
Annual Objective	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	2022
Annual Objective			3	6
Annual Indicator			0	0.7
Numerator			0	1
Denominator			134	134
Data Source			Program Data	Program Data
Data Source Year			2021	2022
Provisional or Final ?			[illegible]l	Final

Annual Objectives			
	2[illegible]3	2024	2025
Annual Objective	5.0	5.0	8.0

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	2022
Annual Objective			64.2	47.3
Annual Indicator	64.2	64.6	45.4	47.3
Numerator	10,333	9,775	9,053	10,765
Denominator	16,100	15,130	19,943	22,744
Data Source	CMS-416 Report	CMS-416 Report	Y CMS-416 Report bmission	WY CMS-416 Report Submission
Data Source Year	2018	2019	2020	2021
Provisional or Final ?	Final	Final	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	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	2022
Annual Objective			84	86.1
Annual Indicator	84	83	83	82.8
Numerator	20,244	9,047	9,047	18,172
Denominator	24,099	10,905	10,905	21,959
Data Source	WY PNA	WY PNA	WY PNA	WY PNA
Data Source Year	2018	2020	2020	2022
Provisional or Final ?	Final	Final	Final	Final

Annual Objectives			
	202	024	2025
Annual Objective	.8	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, 2024 5 pilot schools will be implementing Teens in the Driver Seat.	
Strategies	
Implement and expand Teens in the Driver Seat in high schools through collaboration with statewide partners.	
ESMs	Status
ESM 7.2.1 - Percent of high schools providing Teens in the Driver 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 10 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, 2024, all schools implementing Sources of Strength will implement with fidelity.

By September 30, 2024, 10% of Wyoming school districts will receive training on implementing a best-practice/evidence-based suicide postvention policy.

Strategies

Implement and expand suicide prevention and postvention programs in Wyo[illegible]g junior h[illegible]nd high schools.

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

Priority Need

Prevent Adolescent Suicide

Objectives

By September 2024, 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 2022:

This section provides a summary of FFY22 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 2019-2021 adolescent (ages 15-19) motor vehicle mortality rate in WY was 22.4/100,000, similar to the rate reported for 2018-2020 (2[illegible]00,000) and still significantly higher than the U.S. 2019-2021 rate of 12.0/100,00 (NVSS, 2019-2021).

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 key 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 during FFY22. TTI was charged with providing technical assistance to participating schools for TDS implementation. During this time, three schools expressed interest, but only one school was onboarded and began implementation.

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

Priority	Performance Measure	ESM (if applicable)
Prevent Adolescent Suicide	**SPM 4: Percent of Wyoming youth reporting increased youth-adult connectedness**	**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). The 2019-2021 WY adolescent suicide rate was 30.4/100,000, continuing to be significantly higher than the U.S. rate of 10.6 in 2019-2021. Suicide among adolescents continues to be a serious problem, and current statewide efforts do not focus predominantly on adolescents.

Strategy 1

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

In FFY22, YAYAHP, with approval from MCHB, removed NPM 10 and discontinued ESM 10.1. The vast majority of suicide prevention efforts are not specifically targeted to adolescent well-visit, so discontinuing this strategy to allow focus on other activities was deemed best for the YAYAHP at this time.

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)

The YAHAHP closed out the ACE-AP pilot program in March 2022. There is no further progress to report.

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 was an important first step in MCH support for SOS implementation and expansion.

YAYAHP sponsored twoT4T workshops in FFY22. As a result, 28 people working within nine Wyoming school districts became a SOS trainer. These individuals are now able to train additional district employees and students in the program and implement the program in schools. The number of counties supporting implementation of SOS has more than doubled from six in state biennium 2021-2022 to 14 in state biennium 2023-2024.

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 joined YaYA [the statewide Youth Council] because I feel it is important to give youth and young adults from the Wind River Reservation a voice. I hope to promote change on the reservation and show the younger generations that they have a voice that people want to hear.."

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 twice a month 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. In FFY24, YAYAHP intends to pursue a contract to transition the Council from a solely Title V funded entity to an independent organization that can receive Title V funds through a subrecipient relationship, and can also receive other funding to allow the Council to address issues beyond Title V priorities.

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.

The State School Nurse aids in identifying school nurse professional development needs and sourcing training and resources to meet their needs. She is responsible for aggregate health data collection across districts, and is currently piloting the data collection in nine districts. Data collected will further inform YAYAHP and CYSCHN programs. The State School Nurse also provides a key linkage between WY MCH and the WDE. The YAYAHP is working with the State School Nurse on suicide prevention activities in Wyoming K-12 schools.

YAYAHP Manager Memberships

The YAYAHP Manager has remained an active member of AMCHP. 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 2023 Supplement

This section provides an interim update for FFY23 activities currently in process for the YAYAHP.

Motor Vehicle Safety

During FFY22, the one participating school began program implementation.The YAYAHP met with the implementing school, TTI, and key state stakeholders to discuss any changes that need to be made to better support program implementation.

The YAYAHP and MCH Epi applied to and were accepted to the CDC Harvard Practicum for program evaluation. Harvard graduate students developed a comprehensive evaluation plan for TDS, which included school recruitment and implementation recommendations. The plan also identified capacity and sustainability challenges that YAYAHP will take into consideration for future planning.

Suicide Prevention

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. The YAYAHP Manager has also been engaged in school-based health center planning discussions with the Office of Rural Health and the School Based Health Alliance, and working to advance

the Pediatric Mental Health Care Access Grant. The YAYAHP and the WDE, including Project AWARE, have developed a model suicide postvention policy, and are coordinating roll out trainings for K-12 school districts on suicide postvention best practice and policy implementation to be delivered in late summer 2023.

The YAYAPH partnered with CHP to assure mental health screening and guidelines were emphasized in the Bright Futures ECHO series, and promoted Bright Futures guidelines among pediatric providers to encourage universal mental health screening of adolescents. This was done in coordination with the PMHCA grant.

Finally, YAYAHP is also engaging in partnership with UW, College of Education to support the development of suicide assessment training modules for clinical and non-clinical participants. The training will focus on rural populations, as well as those disproportionately dying by suicide in Wyoming – adolescents, middle-aged persons, and older adults. Broader distribution of the training module is expected in FFY24.

Young Adult Survey

WY MCH Epi was matched with a GSEP intern for a summer 2023 project. The intern will lead a social determinants of health analysis of the Young Adult Survey data. This analysis will assist YAYAHP in prioritizing populations and partners who are experiencing the largest health disparities in motor vehicle safety and suicide.

Adolescent Health - Application Year

Application Year Plan (FFY24):

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 2019-2021 adolescent (ages 15-19) motor vehicle mortality rate in WY was 22.4/100,000, similar to the rate reported for 2018-2020 (21.9/100,000), and still significantly higher than the U.S. 2019-2021 rate of 12.0/100,00 (NVSS, 2019-2021).

Work during FFY23 has been focused on developing an evaluation plan for motor vehicle safety activities and researching additional approaches.

Of the 2023 public input survey respondents who indicated that they have a teen or young adult aged 12-24 in their household, 85.7% 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.

Over 97% 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 MVT and Suicide Prevention to implement programs designed for K-12 schools.

In FFY24, 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 FFY22, YAYAHP will engage up to eight high schools in Wyoming during FFY24, 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, 8% 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	**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. The 2019-2021 WY adolescent suicide rate was 30.4/100,000, continuing to be significantly higher than the U.S. rate of 10.6 in 2019-2021.Suicide among adolescents continues to be a serious problem, and current statewide efforts do not focus predominantly on adolescents.

Of the 2023 public input survey respondents who indicated that the[y] have a [y]outh or young adult aged 12-24 in their household, 85.7% indicated that they believe it is important or very important t[o] address how comfortable youth feel talking to adults about difficult issues, and 94.9% indicated that they [b]elieve the YA[Y]AHP's recent and planned work, including work around teen mental health and suicide prevention, fits well [or] very well [w]ith the needs of their family or community.

Open-ended comments in the survey also highlighted the [n]eed fo[r] mental and behavioral health support and access for adolescents and young adults.

In October 2021, the YAYAHP was awarded a PMH[C] grant. YA[Y]AHP will collaborate with the Child Health Program and the PMHCA grant to identify o[p]portunities for partn[e]rship and collaboration to reduce adolescent suicide.

