

Department of Health

Mission and philosophy

The Wyoming Department of Health's mission is to promote, protect and enhance the health of all Wyoming residents so they may achieve their maximum health potential. We will communicate with the public in an open and candid way, informing them of health care options, thus empowering them to make educated choices on receiving the highest quality of health care.

Results of outcomes

Refer to the Wyoming Department of Health strategic plan program evaluation executive summary. All programs within the department strategic plan are evaluated on stated outcomes. The findings are reported in the program evaluation executive summary and submitted to the governor and Legislative Service Office by December 1 annually.

Strategic plan changes

Present: Refer to 2001-2004 Wyoming Department of Health strategic plan.

Future: The Wyoming Department of Health is in the process of adopting a new strategic plan model. This model, known as Results and Performance Accountability, uses a business-like thinking process as its foundation for planning and communication and will replace the present plan for 2004. It consists of two phases: Phase I will address the mandated statute requirements and will be reported each year in the Department of Health Annual Report; Phase II will focus primarily on the individual program level and will be subject to an internal evaluation function. The results of the evaluation will be utilized as a management tool to better serve the people of Wyoming.

Aging Division

General information

Beverly J. Morrow, administrator

Agency contact

Beverly J. Morrow, administrator
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307/777-7986

General information

Deborah K. Fleming, Ph.D., director

Agency contact

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Other locations

Statewide

Year established

Established in 1969 and reorganized in 1991

Statutory references

W.S. 9-2-101 through 108

Number of authorized personnel

Director's office: 25 full-time employees
Agency: 1,397 full-time employees, 93 part-time employees

Organizational structure

Department of Health, Aging Division, Community and Family Health Division, Developmental Disabilities Division, Mental Health Division, Office of Health Facilities, Office of Medicaid, Office of Rural Health, Preventive Health and Safety Division, Substance Abuse Division,

Clients served

In addition to the descriptions contained in each division report, the Elderly and Disabled Tax Rebate clients are served through Fiscal Services.

Budget information

Agency general funds	\$218,481,890
Director's office general funds	\$1,388,556
Elderly and disabled general funds	\$1,667,290
Agency federal funds	\$250,243,589
Agency other funds	\$20,815,143
Total	\$492,596,468

Other locations

The division’s office is located in Cheyenne and administers aging programs statewide.

Year established and reorganized

Established 1981 as the Wyoming Commission on Aging and reorganized into the Department of Health as a division in 1991.

Statutory references

W.S. 9-2-1201

Number of authorized personnel

12 full-time employees

Organizational structure

Department of Health, Aging Division

Clients served

Elderly clients 60 years of age or older and disabled clients under 60 years of age.

Budget Information

General funds	\$24,733,980
Federal funds	\$48,791,753
Total	\$73,525,733

Mission and philosophy

To provide a flexible and responsive continuum of services which enable Wyoming senior citizens to age-in-place with maximum dignity and independence. Towards this objective, the Aging Division advocates, plans, coordinates, administers and evaluates statewide policies and programs relating to adults.

The division is committed to building a sound policy and program infrastructure, which anticipates the twenty-first century. The division is the sole state agency responsible for coordinating and providing a focal point for statewide efforts on behalf of Wyoming’s older adults.

Results of outcomes

The Long Term Care Home and Community-Based Waiver Services (LTC HCBS) program continues to be very successful, with the average length of stay in the program steadily increasing. This cost-effective program allows clients, who meet nursing home eligibility standards, to receive intensified services in their homes.

In FY02, 1,284,678 nutritionally balanced meals were served to eligible seniors, which is an increase of 37,962 meals over FY01. The Aging Division receives meal summaries from senior centers and meals on wheels programs monthly. Two nutrition-related training sessions were sponsored by the Aging Division as part of the 2003 Governor’s Conference on Aging. Nutrition training was

supported for all grantees’ meal staffs, and nutrition educational materials were sent to all meal sites.

To promote better medication management, the Aging Division has a MOU with the UW’s School of Pharmacy. On-site educational seminars were provided for all 38 senior centers throughout Wyoming, and pre- and post-tests were performed to evaluate the efficacy of the training.

The Community-Based In-Home Services program served 3,368 at-risk clients in FY02, compared to 3,202 served in FY01. This crucial and successful state-funded program uses a risk assessment tool to assure that the client is truly “at risk,” and to determine the level and nature of their needs. The grantees/programs are monitored and assessed annually, and all case managers received eight hours of certification training in FY02.

The Aging Nursing Home program saw a slight drop in the average Medicaid occupancy rate and percent of days over the course of FY03. The success of the LTC HCBS Waiver may be affecting these numbers, which is encouraging.

The Ombudsman program continues to meet contractual expectations and to generate good reports regarding the protection of patient rights in long-term care settings. The Legal Assistance Developer program is also doing well in its efforts to assist seniors with important legal matters.

In federal FY02 (10/1/01-9/30/02), 20,996 caregivers were served in some way through the new National Family Caregiver Support Services Program in Wyoming. Respite services were provided to 319 caregivers, case management services assisted 3,493 caregivers, 724 received counseling and/or training, and the remainder received supplemental and informational services. At least 376 care receivers were directly served, and were able to remain living at home, with the help of this program.

