

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.

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.

Performance accountability is strengthened in the plan through the frequent application of common sense management questioning. Seven management questions, asked of the WDH externally by oversight and peer organizations, as well as internally at all supervisory points within the Agency, will hold WDH and its programs more accountable for improved results. Those seven questions are:

1. Who are the WDH customers?
2. How can WDH measure if its customers are better off (customer results)?
3. How can WDH measure whether it's delivering service well?
4. How is WDH doing on the most important of these measures (trend lines and stories behind the trends)?
5. Who are the partners who have a role to play in doing better?
6. "What works" to get better results?
7. What does WDH propose to do?

Multi-year Result Improvement Priorities

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.**

General information

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Other locations

Statewide

Year established

Established in 1969 and reorganized in 1991

Statutory references

W.S. 9-2-101 through 108

Authorized personnel

1,390 full-time employees, 90 part-time employees

Organizational structure

An assessment describing the opportunities and the challenges that the WDH faces as it works to identify, analyze, and prioritize Wyoming's health needs, and then implement and monitor effective preventive services and programs can be found in the Strategic Plan: 2003-2006. This assessment, aided by a basic priority-rating process that considered prevalence, severity, likelihood of successful intervention, and several other environmental factors, has guided the Agency in the identification of five (5) improved result priorities: 1) Equal Access; 2) Lifetime of Health; 3) Safe and Healthy Communities; 4) Adequate Workforce; 5) Safe Service Provision.

To improve results in these priority areas, the WDH is organized into six divisions, Aging, Community and Family Health, Developmental Disabilities, Mental Health, Preventive Health and Safety, and Substance Abuse. WDH also operates and maintains five institutions, and programs dedicated to pharmacy, bio-terrorism, emergency medical services, Physician Services, and the State Health Officer. WDH also implements the Office of Health Facilities, Office of Medicaid, and Office of Rural Health

Clients served

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

Budget information

| | |
|--|----------------------|
| Agency general funds | \$241,956,819 |
| Director's office general funds | \$1,798,358 |
| Elderly and disabled general funds | \$938,454 |
| Agency federal funds | \$247,621,759 |
| Agency other funds | \$10,795,326 |
| Total | \$503,110,716 |

Progress towards results

Result Priority 1: Equal Access

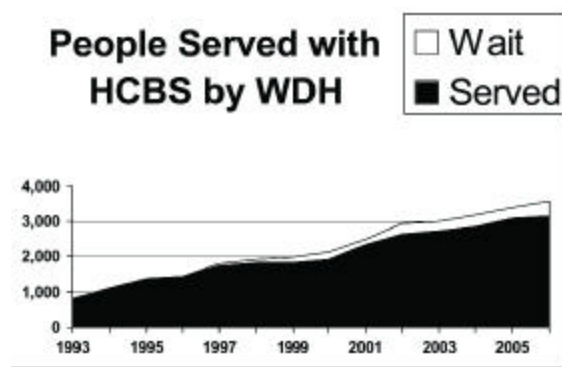
Equal Access Proxy Indicator 1: Home and Community Based Services (HCBS) Waiting Lists

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).

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 | 321 | 2785 | 12% |
| 2005 | 263 | 3078 | 9% |
| 2006 | 416 | 3120 | 13% |

The waiting list will continue to grow for the Adult DD Waiver, due to the fact that the division was only funded by the Legislature to move the Children's DD Waiver consumers who turn age 21, over to the Adult DD waiver. There were 77 new funding opportunities approved for the Adult DD Waiver in FY 05 and 06 for children on the Child DD Waiver who age out and become adults during the biennium. There are no additional resources to address the growing adult waiting list except for limited emergency cases. The Children's waiver is able to do rapid refill when a client leaves the Children's DD Waiver, which helps to hold the numbers on that waiting list down. The Adult DD Waiver budget doesn't allow enough margin to do rapid refill. 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, an abnormally high number of client deaths occurred during FY 2004, in people on the Long Term Care HCBS waiver and on the waiting list. This situation temporarily brought the waiting list numbers down below 100 during the early spring of 2004. The number had climbed back to 147 by July 2004. The Assisted Living Facility Waiver, which has only 100 client slots, had a waiting list of 49 by the end of FY 2004, and that number is growing.

Fortunately, the 2004 Legislature approved funding to support Long Term Care (LTC) Waiver services for an additional 150 people (for a total of 1,150 slots). This effectively removed the waiting list for this program as of July 1, 2004. While this is a great help for this year, it is expected that the demand for services will continue to grow as Wyoming's population rapidly ages, and the waiting list will return.