In FFY24, the YAYAHP will im[p]lement the following strategies to address NPM 7.2 and SPM 4 within the Adolescent Suicide Prevention priority:

1. Implement and expand SOS in W[y]omi[n]g junior high and high schools.
    a. 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 implementation of evidence-based suicide postvention protocols in K-12 schools.
    a. The YAYAHP will provide access to training for K-12 schools on suicide postvention best practice, and the adoption of a Wyoming-specific postvention model policy. YAYAHP will partner with WIVPP and WDE to organize and deliver training. 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 partnered with the Wyoming Substance Abuse Prevention Program (WY SAPP) to administer a biannual young adult survey in fall 2022. The survey collected health behavior information related to substance use and MCH NPMs and priorities within the 18-29 year old population in Wyoming. The YAYAHP will partner with MCH Epi to review the data, including conducting a social determinants of health analysis with the support of a GSEP in Summer 2023. The YAYAHP will use the analysis to identify populations who are experiencing the largest health disparities in motor vehicle safety and suicide, as well as build a data set to inform the next Title V needs assessment. As this was the first administration of this survey, YAYAHP will also work with WY SAPP and MCH Epi to identify and implement any necessary updates or adjustments to the survey instrument and recruitment strategy in advance of the next survey administration in 2024.

Suicide Prevention Promotion

In addition to the suicide prevention strategies detailed in the applica[illegible] the YA[illegible]HP will support WDH efforts to promote the suicide prevention lifeline and the transition to 988. In r[illegible]ears, Wy[illegible]g has established two lifeline call centers. Those services have recently been expanded to assur[illegible]/yoming-based coverage 24 hours a day, every day. Previous legislative appropriations support[illegible] the e[illegible]blishme[illegible]nd expansion of coverage.

Additionally, during the 2023 legislative session, HB0[illegible]65 passe[illegible] This [illegible]odified the operations of the 24/7 suicide prevention lifeline. The bill also established [illegible]988 syste[illegible] trust [illegible]nd that allows for earnings from the account to be appropriated to WDH in accordance with a s[illegible]ding polic[illegible]ified in the bill. While the trust fund was established, an appropriation of fun[illegible]was [illegible]uthori[illegible]in the bill. WY MCH, in partnership with other public health programs, will provied educatio[illegible] state leade[illegible]n the [illegible]e of a stable and sustainable suicide crisis resource such as 988.

Sexual Violence Prevention

The YAYAHP Manager is also the RPE[illegible]ecto[illegible]r Wyoming. The YAYAHP uses RPE and PHHSBG funds to support healthy relationship and sexual vio[illegible]ce 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 positively impact 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

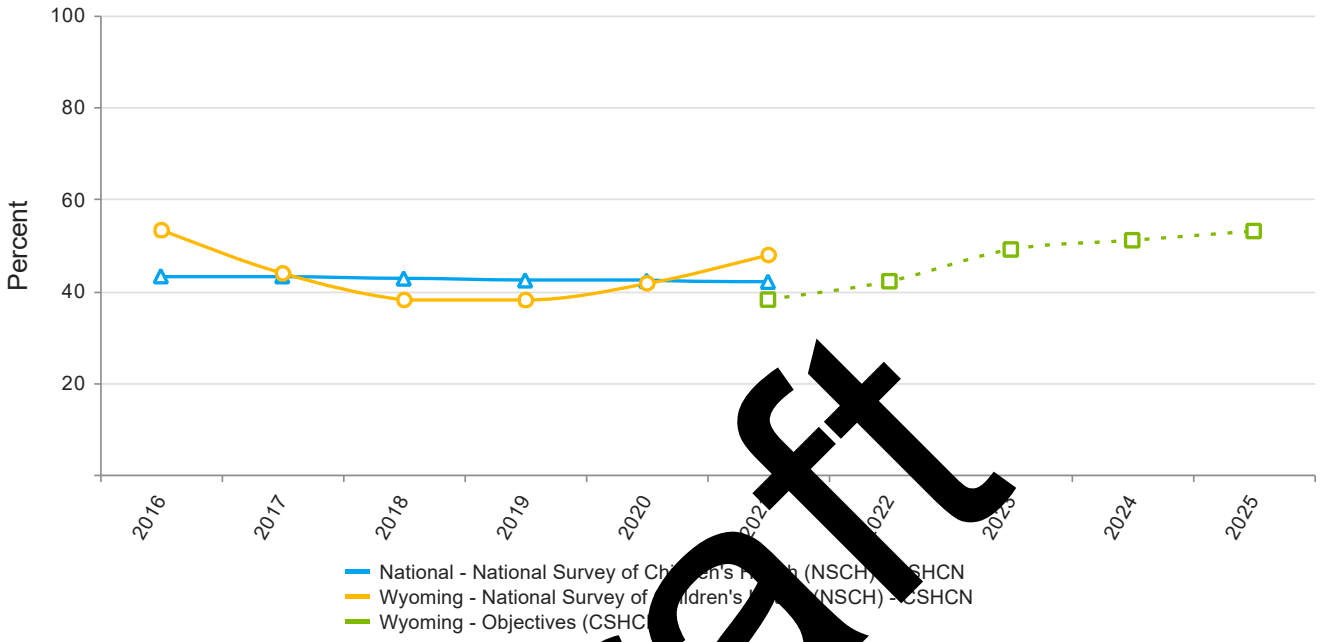
health care consultation provider. PMHCA is also supporting the implementation of universal depression and anxiety screening in alignment of the Bright Futures guidelines, and is partnering on efforts to support School Based Health Center development in Wyoming. This work should positively impact Title 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 Children's Health (NSCH) - CSHCN				
	19	2020	2021	2022
Annual Objective			42.1	42.1
Annual Indicator	3	37.9	47.7	47.7
Numerator	10,270	9,240	12,496	12,496
Denominator	26,977	24,351	26,199	26,199
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2017_2018	2018_2019	2020_2021	2020_2021

Annual Objectives			
	2023	2024	2025
Annual Objective	49.0	51.0	53.0

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**	**2022**
Annual Objective			50	10
Annual Indicator			0	0
Numerator			0	0
Denominator			1	1
Data Source			Program Data	Program Data
Data Source Year			2021	2022
Provisional or Final ?			[illegible]l	Final

Annual Objectives			
	2[illegible]3	**2024**	**2025**
Annual Objective	30.0	45.0	50.0

ESM 11.2 - Complete assessment [illegible]ational [illegible]ndard[illegible]r Systems of Care for CYSHCN

Measure Status:			Inactive - Completed	
State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			Yes	Yes
Annual Indicator			Yes	Yes
Numerator				
Denominator				
Data Source			Program Data	Program Data
Data Source Year			2021	2022
Provisional or Final ?			Final	Final

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

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			Yes	Yes
Annual Indicator			No	No
Numerator				
Denominator				
Data Source			Program Data	Program Data
Data Source Year			2021	2022
Provisional or Final ?			Final	Final

Annual Objectives			
	202	024	2025
Annual Objective	es	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, 2024 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	Inactive
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

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, 2024 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 and family centered medical home and other CYSHCN related topics.

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	Inactive
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

Annual Report Fiscal Year 2022:

This section provides a summary of FFY22 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 updated 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 47.7% during 2020-2021, similar to the U.S. percent of 52.0% (NSCH, 2020-2021). A greater proportion (48.7%) 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 a programmatic shift 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

This work was completed in FFY21 through MCHB-provided TA from a national CYSHCN leader (Meredith Pyle)..

The CYSHCN Program has built on this gap analysis by preparing for and starting a more formal assessment and planning process that will inform and guide the program's strategic direction. The early stages of preparation occurred in FFY22, under the leadership of the new CYSHCN director, who started in April 2022. An interim FFY23 report is included, which details some initial progress on assessment and planning.

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 FFY22, CSH provided services to a total of 366 clients. Of those, 306 were eligible CSH clients, compared to 484 eligible CSH clients in FFY21. Other clients served were in the Maternal High Risk (MHR) and Newborn Intensive Care (NBIC) programs.

The MHR program 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 FFY22, WY MCH provided services to 21 eligible MHR clients, compared to 21 eligible MHR clients in FFY21. 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.

The 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 FFY22, CSH provided services to 39 eligible NBIC clients, compared to 65 eligible NBIC clients in FFY21.

