

Department of Health

Mission and philosophy

The WDH's mission is to promote, protect, and enhance the health of all Wyoming residents. WDH envisions a Wyoming in which all residents are able to achieve their maximum health potential through a continuum of services including prevention, screening, early intervention, wellness, and health promotion delivered in safe and healthy communities. WDH values solving health problems using scientifically driven and research validated programs that are responsible, efficient, and effective.

Results of outcomes

The balance of this document is organized around reporting on the five priorities and progress toward results. Proxy indicators of progress toward these results were chosen because they say something of central importance about the result; they communicate to a broad range of audiences, and data are available on a consistent and timely basis.

Strategic plan changes

Beginning with the 2003 to 2006 Strategic Plan, WDH adopted a results accountability model that uses a disciplined, business-like thinking process as its foundation for effective planning and communication. WDH has built a plan on the concept that, in order to be useful, the strategic document should make common sense, tell a compelling story in simple language, and use minimum paper.

General information

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Other locations

Statewide

Year established and reorganized

Established in 1969 and reorganized in 1991

Statutory references

W.S. 9-2-101 through 108

Number of authorized personnel

Agency: 1,427 full-time employees, 93 part-time employees

Organizational structure

The WDH is organized into six divisions: Aging, Community and Family Health, Developmental Disabilities, Mental Health, Substance Abuse, and Preventive Health and Safety.

The Office of Rural Health is operated by the Wyoming Department of Health, as well as five facilities statewide, the Wyoming State Hospital (WSH), the Wyoming Retirement Center (WRC), the Wyoming Pioneer Home, the Veterans' Home of Wyoming and the Wyoming State Training School (WSTS). The Office of Healthcare Financing was created in 2005, thus creating positions of the Medicaid Medical Director and Medical Dental Director, to house the Office of Medicaid, the State Children's Health Insurance Program (SCHIP), the Office of Pharmacy Services and Program Integrity.

Clients served

Descriptions are contained in each division report as provided in Appendix A. Elderly and Disabled Tax Rebate clients are served through Fiscal Services.

Budget information

Agency general funds	\$275,355,701.00
Director's office general funds	\$1,593,555.00
Elderly and disabled general funds	\$1,632,148.00
Agency federal funds	\$286,260,306.00
Agency other funds	\$27,585,567.00
Total	\$592,427,277.00

Result Priority 1: Equal Access

Equal Access Proxy Indicator 1: Home and Community Based Services (HCBS) Waiting Lists

Source: Beverly Morrow, MPA, Administrator, Aging Division and Jon Fortune, Ed.D., Deputy Administrator, Developmental Disabilities Division.

Significance

People should get the service they need to avoid permanent placement in nursing homes or other skilled nursing facilities. This has been underscored by the June 1999 Supreme Court decision, *Olmstead v. L.C. and E. W.* that focuses on all individuals who are unnecessarily committed, or who are in community settings that would be at risk of institutionalization without necessary community supports. This decision holds that improperly denying community services to individuals with disabilities may be discrimination under the Americans with Disabilities Act (ADA).

Because of actions taken by the Leadership the waiting list for Adult DD, Child DD, and Adult ABI services ended at the end of FY 2005. It is anticipated that the actions taken will keep any sustained, long-term waiting list away during the next biennium. Using carefully and clearly established criteria, emergency cases will be prioritized based on criteria established and served using existing funds.

In the Aging Division's programs, a high number of client deaths occurred during FY 2005 among people on the Long Term Care (LTC) HCBS Waiver and on the waiting list. This temporarily brought the LTC Waiver waiting list numbers down to 95 in mid-FY 2005, but the number had begun to climb again by the end of FY 2005. The 2004 Legislature approved funding, beginning July 1, 2005, to support LTC Waiver services for an additional 150 people (for a total of 1,150 client slots). This eliminated the waiting list for this program for six weeks at the beginning of FY 2005, but the waiting list numbers continued to increase. The waiting list is currently remaining well above 100, and it is expected that the demand for services will continue to grow as Wyoming's population rapidly ages.

The Assisted Living Facility (ALF) Waiver, which had 100 client slots, had a waiting list of 57 by the end of FY 2005. Through actions taken in the 2005 Legislative Session, funding for 25 more ALF Waiver client slots was added, effective July 1, 2005. This increase dropped the ALF Waiver waiting list down to 32 in early FY 2006, but it is expected that this number will steadily increase

Causes and Conditions

The number of people served by, and in need of, Home and Community Based Services (HCBS) has been growing year by year. However, since 2002, the demand for services is increasingly unmet. The waiting lists for HCBS waivers exceeded 10 percent for the first time in 2002. In 2003, the projection was that by 2006, the number of people on the waiting lists would equal 26 percent of the people being served. Because of developments in 2004 state legislation, that waiting list percentage is now predicted to be 9 percent by 2006.

Trends

Year	Wait	Served	%
1993	0	793	0 %
1994	15	1075	1 %
1995	0	1366	0 %
1996	15	1420	1 %
1997	40	1745	2 %
1998	90	1815	5 %
1999	142	1929	7 %
2000	190	2069	9 %
2001	146	2492	6 %
2002	293	2698	11 %
2003	268	2725	10 %
2004	240	2785	9 %
2005	319	3103	10 %
2006	240	3135	8 %
2007	300	3330	9 %

What's Working / What Will Work

Both the DD and Aging Division waiver programs are providing quality services. The exception of the constant waiting lists remains a challenge.

The DD waiver operations are being enhanced by the writing of rules that will be promulgated by the Office of Medicaid, implementation of a financial manager, increasing input for policy formulation, and external examination of the provider service reimbursement system. The waiver will have increased financial safeguards to ensure cost-effective allocation and use of waiver funds, and WDH has increased monitoring to ensure fiscal accountability with more justification of rates for major services. These advances will reinforce waivers that are already known for having better than average program quality at an average state financial ranking.

The LTC Waiver is now operating with a smaller waiting list, due to the increased number of available client slots as of July 1, 2004. The ALF Waiver received additional funding for 25 more client slots, as of July 1, 2005, but even more client slots would certainly help that program. The Aging Division continues to explore options for maximizing services within available resources, and reducing the time period that people stay on the waiting lists. An option that is working well for the waiver programs, on a limited basis, is consumer directed

care, and this approach has great potential for the future. By allowing cognitively able clients to more fully participate in care decisions, including their care providers and waiver resources, many states have seen actual reductions in costs. A way to lessen the need for waiver programs, or to increase the age at which such services become necessary, is to further stress health promotion and disease prevention. Improved coordination and funding of other in-home support services could also have a positive impact on waiting lists.

Clearly, the approval of additional funding for the LTC/ALF waivers and DD waivers by the State Legislature worked to address a significant portion of the waiting list problem. The waiver programs will continue to look for ways to improve efficiencies in their systems, while maintaining quality. However, additional funding to meet the growing needs of eligible waiver applicants must be considered for the future if the WDH is to truly “turn the curve” in serving these special populations.

Partners

The Aging Division’s waiver programs work with the network of:

- Adult day care facilities
- Assisted living facilities
- Department of Family Services
- Hospitals, discharge planners
- In-home service providers (CBIHS Programs, Home Health agencies, Hospice, etc.)
- LTC Ombudsman Program
- Nursing Homes
- Project Out
- Public Health Nursing, Wyoming Department of Health
- Senior Centers

Partnership Success Stories

Project Out is a very successful program that has been funded through the Aging Division’s Nursing Facilities Transition Grant for the past three years. The purpose is to assist Medicaid LTC beneficiaries who are in nursing homes to transition back into their communities, if they wish to do that and are functionally capable of making the transition. The LTC and ALF waiver programs have been very important partners in this program, which not only saves the state money (by moving people out of very costly institutional care into much more cost-effective community-based care), but also respects the preferences of the clients. The LTC/ALF waivers are a crucial resource for community-based services that support transitioned clients. As of the end of FY 2005, Project Out had transitioned nearly 100 people back into their communities, and saved the state an estimated \$295,000 in Medicaid costs.

Partners involved in the Developmental Disabilities waivers include:

- Department of Family Services
- Developmental Disabilities waiver certified providers, families, guardians, consumers
- Division of Vocational Rehabilitation, Department of Workforce Services
- Governor’s Planning Council on Developmental Disabilities
- High school transition coordinators
- Parent and Family Network
- Protection and Advocacy, Inc.
- Partners involved in the Developmental Disabilities waivers include (continued):
- WIND
- Wyoming State Training School

Equal Access Proxy Indicator 2: Rate of Uninsured (percent of individuals without health insurance).

Source: Iris Oleske, State Medicaid Agent, Office of Medicaid.

Significance

Uninsured individuals who do not access preventive care, may defer care for serious illness, and often use the emergency room as their primary source of health care. Caring for the uninsured contributes to high rates of uncompensated care and cost-shifting to other payment sources.

Trends

The U. S. Census Bureau ranks Wyoming among other states in 2003 as 33rd for median household income. Wyoming’s median household income was \$41,614; the national median income was \$43,349. Wyoming was ranked 11th for the number of people living in poverty. Wyoming’s poverty rate was 9.4 percent while the national average was 12.3 percent. For the people who don’t have health insurance, Wyoming ranked 13th highest. Wyoming’s uninsured rate was 16.5 percent with the national average at 15.1 percent.

	2000	2001	2002	2003	2004	2005
% Uninsured, All People	15.7	15.7	15.9	17.7	15.9	15.9
% Uninsured, Children <18	13.7	13.7	11.7	14.2	12.5	12.5

U.S. Census Bureau, Current Population Survey (CPS, 2004).

U.S. Census Bureau data for 2005 has been embargoed by the Bush Administration due to questions about the accuracy of data on the uninsured. Estimates of the number of uninsured U.S. residents might not be released until 2006.

Causes and conditions

The increased cost of health insurance has led many employers to increase premiums or pass along additional costs to employees. Many Wyoming adults work in seasonal or part-time jobs or for small employers who cannot afford to provide insurance. Uninsured individuals do not access preventive care, may defer care for serious illness and often use the emergency room as their primary source of health care. Lack of health care insurance is a factor in the growth of Medicaid spending. Care for the uninsured contributes to high rates of uncompensated care and cost-shifting to other payment sources. Since 2001 the Children's Health Insurance Program and growth in the Wyoming Medicaid program have contributed to a slight downturn in the rate of uninsured children.