Through the Mental Wellness initiatives, presentations were provided at 19 sites/conferences during FY03, reaching over 439 participants. Participants turn in evaluation forms after each presentation, and more than 80 percent of the evaluations rated the presentations as “excellent” or “very good.”

The three state Aging institutions – the Veterans’ Home of Wyoming, Wyoming Pioneer Home, and Wyoming Retirement Center – continued to operate effectively. All facilities are licensed annually, and more than 50 percent of the facilities’ residents are assessed at less than the facility maximum rate. This indicates that the institutions are appropriately serving low-income Wyoming residents, and are acting as “safety net” providers for assisted living and skilled nursing care.

Strategic plan changes

The Senior Employment program was transferred to the Department of Workforce Services. The Aging Minimum Medical program and the Telemedicine program were listed in the previous annual report, but are not Aging Division programs.

Community and Family Health Division

General information

Jimm Murray, administrator

Agency contact

Jimm Murray, administrator
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307/777-6004

Other locations

Statewide

Year established

Established in 1991, realigned in 1998 and 2000

Statutory references

W.S. 9-2-101, 9-2-2005, 35-1-305 and 306, 35-4-801 and 802;
Federal-Title V Social Security Act; Federal-Section
17 of the Child Nutrition Act of 1966

Number of authorized personnel

115 full-time employees
72 part-time employees

Organizational structure

Department of Health, Community and Family
Health Division

Clients served

It is possible that the array of services, direct or
indirect, affect all residents of Wyoming.

Budget information

General funds	\$21,792,922
Federal funds	\$42,555,739
Other funds	\$4,395,184
Total	\$68,743,845

Mission and philosophy

The roles of public health agencies are assessment, assurance and policy development. With these roles in mind, the mission for the division is to assure the development of systems of health services for Wyoming residents. These systems must be family-centered, coordinated and community-based, culturally appropriate, cost-effective and efficient; they must provide for improved outcomes and all components must be accountable to the health of the community. The purpose of system development is to utilize the existing services to assure quality health care and improved outcomes.

Results of outcomes

The dental program continued to meet its goal of reducing dental cavities by providing 21,001 Dental Sealants to 4,830 children.

The End Stage Renal Disease program was able to exceed goals of maintaining the status quo due to revitalized interest and funding. The program continued to serve the existing nine persons and to add 111 new clients. Payment for dialysis services and immune suppressant medicine is covered.

All 23 counties received capacity-building grants for Maternal and Child Health. The purpose is to enhance Public Health offices' ability to access, develop, deliver, and evaluate quality services.

The Immunization program maintained the levels of vaccine-preventable disease protection to 73 percent.

To prevent the occurrence of nutrition related health problems, the Women, Infants, and Children program now serves an average of 11,312 participants including 1,230 pregnant women, 756 breast-feeding women, 959 postpartum non-breast-feeding women, 2,547 infants and 5,820 children.

The Community Services Block Grant federal rules required restructuring at the local level for recipient agencies to qualify for funds. All 23 counties have adjusted and continue to receive funds at previously established levels.

Public Health Nursing now has systems of communicable disease control which includes: education of the public in communicable disease prevention and treatments; collaboration and communication with providers on the most effective and appropriate treatment and reporting of communicable diseases.

Developmental Disabilities Division

General information

Robert T. Clabby, II, MA, administrator

Agency contact

Jon Fortune, Ed.D., deputy administrator
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307/777-7115

Other locations

There are eight regional area resource specialists in Casper, Cheyenne, Evanston, Gillette, Kemmerer, Lander, Laramie and Powell.

Year established

Established in 1991

Statutory reference

W.S. 7-19-106 and 201, 9-2-101 through 108, 9-2-205, 21-2-701 through 705, 35-1-611 through 628; Civil Action No. C90-004, Federal PL 102-119, P. 100-297 Section 1915 of the Social Security Act.

Number of authorized personnel

32 full-time employees

Organizational structure

Department of Health, Developmental Disabilities Division

Clients served

Individuals with developmental disabilities or developmental delays.

Budget information

General funds	\$44,115,678
Federal funds	\$51,828,578
Total	\$95,944,256

Mission and philosophy

The division's primary responsibilities during FY03 were the child and adult programs.

The mission is to provide funding and guidance responsive to the needs of at least 4,191 people with developmental disabilities to enable them to live, work, and learn in Wyoming communities. Individuals with developmental disabilities range in age from infants and toddlers to senior adults. These individuals may have mental retardation - or close-related condition - or other developmental disabilities. In FY03 the division's DOORS (Individual Budget Amount Model) was selected by the federal centers for Medicare and Medicaid Services as one of the eight national promising practices in home and community-based waivers.

Results of outcomes

The waiting list for all services at the end of the year included seven eligible children and 86 eligible adults with developmental disabilities waiting for Medicaid home and community-based waivers. Five adults with acquired brain injury were also waiting for their waiver opportunity and 85 preschool children were waiting for funding while being served by the Early Intervention-Preschool program.