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 FFY22, CSH processed seven emergency travel or lodging requests.

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 FFY22, this program served 53 clients in person and 74 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.

Newborn Screening

Newborn screening identifies conditions that can affect a child's long-term health or survival. Early detection, diagnosis, and intervention can prevent death or disability and enable children to reach their full potential. In the

calendar year 2022, 5,368 (99%) Wyoming newborns received their first screen.

During FFY22, WY MCH also increased its support for newborn screening on a national level by writing a letter of support for the Association of Public Health Laboratories (APHL) NewSTEPs program to a continue their work as a national newborn screening resource center to provide data, technical assistance, and training to newborn screening programs and assist states with quality improvement initiatives. This grant was awarded to them through 2028.

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. The CDPHE is currently collecting data on the interest of adding Mucopolysaccharidosis type II (MPS-II), Guanidinoacetate Methyltransferase Deficiency (GAMT) and/or Congenital Cytomegalovirus (cCMV) to their newborn screening panel. Should they add any of these conditions, the Wyoming Newborn Screening Advisory Committee will meet to discuss the addition in Wyoming as well.

Annual Report Fiscal Year 2023 Supplement:
This section provides an interim update for FFY23 activities currently in process for the CYSHCN Program.

In FFY23, CYSHCN Program re-engaged 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.

This has included establishing a small advisory group to help inform initial assessment and planning efforts, and who will help identify community and family engagement strategies. The CYSHCN Program has made significant progress in gathering data to inform planning and engagement. This includes:

- A comprehensive review of NSCH data across domains to better understand CYSHCN population overall, and potential disparities faced by CYSHCN
- Reviewing current CSH program data to better understand quantitatively and qualitatively who and how well the program is serving clients, and identifying potential opportunities for improvement
- Comprehensive review of past work to assess the national standards in Wyoming
- Comprehensive review of the national standards and other frameworks, such as the *Blueprint for Change*.

Due to the need to assess and plan, the CYSHCN program has not moved forward with establishing a CYSHCN advisory council. In fact, the broader WY MCH team has begun discussing the possibility of a broader MCH advisory council and is assessing what might work best for Wyoming.

Ongoing partnership with Medicaid to serve MCH populations, including CYSHCN has continued. Other FFY23 anticipated strategies have been on hold as we assess the broader needs of the population and the program.

Application Year Plan (FFY24):

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 of Systems of Care for CYSHCN (completed)** **ESM 11.3: Develop an Action Plan based on results of National Standards Assessment**

The NSCH (2020-21) estimates there are 26,000 CSHCN ages 0-17 in Wyoming. In Wyoming, 18% of CSHCN receive care in a well-functioning health care system, compared to 13.7% nationally (NSCH, 2020-21). 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 2023 public input survey respondents, 73% of those who indicated that they have a child aged 2-11 in their household and 92.9% 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.

Responses to the 2023 public input survey also underscore the need for CYSHCN families to have access to care. One respondent shared: "One of the biggest issues we're facing right now is access to care. My kids have both been diagnosed with asthma, and have trouble accessing their medications when they need them. We've had to travel long distances and wait in long lines at pharmacies just so we can get the medication they need - sometimes even having to pay out-of-pocket for something that should be covered by our insurance."

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 has renewed assessment and planning efforts to determine any strategic programmatic shifts or actions that would allow CYSHCN Program to better reach and serve the CYSHCN population and strengthen the system of care for CYSHCN and their families. To date, this has included establishing a small advisory group to help direct initial assessment and planning efforts, and who will help identify community and family engagement strategies. The CYSHCN Program has made significant progress in gathering data to inform planning and engagement. This includes:

- A comprehensive review of NSCH data across domains to better understand CYSHCN population overall, and potential disparities faced by CYSHCN
- Reviewing current CSH program data to better understand quantitatively and qualitatively who and how well the program is serving clients, and identifying potential opportunities for improvement
- Comprehensive review of past work to assess the national standards in Wyoming
- Comprehensive review of the national standards and other frameworks, such as the *Blueprint for Change*.

In FFY24, CYSHCN program anticipates moving more deeply into planning and implementation. CYSHCN will work to ensure community and family engagement in the process.

Additionally, the CYSHCN program anticipates aligning the planning efforts with the anticipated updated Title V guidance to assure CYSHCN strategies incorporate the *Blueprint* and are appropriate for the revised NPM structure.

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

1. Work with other MCH programs to assess the utility of a broader MCH Advisory Council, of which CYSHCN can be a part of. This may involve requesting more detailed technical assistance.

2. Identify and implement internal CYSHCN program changes that support implementation of the *Blueprint.* Work to make programmatic shifts are expected to be done in partnership with PHN, Medicaid, and engage communities and families. .

3. 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

Unless or until any programmatic shifts are made more broadly for CYSHCN, the existing 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 FFY24. 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, until any strategic programmatic shifts are determined. Broader resource allocation will be considered in all strategic planning for CYSHCN in FFY24.

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	2022
Annual Objective			100	100
Annual Indicator			66.7	50
Numerator			2	1
Denominator			3	2
Data Source			WY MCH Program Data	WY MCH Program Data
Data Source Year			2021	2022
Provisional or Final ?			Provisional	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	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, 2024, complete workforce development plan to guide ongoing professional development.
Strategies
Develop, improve, and align professional development opportunities to increase competencies related to MCH core values and/or those that support staff well-being.

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, 2024, 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 3

Priority Need

Strengthen MCH Workforce Capacity to Operationalize MCH Core Values

Objectives

By September 30, 2024, complete at least two activities or initiatives that advance core values.

Strategies

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

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, 2024, at least 75% of MCH and Epi staff participate in at least one Clifton Strengths team activity.

Strategies

Continue individual and team strengths development within WY MCH.

Cross-Cutting/Systems Builiding - Annual Report

Annual Report Fiscal Year 2022:

This section provides a summary of FFY22 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.

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 OTPHE 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.

Following health equity training that took place in FFY21, WY MCH was afforded five additional hours of technical assistance from the training provider, Human Impact Partners (HIP), a national leader in health equity in the public health field. The technical assistance occurred in FFY22, and was focused on transformational narrative, community engagement, and power mapping.

Finally, WY MCH continued its contract with Lolina Solutions, LLC through FFY22 to support a range of Title V planning and implementation tasks:

- Strategic implementation support:
    - Facilitating 60/60 with 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 2023 Supplement:

This section provides an interim update for FFY23 activities currently in-progress for the Cross-Cutting/Systems Building Domain.

During FFY23, the WY MCH unit manager began implementing strategies detailed in the FFY23 application. To date a few early accomplishments include:

Strategy 1

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

- Developing hiring materials to support diversity, equity, and inclusion in the job postings and in interview questions.

- Established no-meeting Fridays and developed team commitments and expectations around how we show up together and around how we "unplug" from work.

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.

- Continued utilizing MCH Navigator assessment and requested compiled results to inform ongoing team development and workforce needs.

- Developed and began using MCH orientation for new staff.

- All WY MCH employees developed a goal related to health equity training during the 2022-2023 employee performance cycle.

- Three WY MCH leadership staff participated in year-long professional development opportunities that centered equity. The CYSHCN director and YAYAHP participated in MCHP's Leadership Lab, which supported their individualized leadership plans, provided opportunities to connect with peers in MCH, and connected them to mentorship opportunities. The unit manager participated in the Diverse Executives Leading in Public Health program, which increased and strengthened her visibility and exposure in public health systems, facilitated access to key networks, supported the ongoing development of personal leadership identity, and offered executive coaching.

- The WIHP completed the Alliance for Innovation on Maternal Health Community Care Initiative (AIM CCI) Racial Equity Learning Series. This seven-module series covered content related to racism, institutional transformation, and personal and systemic change to advance maternal health outcomes.

- WY MCH participated in a Regional Engagement community of practice and is an engaged member of a division-level team working with Tribes to establish memorandums of understanding for further engagement and collaboration.

Strategy 3

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

- Launched a unit-wide strategy map that assures inclusion of core values and provides a comprehensive view of WY MCH across programs.

- WY MCH started participating in a FESAT community of practice and was paired with a family engagement coach to support our use of the tool and develop actionable next steps.