What's working / what will work

Reducing barriers to enrollment in public programs through outreach and simplified eligibility determination; developing options to broaden access through Medicaid and SCHIP waivers, including insurance premium assistance and buy-in to public programs.

Partners

- Advocates and representatives of business and industry
- Department of Employment
- Department of Family Services
- Department of Insurance
- Department of Workforce Services
- Employers
- Private insurance companies
- Wyoming Health Care Commission
- Wyoming State Legislature

Equal Access Proxy Indicator 3: Rate of Physician participation in Medicaid (percent of licensed Wyoming physicians who are enrolled as Medicaid providers.)

Source: Iris Oleske, State Medicaid Agent, Office of Medicaid.

Significance

Physician enrollment in Medicaid is an indicator of overall availability of primary care in the state. Physicians are the main source of referrals to other health care services. Beneficiaries who cannot access physician services are less likely to access other services and more likely to use emergency rooms for primary care.

Trends

	2000	2001	2002	2003	2004
Licensed					
WY Physicians	848	848	883	883	842
WY Physicians w/Medicaid patients	709	748	780	800	968*
Enrollment Rate %	83.6	88.2	88.3	90.6	100.0

*This number is higher than licensed physicians for the following reasons:

- Medicaid enrollment information is more timely than the Board of Medicine's annual update. Many providers do not notify WDH when they leave the state or otherwise terminate their practice and the agency doesn't know to take them off the system until we receive the Board of Medicine file.
- Providers also allowed to file up to one year after the date of service so there is some overlap in physicians filing vs. who are active.

Causes and conditions behind the trends

Medicaid's historically low reimbursement to providers, combined with increasing costs of maintaining a practice and purchasing liability insurance, threatens the ability of providers to maintain a business in state. Loss of providers in turn threatens access to needed health care for Medicaid beneficiaries as well as for others in the community. Individuals who cannot access physician services are less likely to access other services and more likely to use emergency rooms for primary care.

What's working / what will work

Adequate reimbursement for physician services is the single most important element in retention of physicians as Medicaid providers. While most Wyoming physicians are enrolled, only a few accept significant numbers of Medicaid beneficiaries as patients due to the low reimbursement for most specialty services.

Partners

- Office of Rural Health and other WDH programs
- Wyoming Health Care Commission
- Wyoming Health Resources Network
- Wyoming State Legislature

Equal Access Proxy 4: Admissions to Community Mental Health Centers

Source: Marla Smith, MA, Mental Health Division

Significance

Mental health treatment positively impacts many leading social indicators including physical health and safety, participation in education and employment, suicide rates, delinquency and criminality, and poverty rates.

Trends

The number of people admitted for treatment to community mental health programs has continued to increase since 1995 when an average of 15,000 people were served annually. Total number of persons served has increased over 30 percent in the past ten years, and by 14 percent during the past 5 years.

	2002	2003	2004	2005
Number Admissions	9599	9692	9994	10514
Number in Treatment	19290	20119	20667	21591
% of Admissions	49.76	48.17	48.36	48.70

Wyoming Client Information System (WCIS)

Causes and conditions

Consumers and their families should have quick and easy access to clinically appropriate and culturally relevant services. Access refers to the degree services are quickly and readily obtainable. Access includes the responsiveness of the system to individual and cultural needs, and the availability of a wide array of services. Lack of access to timely and appropriate mental health services can result in inappropriate care or an exacerbation of distress resulting in crisis and emergency medical services.

What's working / what will work

The Division and partners are actively reducing barriers to access in public programs through reducing stigma and promoting prevention and early intervention. Efforts are underway to develop options to enhance access through Medicaid waivers and service expansion. The Division is working with the Select Committee on Mental Health and Substance Abuse services to address the service and funding needs of increasing greater access to community based mental health services.

Partners

The Wyoming Mental Health and Substance Abuse Association (WAMHSAC), the Wyoming Legislature and Medicaid will play a significant role in developing

and allocating resources for increased access to mental health services for the state. UPLIFT, WYNAMI-WY, and the Governor's Mental Health Planning Council can also provide Anti-Stigma programs and direct support to persons reluctant to connect to the system of care.

Result Priority 2: Lifetime of Health

Lifetime of Health Indicator 1: The percent of live births weighing less than 2,500 grams.

Source: Debra Hamilton, RN, MSN, and Erin Croughwell, MPH, Maternal and Child Health Program, Community and Family Health Division.

Significance

Low birth weight (LBW) (<2,500 grams) and very low birth weight (VLBW) (<1,500 grams) babies are at significantly greater risk of long-term disabilities such as cerebral palsy, autism, mental retardation, vision and hearing impairments and other disabilities.

Costs for delivery and treatment of VLBW infants range from \$32,000 for infants weighing 1251-1500 grams to almost \$90,000 for infants 501-750 grams.

LBW babies can require increased hospital and provider resources, including time in a neonatal intensive care unit (NICU) at a cost ranging from \$1,000 to \$2,500 per day. The median length of stay for a VLBW baby is 49 days. In a frontier state such as Wyoming, this expense is compounded by the lack of tertiary care facilities in the state, which requires family members of LBW and VLBW infants to travel out of state.

Health care, education and child care for the 3.5 to 4 million infants and children from birth to 15 years born LBW cost between \$5.5 and \$6 billion more than they would have if those children had been born at a normal weight. Extrapolating those costs to the more than 9,400 children that have been born low birth weight or very low birth weight in Wyoming in the past 15 years demonstrates a cost of \$14.1 million or approximately \$950,000 per year.

Trends

In 2003, the LBW rate for Wyoming was 9.0 percent compared to 7.9 percent nationally. In 1999 and 2000, Wyoming was first (fourth in 2001) in the nation for LBW births to Caucasian women. Wyoming ranked third for LBW to white women in 2002. The Healthy People 2010 Objective for LBW births is 5 percent and for pre-term births is 7.6 percent.

The VLBW (Very Low Birth Rate <1,500 grams) rate for Wyoming in 2003 was 1.1 percent and similar to the

national rate. The Healthy People 2010 Goal for VLBW births is 0.9 percent.

Wyoming follows the national trend in that African American and Native American women are more likely to have a low birth weight birth than Caucasian women.

Causes and conditions

The Wyoming Women's Reproductive Health Study is an epidemiologic study that will analyze knowledge, attitudes and practices of women of reproductive age and their birth outcomes in order to gain a better understanding of the causes of low birth weight in Wyoming.

Recent research conducted within MCH demonstrates the single most influential factor in LBW is failure to gain appropriate weight in pregnancy. Wyoming also has a very high rate of women who smoke during pregnancy, which has been linked to LBW pregnancy outcomes. Additionally pregnancies complicated by maternal infection have been linked to preterm deliveries, and therefore, LBW. Discussions are ongoing to implement a pilot project in Wyoming based on Colorado's "Healthy Baby is Worth the Weight" program.

What's working / what will work

Best Beginnings provides pregnancy counseling, support and education regarding health risks during pregnancy, as well as referrals to other social service agencies within the individual community.

The Nurse-Family Partnership is a home visiting initiative, based on the Dr. David Olds "best practice for improved pregnancy outcomes", which provides first-time mothers, teens and psycho-socially disadvantaged women with care coordination services to promote health behaviors during pregnancy and to promote parental life-course development. Wyoming nurses receive ongoing training in the model to provide nurse home visitation to pregnant women through public health nurse offices.

ACOG recommends all preterm deliveries occur in tertiary care facilities prepared to manage preterm labor and premature infants. The Maternal High Risk and Newborn Intensive Care Programs provide financial assistance to pregnant women and newborns who require tertiary care outside of Wyoming since there are no facilities for high risk care for pregnant women or infants within the state.

Evidence based practice for smoking cessation in pregnant women is the 5 A's program, in conjunction with spouse or significant other support. Training of public health nurses to implement the program is planned in conjunction with the Substance Abuse Division.

Training in assessment and referral of domestic violence victims is ongoing for public health nurses providing the Best Beginnings and Nurse Family Partnership functions to pregnant women, to appropriately direct their care for optimal pregnancy outcomes.

The Sexual Risk Reduction Coalition is a statewide public/private task force, which serves as an advisory group for the Departments of Health, Education and Family Services on the development of comprehensive strategies to prevent unintended pregnancies.

The Preemie Program provides families of infants born at or before 35 weeks gestation with care coordination services up to age 5 years, with attention given to preventing future low birth weight and premature infants within individual families.

Partners

- Abstinence Education Grant
- Colorado Department of Public Health and Environment
- Department of Education
- Department of Family Services
- Health Mothers/Healthy Babies Coalition
- KidCare/SCHIP
- March of Dimes
- Medicaid
- Mental Health Division, Wyoming Department of Health
- Migrant Health Program
- Office of Victims Services, Attorney General
- Private/Public obstetric providers
- Public Health Nursing, Wyoming Department of Health
- Sexual Risk Reduction Coalition
- Substance Abuse Division, Wyoming Department of Health
- University of Wyoming College of Health Sciences
- University of Wyoming Chemical Abuse Research and Education in Violence Prevention (WYO-CARE)
- WIC (Women, Infants and Children)
- Wyoming Community Coalition for Health Education
- Wyoming Health Council

Lifetime of Health Proxy Indicator 2: Years of Potential Life Lost (YPLL) to breast and cervical cancer, diabetes, and cardiovascular disease

Source: Linda Chasson, MS, Program Manager, Preventive Health and Safety Division.

Significance

YPLL can be significantly impacted by the prevention of chronic diseases, later diagnosis, improved care during the disease, better access to care, and knowledge gained after the first disease occurrence (e.g. prevention of the a second heart attack). A high YPLL affects many levels of the Wyoming economy: workforce, costs of health care, disposable income, recreation, and time with family members.

Trends

In Wyoming, breast cancer is the most frequently diagnosed female cancer and the second leading cause of female cancer-related deaths. Cervical cancer is 100 percent curable when detected in its early pre-cancerous stages.