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 13 percent by 2006.

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 much smaller waiting list due to the increased number of available client slots. The Assisted Living Facility (ALF) Waiver has not received additional funding, so additional client slots would certainly help that program. However, there are other less costly ways that can be explored to impact the waiting lists and costs for waiver services. An option that is working well for the waiver programs on a limited basis is consumer directed care, and ways will be found to use this idea more effectively. By allowing the client to select their caregivers and “budget” their waiver resources, many states have seen actual reductions in costs. Another 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 of other in-home support services could also have a positive impact on waiting lists.

Clearly, the approval of additional funding for the LTC waiver and DD waivers by the state legislature worked to address a very 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 but unserved waiver applicants must be considered for the future if 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
- In-home service providers
- Public Health Nursing, Wyoming Department of Health
- Senior Centers

Partnership Success Stories: The failure and closure of a large provider in Casper during FY 2004 caused concern for the continuity of services. The existing providers within the community, plus a new home health agency, stepped forward to ensure that the clients received services with a minimum of disruption. A new adult day care, and the new home health agency, became new providers for the waiver.

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.
- 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

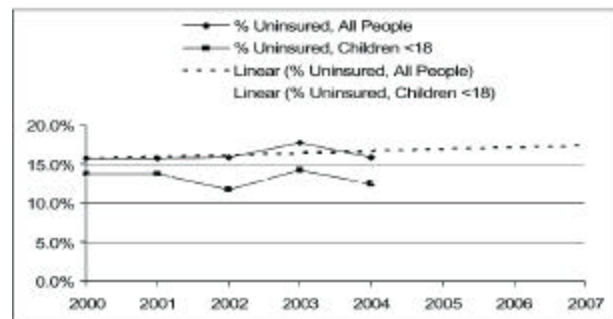
Uninsured individuals who do not access preventive care, may defer care for serious illness, and often use the emergency room as their primary source of health care. Caring for the uninsured contributes to high rates of uncompensated care and cost-shifting to other payment sources.

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

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



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.)

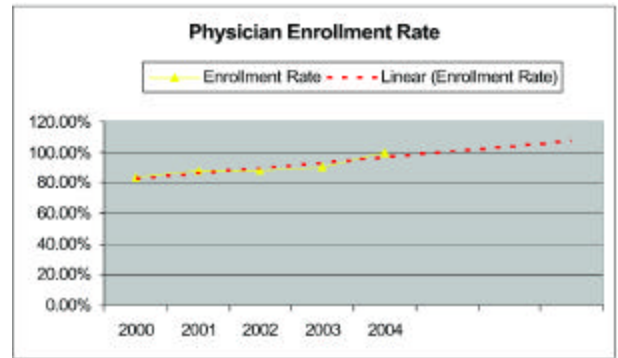
Source: Iris Oleske, State Medicaid Agent, Office of Medicaid.

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% |



Causes and conditions behind the trend line

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,

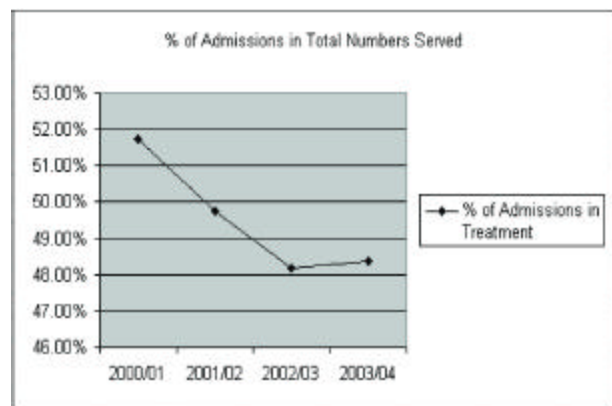
delinquency and criminality, and poverty rates.

Trends

Of interest has been a 25 percent increase in numbers served since 1995, when an average of 15,000 people was served annually. This number increased and stabilized to an average of 17,000 from 1997 through 1999, when it incrementally began an increase to 20,000 in 2003 and beyond. MHD began targeting Adults with Serious and Persistent Illnesses and Children with very serious emotional disturbances and their families beginning in 1996, and these are individuals who are likely to remain in the system for many years.

| | 2001 | 2002 | 2003 | 2004 |
|---------------------|--------|--------|--------|--------|
| Number Admissions | 9,593 | 9,599 | 9,692 | 9,994 |
| Number in Treatment | 18,542 | 19,290 | 20,119 | 20,667 |
| % of Admissions | 51.74% | 49.76% | 48.17% | 48.36% |

Wyoming Client Information System (WCIS).