- Contributed to division-wide language services contract, providing for interpretation and translation. With this contribution, WY MCH was able to support Medicaid with translation support for Medicaid Unwind

communication.

Strategy 4

Continue individual and team strengths development within WY MCH.

- WY MCH convened for a team-building retreat, facilitated by Lolina with a strengths-based lens.

Cross-Cutting/Systems Building - Application Year

Application Year Plan (FFY24):

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 2023 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 healthcare access, regardless of income, geographic location, or other unique factors
- Engage communities to better understand their unique needs and potential solutions
- Consider how it encompasses access to opportunity, such as education, employment, and income

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

The following strategies/activities reflect known and expected actions for FFY24 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. Operationalize the MCH Team Commitments and Expectations:

MCH Guiding Values	 **Trust**	To do our best work, we must rely on each other, build and maintain trust, and carry ourselves in a trustworthy manner.
	 **Respect**	We value each other's diverse backgrounds, perspectives, and contributions, and treat each other with dignity.
	 **Teamwork**	We leverage our strengths and collaborate to achieve common goals, share resources and learning, and enhance each other's capacity.
	 **Authenticity**	We value each of us being able to show up as our authentic selves and creating a culture of acceptance and belonging.

As we live into these values, we can demonstrate our **group agreements**:

- Foster a safe and brave space where we can embrace discomfort, have hard conversations, and ask our questions openly.
- Assume positive intent of others, while also being responsible for our impact on each other.
- Co-create organization and structure that facilitate teamwork and goal accomplishment.
- Assure transparency in our communication, share how information will flow and for what purpose, and maintain confidentiality in sensitive situations.

3. Align WY MCH with the WDH strategic plan, guiding principles, operational goals, and population health goals so we are also part of the larger public health team.

4. Assess and realign meetings to create more bandwidth for staff to engage in community and family partnership and programmatic work. This may include reviewing meetings, eliminating meetings, changing the duration or frequency of meetings, or other quality improvement activities.

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.

1. Continue to utilize 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.

2. Continue to implement an MCH orientation for internal MCH staff, and begin expanding use for volunteers, grantees, and partners. WY MCH will likely pilot external use to onboard new WIHP subrecipients in FFY24.

3. Develop employee performance goals and offer other development opportunities that align with our core values.

4. Complete a workforce development plan to further guide these efforts.

Strategy 3

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

1. Continue to develop and refine the MCH performance management framework and use it to drive implementation and action.

2. WY MCH staff will shift former 60/60 performance meetings to quarterly quality improvement workshops. The first year of these workshops are expected to help us build on health equity capabilities.

3. WY MCH staff (including MCH Epi and PHN partners) will participate in ongoing strategic implementation TA and leadership development activities offered by Lolina.

4. Revisit the WY MCH communication plan and update it to reflect ongoing commitment to reaching a diverse audience through diverse means. This includes improving in[illegible] accessibility of information published by WY MCH (translation to other languages, disability acce[illegible] etc.) [illegible] assessing our social media use.
    a. With respect to both internal and external communica[illegible] WY MC[illegible] communication will be intentional to use inclusive, humanizing language and narrative. [illegible]DC Healt[illegible]y Guiding Principles for Inclusive Communication will be used as a supporting resou[illegible]

    2. This will also include intentional outreach an[illegible] comm[illegible]on to raise awareness of WY MCH efforts and to make health services and suppor[illegible] mo[illegible]cessible to communities.

    3. Launch newly branded MCH comm[illegible]ation tool[illegible]24. This branding effort was made possible through partnership wi[illegible]PHE.

5. Continue to work on c[illegible]unity and family [illegible]gagement and partnership development. This will include FESAT use and acting o[illegible]sults. Additiona[illegible] WY MCH expects to develop a community and family engagement policy stateme[illegible]

6. Continue to contribute Title V fund[illegible]rd 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 OTPHE 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.

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. Staff will continue to be offered 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. The responses are outlined by year below:

- 2019: 2
- 2020: 107
- 2021: 101
- 2022: 76
- 2023: 38

In terms of distribution, WY MCH instead leveraged the following channels to market its public input survey:

- Wyoming's Family Voices Affiliate, Up[illegible] social media and connections to family leaders
- A public webinar held April 13, 2023
    - 18 members of the public people attended the webinar
- WY MCH's quarterly email newsletter
    - The newsletter was sent to 146 stakeholders (up from 76 in 2022), who were asked to spread the word about the survey. The newsletter had a 60% open rate (down from 74% in 2022) and a 15% click rate (up from 11% in 2022).
- WY MCH's Facebook page
    - This year, WY MCH opted to not "boost" the Facebook post advertising the public input webinar and survey. This small investment showed a significant increase in the number of people reached through social media
    - Without boosting, the post reached 392 people with 73 engagements and seven shares. This is closer to the 2021 post that reached 437 people, resulting in 16 engagements and three shares. This is down significantly from the 2022 boosted post that reached 1,659 people, resulting in 119 engagements, and six shares.
- WY MCH's website
    - The survey link was posted on the MCH website during the timeframe in which the survey was open - April 13 - May 5, 2023. The public webinar recording and slides were also made accessible on the website.
- 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 webinar and survey.
- Word-of-mouth and email blasts through stakeholder groups/partners.

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 2023 survey. Uplift, Wyoming's Family Voices affiliate, purchased $10 Amazon 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.

WYMCH 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. For the 2023 iteration, we moved the survey to Google Forms. Since Google Forms does not provide captcha to distinguish human from machine input, we maintained two "tell us you are a human" questions with skip logic that would direct to the submission button if not answered correctly. Over 1,000 responses were received, with 38 included in the final data set once the data were cleaned.

Once the final survey results were available, MCH Epi staff reviewed 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 38 responses to its survey, which is half of the 76 responses received in 2022.
One success noted in 2023 was that a higher percentage of respondents (87%) were members of the general public, compared to 79% last year. Of these respondents, 87% reported having a woman aged 15-44 in their household, 21% reported having an infant in their household, 68% reported having a child aged 2-11 in their household, and 37% 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 asked 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.

WY MCH will utilize feedback from the 2023 public input survey forums to inform our strategies and approaches moving into the next fiscal year.

The full draft Application/Annual Report document will be posted on the WY MCH website alongside contact information to provide feedback. As of the date of this writing, the Application/Report was not yet posted. Typically, WY MCH receives no comments through this avenue. Any comments that are submitted during this submission period will be reviewed and incorporated into the final submission to the extent necessary and practicable. Not receiving public comments on the full posted draft, 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;
- establishing branded communication tools for consistency of MCH communication across partners and communities;
- establishing, maintaining, and/or strengthening community connections and engagement across subsets of the MCH population;
- continuing partnership with Uplift for development, training, and engagement with family leaders; and
- considering the development of a broader MCH Advisory Council whose members have lived experience.

III.G. Technical Assistance

Community and Family Engagement/Advisory Council Development

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. Within this context, we would also like to engage in TA around the development of a broader MCH Advisory/Equity Council to assure all population needs are considered and engaged.

Provider Associations Engagement

Unlike other states, Wyoming does not have active professional associations such as the AAP 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.

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 reassess 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 evolution of the WY MCH orientation, which includes content related to each identified WY MCH core value.

Equitable Funding Opportunities through WY MCH

Technical assistance is desired to help programs and the unit assure our funding opportunities for communities are equitable and accessible to a range of community-based organizations and groups.

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 2023 (accessible).pdf

VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - PHD Org Chart May 2023 WO (accessible).pdf

VII. Appendix

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Form 2
MCH Budget/Expenditure Details

State: Wyoming

	FY 24 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 1,018,201	
A. Preventive and Primary Care for Children		(%)
B. Children with Special Health Care Needs		(%)
C. Title V Administrative Costs		(%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 0	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 0	
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)	$ 0	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 0	
A. Your State's FY 1989 Maintenance of Effo mount $ 2,375,591		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 1,018,201	
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)	$ 0	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 1,018,201	

OTHER FEDERAL FUNDS	FY 24 Application Budgeted
No Other Federal Programs were provided by the State on Form 2 Line 9.	