Diabetes mellitus is the seventh leading cause of death of Wyoming residents and a major risk factor in cardiovascular disease. Obesity and physical inactivity among children is resulting in an increase in the incidence and prevalence of Type-2 (a.k.a. adult on-set) diabetes among children and adolescents.

Cardiovascular disease is the leading cause of death for adults in Wyoming. Fifty-six percent of Wyoming adults are overweight or obese and are exposed to obesity-related cardiovascular disease risk factors, including high blood pressure and high blood cholesterol. Only 19 percent of Wyoming adults are knowledgeable about the signs and symptoms of a stroke.

Causes and conditions - Breast and cervical cancer: Barriers to screening include cognitive (i.e. lack of knowledge, misperceptions of risk), emotional (i.e. fear, embarrassment), economic, and social (i.e. lack of support from family, friends, health care provider).

Additional barriers include lack of mammogram facilities in the state, program capacity, and funding. The lack of mammogram facilities in Wyoming presents a real problem for many enrolled women. Many women travel long distances or out-of-state to receive screening. Capacity (staff and fiscal resources) for the Wyoming Breast and Cervical Cancer Early Detection Program (WBCCEDP) is nearly at its limit. Currently, funding for screening services is available for approximately 18 percent of low-and limited-income women. Additionally, more resources are needed to develop and implement interventions aimed at increasing re-screening procedures among enrollees.

Diabetes: The two main barriers for this program are funding and capacity. More funding is needed to increase the capacity to develop and implement interventions to aid in changing lifestyles and behaviors among people with diabetes and those at risk of developing diabetes. At present, the Wyoming Diabetes Prevention and Control Program is focusing only on adults with diabetes and has no resources to direct towards the growing problem of children with Type 2 (a.k.a. adult-onset) diabetes.

Cardiovascular Disease and Obesity Prevention: The main barriers to this program are funding, capacity, and time. More funding is needed to be able to develop and implement statewide interventions to reduce the incidence and mortality associated with cardiovascular disease and obesity. With only two employees in the program and limited resources it is problematic to initiate statewide programs to change dietary and physical activity behaviors. Additionally, interventions to change negative behaviors associated with cardiovascular disease take years if not decades to show really improvements

within a population. It is not something that will change overnight and the interventions must be funded in the long-term to prove effective.

What's working / what will work - Breast and Cervical Cancer

Continue screening and re-screening of underserved and low-income women for breast and cervical cancer through the Wyoming Breast and Cervical Cancer Early Detection Program (WBCCEDP).

Provide outreach and education for the WBCCEDP in order to reach more underserved low-income women in Wyoming.

What's working / what will work - Diabetes

Promote interventions targeting children and adolescents at risk for developing diabetes to promote proper nutrition and physical activity.

Continue use of the Diabetes Quality Care Monitoring System (DQCMS) to track specific diabetes-related variables among adult persons with diabetes at 30 sites in Wyoming. (The DQCMS allows the Wyoming Diabetes Prevention and Control Program to track the diabetes related behaviors [e.g. receiving an annual foot exam] of over 30 percent of all adult persons with diabetes in Wyoming.)

Develop and implement specific interventions intended to increase the number of adult persons with diabetes who receive appropriate annual exams and tests (e.g. foot exams, A1C tests) at participating DQCMS sites.

What's working / what will work - Cardiovascular Disease and Obesity Prevention

Develop and implement theoretically sound pilot project interventions in various Wyoming communities aimed at increasing fruit & vegetable consumption, physical activity, cholesterol screenings, and decreasing blood pressure, cholesterol, and obesity in specific populations. Those projects that were found to be effective would then be implemented on a statewide basis targeting specific populations over time (e.g., women). However, the results will not appear overnight. A recent Finnish study (Henkel, 2004) reported that it took over 25 years of intensive interventions to produce measurable behavior changes in the population of North Karelia.

Partners - Breast and Cervical Cancer

- American Cancer Society
- Blue Cross Blue Shield
- Cancer Information Service
- Centers for Disease Control and Prevention (CDC)
- Health care providers
- Mountain Pacific Quality Health Foundation
- Susan G. Komen Foundation
- WDH programs

- Wind River Indian Reservation
- Wyoming Breast and Cervical Cancer Network

Partners - Diabetes

- American Diabetes Association
- Centers for Disease Control and Prevention (CDC)
- Community Health Center of Central Wyoming
- Indian Health Services
- Juvenile Diabetes Research Foundation International
- Lions Club
- Pharmaceutical companies
- University of Wyoming
- WDH programs
- Wind River Indian Reservation Business Council (Eastern Shoshone and Northern Arapaho tribes)
- Wyoming Health Resources Network
- Wyoming Optometric Association

Partners - Cardiovascular Disease

Consist of various state agencies, professional and voluntary groups, community organizations, and interested volunteers.

Lifetime of Health Proxy 3: Early Periodic Screening Diagnosis and Treatment (EPSDT) screening rates (percent of children who receive a health screening).

Source: Iris Oleske, State Medicaid Agent, Office of Medicaid.

Significance

The annual rate of EPSDT screening is an indicator of the availability of primary care services by geographical area. Early intervention, diagnosis and treatment are essential for a healthy childhood. Screening rates as a percentage of enrolled children have declined, in spite of increased reimbursement for screening services, due to the lack of access to primary care practitioners in some areas of the state.

Trends

Report year	2000	2001	2002	2003	2004	2005
# Enrolled Children	31,466	32,861	41,196	44,901	51,000	52,770
# EPSDT Screens	18,362	18,147	21,696	26,017	30,150	28,292
Rate of Screening	58 %	55 %	53 %	58 %	59 %	54 %

Causes and conditions behind the trend

The annual rate of EPSDT screening is an indicator of the overall health of Medicaid children as well as an indicator of the availability of primary care services by

geographical area. Medicaid is mandated to provide, and to promote and encourage, regular and periodic well child examinations, immunizations, screening for dental, vision, hearing and mental health problems, and referrals to appropriate specialty care. Medicaid promotes these services through newsletters to parents of all children from birth through age 20.

What's working / what will work

Promotion to families through newsletters and reminders; adequate provider reimbursement; and inclusion of EPSDT screening outreach in the Total Health Management program through APS Health Care.

Partners

- EPSDT screening providers including:
 - Community health centers
 - Community health clinics
 - Dentists
 - Family practitioners
 - Indian Health Services clinics
 - Optometrists
 - Pediatricians
 - Public Health Nurses, Wyoming Department of Health
 - Rural health clinics

Lifetime of Health Proxy Indicator 4: Percentage of students who use alcohol, tobacco, and other drugs before the age of 13

Source: Dean Jessup, Esq., Deputy Administrator, Substance Abuse Division.

Significance

Substance abuse among youth and children represents a serious long term health concern. Lifetime dependency decreases significantly as age of onset increases.

The younger the child or youth initiates alcohol, tobacco, and other drug use, the higher the odds that he/she will abuse and become dependant upon those and other substances as he/she grows older. For instance, in 2003 among high school students who reported having drunk more than a few sips of alcohol prior to age 13, 78 percent of them report current alcohol use (Youth Risk Behavior Survey [YRBS], 2003). This suggests that if a child begins drinking before age 13, it is very likely that the child will continue to use alcohol during his/her high school years. A similar pattern is seen for tobacco. Of those individuals who smoked before age 13, 64 percent of them continued to report cigarette usage while in high school (YRBS, 2003). Thus a large portion of the children who begin to use tobacco prior to age 13 have continued to use tobacco into later adolescence. This stands in contrast to the children who did not smoke prior to age 13, 83 percent of those students report no

current cigarette usage (YRBS, 2003). Thus if a child does not begin smoking prior to age 13, it is highly likely that they will not have any current cigarette use during high school. Overall, those children who begin using substances prior to age 13 are more likely to continue to use those and other substances.

Trends

Tobacco use in Wyoming has shown very significant declines over the past few years. In particular, the percentage of students using tobacco before age 13 has declined nearly one third from 1995 to 2003. On average, the percentage of students using tobacco prior to age 13 decreased by 2.4 percentage points every two years. This represents a significant change over time ($b = -2.40$, $t = -42.02$, $p < .001$) based on an auto-regression analysis. The above figure illustrates this trend using YRBS data from 1995 to 2003 and provides a trend line prediction for 2005. The Department anticipates that if the trend continues, in 2005, 19 percent of Wyoming high school students will have used tobacco before age 13. It must be noted that the percentage of high school students who will have used cigarettes prior to age 13 in 2005 might vary anywhere from 18 percent to 21 percent based on a 95 percent confidence interval around this prediction.

Alcohol use has also demonstrated a significant decrease over time in Wyoming, although Wyoming is still higher than the national average. During 1995, 42 percent of high school students reported having used alcohol before age 13, and in 2003, 35 percent of high school students reported using alcohol before age 13. Thus, alcohol use has decreased by one sixth over the 8 years from 1995 to 2003. The figure above displays the YRBS data on early initiation of alcohol use during those years. On average, the percentage of students using alcohol before age 13 has decreased 2.2 percentage points every two years. This decrease is statistically significant based on an auto-regression analysis ($b = -2.24$, $t = -4.71$, $p .042$). This figure also displays the predicted percentage of Wyoming high school students that will have used alcohol before age 13 (30 percent). It must be noted that this prediction may vary anywhere from 19 percent to 41 percent based on a 95 percent confidence interval around this prediction.

Other substances have not demonstrated any significant changes. Specifically, use of marijuana prior to age 13 has remained constant over the years 1995 to 2003. A trends analysis indicated that the percentage of students beginning to use marijuana prior to 13 had no significant increases or decreases over time. The prediction for 2005 based on these data is essentially the same percentage obtained in 2003.

The lifetime methamphetamine use had too few data points to perform a trends analysis. Because data collection on methamphetamine use is in its infancy, no apparent statistically significant trend is discernible for lifetime

methamphetamine use. However, lifetime methamphetamine use appears to be relatively stable.