Causes and conditions

Consumers and their families should have and 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

Reducing barriers to access in public programs through reducing stigma and promoting prevention and early intervention; developing options to enhance access through Medicaid waivers and service expansion.

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 and WYNAMI-WY and the Planning Council can also provide Anti-Stigma programs and direct support to persons reluctant to connect to the system of care.

Other Equal Access Success Stories: Wyoming PharmAssist - In December 2003, an innovative new program called Wyoming PharmAssist was launched in Wyoming. This program offers Wyoming residents a one-on-one consultation with a pharmacist in order to investigate ways of controlling medication costs and derive additional health benefits from proper and prudent use of medications. By the end of June, the Wyoming PharmAssist program had received over 400 calls and completed almost 100 consultations. The average potential savings in prescription drug costs for the completed consultations was \$178 per month (\$2,136 per year).

All eyes are watching Wyoming—requests for information about setting up similar programs are pouring in from city and state municipalities, national publications, insurance companies, senior citizens centers, legislators, pharmacy schools, and private pharmacists. This is the first public program of its kind that is available to any citizen regardless of age or income.

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.

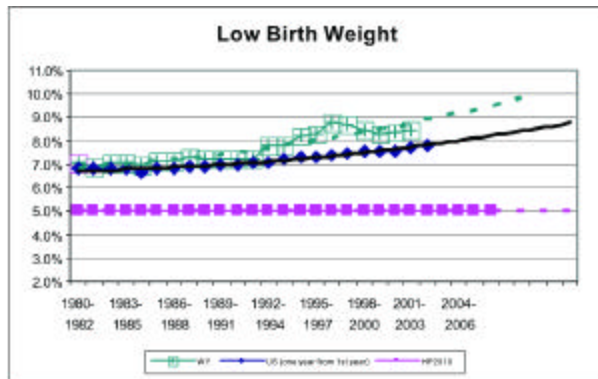
Costs for delivery and treatment of VLBW infants range from \$32,000 for infants weighing 1251-1500 grams to almost \$90,000 for infants 501-750 grams.

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



Three-year averages are used to smooth out the trend for Wyoming because of Wyoming’s small numbers. The line fits a polynomial trend better than a linear that is why you are seeing an increase and then a decrease.

In 2002, the LBW rate for Wyoming was 8.4 percent compared to 7.8 percent nationally. In 1999 and 2000, Wyoming was first (fourth in 2001) in the nation for LBW births to white 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 less than 1,500 grams) rate for Wyoming in 2002 was 0.98 percent compared to the national rate of 1.46 percent. 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 white women (14.3 percent, 9.2 percent and 8.2 percent respectively).

Causes and conditions

The Wyoming Women’s Reproductive Health Study is an epidemiologic study which 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 LWB 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 documented to be related to preterm deliveries, and therefore, LBW. A pilot program will be implemented in two-three sites in September based on Colorado’s “A Healthy Baby is Worth the Weight” program.

What’s working / what will work

ACOG recommends all preterm deliveries occur in tertiary care facilities prepared to manage preterm labor and premature infants.

Evidence based practice for smoking cessation in pregnant women is the 5 A’s program, in conjunction with spouse or significant other support. Training is provided free of charge from the American Cancer Society.

The David Olds model of nurse home visitation is best practice for improved outcomes in pregnancy. Wyoming nurses continue to obtain training in the model, and provide nurse home visitation to pregnant women through public health nurse offices.

In conjunction with the Office of Victims Services, training will be provided for public health nurses providing the Best Beginnings and Nurse Family Partnership functions to pregnant women, to assist in appropriately directing their care for optimal pregnancy outcomes.

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

The Nurse-Family Partnership is a home visiting initiative, based on the Dr. David Olds model, 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.

The Maternal High Risk and Newborn Intensive Care Programs provide financial assistance to pregnant women and newborns who require tertiary care.

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

The Unintended Pregnancy Prevention Task Force is a 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 Substance Abuse Division has contracted with a social marketing company to provide a media campaign directed at women of reproductive age regarding the dangers of tobacco, alcohol and illicit drugs during pregnancy. They also have pilot smoking cessation programs for pregnant women in four counties.