	FY 22 Annual Report Budgeted		FY 22 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 22 Federal Award: $ 1,018,201)			
A. Preventive and Primary Care for Children	$ 323,424	(30%)		(%)
B. Children with Special Health Care Needs	$ 323,424	(30%)		(%)
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)	$ 706,848		$ 0	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 850,000			
4. LOCAL MCH FUNDS (Item 18d of SF-424)				
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)	$ 653,000		$ 0	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 4,106,671		$ 0	

OTHER FEDERAL FUNDS	FY 22 Annual Report Budgeted	FY 22 Annual Report Expended
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)	$ 80,000	
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	$ 230,000	
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	$ 93,000	

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 24 Application Budgeted	FY 22 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 24 Application Budgeted	FY 22 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 24 Application Budgeted	FY 22 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 1. Provide the total amount of Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		
Physician/Office Services		
Hospital Charges (Inclu Inpatient and Outpatient Services)		
Dental Care (Does Not Inclu Orthodontic Services)		
Durable Medical Equipment and Su lies		
Laboratory Services		
Direct Services Line 4 Expended Total		
Federal Total		

IIB. Non-Federal MCH Block Grant	FY 24 Application Budgeted	FY 22 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 To		
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: 5,368 **Data Source Year: 2022**

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	5,336 (99.4%)	6	6	6 (100.0%)

Program Name(s)		
Primary Congenital Hypothyroidism	S,S Disease (Sickle Cell Anemia)	Spinal Muscular Atrophy Due To Homozygous Deletion Of Ex[illegible]SMN1

2. Other Newborn Screening Tests

None

3. Screening Programs for Older C[illegible] Wom[illegible]

None

4. Long-Term Follow-Up

In August 2021, WY MCH, conjunction[illegible] C[illegible]ado, was awarded two years of funding from HRSA for a project named "Comprehensive Long-Term Follow[illegible]p Program (COLT) for Newborn Screening in Colorado and Wyoming. We are still in the process of utilizing this funding to create a robust long-term follow-up program in Wyoming while exploring options with HRSA to increase the funding timeline.

Form Notes for Form 4:

None

Field Level Notes for Form 4:

1.	**Field Name:**	**Total Births by Occurrence**
	Fiscal Year:	**2022**
	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:	**2022**
	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:	**2022**
	Column Name:	**Core RUSP Conditions**
	Field Note: Source: NBS Program Data	
4.	**Field Name:**	**Core RUSP Conditions - Total Number Confirmed Cases**
	Fiscal Year:	**2022**
	Column Name:	**Core RUSP Conditions**
	Field Note: Source: NBS Program Data	
5.	**Field Name:**	**Core RUSP Conditions - Total Number Referred For Treatment**
	Fiscal Year:	**2022**
	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 2022

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	2,277	[illegible]	0.0	0.0	0.0	100.0
2. Infants < 1 Year of Age	2,062	[illegible]	0.0	0.0	0.0	100.0
3. Children 1 through 21 Years of Age	3,543	[illegible]	[illegible]	1.7	0.2	87.8
3a. Children with Special Health Care Needs 0 through 21 years of age^	[illegible]	93.[illegible]	2.3	4.3	0.3	0.0
4. Others	4,2[illegible]	[illegible].0	0.0	0.0	0.0	100.0
Total	12,130					

Form [illegible]b – Total Perc[illegible]age of [illegible]opulations Served by Title V
(Dir[illegible] Enabling, and [illegible]blic Health Services and Systems)

Populations Served by Title V	Re[illegible]e Data	Used Reference Data?	Denominator	Total % Served	Form 5b Count (Calculated)	Form 5a Count
1. Pregnant Women	6,237	No	6,053	100.0	6,053	2,277
2. Infants < 1 Year of Age	5,648	No	6,156	100.0	6,156	2,062
3. Children 1 through 21 Years of Age	156,041	Yes	156,041	2.7	4,213	3,543
3a. Children with Special Health Care Needs 0 through 21 years of age^	31,953	Yes	31,953	3.7	1,182	306
4. Others	416,606	Yes	416,606	1.1	4,583	4,248

^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:	**2022**
	Field Note: Wyoming Title V serves pregnant women through the maternal high-risk program (21) and through home visiting services (2256). Insurance coverage for women in the maternal high-risk program is based on programmatic information. Home Visiting data from PHNI system from October 1, 2021 - September 30, 2022. While WY PHN continues to work on improving reports to pull clients served, this year's reporting methods are similar to last year and the number reported this year cannot be broken down by insurance. It is expected that reported numbers this year differ from last year, due to PHN implementing MECSH and are moving out of COVID.	
2.	**Field Name:**	**Infants Less Than One YearTotal Served**
	Fiscal Year:	**2022**
	Field Note: Wyoming Title V serves infants through the Newborn Intensive Care Program (3[illegible]) and postpartum home visitation (2023). Insurance coverage for NBIC is based on programmatic information. Home Visiting data from PHNI system from October 1, 2020 - September 30, 2021. Home Visiting data from PHNI system from October 1, 2021 - September 30, 2022. While WY PHN continues to work on improving reports to pull clients served, this year's reporting methods are similar to last year and the number reported this year cannot be broken down by insurance. It is expected that reported numbers this year differ from last year, due to PHN implementing MECSH and are moving out of COVID.	
3.	**Field Name:**	**Children 1 through 21 Years of Age**
	Fiscal Year:	**2022**
	Field Note: Wyoming Title V serves children through genetic clinics (127) and family home visitation services (3110). Coverage information for genetics comes 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 (306). Home Visiting data from PHNI system from October 1, 2021 - September 30, 2022. While WY PHN continues to work on improving reports to pull clients served, this year's reporting methods are similar to last year and the number reported this year cannot be broken down by insurance. It is expected that reported numbers this year differ from last year, due to PHN implementing MECSH and are moving out of COVID.	
4.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age**
	Fiscal Year:	**2022**
	Field Note: Wyoming Title V serves Children with Special Health Care Needs through the Children's Special Health Program (306). Insurance coverage for CSHCN comes from programmatic data.	
5.	**Field Name:**	**Others**

	Fiscal Year:	**2022**
	Field Note: Wyoming Title V serves parents through home visiting services both when their children are between 0-1 (864) and when their children are 1and older (3384). Visiting data from PHNI system from October 1, 2021 - September 30, 2022. While WY PHN continues to work on improving reports to pull clients served, this year's reporting methods are similar to last year and the number reported this year cannot be broken down by insurance. It is expected that reported numbers this year differ from last year, due to PHN implementing MECSH and are moving out of COVID.	

Field Level Notes for Form 5b:

1.	**Field Name:**	**Pregnant Women Total % Served**
	Fiscal Year:	**2022**
	Field Note: Home Visitation, MHR, Maternal Mortality, PQC (all pregnant wome	
2.	**Field Name:**	**Pregnant Women Denom tor**
	Fiscal Year:	**2022**
	Field Note: Source: WY VSS	
3.	**Field Name:**	**Infants Less Than One ar To s Served**
	Fiscal Year:	**2022**
	Field Note: Home Visitation, NBIC QC (all), NBS	
4.	**Field Name:**	**Infants Le Than One Year Denominator**
	Fiscal Year:	**022**
	Field Note: Source: WY Economic Analysis Division	
5.	**Field Name:**	**Children 1 through 21 Years of Age Total % Served**
	Fiscal Year:	**2022**
	Field Note: Family Home Visitation, Genetics, Teens in the Driver Seat, Sources of Strength and the Healthy Policy ToolKit. ASQ Screenings are not longer included in this count as in years past because it was determined that all children should have received their first AQS screening before the age of 1, and this would be captured in the Infant counts for home visitation.	
6.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age Total % Served**
	Fiscal Year:	**2022**

	Field Note: CSH, Genetics	
7.	**Field Name:**	**Others Total % Served**
	Fiscal Year:	**2022**
	Field Note: For this reporting year, 'other' numbers were reported from PHNI family visits and My 307 Wellness App Users. The Data Alert "Others, Form 5a Count is greater than or equal to 90% of the Form 5b Count (calculated). Please check that population based services have been included in the 5b Count and not in the 5a Count" is noted. The only additional population based services included the My 307 Wellness App Users which was 512 during the reporting period.	

Data Alerts:

1.	Others, Form 5a Count is greater than or equal to 90% of the Form 5b Count (calculated). Please check that population based services have been included in the 5b Count and not in the 5a Count.