Strategic plan changes

This division plans to continue to try to keep the waiting list as small as possible. It is anticipated that the number of people who are eligible, but waiting for service, may climb to 164 adults and 46 children with developmental disabilities by July 2004. The number of preschool children who are being served but waiting for funding will reach 162.

Emergency Medical Services Program

General information

Jim Mayberry, manager

Agency contact

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Cheyenne, WY 82002
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307/777-7955

Year established

Established in 1974

Statutory references

W.S. 33-36-101, et al; W.S. 35-1-801, et al

Number of authorized personnel

Eight full-time employees currently
9 authorized positions

Organizational structure

Department of Health, Preventive Health and Safety Division, Emergency Medical Services Program

Clients served

Public - residents and tourists who suffer unexpected medical emergencies.

Budget information

General funds	
EMS and Trauma programs	\$546,298
Poison Center contract	\$48,583
Federal funds	
AED grant	\$249,714
EMS through Health Block Grant	\$100,800
EMS for Children (EMSC) grant	
Trauma grant	\$40,000
Total	\$1,085,142

Mission and philosophy

The Emergency Medical Services program coordinates and improves the state's complex emergency medical services and trauma systems by providing a variety of services, some of which have been mandated, and some that have been instituted specifically to meet the needs of Wyoming communities. The EMS programs are charged with the responsibility of working with the general public, ambulance services, hospital personnel, physician groups, and other health care providers to reduce the severity of injuries and the death rate. Funding to contract

with an accredited Poison Center to insure that Wyoming has a poison center that is available 24 hours per day, that can be accessed by anyone free of charge, that will provide immediate and correct treatment for intentional and accidental poisonings, and that will save unnecessary health dollars. The contract with an accredited Poison Center curbs medical costs associated with the treatment of poisonings by reducing inappropriate use of emergency departments and by preventing poisoning case progress through early prevention. Trauma is the leading cause of death for those between the ages of 1 - 44. Wyoming's unintentional injury death rate is over 50 percent higher than the national average. It is to these public health problems that the Wyoming EMS and Trauma programs direct their activities. The trauma programs activities are geared to implementation and designation of hospitals statewide, data collection and analysis, training of hospital personnel, and identification of prevention programs designed to reduce the morbidity and mortality associated with trauma. The EMS for Children program addresses the unique requirements and needs of the pediatric population that suffer injury or illness in the pre-hospital setting. The AED grant provides for the placement of automatic external defibrillators in communities statewide as a means of providing a local resource for people who encounter sudden cardiac events outside the hospital setting.

By collaborating with other agencies such as the Office of Rural Health, Wyoming Ambulance Emergency Medical Services Association, the Wyoming Hospital Association, and the Wyoming Medical Society, the EMS programs assists communities in rural and frontier areas to maintain and improve the delivery and access to health care services. By bringing the training of pre-hospital personnel to the local communities, the EMS program provides a resource for addressing the health care professional shortages in our communities that otherwise would experience a lack of trained EMS personnel and subsequent loss of a community ambulance service.

Results of outcomes

In FY03 over 120 education programs were presented in communities for pre-hospital and hospital personnel. Over 1,000 people received EMS training in 2002. Wyoming's 74 ambulance services responded to over 41,000 requests for assistance in 2002. Nine hospitals received formal designation as part of the implementation of the trauma system, with ten facilities receiving provisional designations. The contracted Poison Center received 6,413 calls in 2002, resulting in annual savings of over \$900,000 in unnecessary emergency department charges.

Strategic plan changes

Continue to provide training, technical assistance, and resources to the local communities.

In FY04, EMS moved under the direction of the State Health Officer.

Mental Health Division

General information

Pablo Hernandez, M.D., administrator

Agency contact

Pablo Hernandez, M.D., administrator
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307/777-7094

Other locations

The division administrative office is located in Cheyenne and manages the state purchase of mental health outpatient services throughout Wyoming, in all 23 counties.

Year established

Established in 1979, reorganized in 1991 and realigned in 2000

Statutory references

W.S. 9-2-101 through 108 and 9-2-2005

Number of authorized personnel

11 full-time employees

Organizational structure

Wyoming Department of Health, Mental Health Division

Clients served

All Wyoming residents in need of mental health services are eligible to receive services. People served include general adult and youth population, adults with serious and persistent mental illness, and children and adolescents with serious emotional disturbance.

Budget information

General funds	\$19,427,249
Medicaid general funds	\$3,593,064
Federal funds	\$5,389,596
Total	\$28,409,909

Mission and philosophy

To be a leader in providing high quality mental health services that anticipates and responds to the changing needs of persons served. To advocate for and participate in the development and maintenance of a comprehensive system of mental health services and supports throughout Wyoming that stresses independence, dignity, security and recovery.

Results of outcomes

Performance indicators in 2003 for community mental health programs were developed to measure access to outreach services for homeless adults. Program efforts were directed towards locating and identifying homeless adults in need of targeted services and supports. More homeless persons in need of services and supports were engaged into the service delivery system in FY03 than in FY02. Continuing efforts will be made to provide outreach services for homeless adults.

Strategic plan changes

The division's state strategic plan was updated in 2003 to include the Healthy People 2010 outcomes and measures which focused on increasing services and support for homeless adults and increasing access to supported employment services for adults.