Partners

- Abstinence Education Grant
- Colorado Department of Public Health and Environment
- Department of Education
- Department of Family Services
- Health Mothers/Healthy Babies Coalition
- March of Dimes

Mental Health Division, Wyoming Department of Health
 Office of Victims Services, Attorney General
 Private/Public obstetric providers
 Public Health Nursing, Wyoming Department of Health
 Substance Abuse Division, Wyoming Department of Health
 Unintended Pregnancy Prevention Task Force
 University of Wyoming College of Health Sciences
 University of Wyoming Chemical Abuse Research and Education in Violence Prevention (WYOCARE)
 Wyoming Community Coalition for Health Education
 Wyoming Health Council

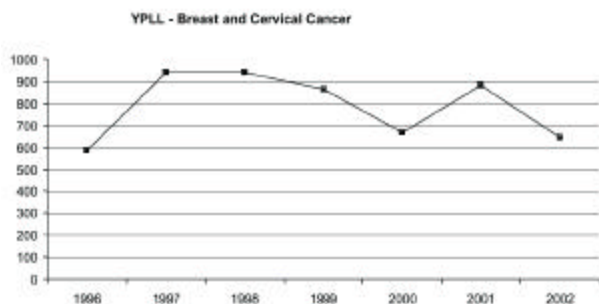
Lifetime of Health Proxy Indicator 2: Years of Potential Life Lost (YPLL) to breast and cervical cancer, diabetes, and cardiovascular disease

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

Significance

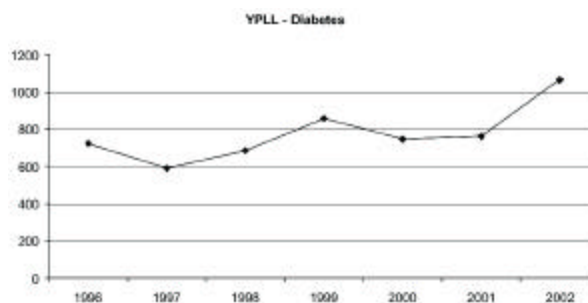
YPLL can be significantly impacted by the prevention of chronic diseases, later diagnosis, improved care during the disease, better access to care, and knowledge gained after the first disease occurrence (e.g. prevention of the a second heart attack). A high YPLL affects many levels of the Wyoming economy: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

Trends



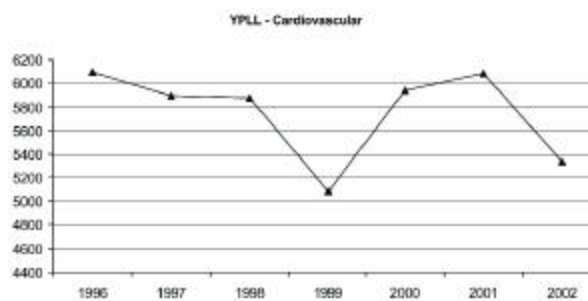
Source: Wyoming Vital Records 2002 (published 2004, data for 2003 is available on a provisional basis only).

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.



Source: Wyoming Vital Records 2002 (published 2004, data for 2003 is available on a provisional basis only).

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 onset) diabetes among children and adolescents.



Source: Wyoming Vital Records 2002 (published 2004, data for 2003 is available on a provisional basis only).

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.

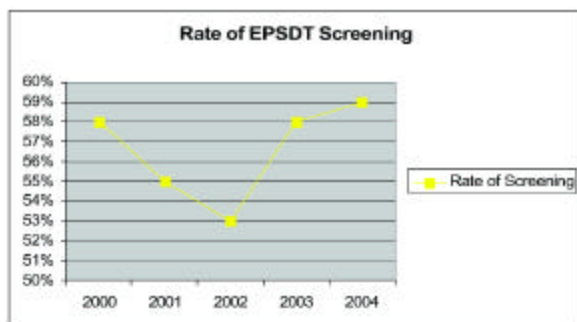
Significance

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.