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

State: Wyoming

Annual Report Year 2022

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 Alask	(F) Non-ispanic	(G) Non-Hispanic Native Hawaiian or Other Pacific Islander	(H) Non-Hispanic Multiple Race	(I) Other & Unknown
1. Total Deliveries in State	6,053	4,672	50	828			26	151	98
Title V Served	2,277	2,277	0	0			0	0	0
Eligible for Title XIX	1,784	1,164	17	368	144	4	6	51	30
2. Total Infants in State	6,156	4,598	85	302	179	66	5	241	0
Title V Served	2,062	2,062	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:	**2022**
	Column Name:	**Total**
	Field Note: WY VSS 2021	
2.	**Field Name:**	**1. Title V Served**
	Fiscal Year:	**2022**
	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:	**2022**
	Column Name:	**Total**
	Field Note: WY VSS 2021	
4.	**Field Name:**	**2. Total Infants in State**
	Fiscal Year:	**2022**
	Column Name:	**Total**
	Field Note: Source: WY Economic Analysis Division 2021	
5.	**Field Name:**	**2. Title V Served**
	Fiscal Year:	**2022**
	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:	**2022**

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	2024 Application Year	2022 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	Feliciana Turner
4. Contact Person's Telephone Number	(307) 777-3733	(307) 777-3733
5. Number of Calls Received on the State MCH "Hotline"		477

B. Other Appropriate Methods	2024 Application Year	2022 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		16,757
5. State Title V Social Media Websites	https://www.facebook.com/Maternal-and-Child-Health-Unit-Wyoming-Department-of-Health-102428631919483	https://www.facebook.com/Maternal-and-Child-Health-Unit-Wyoming-Department-of-Health-102428631919483
6. Number of Hits to the State Title V Program Social Media Websites		3,159

Form Notes for Form 7:

During the reporting period, WY MCH supported COVID-19 Immunization calls through our 800 # ceased, as it was no longer needed. COVID calls began being directly received by the IMM unit again.

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.

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 Heal[illegible] Needs [illegible]SHCN) Director	
Name	C[illegible]eigh Soule (sh[illegible]r)
Title	C[illegible]SHCN Program Ma[illegible]ger and Title V CSHCN Director
Address 1	122 W. 2[illegible] 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 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

4. State Youth Leader (Optional)	
Name	
Title	
Address 1	
Address 2	
City/State/Zip	
Telephone	
Extension	
Email	

Form Notes for Form 8:

None

Form 9
List of MCH Priority Needs

State: Wyoming

Application Year 2024

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 Sp[illegible]ealth Ca[illegible]
7.	Strengthen MCH Workforce Capacity to Operation[illegible]CH Core [illegible]lues

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 the Core [illegible]	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
2021	81.6 %	0.5 %	5,003	6,130
2020	79.4 %	0.5 %	4,797	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
2020	40.3	9.0	20	4,963
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		22	5,004
2014	78.5	10.5	56	7,134
2013	73.4	10.1	53	7,220
2012	63.9	9	46	7,197
2011	72.5	0.1	52	7,177
2010	52.3		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 reporta

Indicator has a numerator <20 and should be interpre ution

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
2017_2021	NR	NR	NR	NR
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**
2021	9.4 %	0.4 %	586	6,234
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 reporta

Indicator has a numerator <20, a confidence interval % 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**
2021	10.8 %	0.4 %	676	6,234
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 %	0.3 %	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 reporta

Indicator has a numerator <20, a confidence interval % 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
2021	29.9 %	0.6 %	1,864	6,234
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 %	%	2,087	7,571
2011	27.8 %		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 reporta

Indicator has a numerator <20, a confidence interval % 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**
2021/Q1-2021/Q4	3.0 %			
2020/Q4-2021/Q3	2.0 %			
2020/Q3-2021/Q1	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	%			
2017/Q1-2017/Q4	2.0			
2016/Q4-2017/Q3	2.0			
2016/Q3-2017/Q2	.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 %			

Year	Annual Indicator	Standard Error	Numerator	Denominator
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
2020	5.0	0.9	31	6,143
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		43	7,787
2014	6.6	0.9	51	7,713
2013	4.6	0.8	35	7,662
2012	5.4	0	41	7,591
2011	6.5	0.9	48	7,424
2010	5.9		45	7,578
2009	6.4	0.9	51	7,909

Legends:

Indicator has a numerator <10 and is no rtable

Indicator has a numerator <20 and should be preted with cau

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
2020	5.2	0.9	32	6,128
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		38	7,765
2014	6.4	0.9	49	7,696
2013	4.8	0.8	37	7,644
2012	5.5	0	42	7,572
2011	6.6	1.0	49	7,399
2010	6.9		52	7,556
2009	6.0	0.9	47	7,881

Legends:

Indicator has a numerator <10 and is no rtable

Indicator has a numerator <20 and should be preted with cau

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**
2020	3.3	0.7	20	6,128
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**
2020	2.0	0.6	12	6,128
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	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	.6	19	7,399
2010	2.8		21	7,556
2009	2.3	0.5	18	7,881

Legends:

Indicator has a numerator <10 and is no rtable

Indicator has a numerator <20 and should be preted with caut

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
2020	NR	NR	NR	NR
2019	228.5	59.1	15	6,565
2018	167.6	50.6	11	6,562
2017	NR	NR	NR	NR
2016	135.4	42.8	10	7,386
2015	167.4	46	13	7,765
2014	155.9	45.1	12	7,696
2013	143.9	43.4	11	7,644
2012	184.9	49.5	14	7,572
2011	NR	NR	NR	NR
2010	198.5	5	15	7,556
2009	177.6	47.5	14	7,881

Legends:

Indicator has a numerator <10 and is not reportable

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

NOM 9.4 - 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
2020	NR	NR	NR	NR
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	65.0	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 %	0.9 %	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
2020	4.3	0.9	21	4,906
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	17	5,089
2014	4.2	0.8	28	6,670
2013	2.5	0.6	17	6,726
2012	3.5	0	24	6,784
2011	NR	R	NR	NR
2010	NR		NR	NR
2009	NR	NR	NR	NR
2008	NR	NR	NR	NR

Legends:

Indicator has a numerator ≤10 and is not reporta

Indicator has a numerator <20 and should be interpr ution

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
2020_2021	15.3 %	1.3 %	19,176	125,366
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 %	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 - 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**
2021	30.4	7.0	19	62,589
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	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		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 reporta

Indicator has a numerator <20 and should be interpre ution

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
2021	62.6	9.0	49	78,215
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		33	75,332
2015	45.9	7.9	34	74,053
2014	41.5	7.5	31	74,698
2013	41.5	7	31	74,696
2012	32.6	6.7	24	73,556
2011	60.0		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 reporta

Indicator has a numerator <20 and should be interpre ution

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
2019_2021	22.4	4.5	25	111,742
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		25	111,820
2012_2014	19.5	4.2	22	112,773
2011_2013	25.8		29	112,344
2010_2012	24.0	4.(	27	112,581
2009_2011	34.1	.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 reporta

Indicator has a numerator <20 and should be interpr ution

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
2019_2021	30.4	5.2	34	111,742
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		34	111,820
2012_2014	22.2	4.4	25	112,773
2011_2013	20.5		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 reporta

Indicator has a numerator <20 and should be interpre ution

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
2020_2021	19.7 %	1.3 %	26,199	133,274
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 %	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 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
2020_2021	18.0 %	3.3 %	4,706	26,199
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 %	[illegible] %	4,649	28,038
2016	21.5 %	[illegible] %	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 [illegible] 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
2020_2021	3.2 %	0.7 %	3,559	111,099
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 %	%	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 - 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
2020_2021	10.2 %	1.2 %	11,382	111,384
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 %	1.2 %	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 [illegible] 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
2020_2021	54.7 %	4.8 %	9,497	17,368
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 %	6.0 %	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 [illegible] 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
2020_2021	91.3 %	0.9 %	121,653	133,202
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 %	.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 - 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**
2020	11.6 %	0.7 %	233	2,007
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 %		3,494

Legends:

Indicator has a denominator <20 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 (YRBS

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
2020_2021	11.5 %	1.6 %	6,663	58,183
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 in... and should ...ted 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
2021	9.7 %	1.6 %	12,688	130,857
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 %	%	11,773	134,617
2010	7.3 %		10,014	136,499
2009	9.0 %	1.6 %	11,586	129,393

Legends:

Indicator has an unweighted denominat and is not reportabl

Indicator has a confidence interval width >20 nts, >1.2 times 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
2018	69.9 %	3.7 %	4,000	6,000
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 %		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
2021_2022	37.8 %	2.7 %	47,972	126,976
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 %	[illegible] %	56,061	129,852
2016_2017	43.1 %	[illegible] %	56,675	131,650
2015_2016	41.7 %	2.3 %	[illegible]85	129,220
2014_2015	45.6 %	[illegible] %	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	[illegible]	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 [illegible] denominator < 30 or because the relative standard error is >0.3.