According to the Wyoming Client Information System (WCIS), the percentage of substance abuse treatment clients, 17 and under, who report beginning to use alcohol or other drugs before age 11 has gone down since 2001

Causes and conditions behind the trend

While statistical data is not yet available that can speak directly to the cause of the trend lines, some reasonably safe conclusions may be drawn.

The stabilization and decrease in the use of alcohol, tobacco, and other drugs described in the above graphs and data correlate, at least in timing, to the increased level of substance abuse prevention services being implemented across the state at the community and state level.

Shortly after the administration of the previous YRBS in 2001 the WDH Substance Abuse Division in partnership with the Department of Education and Wyoming Survey and Analysis Center (WYSAC) introduced \$2.5 million in prevention funding to 26 local communities across the state with the 21st Century SIG project.

In addition, two years ago the WDH Substance Abuse Division increased the base amount of funding to the 14 Block Grant prevention providers that are working in 22 of the counties in Wyoming. This increase, to \$25,000.00 was used to accomplish two goals; 1) increase the number of evidence-based prevention programs and strategies by providing enough funding for each provider; 2) hire dedicated prevention staff.

What's working / what will work

Increasing the age of the initial onset of substance use is a statistically and strategically valid trend to determine if Wyoming wants to continue to see a decrease in students who use alcohol, tobacco, and other drugs before the age of thirteen. WDH Substance Abuse Division will continue to support, monitor, and work to increase the effectiveness of prevention efforts in the state. The Substance Abuse Division will continue to assess 6th, 8th, 10th, and 12th graders on risk and protective factors through the administration and use of the Prevention Needs Assessment (PNA), as well as using the YRBS, National Household Survey, and other relevant archival data sources

The Substance Abuse Division will implement and adopt evidence-based programs, practices, and policies shown to decrease substance abuse and delinquency, and increase academic success.

Local communities will continue to receive funding to strategically plan for and implement evidence-based programs and practices to address the identified and prioritized risk factors for their community/county.

The Substance Abuse Division will continue to require and support comprehensive community prevention

planning at the state and community level to meet the identified needs of the state.

The Substance Abuse Division will also continue to provide training for communities, agencies, and schools to increase Wyoming's capacity to provide effective prevention and treatment services.

Communities will be required to use an approved model of planning, Center for Substance Abuse Prevention's (CSAP) six prevention strategies including environmental strategies, and other tools and resources that have been shown to be effective in preventing and/or delaying the onset of first use.

The Substance Abuse Division will require and provide training to communities to use data, evaluate programs and initiatives, and to assess their prevention and treatment programs and strategies for effectiveness.

Partners

- Department of Education
- Division of Criminal Investigation, Attorney General's Office
- Faith Based Services
- Governor's Office
- Law Enforcement Agencies and Governing Bodies
- Local Prevention Providers and Community Coalitions
- Military Representatives
- Multiple Programs within the Department of Health
- Municipal and County Government
- University and Community Colleges
- Various State Agencies and Divisions
- Vista/Americorp
- Wind River Indian Reservation
- Wyoming Association of Drug Court Professionals
- Wyoming Association of Substance Abuse and Mental Health Centers
- Wyoming Business Council
- Wyoming Drug Court Panel
- Wyoming State Senate and House of Representatives
- Wyoming Survey and Analysis Center

The current partnerships that are underway between WDH Substance Abuse Division and the above named groups, agencies, and departments is most likely another contributing correlate to the stability and downward trends that are being seen this year.

WIC: The Wyoming WIC Program has joined with the Colorado and Utah WIC program in a multi-state procurement effort in order to build a new joint Management Information System. By pooling resources, the group known as the Mountain Plains States Consortium, hopes to more efficiently and cost effectively develop the system for all three states. The Consortium has recently been selected by USDA/FNS as one of three

WIC Consortia in the nation to be a "State Agency Model" (SAM) project and will receive special set aside federal funds for designing a model system that can be transferred with little or no cost to other WIC Programs in the future.

Diabetes Prevention and Control: The Wyoming Diabetes Prevention and Control Program collaborated with the Cody Clinic Diabetes Team and the Cody Lions Club to provide eye exams for people with diabetes. The collaboration allowed the Cody Clinic to notify people with diabetes who needed a routine eye exam, while the Cody Lions Club provided funds to pay for those who could not afford the service.

STD: The Sexually-Transmitted Diseases Program and Wyoming Public Health Laboratory collaborated to launch the use of enhanced amplified DNA technology to detect Chlamydia/Gonorrhea within two non-profit community health clinics.

Substance Abuse Division - Drug Courts: From January 2002 through March 2004, the Natrona County Adult Drug Court had 75 clients admitted into the program. Of those clients, 65 percent graduated within 12 months of admission, offender re-arrest reduced by 80 percent while in the program, and 75 percent of participants achieved six consecutive months of abstinence by program completion. In addition 74 percent of Natrona County Adult Drug Court clients reported that participation in the drug court will help him/her stay substance free and 93 percent reported that participation in the drug court will help him/her stay crime free.

In addition, of these same clients, 46 percent feel incentives are given out fairly in court and 70 percent feel that sanctions are given out fairly in court. At some point, 93 percent have regularly used alcohol, 77 percent have regularly used marijuana, 19 percent methamphetamine, 10 percent cocaine, 9 percent other drugs, 3 percent crack, 2 percent heroin.

In a Drug Court Meth Survey conducted in August 2003, 194 clients out of a total 308 (statewide) confirmed meth use either by self-report or positive urine analysis.

Result Priority 3: Safe and Healthy Communities

Safe and Healthy Communities Proxy Indicator 1: Immunization rates

Source: Katelyn Wells-Fahling, MS, Immunization Program Manager, Community and Family Health Division.

The Centers for Disease Control and Prevention standard used to measure immunization levels at the national and state level is the NIS (National Immunization Survey), which is conducted every year and measures the age appropriate immunization level of children 19-35 months. This survey has been used as a standard immunization comparison model since the early 1990s and computes national overall levels, as well as individual state levels by ranking states by cumulative antigens and single antigens.

Significance

Infectious diseases remain important to causes of preventable illness in the United States despite significant reductions in incidence in the past 100 years. Vaccines are among the safest, most effective, and preventable measures.

During the 20th century the United States has seen the incidence of vaccine preventable diseases, among children, decrease by 99.5 percent with the exception of Pertussis, which show a decrease of 95 percent.

The Wyoming Long Term Objective and the Federal National Immunization Objective of 90 percent age appropriately immunized, by the Year 2010 are the same.

Trends

Wyoming immunization rates for 19-35 month old children, as reported by the National Immunization Survey from 1999 to 2002 shows a downward trend in the immunization levels for 4 DTP, 3 Polio, 1+MMR, 3 Hib and 3 Hepatitis B (4:3:1:3:3) coverage.

The National Immunization Survey recently reported that the age appropriate immunization levels for Wyoming Children, ages 19-35 months, has increased in 2004 to an overall immunization protection rate of 83.3 percent (+/- 4.7). This represents a statistically significant increase of 7.5 percent over the 2003 rate of 75.8 percent (+/-5.6). This is the second consecutive year that Wyoming rates have increased for the 4:3:1:3:3 immunization series. Wyoming immunization levels have continued in this positive trend, and have now exceeded the national

average (80.9 percent +/-0.9) for the 4:3:1:3:3 series. Wyoming's national rank has increased from 39th place in 2003 to 16th place in 2004 among the 50 states.

Causes and conditions behind the trend

Some reasons for the turning the curve are the dedication of Immunization Program staff to promoting "Best Immunization Practices" to providers throughout the state through education, assessment and support, and a concerted effort to form partnerships with other immunization stakeholders. The WDH has formed a more viable relationship with the Wyoming Chapter of the American Academy of Pediatrics and several meetings and bulletins sent to all physicians in Wyoming have impacted the increase in immunization levels. The Immunization Outreach Specialists have done on-site private physician visitations, in the past two years, to all physicians who are enrolled and certified VFC (Vaccines for Children) Providers.

The Wyoming Immunization Program has also placed additional emphasis on working more closely with Public Health Nursing Offices and all Public Health Nursing Offices are fully online with the Wyoming Immunization Registry. This allows the public health providers to share immunization records information and provides them with a more accurate record to complete the immunization needed. It also provides an easier and faster mechanism to complete tracking and recall of patients for immunization needed over time to complete on schedule.

The development and aggressive deployment of the Wyoming Immunization Registry (WyIR) places tools directly in the hands of providers to more effectively and efficiently track immunization patients and manage their immunization status. WyIR further provides additional information to the state Immunization Program to more effectively identify pockets of need throughout the state.

There has been less bioterrorism activity placed on public health nursing in field settings so the Immunization Program believes that more time is being devoted to the immunization of children in the public health clinic setting.

What's working / what will work

WDH is working to educate the residents on the benefits of immunization as well as the wholesale reduction of vaccine preventable diseases by over 95 percent in the last thirty years.

Immunization tracking and recall systems in public and private providers' offices.

Implementation of a statewide immunization registry in public and private providers offices.

Special immunization assessments in public and private provider's offices.

Working with priority immunization partners to increase awareness and increase access to immunization services.

Intensive and long term marketing of the importance of immunization as it relates to reduction of vaccine preventable diseases.

Work with the Wyoming Chapter of the American Academy of Pediatrics and the WDH to jointly fund an immunization position in which the individual can coordinate cooperative immunization projects in the State of Wyoming.

Partners

While the Wyoming Immunization Program logic model has identified at least 25 major partners that collectively aid in helping to increase immunization levels, the most recent raise in immunization levels can be attributed to the following priority partners:

An increase in media presentation of stories at the community level regarding the decline in immunization rates among Wyoming children.

- Public and private VFC providers who have been corresponding with WDH on an increased basis about the importance of raising the immunization levels and increasing the tracking and recall of patients for basic age appropriate immunizations.
- Public Health Nursing, Wyoming Department of Health (their offices and new immunization registry capability).
- Wyoming Chapter of the American Academy of Pediatrics

Safe and Healthy Communities Proxy 2: Ratio of total surveillance units to index cases for blood-borne viral pathogens.

Source: Linda Chasson Administrator, Preventive Health and Safety Division.