Office of Health Facilities

General information

Clifford Mikesell, manager

Agency contact

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Other locations

Basin, Buffalo, Shell, Casper and Wheatland.

Year established

Established in 1990, realigned in 1995 and 2000

Statutory references

WS 35-2-901 through 910; Social Security Act, Sections 1819, 1864 and 1919

Number of authorized personnel

21 full-time employees

Organizational structure

Department of Health, Office of Health Facilities

Clients served

Public

Budget information

General funds	\$783,897
Federal funds	\$2,408,309
Total	\$3,192,206

Mission and philosophy

The Office of Health Facilities mission includes state licensure, federal certification and complaint investigations for 14 categories of health care facilities. These facilities range in size from small boarding homes to large, complex hospitals located throughout the state. During the past 12 months, the staff performed 250 on-site licensure and certification surveys and investigated 173 complaints.

In addition, the OHF reviews preliminary architectural plans for the construction of new health care facilities as well as the renovation of existing facilities. During the past 12 months, 60 preliminary plans were reviewed and 85 on-site inspections were conducted. During the 2003 legislative session, Senate File 37 was passed which gives the Department of Health jurisdiction over all aspects of construction and remodeling, except electrical installations, of any licensed health care facility. This legislation is effective July 1, 2003.

Results of outcomes

To ensure that health care facilities met state and federal standards, 39 of the 39 nursing care facilities surveyed by the office were in substantial compliance for a rate of 100 percent.

Strategic plan changes

None.

Office of Medicaid

General information

Iris Oleske, state medicaid agent

Agency contact

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Year established and reorganized

Reorganized 1999

Statutory references

W.S. 42-4-101 through 42-4-208

Number of authorized personnel

18 full-time employees

Organizational structure

Department of Health, Office of Medicaid

Clients served

Uninsured and low-income adults and children, disabled populations and the elderly

Budget information

Federal funds	\$ 82 million
General fund	\$175 million
Total	\$257 million

Mission and philosophy

The mission of the Office of Medicaid is twofold: first, to provide basic primary health care services, including the services of hospitals, clinics, physicians and other practitioners, to some 73,000 EqualityCare beneficiaries each year; and second, to provide technical assistance and program oversight through monitoring and evaluation to the department's continuum of care divisions in support of their Medicaid program goals. The Office of Medicaid supports administrative efficiency and programmatic integrity, prevention and early intervention as tools for better health outcomes and future cost savings, preservation of consumer rights, fair and equitable reimbursement for providers within the constraints of prudent fiscal management and the use of technology to increase access and assure quality of health care for Wyoming residents.

Results of outcomes

The Office of Medicaid administers core functions of the Medicaid program that support all division activities across programmatic lines. Regulatory functions include maintenance of the State Plan, Administrative Rules, Federal Waivers and tracking and analysis of legislative issues. Primary Care staff administer benefits and coverages, service limits, medical policy, provider reimbursement and care coordination for physician and other practitioner services; inpatient and outpatient hospital services, including lab and x-ray; durable medical equipment; emergency medical transportation; and clinic services. The Eligibility Unit coordinates with the Department of Family Services to assure eligibility for more than 60,000 individuals each month and to oversee policies and procedures carried out in the DFS field offices on behalf of the Medicaid program. During FY03, more than 95 percent of Wyoming's primary care physicians were enrolled as Medicaid providers, as well as 100 percent of Wyoming's hospitals, nursing homes and pharmacies. Each year more than 6,000 providers participate in Wyoming Medicaid.

The Office of Medicaid maintains critical information systems, including the Medicaid Management Information System a federally-certified claims payment and information retrieval system that processes 2.7 million provider claims per year. The Program Integrity Unit is responsible for

Surveillance and Utilization Review activities including pre- and post-payment review, fraud and abuse detection and investigation, appropriateness of care, case management, medical quality of care issues, and overpayment recovery. In FY03, Wyoming Medicaid recovered \$10 million from various other payment sources to offset the cost of providing care.

Office of Rural Health**General information**

Lynne C. Weidel, MHA, manager

Agency contact

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307/777-6970

Year established

Established in 1992 and realigned in 2000

Statutory references

WS 9-2-116 through 119 during the 1993, 1995 and 1998 Legislative sessions

Number of authorized personnel

Three full-time employees

Organizational structure

Department of Health, Office of Rural Health

Clients served

Healthcare providers, community development organizations, Wyoming healthcare associations, and the residents of the state

Budget information

General funds	\$120,000
Federal funds	\$570,000
Total	\$690,000

Mission and philosophy

The Office of Rural Health mission is to improve the delivery of health care services in rural and frontier areas through education, service, research and policy analysis, and to foster cooperation and coordination between state agencies and statewide health care associations. This is accomplished by providing recruitment and retention assistance through a public/private partnership with the Wyoming Health Resources Network, Inc., and providing technical assistance and rural health information to organizations seeking rural outreach, networking, and rural health grants. The Office of Rural Health

is providing support to the Governor's Telemedicine Steering Committee effort to improve the health care for Wyoming residents by facilitating the development, use and access for telehealth networks and systems in our state.