Estimates with 95% confidence interval half-widths > 10 [illegible]ght 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
2021	64.8 %	3.8 %	25,726	39,715
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 %	5,198	36,011

Legends:

Estimate not reported because unweighted sample size for the denominator < 3 ... confidence in... width/estimate > 1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable mig... not be re...

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
2021	89.8 %	2.5 %	35,667	39,715
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 %	1,647	36,011
2014	89.1 %	1.8 %	32,738	36,744
2013	92.3 %	1.5	33,957	36,780
2012	85.4 %	%	31,167	36,512
2011	86.2 %		31,319	36,319
2010	5.0 %	3.2 %	23,566	36,267
2009	48.2 %	3.0 %	17,231	35,752

Legends:

Estimate not reported because unweighted sam ize for th nominator < 30 or 95% confidence interval width/estimate > 1.2

Estimates with 95% confidence interval widths > 20 estimable 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**
2021	75.9 %	3.4 %	30,132	39,715
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 %	[illegible]	36,011
2014	55.6 %	2.9 %	20,431	36,744
2013	63.1 %	3.[illegible] %	23,216	36,780
2012	59.1 %	[illegible]4 %	21,559	36,512
2011	[illegible]	4.1 %	22,068	36,319
2010	51.5 %	3.3 %	18,667	36,267
2009	[illegible]7.8 %	3.0 %	17,074	35,752

Legends:

Estimate not reported because unweighted sample [illegible] 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
2021	16.0	0.9	295	18,395
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	463	17,711
2015	28.8	1.3	510	17,682
2014	30.5	1.3	545	17,858
2013	29.8	1	540	18,135
2012	34.8	1.4	622	17,855
2011	35.2		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 reporta

Indicator has a numerator <20 and should be interpre ution

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 >10% 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
2020_2021	3.9 %	0.7 %	5,215	133,141
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 %	%	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 - 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**	**2022**
Annual Objective			65.7	65.7
Annual Indicator	64.8	64.6	67.6	67.6
Numerator	61,481	61,360	65,289	65,289
Denominator	94,822	94,[illegible]4	96,594	96,594
Data Source	BRFSS	BRFSS	BR[illegible]S	BRFSS
Data Source Year	2018	2019	2021	2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	68.7	68.9	70.1

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**

Field Note:
Annual objectives updates because 2022 objective was met.

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**	**2022**
Annual Objective			86.6	86.6
Annual Indicator	85.7	82.3	86.2	86.2
Numerator	5,251	5,105	5,022	5,022
Denominator	6,130	6,201	5,828	5,828
Data Source	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2018	2019	2020	2020

State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			85.7	86.6
Annual Indicator				83.2
Numerator				4,967
Denominator				5,970
Data Source				WY PRAMS
Data Source Year				2021
Provisional or Final ?				Final

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

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note:	Provisional - FAD data does not have updated PRAMS data for 2021 - this was pulled from WY's specific data set.

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**	**2022**
Annual Objective			31.7	31.7
Annual Indicator	29.6	30.4	31.4	31.4
Numerator	1,775	1,800	1,792	1,792
Denominator	5,999	5,921	5,705	5,705
Data Source	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2018	2019	2020	2020

State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			26.6	31.7
Annual Indicator				32.4
Numerator				1,867
Denominator				5,759
Data Source				WY PRAMS
Data Source Year				2021
Provisional or Final ?				Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	33.5	34.4	35.3

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: Provisional - FAD data does not have updated PRAMS data for 2021 - this was pulled from WY's specific data set.	
2.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: Updated to reflect 2022 objective has been met.	

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**	**2022**
Annual Objective			46.1	46.1
Annual Indicator	32.6	37.1	45.7	45.7
Numerator	1,928	2,226	2,580	2,580
Denominator	5,918	6,001	5,647	5,647
Data Source	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2018	2019	2020	2020

State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			32.6	46.1
Annual Indicator				50.1
Numerator				2,899
Denominator				5,783
Data Source				WY PRAMS
Data Source Year				2022
Provisional or Final ?				Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	55.0	59.0	62.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: Provisional - FAD data does not have updated PRAMS data for 2021 - this was pulled from WY's specific data set.	
2.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: Updated to reflect 2022 objective has been met.	

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**	**2022**
Annual Objective			230.7	230.7
Annual Indicator	276.4	230.7	235.0	235.0
Numerator	207	174	180	180
Denominator	74,890	75,417	76,604	76,604
Data Source	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT
Data Source Year	2017	2018	2020	2020

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	227	223.7	220.2

Field Level Notes for Form 10 NPMs:

None

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**	**2022**
Annual Objective			40.5	40.5
Annual Indicator	30.2	35.8	40.3	40.3
Numerator	14,688	17,398	19,171	19,171
Denominator	48,676	48,566	47,627	47,627
Data Source	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD
Data Source Year	2017_2018	2018_2019	2020_2021	2020_2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	42	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**	**2022**
Annual Objective			42.1	42.1
Annual Indicator	38.1	37.9	47.7	47.7
Numerator	10,270	9,240	12,496	12,496
Denominator	26,977	24,351	26,199	26,199
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2017_2018	2018_2019	20_2021	2020_2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	4	51.0	53.0

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	2022
Annual Objective			13.4	11.8
Annual Indicator	13.4	13.6	12.5	9.8
Numerator	859	855	735	583
Denominator	6,404	6,[illegible]	5,894	5,949
Data Source	NVSS	NVSS	NVSS	NVSS
Data Source Year	2018	2019	2020	2022
Provisional or Final ?	Final	Final	Final	Final

Annual Objectives

	2023	2024	2025
Annual Objective	7.0	6.5	5.5

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**20**
	Column Name:	**Annual Objective**
	Field Note: Objective updates in 2023 to reflect they were met in 2022	

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**	**2022**
Annual Objective			100	100
Annual Indicator			66.7	50
Numerator			2	1
Denominator			3	2
Data Source			WY MCH Program Data	WY MCH Program Data
Data Source Year			2021	2022
Provisional or Final ?			Provisional	Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	100.0	100.0	100.0

Field Level Notes for Form 10 Ms:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note:	During this reporting period, WY MCH hired two new employees. Only one of them completed the MCH Navigation assessment.

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	2022
Annual Objective			64.2	47.3
Annual Indicator	64.2	64.6	45.4	47.3
Numerator	10,333	9,775	9,053	10,765
Denominator	16,100	15,130	19,943	22,744
Data Source	CMS-416 Report	CMS-416 Report	WY CMS-416 Report Submission	WY CMS-416 Report Submission
Data Source Year	2018	2019	2020	2021
Provisional or Final ?	Final	Final	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	67.4	69.0	70.6

Field Level Notes for Form 1[illegible]Ms:

None

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

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			84	86.1
Annual Indicator	84	83	83	82.8
Numerator	20,244	9,047	9,047	18,172
Denominator	24,099	10,905	10,905	21,959
Data Source	WY PNA	WY PNA	WY PNA	WY PNA
Data Source Year	2018	2020	2020	2022
Provisional or Final ?	Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	82.8	88.2	88.2

Field Level Notes for Form 10 SPM

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:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: PNA is only collected in even years. 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 other survey years.	
4.	**Field Name:**	**2023**
	Column Name:	**Annual Objectives**
	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:	Inactive - Replaced			
State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			250	275
Annual Indicator			160	166
Numerator				
Denominator				
Data Source			dflower Health	Wildflower Health
Data Source Year			021	2022
Provisional or Final ?			Final	Final

Field Level Notes for Form 10 ESM

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:	Inactive - Replaced			
State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			20	25
Annual Indicator			5.6	3.6
Numerator			9	6
Denominator			160	166
Data Source			Wildflower Health	Wildflower Health
Data Source Year			2021	2022
Provisional or Final ?			Final	Final

Field Level Notes for Form 10 ESMs:

None

ESM 1.3 - Percentage of women, ages 14-44 who were enrolled to receive MCH funds for a cervical screen through the Wyoming Cancer Program and who received the cervical screen with MCH funds.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives		
	2024	2025
Annual Objective	75.0	100.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: Program did not start until FY2023, for which the baseline was 50% (3/6) for the time period 10/1/22-3/31/23. Future objectives are based on this.	
2.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: Program did not start until FY2023, for which the baseline was 50% (3/6) for the time period 10/1/22-3/31/23. Future objectives are based on this.	