Significance

Surveillance, testing, and patient contact and intervention strategies are necessary to provide early treatment, reduction of spread of disease, reduction in outbreak risk, and monitoring of disease prevalence to reduce morbidity and mortality of blood borne viral diseases.

Performance Measure Baseline:

Status 1 or 4 Reported Cases

Index HIV Cases: 19 Total Epi/Lab Contacts: 2408

Index HBV Cases: 21 Total Interventions: 521

Index HCV Cases: 488

Total (Lab Tests) 528

$[(\text{lab tests}) + (\text{epi/lab contacts}) + (\text{interventions})]$

Index Cases $[(\text{HIV}) + (\text{HBV}) + (\text{HCV})] = 6.55$

Story behind the trend

HIV & Hepatitis surveillance trends determined from the Wyoming Epidemiological Profile indicate increasing

disease among specific populations engaging in high risk behaviors (multiple sex partners, using or sharing contaminated injecting drug materials, having unprotected sex with a person already positive for HIV or Hepatitis disease and the partners of these individuals).

CDC requires the collection, monitoring and reporting of HIV and Hepatitis by State Health Departments.

Multiple persons, programs, activities must be involved in order to identify, collect and track disease trends (epi scientists, healthcare providers, public health staff, microbiologists, educators, etc.)

Partners:

- Infected individuals and their partners who are at risk
- Epidemiological staff at CDC (Centers for Disease Control and Prevention)
- Epidemiological staff at WDH
- Program staff, (CPOs, EPOs, Laboratorians, DIS/ Field Investigators...)
- Public Health Offices
- Community based health, mental health & substance abuse treatment providers
- Correctional facilities and staff (city/county jails, drug courts, police, sheriff...)
- Local community providers (Healthcare for the Homeless, Community Alternatives, Community Health, Centers, etc.)
- Local merchants/business owners (bars, restaurants, Chamber of Commerce..)

Most of the partners collaborating are the ones with very clear and specific connection with the work being done. Additional partners could include: alternative school personnel, Veterans Administration, Hospital Infection Control Nurses, emergency shelters, emergency rooms, agencies serving low income, marginalized clients, migrant health, among others.

What Works – Best Ideas

- Partners who were fully educated on what and how public health works were easier to engage in collaborative responses.
- The credibility and authority of having CDC on sight during the hepatitis B outbreak and their interest and assistance demonstrated the importance and significance of the issues that needed to be addressed.
- The requirement by CDC for the state to identify and reduce the incidence of HIV and hepatitis assists the program with setting these diseases as public health priorities.
- Having competent staff who have already established, and positive, trusted relationships with community, state and federal partners resulted and continues to result in the ability for rapid response to critical issues.

- Financial resources provided by the federal and state programs promotes buy-in and cooperation for activities that otherwise would not be paid for at the local level.

Areas of Improvement

Knowledge, respect and coordination of state programs would ensure coordinated, professional and comprehensive community responses when critical incidents occur.

Development of policies and procedures proactively for response to future public health issues would ensure timely, organized and competent deployment or action when quick response is needed.

Cost benefit analysis is difficult for diseases such as hepatitis and HIV, however, prevention efforts such as adult immunization is more cost effective than treatment after the disease process that occurs (\$130.00 per vaccine series vs \$5,000.00 for Interferon treatment, especially for persons who do not have health insurance).

Laboratory procedures are also very costly and because they are “behind” the scenes, most community providers and consumers do not know who pays for laboratory work or understand the significant costs in testing.

Partners

- Local merchants/business owners (bars, restaurants, Chamber of Commerce, etc.)
- Infected individuals and their partners who are at risk
- Program staff, (CPOs, EPOs, Laboratorians, DIS/Field Investigators, etc.)
- Public Health Offices

Most of the partners collaborating are the ones with very clear and specific connection with the work being done. Additional partners could include: alternative school personnel, Veterans Administration, Hospital Infection Control Nurses, emergency shelters, emergency rooms, agencies serving low income, marginalized clients, migrant health, among others.

Other Safe and Healthy Communities Success stories

Public Health Laboratory: Improvements were made within the Public Health Laboratory for supporting disease control outcomes. These improvements included implementation of Hepatitis C and West Nile Virus surveillance systems to improve support health care providers and implementation of molecular sequencing for bacterial identification of specimens.

All Hazard Response Program: The All Hazard Response Program initiated syndromic surveillance systems for the Winter Olympic games in Salt Lake City (2000), Rainbow Family gathering (2003), Cheyenne Frontier Days (since 2002), and the Sturgis motorcycle rally (since 2002). These efforts resulted in an increase in disease surveillance and reporting at county and local

levels. Presently, evaluation is underway of two different new computer applications that will allow on-line web based data entry and case tracking of reportable diseases. As one of these systems is installed and implemented, the program will then coordinate with local hospitals and health providers to evaluate additional software to review emergency room and other patient contacts for illness patterns that might indicate disease outbreaks.

Bioterrorism Program: Since the Strategic Plan was initially published, the All Hazards Response /Bioterrorism (AHRP/BT) Program has undergone a metamorphosis resulting in less state staff and a significant increase of human and monetary resources for local public health agencies.

Twenty of the 23 counties receive funding, approximately \$1 million, through Public Health Nursing Services that cover costs associated with salaries for All Hazards Response Coordinators (presently there are 14 serving 13 counties); travel for conferences and training events; enhanced Distance Learning capabilities and increased capacity; and exercises. Laramie and Natrona counties receive their own funding which is used to facilitate the activities listed above.

In collaboration with the Wyoming Livestock Board, [Wyoming] Regional Veterinary Coordinators have been hired to help train the local veterinary community about the relationship between certain zoonotic diseases and Bioterrorism agents, to help create regional response plans, and to assist local and state agencies in the investigation of zoonotic disease outbreaks. BT is also partnering with the Wyoming State Veterinary Lab to build an animal disease surveillance system that will enable WDH staff to identify early cases of zoonotic diseases around the state.

Community laboratories have received support from the AHRP through grants, education and proficiency testing to ensure that Wyoming’s clinical laboratories are prepared to recognize, rule out and refer agents of bioterrorism. Thirty of the 34 community clinical (sentinel level) laboratories in Wyoming were granted funds (over \$465,000 was awarded in 2003-2004).

Laboratorians from 22 community clinical laboratories received training on laboratory biosafety and packaging, and shipping of infectious substances. In the near future, hands on training will be conducted for all sentinel laboratories to ensure they are capable of ruling out and referring agents of bioterrorism. Community labs have been encouraged to participate in the College of American Pathology Laboratory Preparedness Survey (AHRP financially supports this activity). This proficiency testing for laboratorians is an educational mechanism for them to assess their readiness and preparedness for ruling out agents of bioterrorism.

An IT support staff person is stationed in Cody, and is charged with responsibility for providing support to public health offices and institutions in the northern part of

the state. This staff person will help evaluate and implement improved methods of communication between health providers, emergency management, and other agencies under the Health Alert Network (HAN) system. HAN is a program whose goal is to improve emergency alert communication through whose goal is to improve emergency alert communication through such systems as e-mail, fax, voice messaging, radio, etc. Presently under evaluation is an application originated by the Nebraska Department of Health. Wyoming's participation with Nebraska in similar systems would allow close coordination, design, and redundant backup. Such participation would also indicate Wyoming's intent to participate fully in the regional planning for Bioterrorism activities as initiated by Nebraska Governor Johanns.

The WDH AHRP/BT program facilitated a number of training events associated with the Core Competencies of Public Health workers, as identified by the Columbia School of Nursing and the Centers for Disease Control and Prevention (CDC), including:

Collaborative training with the Office of Homeland Security includes an incident command system, emergency planning, exercise design, and a Public Information Officer basic course. The Forensic Epidemiology Course, a hallmark-training event, was conducted via compressed video teleconferencing at nine (9) sites, with public health facilitators at 8 of 9 sites. A panel of experts from law enforcement, public health, and the public health and forensic laboratories started the course with a presentation of the roles of their respective disciplines in a biological event. A seminar/tabletop was conducted the morning of the following day, void of compressed video, except for Gillette and Torrington, which shared a facilitator. A panel discussion closed the session.

Results Priority 4: Adequate Workforce

Adequate Workforce Indicator 1: Percent of Direct Care staff retention and turnover

The work of a Certified Nursing Assistant (CNA) is frequently physically demanding, hazardous, unappealing, and requires a 24 hour schedule. This position may be considered the entry level job into the Health Care industry, and requires less education and training than licensed professional positions. American society seems to place a relatively low value for the service of caring for human beings. This low value is reflected in wages for day care providers, school teachers, and direct patient care providers in hospitals and nursing homes, including Certified Nursing Assistants (CNAs). Due to the relatively low wages of this position, employees who successfully remain in this field typically have developed

a love for the intrinsic rewards of hands-on human care, or have subsidized this career with a higher paying job in the family, or have strong aspirations to move up in the field and are fulfilling these through additional education and certification.

Reduction in turnover was apparently achieved through salary increases applied in the past year, through more selective hiring, and through promoting the employee development programs such as those in effect in the Wyoming State Hospital.

Partners

The partners who contribute either directly or indirectly to Direct Patient Care turnover include the care providers themselves, management and institution administration, the communities in which the CNAs serve, and the Legislature, who with the Department of Administration and Information, determine salaries.

What Works Best

HR professionals at Wyoming's institutions observe that the two most significant factors in attracting and retaining CNAs are wages paid and career path opportunities. By increasing and maintaining salaries at competitive levels, we can attract candidates into these positions. By establishing career paths leading to higher paying positions, we can retain employees who were initially attracted to health care. Because of the license requirements within the profession, these career paths will be most successful if they include educational assistance or subsidies. The Wyoming State Hospital has established a successful relationship with local colleges, and has put into place a policy which supports CNAs as they obtain nursing degrees. This contractual relationship obligates the employee to serve at the hospital for a specific period of time to "pay back" the educational support. This program could serve as a model for other institutions.

The Department of Health also has significant room to improve the culture of hospitals and institutions through management training. Studies across industries have shown that in addition to compensation, the relationship between employees and their immediate supervisors is a highly significant factor in turnover. The relationship between CNAs and other more prestigious positions may also be a significant factor, and supervisors must ensure that all direct patient care providers are not only respected, but also recognized, appreciated and rewarded for their service.