The Wyoming Primary Care Office was established to promote state/federal/local and private sector collaboration in expanding comprehensive, community-based primary care services for underserved and vulnerable populations. The office provides assistance to primary care, mental health, and dental health professionals seeking access to the National Health Service Corp Loan Repayment program. This NHSC program places healthcare professionals in identified shortage areas for a period of two or more years as a requirement of the loan repayment assistance program. The principal responsibility is to improve primary care access of the underserved and vulnerable populations in Wyoming. Primary Care offices are expected to educate the above entities on primary care issues and concerns, and to foster collaboration between their constituency and the U.S. Public Health Service.

The Wyoming Rural Hospital Flexibility Initiative assists small hospitals in rural and frontier areas to maintain and improve the delivery and access to health care services. The program goals are to develop an overall Wyoming Rural Health Plan that increases the access and availability of health-care services in rural and frontier areas of the state, provide technical assistance to primary care, hospital, and emergency medical care systems in the analysis and development of specific programs or solutions to help strengthen the viability of the healthcare providers by assisting the hospital in determining the best healthcare system for the community. The Critical Access Hospital Initiative will be made available to all small rural hospitals that meet the national criteria or the Wyoming-specific necessary provider criteria. Technical assistance funding will be provided to small rural hospitals interested in conversion of the current facility to a critical access hospital.

Results of outcomes

To provide access to information, technical assistance and grant funding to health care providers in rural and frontier areas, and assure the continued delivery of primary health care services in all areas of Wyoming. The program successfully recruited 18 healthcare professionals to underserved areas of the state, and provided consultation and technical assistance to 10 small rural hospitals for conversion to critical access hospital facilities. Five small rural hospitals were converted to critical access hospitals, which has increased Medicare reimbursement and helped the hospital to maintain and increase current services.

Strategic plan changes

None.

Preventive Health and Safety Division

General information

Karl Musgrave, DVM, MPH, administrator

Agency Contact

Karl Musgrave, DVM, MPH, administrator

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307/777-7172

Statutory references

35-4-101 through 35-4-105, 35-4-107, 35-4-801 through 35-4-805, 35-1-240(b), 35-401 through 35-1-431, 35-22-203(a), 21-4-309, 31-6-105(a), 35-1-240(ix)(x), 35-4-221, 35-4-501 and 35-4-502.

Number of authorized personnel

109 full-time employees

One part-time employee

Seven vacancies

Organizational structure

Department of Health, Preventive Health and Safety Division

Clients served

All residents of Wyoming

Budget information

General fund	\$2,692,845
Federal fund	\$3,087,478
Trust	\$294,396
Total	\$6,074,719

Mission and philosophy

The Preventive Health and Safety Division mission continues to be a promotion of health by preventing and controlling disease and injury. The division seeks to provide community focused services and programs to meet the public health needs of the residents of Wyoming. A key goal of this community focused approach to public health is to use epidemiologist and surveillance to continuously assess community public health needs and, when deficiencies are noted, work with local resources to meet identified needs.

Results of outcomes

The Preventive Health and Safety Division have 19 programs. Of those, 13 have outcomes and measures written in the Department of Health strategic plan. They include Cardiovascular, HIV/AIDS Prevention, Lead/Radon, Poison Control, Public Health Laboratory, Sexually- Transmitted Diseases, Tuberculosis, Vital Records, Breast and Cervical Cancer, Cancer Surveillance, Diabetes, Emergency Medical Services and Bioterrorism.

In 2002, 65 percent of the programs had met or exceeded expectations of their stated goals and outcomes. They are Poison Control, Sexually- Transmitted Diseases, Breast and Cervical Cancer, Tuberculosis, Vital Records, Poison Control, Public Health Laboratory, and Bioterrorism. The Radon/Lead program accounted for one-half of a program meeting its goals since the Radon Program did exceed the stated outcome measure.

Strategic plan changes

The Preventive Health and Safety Division is in the process of developing new goals for the reformatted 2003-2006 Department of Health's strategic plan. It should be noted that the current format is not the same as reported in the 2002 Annual Report relating directly to the Healthy People 2010 national goals. The new format, known as Results Based Strategic Planning, will encompass five major priorities the Department of Health has developed. From those, 18 headline whole populations measures will be attributed to those priorities. These results will be the focus of the Department/Divisions over the next two to four years. The Department of Health will continue to provide an internal program evaluation process in order to track the progress being made toward the intended results at the program level. Each program within the Preventive Health and Safety Division, as well as the entire department, will be accountable for achieving results toward the established priorities.

State Health Officer

General information

Brent D. Sherard, M.D., state health officer

Agency contact

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307/777-7656

Year established

Established in 1991 and realigned in 1999 and 2000

Statutory references

W.S. 35-4-101, 35-4-103 and 104, 35-4-110, 35-4-801 and 802, 35-1-240, 35-1-223, 9-2-103, 21-4-309 and 14-4-116

Number of authorized personnel

One full-time employee

Organizational structure

Department of Health, Office of the Director, State Health Officer

Clients served

Wyoming population.