ESM 1.4 - Percentage of women, ages 14-44 who were denied coverage from other programs under the Wyoming Cancer Program for a cervical screen, and who received a cervical screen with MCH funds.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives		
	2024	2025
Annual Objective	25.0	50.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: Program did not start until FY2023, for which the baseline was 6% (3/50) for the time period 10/1/22-3/31/23. Future objectives are based on this.	
2.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: Program did not start until FY2023, for which the baseline was 6% (3/50) for the time period 10/1/22-3/31/23. Future objectives are based on this.	

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	2022
Annual Objective			32.6	33
Annual Indicator			29.3	29.6
Numerator			967	765
Denominator			3,298	2,585
Data Source			WY PRAMS	WY PRAMS
Data Source Year			018-2020	2019-2021
Provisional or Final ?			nal	Final

Annual Objectives

	2023	2024	2025
Annual Objective	36.0	38.0	40.0

Field Level Notes for Form 10 ESM

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Because of small numbers for ind years, three year of data were used to produce a more reliable estimates.	
2.	**Field Name:**	**2022**
	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	2022
Annual Objective			31	46
Annual Indicator			44.3	50
Numerator			1,463	1,321
Denominator			3,304	2,640
Data Source			WY PRAMS	WY PRAMS
Data Source Year			18-2020	2019-2021
Provisional or Final ?			nal	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	52.0	54.0	56.0

Field Level Notes for Form 10 ESM

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.	
2.	**Field Name:**	**2022**
	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.	
3.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: Updated because we met the previous 2023 goal of 49% in 2022.	

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	2022
Annual Objective			3	6
Annual Indicator			0	0.7
Numerator			0	1
Denominator			134	134
Data Source			Program Data	Program Data
Data Source Year			2021	2022
Provisional or Final ?			Final	Final

Annual Objectives			
	202	024	2025
Annual Objective	.0	5.0	8.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Pro ed Data**
	Field Note: Teens in the Driver's Seat pil hool d t begin implementation until Jan 2022/ Will report for FY23.	
2.	**Field Name:**	**202**
	Column Name:	**Annual Objective**
	Field Note: These have been updated due to the smaller than expected progress in recruiting high schools to participate in the program.	

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	2022
Annual Objective			15	10
Annual Indicator			8	17
Numerator				
Denominator				
Data Source			Program Data	Program Data
Data Source Year			2021	2022
Provisional or Final ?			nal	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	20.0	23.0	25.0

Field Level Notes for Form 10 ESM

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: Contract for new TA and implementation was executed in April 2022.	
2.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: Objectives have been updates since this was met in 2022 and to to reflect the final goal of 25	

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

Measure Status:	Active

State Provided Data		
	2021	2022
Annual Objective		
Annual Indicator		100
Numerator		17
Denominator		17
Data Source		Program Data
Data Source Year		2022
Provisional or Final ?		Final

Annual Objectives			
	202	024	2025
Annual Objective	.0	100.0	100.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Pro ed Data**
	Field Note: Contract for new TA and imple tatio as executed in April 2022.	
2.	**Field Name:**	**202**
	Column Name:	**Annual Objective**
	Field Note: The goal is to maintain 100% every year.	

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

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			50	10
Annual Indicator			0	0
Numerator			0	0
Denominator			1	1
Data Source			Program Data	Program Data
Data Source Year			2021	2022
Provisional or Final ?			Final	Final

Annual Objectives			
	202	024	2025
Annual Objective	.0	45.0	50.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Pro ed Data**
	Field Note: Due to staff change over, and iting ults from the contracted OMNI focus groups - we will be focusing on this ESM in the next cycle. One was p e denominator because 0 was not accepted.	
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: Previously, due to delays mentioned in convening the committee, annual objectives were reassessed to be more manageable, and the program is exploring the idea of having an MCH Advisory Council opposed to one that is just CYSHCN specific. One was put in the denominator because 0 was not accepted.	

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

Measure Status:	Inactive - Completed			
State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			Yes	Yes
Annual Indicator			Yes	Yes
Numerator				
Denominator				
Data Source			Program Data	Program Data
Data Source Year			2021	2022
Provisional or Final ?			Final	Final

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	2022
Annual Objective			Yes	Yes
Annual Indicator			No	No
Numerator				
Denominator				
Data Source			Program Data	Program Data
Data Source Year			2021	2022
Provisional or Final ?			Final	Final

Annual Objectives			
	202	024	2025
Annual Objective	es	Yes	Yes

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Pro ed Data**

Field Note:
As part of the "CSH Reimagi work keeping the results of the National Standards Assessment in mind, the Children's Special Health progra assessing the services and care coordination in which they serve the community to see if there is a better way to implement the program.

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 prenatal smoking on children have been a clinical and public health concern for decades. Children have an increased frequency of ear infections; acute respiratory illness; 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 KY 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:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** 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?' **Denominator:** 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?'
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:	Inactive - Replaced
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:	Inactive - Replaced
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 reprod ve a gh social media it is important to ensure they are reading accurate literat a basic lth literacy level to better understand and gain knowledge of what l woman sists of and questions to ask their provider about any blood draws, imm ations and exams.

ESM 1.3 - Percentage of women, ages 14-44 who were enrolled to receive MCH funds for a cervical screen through the Wyoming Cancer Program and who received the cervical screen with MCH funds.
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active
Goal:	Increase the percent of women enrolled in MCH funded cervical screen program that received a screening.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of women, ages 14-44 who received a cervical screen funded with MCH funds through the Wyoming Cancer Program. **Denominator:** Number of women, ages 14-44 who were enrolled to receive a cervical screen funded with MCH funds through the Wyoming Cancer Program.
Data Sources and Data Issues:	Wyoming Cancer Program Reports
Evidence-based/informed strategy:	1) Patient/Consumer-Based Interventions: Patient Navigation 2)MCH Evidence 3) Monitoring Patient Navigation for those enrolled to find gaps https://www.mchlibrary.org/evidence/established-results.php?q=&NPM=1%3A+Well-Woman+Visit&Intervention=Patient+Navigati
Significance:	Monitoring patient navigation for those enrolled will identify possible gaps and areas for improvement when contacting patients that are enrolled with offices to get services.

ESM 1.4 - Percentage of women, ages 14-44 who were denied coverage from other programs under the Wyoming Cancer Program for a cervical screen, and who received a cervical screen with MCH funds.
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active
Goal:	Increase the percent of women denied from other programs for a cervical screen but were accepted and received a cervical screen with MCH funds.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of women, ages 14-44 who received a cervical screen funded with MCH funds through the Wyoming Cancer Program. **Denominator:** Number of women, ages 14-44 who were denied coverage from other programs under the Wyoming Cancer Program for a cervical screen.
Data Sources and Data Issues:	Wyoming Cancer Program Reports
Evidence-based/informed strategy:	1) Patient/Consumer-Based Interventions: Enabling services 2)MCH Evidence 3) Relieving patients of financial burden increases https://www.mchlibrary.org/evidence/estimated-results.php?q=&NPM=1%3A+Well-Woman+Visit&Intervention=Enabling+Service
Significance:	Tracking the number of women who received a cervical screen with MCH funds after being denied coverage from other programs is a direct way to increase the well women visit.

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 understand 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

Measure Status:	Active
Goal:	Increase the % of moms, who report a home visit, who put infant to sleep without soft objects or loose bedding.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** # of women responding their infant is put to sleep without soft objects or loose bedding **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 understand who is participating in the home visitation program.

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 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 do 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
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 health to 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 with education 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

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:	Inactive - Completed
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 the 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 2022

	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