Adequate Workforce Proxy Indicator 2: Number of volunteer ambulance services

Source: Jim Mayberry, Program Manager, Emergency Medical Services Programs.

Significance

Maintaining the present number of 73 ambulance services provides Wyoming residents with adequate coverage to insure that there is access to the healthcare delivery system for communities which have the resources to support an ambulance service.

Early access to EMS reduces premature death, morbidity and mortality and prevents or minimizes disability for those ill and injured in the pre-hospital setting. In some Wyoming communities, the EMS system is the only access to the health care system. Because of the stress of the position and is often volunteer nature, there is a high turnover rate of personnel. Volunteerism in smaller communities is not what it was in the past. Local resources for support in the community ambulance services are limited and /or often overlooked resulting in underfunding or limited availability.

Causes and conditions behind the trends

With the closing of an industrial ambulance, there was a loss of one ambulance service, which voluntarily elected to drop maintaining a business license. The industrial ambulance services do not have to maintain a business license. The impact of this situation does not affect the ambulance community as an industrial ambulance does not routinely respond off their industrial site. They are not located in the communities.

What's working / what will work

Maintaining the current number of ambulance services provides Wyoming residents with a readily responding access to the healthcare delivery system throughout the state.

Presenting EMS training in the local communities ensures that there is an adequate pool of available personnel to staff the local ambulance services.

Keeping the costs of the EMS training to a minimum for students encourages more local people to obtain the training.

Maintaining a staff of trained personnel in each community will reduce the morbidity and mortality of those injured or ill in the pre-hospital setting.

Partners

- Community leaders interested in maintaining a trained EMS service to assist in ensuring access to care for their residents.
- Individuals interested in serving their community ambulance service.

- Local EMS providers that have a need to maintain an adequate workforce.
- Medical professionals in each community that commit to assist in training of EMS providers.
- State and federal agencies that provide funding to support the EMS office's activities.

Adequate Workforce Proxy Indicator 3: Nursing employment rates

Source: Chris Bosselman, Human Resources Officer, Office of Human Resources.

Percent of State-employed nurse turnover

As the nation experiences increasing difficulty in obtaining sufficient numbers of nurses and direct patient care providers, that difficulty is exaggerated in Wyoming. The national shortage can be partially attributed to the demographic shift as the Baby-Boomer generation nears retirement. As the population ages and more nurses retire from the workplace, there is a smaller population base to replace them, and therefore fewer nurses entering school. Two causes of Wyoming's increased difficulty are the comparatively lower wages paid to state-employed nurses, and the limited professional opportunities in many Wyoming cities and towns which would otherwise attract and hold the spouses of nurses.

Story Behind the trends

One third of State-employed nurses work at the State Hospital in Evanston. Surveys of graduating nurses indicate that only 6 percent will consider psychiatric nursing as their chosen field of employment. For many, it is their last choice. Those that do elect to serve as psychiatric nurses may be dismayed by the emotional intensity required in this specialty. Others are dissuaded from remaining when confronted by the potential for personal physical harm. Lastly, local management observes that the "transient" nature of the Evanston community also contributes to high turnover.

The curve was turned in a positive direction partly by two wage increases given to nurses during the past fiscal year. All employees received a cost of living increase in July. In addition, the State Legislature approved an additional increase which brought nurse wages to a level more competitive with the regional market, including the private sector.

Partners

The partners who contribute either directly or indirectly to Nursing turnover include the nurses themselves, nursing management and institution administration, the communities in which the nurses serve, Department of Health Human Resources, and the Legislature, who with the Department of Administration and Information, determine nurse salaries. Other partners who have an im-

impact upon the recruitment of nurses and other healthcare professionals are the Department of Workforce Services, Office of Economic Development and the Wyoming Business Council. These functions could develop and assist in the implementation of strategies that will provide both employment opportunities for nurse spouses, and employee development.

What Works Best

To continue the positive momentum gained by the recent salary increases, DA&I should include private employers in their compensation surveys, thereby more accurately assessing the environment in which the institutions compete for nurses, and maintaining a competitive nurse salary rate.

The Department of Health also has significant room to improve the culture of hospitals and institutions through management training. Studies across industries have shown that in addition to compensation, the relationship between employees and their immediate supervisors is a highly significant factor in turnover. Management training at the institutions and within the Public Health Nursing organization may further reduce turnover.

Off the wall

The nurses themselves could partner with local schools to promote an interest in the nursing profession, specifically seeking opportunities to interact with students in order to explain the personal benefits they receive from their profession. This may help to “feed the pipeline” into the nursing programs at the local colleges.

Other Adequate Workforce Success stories

Provider Recruitment: The Office of Rural Health assisted Platte County Memorial Hospital in recruiting a Family Practice physician to practice in Wheatland. The successful recruitment of this Family Practice physician also resulted in bringing her partner, an orthopedic physician, to Laramie, Wyoming.

The Wyoming Conrad 30 J-1 Physician Wavier program has assisted in the successful recruitment of two anesthesiologists to Rock Springs, Wyoming, and a cardiologist to Casper, Wyoming.

The Office of Rural Health has been successful in securing loan repayment for eight physicians, two physician assistants and six mental health professionals in rural and frontier areas of Wyoming through the National Health Services Corps Loan Repayment Program. This program has been very successful in bringing and keeping healthcare professionals in rural and frontier areas of Wyoming.

The Office of Rural Health has assisted five hospitals in converting to Critical Access Hospital facilities during the last year. This brings the total number of Critical Access Hospitals in Wyoming to 12. The conversions to a

Critical Access Hospital facility have resulted in increased reimbursement to these hospitals for serving Medicare patients. The additional funding has allowed small rural hospitals to maintain and improve access to health care service in their communities and counties.

A community needs assessment conducted by the Office of Rural Health staff for the Campbell County CARE Board showed that the number one need for low-income people was adequate dentistry and that no dental clinic existed in the community. As a result, the CARE Board has joined forces with the dental clinic in Casper to test a satellite office in Gillette, with the help of the Campbell County Public Health Office, human services agencies in Campbell County, and the Campbell County Senior Center. Funds requested through the Office of Rural Health's Community Services Program will allow at least four low-income people needing extensive dental work to receive dental treatments at the dental clinic in Casper; with the expectation that additional dental services can be cooperatively provided in future years.

Minority Health Advisory Committee: The Wyoming Minority Health Advisory Committee (MHAC) supported by the funding of small grants from multiple sources: Community and Family Health Block Grant, Regional Minority Health Special Project Grant and various state program grants. The majority of the Wyoming Minority Health activities rely on the support of the MHAC members, especially the Wyoming Health Council and the Wyoming Primary Care Association which provide operational support for this committee.

In 2001, led by Wyoming Primary Care Association, the first Wyoming Minority Health Needs Assessment was completed with the funding from the Regional Minority Health Office and the Wyoming Maternal and Child Health Block. Last year, the Wyoming Health Council used the Regional Minority Health funding and other donations to support a Cultural Outreach Conference. This conference provided a picture of the multi-cultural facets in Wyoming communities. It provided service providers and the public with information about health care barriers that minorities face and served to advocate and promote cross-cultural understanding in providing cultural competent health care environments.

This year, the Wyoming Health Council supported by grants from the Wyoming HIV/AIDS and Hepatitis Program, and the with Regional Office of Minority Health, and an allotment from Community and Family Health Block Grant, held a Minority Data Conference on August 18, 2004. The goal of this conference was to bring together agency representatives from Wyoming, and the surrounding states that are collecting minority data, to share their experiences and the best approaches in using these data. Attendees gained an understanding of how data about minorities effected service delivery and agreed to meet again to explore how these data can be used effectively.

Result Priority 5: Safe Services Provision

Safe Services Provision Proxy Indicator 1: Home and Community- Based Services (HCBS) Compliance Surveys

Source: Jon Fortune, Ed.D., Senior Policy and Research Analyst , Developmental Disabilities Division.

Significance

The Centers for Medicare and Medicaid Services (CMS) requires states, including Wyoming, to provide specific assurances, listed below, as a condition of waiver approval and re-approval:

- For plans of care responsive to waiver participant needs
- For the health and welfare of waiver participants
- Only qualified providers serve waiver participants

A number of states have experienced serious negative consequences after federal HCBS compliance surveys. These consequences include refusal to renew waivers, freezing of waivers (refusal to allow acceptance of new clients), and multimillion-dollar financial sanctions. Wyoming’s HCBS waivers continue to have success in both renewal of waivers and expansion of waivers. This success, however, must be maintained in the face of increasing pressure on state resources and increasingly stringent federal quality expectations. The goals are to assure provision of adequate services for Wyoming’s residents and to maintain federal financial support.

Trends

Summary of DDD Waivers Approvals, Renewals, and Amendments FY1994 to FY2005

	Total surveys/ amendments/ renewals	Successful surveys/ amendments/ renewals	% Satisfaction
FY05	4	4	100
FY04	1	1	100
FY03	5	5	100
FY02	0	0	
FY01	1	1	100
FY00	1	1	100
FY99	1	1	100
FY98	1	1	100
FY97	0	0	
FY96	2	2	100
FY95	0	0	
FY94	2	2	100

Causes and conditions behind the trend

Wyoming has continued to maintain a 100 percent success rate of federally approved reviews and amendments and has received no sanctions. The challenge ahead

is to maintain this compliance with federal and legal requirements at a time when provider systems continue to be stretched to serve more people without commensurate increases in resources. Sufficient resources must be available to address critical staffing and other resources necessary to effectively carry out service plans for individuals served by HCBS programs. The use of a Real Change Support Waiver in 2006 could help contain the costs of meeting the new CMS Quality Framework requirements. A recent CMS review of the elderly and disabled efforts resulted in this recommendation: “At the present time the LTC and ALF Waivers and related programs have outgrown the 2-person staff. The federal quality expectations have underlined the need for increased staff to design, implement, analyze and monitor the required quality initiatives

Wyoming continues to enhance the training and monitoring of provider systems on a regular, statewide basis. Examples include administering an Internet based direct support training program for developmental disabilities service providers, revision of the process to recertify developmental disabilities providers so it is in line with CMS’s Quality Framework, publishing results of recertification on the Division’s website, surveying consumers and family members on satisfaction of services, electronic training delivery to reach providers, families and consumers around the state, and continued auditing of both programmatic and financial elements of programs. Wyoming continues to work with CMS and other states to identify and develop more efficient monitoring processes that identify and address concerns with quality of care.