Budget information

General funds	\$143,590
Total:	\$143,590

Mission and philosophy

To advise health care professionals and Wyoming residents on personal and public health care issues, and to carry out the provisions of the Wyoming Statutes as they pertain to the duties of the State Health Officer.

Results of outcomes

Conducted routine visits with county health officers, county public health nursing offices, field representatives, county sanitarians and the penitentiary.

Strategic plan changes

Work with legislature to update Wyoming Law as it relates to Public Health.

Substance Abuse Division

General information

Diane K. Galloway, Ph.D., administrator

Agency contact

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Cheyenne, WY 82002
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307/777-6494

Other locations

The division administrative office is located in Cheyenne and manages the state purchase of substance abuse services in every county through subcontracts with certified community substance abuse centers.

Drug courts are established in 10 counties and on the Wind River Indian Reservation, the Addicted Offender Accountability Act program has contracted with assessors in seven of nine Judicial Districts, and the tobacco program exists in 19 counties and on the Wind River Indian Reservation.

Year established

Substance abuse was established as a program in 1979, reorganized in 1991, and realigned in 2000 to division status. The tobacco program was established as a program in 1994 and realigned in 2000 to the Substance Abuse Division.

Statutory references

W.S. 9-2-101 through 108 and 9-2-2005. The tobacco program is W.S. 9-4-1203 through 1204. Funding for tobacco from the Centers for Disease Control and Prevention is authorized under the Public Health Service Act 301(a)[42 U.S.C. Section 214(2) and 317 U.S.C. 247(b)]. The Drug Court program is W.S. 5-10-101 through 107. The Addicted Offender Accountability Act is W.S. 7-13-1301 through 1304. The Substance Abuse Control Plan is W.S. 9-2-2701 through 2707. The Enforcing the Underage Drinking Law is W.S. 12-6-103.

Number of authorized personnel

20 full-time employees
14 at-will employee contracts

Organizational structure

Department of Health, Substance Abuse Division

Clients served

Substance abuse clients statewide.

Budget information

General funds	\$6,727,989
Federal funds	\$12,082,138
Other Funds	\$10,849,488
Total	\$29,659,615

Mission and philosophy

To counter aggressively the debilitating effects of alcohol, tobacco, and other drugs in Wyoming, by building partnerships with residents, communities, agencies, service providers, and other professionals to effect permanent change as a foundation for personal, family, and community wellness and health.

Results of outcomes

In prevention, awarded the State Incentive Grant from the Center of Substance Abuse Prevention. In 2002, collaborated with the Department of Education to braid four funding streams into one grant application, which allows

communities to implement a comprehensive prevention plan. In October 2002, the funds were awarded to 26 Wyoming communities through the combined application that encouraged communities to provide community prevention services. In 2003, the Substance Abuse Division took the collaboration process one step further by bringing the Prevention Block Grant providers into the same planning and evaluation process as the 21 SIG projects. This allows the 14 federal Prevention Block Grant Providers to be prepared for the upcoming federal Performance Partnership Grants and the state certification and standards process. The division contracts with a total of 40 prevention services providers. In treatment, at the end of FY03, substance abuse treatment exceeded goals identified in the Department of Health strategic plan, 2001-2004. Substance abuse treatment has implemented six comprehensive substance abuse communities, which expanded treatment services along the full continuum of care. Treatment services have also been expanded by the development of 14 drug courts in which treatment providers increased to six new providers. These expansions in treatment services is largely due to legislative mandates that separated substance abuse out of the Behavioral Health Division and legislated drug courts (House Bill 82), House Bill 83 which authorized a study of the substance abuse needs in Wyoming and resulted in a Substance Abuse Control Plan (House Bill 59). The Substance Abuse Division has identified the criminal justice and women with dependent children target populations as in high need of substance abuse treatment services. In tobacco, there are currently 19 Tobacco-Free Wyoming Community programs across the state, including one program on the Wind River Indian Reservation. The state program involves the following components: youth access and enforcement; community tobacco prevention programs; a comprehensive cessation services program, including prenatal programs; smokeless tobacco prevention and cessation; coordinated cessation efforts; school-based efforts; and evaluation and surveillance.

Strategic plan changes

To advocate for and participate in the development, maintenance, and capacity building of a comprehensive, science-based system of substance abuse services and supports throughout Wyoming.

Veterans' Home of Wyoming

General information

John R. (Jack) Tarter, superintendent

Agency contacts

John R. (Jack) Tarter, superintendent
Robb Bischoff, facility manager
700 Veterans' Lane
Buffalo, WY 82834
jtarte@state.wy.us

307/684-5511

Year established and reorganized

Established in 1895 at Fort D.A. Russell, moved to Buffalo in 1903 and reorganized in 1991

Statutory reference

W.S. 25-1-201 and 25-9-101

Number of authorized personnel

42 full-time employees
Three part-time employees

Organizational structure

Department of Health, Aging Division, Veterans' Home of Wyoming

Clients served

Eligible veterans, their dependents and other non-veterans who are suffering from a disability, disease or defect of such a degree that incapacitates them from earning a living, but who are not in need of hospitalization or nursing care services, to attain a physical, mental and social well-being through special rehabilitation programs.