What’s working / what will work

Share best practices and required standards of care with administrators, managers, and staff members in the area of client safety and welfare.

Communicate issues by publishing in book form and on the Internet, site reviews with detailed information about recommendations and suggestions in the area of health.

Provide any new information given by CMS to providers regarding client health, safety, and welfare.

Provide safety and health information to provider staff with lots of advice and input from the registered nurses on the site review teams.

Provide timely informational updates related to health, welfare and safety of the waiver clientele at state provider association meetings.

Partners

The major partners include over 1,200 waiver service providers currently certified by the Developmental Disabilities Division. The Regional Service Providers and a small provider organization are the two state organizations presenting the long-term care waiver service

providers. DDD actively partners with these two groups through the exchange of ideas and information. In addition, the Centers for Medicare and Medicaid Denver Regional office provide training for the managers and surveyors.

Safe Services Provision Proxy Indicator 2: The number of Life Safety Code deficiencies in Wyoming nursing homes

Source: Clifford Mikesell, Manager, Office of Health Facilities

Significance

Annual Life Safety Code surveys of state licensed and Medicaid certified nursing home facilities are performed to ensure the safe environment for health service provision. The average number of Life Safety Code deficiencies per survey, compared to previous years, indicates an improved, stable, or declining environment for providing safe health care services. The number of deficiencies in Wyoming facilities has declined in FY 2004 and shows a trend towards the regional average. Less deficiencies are not always an indicator of a safer environment if the survey is not comprehensive. The goal in Wyoming however, is to find and correct Life Safety Code deficiencies as this brings about the desired result of having a safe environment. A recent report by the Governmental Accounting Office indicates some states spend two hours or less doing Life Safety Code surveys compared to eight hour comprehensive surveys conducted in Wyoming.

Causes and conditions behind the trend

The 2003 Legislature passed Senate File 37, giving review and approval authority to the WDH for all new and remodeled health care facilities. The new legislation streamlines the review process and will help to ensure facilities are built to compliance standards. The legislation also strengthens the day-to-day internal oversight facility construction and maintenance by broadening the knowledge base of Life Safety Code standards amongst facility maintenance staff.

Effective training for facility maintenance staff on the National Fire Protection Association's Life Safety Code Standards and pronouncements to ensure that facility staff are aware of all the requirements they are required to follow will not only result in fewer cited deficiencies, but will also ensure a safer environment for consumers of health services. Facilities with Life Safety Code training programs and testing collection tools which are easy to review, have demonstrated fewer deficiencies than programs without training programs.

What's working / what will work

Share best practices with facility administrators and facility employees who have management responsibility in the area of Life Safety.

Communicate Life Safety issues that have made the news.

Support on-going training for advance level Life Safety surveyors.

Provide information to facilities related to recent interpretations of the Life Safety Code as published by CMS.

Provide Life Safety education for facility staff.

Provide timely informational updates related to Life Safety Code issues at the meetings of the state provider associations.

Partners

The major partners involved in improving this indicator include the 39 long term care providers currently licensed in the State of Wyoming. The Quality Health Care Foundation of Wyoming and the Wyoming Health Care Association are two state organizations representing long term care providers. OHF actively partners with these two groups through the exchange of ideas and information. In addition, the Centers for Medicare and Medicaid Services (CMS) provides education and training for the Life Safety Code qualified surveyors. The CMS regional office has Life Safety Code surveyors who will consult with us over unique issues related to interpretation and application of the Code. The other state survey and certification agency directors and their staff people in Region 8 (North Dakota, South Dakota, Colorado, Montana, and Utah) are valuable networking partners. The OHF maintains an ongoing partnership with Wyoming Fire Marshal's office.

Aging Division

General information

Beverly J. Morrow, Administrator

Agency contact

Beverly J. Morrow, Administrator
6101 Yellowstone Road, Room 259B
Cheyenne, WY 82002
bmorro@state.wy.us
307/777-7986

Other locations

The division's office is located in Cheyenne and administers aging programs statewide through provider contracts.

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

Organizational structure

Department of Health, Aging Division

Clients served

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

Budget information (does not include institutions)

General funds.....	\$37,118,760
Federal funds.....	\$48,017,557
Total.....	\$85,136,316

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 needs for 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.

Community & Family Health Division

General information

Jimm Murray, Administrator

Agency contact

Jimm Murray, Administrator
4020 House Avenue
Cheyenne, WY 82002
jmurra@state.wy.us
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

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.....	\$8,577,254
Federal funds.....	\$7,240,129
Other funds.....	\$5,494,210
Total.....	\$21,311,593

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.

Developmental Disabilities Division

General information

Clifford Mikesell, Administrator

Agency contact

Chris Newman, Deputy Administrator
6101 Yellowstone Road, Suite 186E
Cheyenne, WY 82002
cnewma@state.wy.us
307-777-8763

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.

Organizational structure

Department of Health, Developmental Disabilities Division

Clients served

Individuals with developmental disabilities or developmental delays.

Budget information

Does not include Training School

General funds.....	\$53,031,846
Federal funds.....	\$54,322,151
Total.....	\$107,353,997

Mission and philosophy

The mission is to provide funding and guidance responsive to the needs of at least 702 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 FY 03 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.

Emergency Medical Services Program

General information

Jim Mayberry, Manager

Agency contact

Jim Mayberry, Manager
Hathaway Building, Room 446
Cheyenne, WY 82002
jmaybe@state.wy.us
307/777-7955

Year established

Established in 1971

Statutory references

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

Organizational structure

Preventive Health and Safety Division, Emergency Medical Services Program

Clients served

Public - citizens and tourists who suffer unexpected medical emergencies.

Budget information

General funds

EMS and Trauma programs.....	\$533,736
Poison Center contract	\$46,362

Federal funds

AED grant.....	\$223,890
EMS through Health Block Grants	\$100,800
EMS for Children (EMSC) grant	\$98,000
EMS / HRSA Grant	\$450,000
Trauma grant.....	\$40,000
Total.....	\$1,492,788

Mission and philosophy

The Emergency Medical Services programs provide coordination and oversight to the state's complex emergency medical services and trauma systems by providing a variety of services at the local community level, some of which are mandated and others that have been instituted to meet the needs of Wyoming's communities. By collaborating with other health care agencies, the EMS programs assist communities in Wyoming's rural/frontier

areas to maintain and improve the delivery and access to health care services.

Providing vital low cost pre-hospital medical education in the local communities enables smaller communities to maintain an adequate pool of trained providers to staff the community ambulance services. Ambulance services in small communities often provide the only access to the healthcare system for its citizens. The EMS and trauma systems provide avenues to reduce the morbidity and mortality associated with unintentional and intentional injuries.

Mental Health Division

General information

Charles Hayes, MSW, ACSW, Acting Administrator

Agency contact

Charles Hayes, MSW, ACSW, Acting Administrator
6101 Yellowstone Road, Room 259B
Cheyenne, WY 82002
chayes@state.wy.us
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

Organizational structure

Wyoming Department of Health, Mental Health Division

Clients served

All Wyoming citizens 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

Does include State Hospital

General funds.....	\$26,432,721
Federal funds.....	10,464,824
Other	95,000
Total.....	\$36,932,545

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.

Office of Health Facilities

General information

Jean McLean, RD, Acting Manager

Agency contact

Jean McLean, Acting Manager
2020 Carey Avenue, 8th Floor
Cheyenne, WY 82002
777-7123

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

Organizational structure

Department of Health, Office of Health Facilities

Clients served

Public

Budget information

General funds.....	\$449,663
Federal funds.....	1,267,558
Total.....	\$1,717,220

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 Office of Health Facilities 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 WDH jurisdiction over all aspects of construction and remodeling, except electrical installations, of any licensed health care facility. This legislation is effective July 1, 2003.

Office of Health Care Financing

General information

Greg Gruman, PH.D, Administrator

Agency contact

Greg Gruman, PH.D. , Administrator
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82002
ggruma@state.wy.us
307/777-7531

Year established and reorganized

Reorganized 2005

Statutory references

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

Organizational structure

Department of Health, Office of Health Care Financing

Clients served

Low-income adults and children, disabled populations and the elderly

Budget information

Office of Medicaid, Prescription Drug, Kid Care
Federal funds \$145,234,037
General funds \$89,108,705
Total \$234,342,742

Mission and philosophy

The mission of the Office of Health Care Financing is twofold: first, to provide basic health care services, including the services of hospitals, clinics, physicians, other practitioners, and prescription drugs to some 83,000 EqualityCare and Kidcare/CHIP 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 Health Care Financing 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 citizens.

Office of Rural Health

General information

Lynne C. Weidel, MHA, Manager

Agency contact

Lynne C. Weidel, MHA, Manager
466 Hathaway Building
Cheyenne, WY 82002
lweide@state.wy.us
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

Organizational structure

Department of Health, Office of Rural Health

Clients served

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

Budget information

General funds \$203,770
Federal funds \$181,267
Total \$385,037

Mission and philosophy

The Office of Rural Health (ORH) mission is to maintain and improve access to primary and secondary health care services in rural and frontier areas through technical assistance, policy analysis, and to improve collaboration between state agencies and statewide health care associations. ORH plans to promote the state, federal, local and private sector collaboration in expanding comprehensive, community-based primary care services for underserved and vulnerable populations. The Critical Access Hospital Program increases the access and

availability of healthcare services in rural and frontier areas of the state, provides 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. Community Services Program is dedicated to providing assistance to local communities, through a combination of local governments, community action agencies, and neighborhood-based organizations, both in the public and private sectors, for the reduction of poverty, the revitalization of low-income communities, and the empowerment of low-income families and individuals to become fully self-sufficient. The Emergency Shelter Grant program provides funding to homeless shelters to provide emergency food and shelter to low-income families and individuals that are experiencing difficulty in maintaining a permanent or temporary residence.