Budget information

General fund expenditures	\$1,763,091
General fund revenues	\$1,592,690
Net annual cost to the general fund	\$170,401

Mission and philosophy

The Veterans' Home of Wyoming is a domiciliary care institution which provides shelter, food and necessary medical care on an ambulatory self-care basis to assist eligible veterans, their dependents and other non-veterans who are suffering from a disability, disease or defect of such a degree that incapacitates them from earning a living, but who are not in need of hospitalization or nursing care services, to attain a physical, mental and social well-being through special rehabilitation programs to restore residents to their highest level of functioning.

Results of outcomes

The August 2002 Veterans' Home of Wyoming Semi-Annual Quality Survey revealed an overall complaint level of five percent.

Strategic plan changes

Maintain licensure/certification. Provide subsidized care to no less than 50 percent of the population served.

Wyoming Pioneer Home

General information

John R. (Jack) Tarter, superintendent

Agency contact

Sharon K. Skiver, facility manager
141 Pioneer Home Drive
Thermopolis, WY 82443
sskive@state.wy.us

307/864-3151

Year established and reorganized

Established in 1947, reorganized in 1991

Statutory reference

W.S. 25-1-201 and 25-8-101

Number of authorized personnel

30 full-time employees
Two at-will employee contracts

Organizational structure

Department of Health, Aging Division, Wyoming Pioneer Home

Clients served

Wyoming senior citizens, regardless of financial assets, who are no longer able nor wish to maintain a residence of their own and who are afflicted with the infirmities of old age.

Budget information

General fund expenditures	\$1,292,906
General fund revenues	\$641,861
Net annual cost to the general fund	\$651,045

Mission and philosophy

The Wyoming Pioneer Home is an assisted living facility licensed by Wyoming for 108 beds, with funding and staffing for 60 beds. The facility provides a home for Wyoming senior citizens, regardless of financial assets, who no longer wish to maintain a residence of their own or who are unable to do so.

The Wyoming Pioneer Home allows residents to maintain their independence and dignity while enjoying the services provided by the staff.

Results of outcomes

Comparison of the July 2001 and January 2002 Wyoming Pioneer Home Quality Surveys reveals improved resident attitudes. Poor responses increased from 0.3 percent to one percent; good responses decreased from 61.4 percent to 39 percent; and great responses increased from 38.3 percent to 60 percent. Overall, the complaint level increased from 0.3 percent to one percent.

The indigent medication program started at the Wyoming Pioneer Home for the benefit of the residents is showing an average monthly savings of \$5,678.64 during the 12-month period (July 2002 through June 2003) to the state and residents, with a total savings of \$436,786.01 since the inception.

Strategic plan changes

Maintain licensure/certification. Provide subsidized care to no less than 50 percent of the population served.

Wyoming Retirement Center

General information

John R. (Jack) Tarter, superintendent

Agency contacts

Timothy Monroe, facility manager
890 Highway 20 South
Basin, WY 82410
wrc@state.wy.us

307/568-2431

Year established and reorganized

Established in 1921, reorganized in 1991 and realigned in 1998, 1999 and 2001

Statutory reference

W.S. 25-1-201 and 25-8-101

Number of authorized personnel

79 full-time employees
24 part-time employees

Organizational structure

Department of Health, Aging Division, Wyoming Retirement Center

Clients served

The institution is licensed for 90 residents. There were 27,075 inpatient days of care and 82.4 percent occupancy for FY03.

Budget information

Special revenue fund expenditures	\$3,354,514
Special revenue fund revenues	\$3,422,246
Net surplus special revenue fund	\$67,732

Mission and philosophy

The Wyoming Retirement Center is a skilled nursing care facility that provides 24-hour, multi-disciplinary health care to clients who may be without funding to procure care elsewhere, state institutional transfers, military veterans, or veterans' spouses and Wyoming residents.

Results of outcomes

Revenues did exceed expenditures. Average occupancy was 82.4 percent. The facility maintained Medicare, Department of Veterans Affairs and Medicaid certification.

Strategic plan changes

Maintain licensure/certification. Provide subsidized care to no less than 50 percent of the population served.

Wyoming State Hospital

General information

Pablo Hernandez, M.D., administrator

Agency contact

Pablo Hernandez, M.D., administrator
PO Box 177
Evanston WY 82931
pherna@state.wy.us

307/789-3464, extension 354

Year established

Established in 1886 and reorganized in 1991

Statutory references

W.S. 9-2-2005

Number of authorized personnel

423 full-time employees
Eight part-time employees

Organizational structure

Department of Health, Mental Health Division, Wyoming State Hospital

Clients served

The people of Wyoming who require treatment for serious mental illness

Budget information

General funds	\$21,298,742
Total	\$21,298,742

Mission and philosophy

To improve the lives of people in Wyoming affected by mental illness.

Be a leader in providing high quality psychiatric care that anticipates and responds to the changing needs of the persons we serve. Empower persons with mental illness and their families to achieve the highest quality of life. Demonstrate the efficient use of resources to achieve measurable outcomes.

Results of outcomes

The hospital and its staff during the last year accomplished: maintenance of adult inpatient psychiatric services with 329 admissions in FY03; maintenance of forensic inpatient psychiatric services with 85 admissions in FY03; maintenance of adolescent inpatient psychiatric services with 49 admissions in FY03; expansion of community-based forensic evaluations with 81 performed in FY03; expansion of community-based alternatives to care with beds being available in Lander, Evanston, and Basin:

Total bed days utilized at Basin community-based, supervised apartments under the auspices of Washakie Mental Health Services, 2,976 available and 2,603 used;

Total bed days utilized at WINDS Program (Lander), 2,190 available and 1,596 used;

Total bed days utilized at Freedom Residential House (on the grounds of the Wyoming State Hospital which was changed to adult services in September of 2001), 2,424 available and 2,228 used;

Total bed days utilized at Cherokee House, 2190 available and 1583 used;

Expansion of Deferred Admissions Program at the Wyoming State Hospital (on and off-campus) with 392 admissions being diverted from hospitalization in FY03;

Maintenance of effort in collection of self-generated funds equaling \$1,453,146 in FY03.

Strategic plan changes

The Rehabilitation Accreditation Commission surveyed the Wyoming State Hospital on January 27-29, 2003. For the third consecutive time, the hospital received notice of the best possible outcome, a three-year accreditation. Two new programs were added: Assertive Community Treatment and a Mental Health Prevention program (Gatewatchers) for the elderly, which was a joint effort between the hospital and the Uinta Senior Citizens Center.

Wyoming State Training School

General information

Robert T. Clabby, II, MA, administrator

Agency contact

Robert T., Clabby, II, MA, administrator
8204 Wyoming Highway 789
Lander, Wyoming 82520
wstslan@state.wy.us

307/335-6891

Other locations

None

Year established

The Wyoming State Training School was established in 1912 under the Board of Charities and Reform, Training School Act of 1981; and reorganized in April 1991.

Statutory references

W.S.25-5-101 through 25-5-134; W.S. 9-2-106(d); W.S. 9-1-204 and 208; W.S. 9-2-2005; W.S. 35-1-611 through 613.

Authorized personnel

474 full-time employees

Organizational structure

Department of Health, Developmental Disabilities Division, Wyoming State Training School

Clients served

The Wyoming State Training School is mandated to serve individuals of all ages who have mental retardation and for whom a "less restrictive environment" is not available (Training School Act of 1981).

Wyoming Statute 9-2-106 was amended in 1998 giving the Department of Health Director the authority to allow state institutions to provide services to persons with conditions other than those specified in Title 25 of the Wyoming statutes. Under this provision, the Training School is currently providing services to Wyoming residents with mental retardation, adults with Acquired Brain Injury and dual diagnosed persons with mental illness and substance abuse issues.

Budget information

General Funds	\$20,475,770
Programs Reimbursements	\$9,757,645
General Fund Net Cost	\$10,718,125

Mission and philosophy

The mission of the Wyoming State Training School is to provide services to individuals living in Wyoming who have a diagnosis of mental retardation or other disability with need for similar services. Our approach to this mission is that each person is supported to lead a fulfilling life that is founded on practical skills, inclusion, new experiences, and choices based on interests and abilities.

The Wyoming State Training School pursues its mission with the belief* that:

Life in the community is a basic human right, not a privilege to be earned.
Each individual has a right to participate in normal every day life.
Each individual can grow and develop.
All individuals and employees should be treated with dignity.
Individual autonomy should only be subject to state intrusion to the absolute minimal extent necessary to receive appropriate supports and services.
An individual's rights should be cherished, valued, protected, and actively promoted.
Services should be provided in a manner that meets the needs of the individual, regardless of funding eligibility or participation in any particular government program.
Individuals, parents, and guardians should play an active and meaningful role in the development and implementation of appropriate supports and services in accordance with the individual's Individual Program Plan (IPP).

*The basic beliefs expressed are referenced in Weston et.al. Civil Action Number C90-0004, Article II, Section 2.02, Principles, pages nine and ten.

Results of outcomes

Through the interdisciplinary team process, every individual receiving services at the Training School is regularly assessed to assure the core mission values are incorporated into their daily lives. During the past fiscal year, 99 individuals with mental retardation Intermediate Care Facility/Mental Retardation services, eight individuals were served at the acquired brain injury unit, and the dual diagnosis/chemical dependency unit served an average of five people (concurrent) on 90-day stay cycles. A three-year CARF accreditation was renewed in January 2003 for the chemical dependency unit. During the past year, four individuals receiving ICFMR services moved into community developmental disability programs within the state. We continue to have no people on our waiting list. We continue to comply with all ICFMR conditions of participation

and implement individual plans above the 85 percent level in all our ICFMR and Acquired Brain Injury programs.

Strategic plan changes

ICFMR certification will be maintained for services provided to individuals with mental retardation/developmental disabilities. Annual evaluation for placement in community developmental disability programs will occur with referral to community programs upon concurrence of family and interdisciplinary team members. The acquired brain injury unit plans to expand, opening a third residence on campus within the next six months. The dual diagnosis/chemical dependency unit will maintain CARF certification in conjunction with the Wyoming State Hospital's certification and provide services to individuals for successful completion of their rehabilitation program.

Department of Health organization chart