Preventive Health & Safety Division

General information

Linda Chasson, MS, Administrator

Agency contact

Linda Chasson, MS, Administrator
6161 Yellowstone Rd., Room 510
Cheyenne, WY 82002
lcchass@state.wy.us
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.

Organizational structure

Department of Health, Preventive Health and Safety Division

Clients served

All residents of Wyoming

Budget information

Does not include EMS and Poison Center
General fund \$3,594,683
Federal fund \$10,430,928
Other \$181,046
Total..... \$14,206,656

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 citizens 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.

State Health Officer

General information

Brent D. Sherard, MD, MPH, State Health Officer

Agency contact

Brent D. Sherard, MD, MPH, State Health Officer
117 Hathaway Building
Cheyenne, WY 82002
bshera@state.wy.us
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

Organizational structure

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

Clients served

Wyoming population.

Budget information

General funds \$209,957
Total..... \$209,957

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.

Substance Abuse Division

General information

Chuck Hayes, MSW, ACSW, Interim Administrator

Agency contact

Chuck Hayes, MSW, ACSW, Interim Administrator
6101 Yellowstone Road, Suite 220
Cheyenne, WY 82002
substanceabuse@state.wy.us
307/777-6494

Other locations

The division administrative office is located in Cheyenne. The division manages the contracting of substance abuse services in every county through certified community substance abuse centers and certified prevention providers. Local communities established, through contracts with the division, drug courts in 13 counties and on the Wind River Indian Reservation. The tobacco prevention and control program exists in 21 counties and on the Wind River Indian Reservation.

Year established

The Department established substance abuse as a program in 1979, reorganized it in 1991, and realigned it to division status in 2000. The establishment of the tobacco prevention and control program was in 1994 and realignment occurred in 2000 to become a part of 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 Substance Abuse Control Plan is W.S. 9-2-2701 through 2707. The Enforcing the Underage Drinking Law is W.S. 12-6-103.

Organizational structure

Department of Health, Substance Abuse Division

Clients served

Substance abuse clients statewide.

Budget information

General funds.....	\$8,371,552
Federal funds.....	4,290,584
Other Funds.....	14,704,542
Total.....	\$27,366,678

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.

Veterans' Home of Wyoming

General information

John R. (Jack) Tarter, Superintendent

Agency contacts

John R. (Jack) Tarter, Superintendent
Vacant, 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

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.....	\$2,103,832
General fund revenues.....	\$1,730,024
Net annual cost to the general fund.....	\$373,808

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.

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

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..... \$1,428,067
General fund revenues \$629,223
Net annual cost to the general fund \$798,844

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.

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

Organizational structure

Department of Health, Aging Division, Wyoming Retirement Center

Clients served

The Wyoming Retirement Center is licensed for 90 residents and serves as the State's "safety net" skilled nursing facility in order to provide care and maintenance to the residents of this State who are afflicted with the infirmities of old age.

Budget information

General Fund \$120,659
Other 4,225,429
Total..... 4,346,429

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 citizens. 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., Superintendent

Agency contact

Pablo Hernandez, M.D., Superintendent
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

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	\$22,385,784
Federal funds	337,126
Other	1,500,000
Total.....	\$24,222,910

Mission and philosophy

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

Vision: Be a leader in providing high quality psychiatric care that anticipates and responds to the changing needs of the persons served. 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.

Wyoming State Training School

General information

Diane Baird Hudson, Superintendent

Agency contact

Diane Baird Hudson, Superintendent
8204 Wyoming Highway 789
Lander, Wyoming 82520
wstslan@state.wy.us
307/335-6891

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.

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 WDH 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 citizens with mental retardation, adults with Acquired Brain Injury and dual diagnosed persons with mental illness and substance abuse issues.

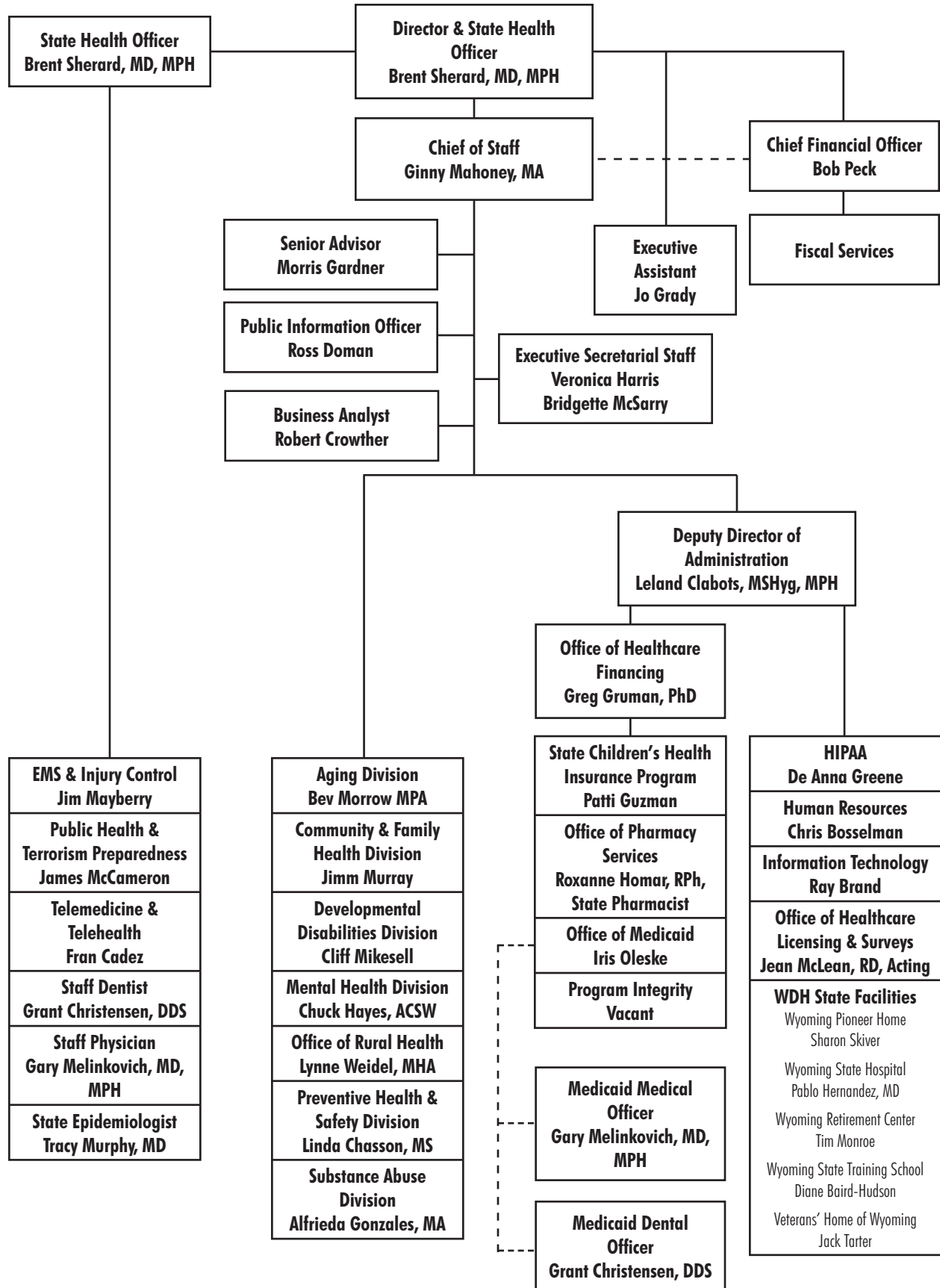
Budget information

General Funds	\$21,445,943
Other	201,000
Programs Reimbursements	\$9,893,125
Total.....	21,046,943
<i>estimated from budget narrative</i>	
General Fund Net Cost	\$12,718,354

Mission and philosophy

The mission of the WSTS is to provide services to individuals living in Wyoming who have a diagnosis of mental retardation or other disability with need for similar services. The 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.

Department of Health organizational chart



Department of Health organizational chart: Divisions

<p>Aging Division</p> <ul style="list-style-type: none"> Medicaid Long-Term Care (LTC) Medicaid LTC Waiver Older Americans Act Programs Senior Programs State-Licensed Shelter Care 	<p>Community & Family Health Division</p> <ul style="list-style-type: none"> Dental Health End Stage Renal Healthy People 2010 (Co-Chair) Immunization Maternal & Child Health Public Health Nursing Women/Infants/Children (WIC) Women's Health Wyoming Cares/Shares (Organ Donation) 	<p>Developmental Disabilities Division</p> <ul style="list-style-type: none"> Early Intervention & Education Medicaid Adult DD Waiver Medicaid Child DD Waiver State Respite Care Acquired Brain Injury 	<p>Mental Health Division</p> <ul style="list-style-type: none"> Medicaid Mental Health Mental Health (CMHC)
<p>Office of Rural Health</p> <ul style="list-style-type: none"> Wyoming Primary Care Office Community Service Programs Office of Minority Health 	<p>Substance Abuse Division</p> <ul style="list-style-type: none"> Combating Underage Drinking Grant Substance Abuse Treatment Tobacco Prevention 	<p>Preventive Health & Safety Division</p> <ul style="list-style-type: none"> Behavioral Risk Factor Surveillance Cancer Surveillance/Registry Cardiovascular Disease Prevention Diabetes Epidemiology Healthy People 2010 (Co-Chair) HIV/AIDS/Hepatitis Prevention HIV/AIDS/Hepatitis Surveillance Lead and Radon Planning: Bio/Emergency Poison Control Program Evaluation Public Health Laboratory Sexually-Transmitted Diseases Tuberculosis Vital Records Women's Health Source 	<p>Office of Healthcare Financing</p> <ul style="list-style-type: none"> State Health Insurance Program Mental Health Utilization State Foster Care Office of Primary Services Medicaid Federal Funds Pharmacy Assistance Program Medicaid Fiscal Control Medicaid Mandatory Services Prescription Drug Services Medicaid Optional Services Surplus Medication Medicare Buy-in