Trends

| Report Year | 2000 | 2001 | 2002 | 2003 | 2004 |
|---------------------|--------|--------|--------|--------|--------|
| # Enrolled Children | 31,466 | 32,861 | 41,196 | 44,901 | 51,000 |
| # EPSDT Screens | 18,362 | 18,147 | 21,696 | 26,017 | 30,150 |
| Rate of Screening | 58% | 55% | 53% | 58% | 59% |



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

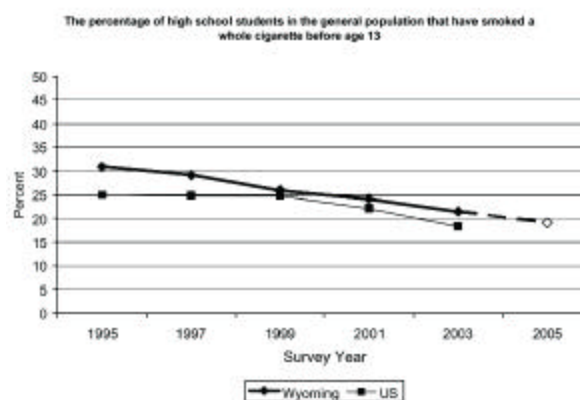
Source: Dean Jessup, Esq., Deputy Administrator, Substance Abuse Division.

Significance

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

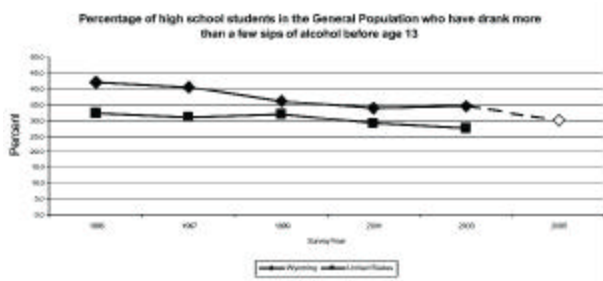
The younger the child or youth initiates alcohol, tobacco, and other drug use, the higher the odds that he/she will abuse and become dependant upon those and other substances as he/she grows older. For instance, in 2003 among high school students who reported having drunk more than a few sips of alcohol 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

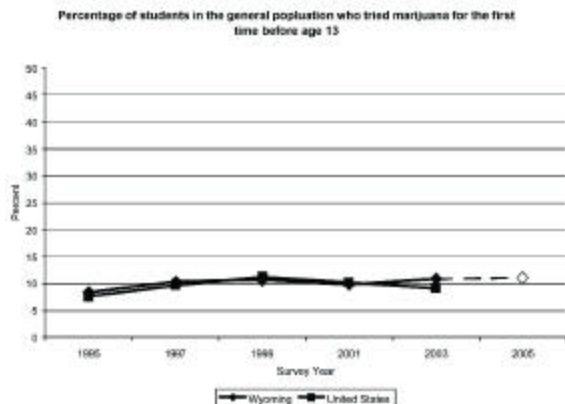


Tobacco use in Wyoming has shown very significant declines over the past few years. In particular the percentage of students using tobacco prior to age 13 has declined nearly one third from 1995 to 2003. On average, the percentage of students using tobacco prior to age 13 decreased by 2.4 percentage points every two years. This

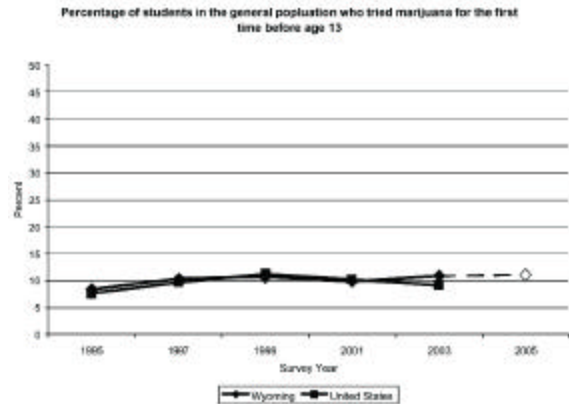
represents a significant change over time ($b = -2.40$, $t = -42.02$, $p < .001$) based on an autoregression analysis. The above figure illustrates this trend using YRBS data from 1995 to 2003 and provides a trend line prediction for 2005. It is anticipated that if the trend continues, in 2005, 19 percent of Wyoming high school students will have used tobacco prior to 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.



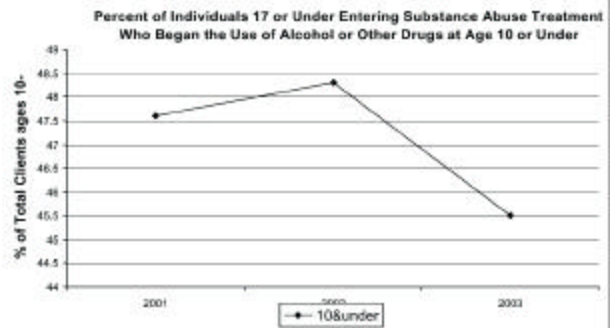
Alcohol use has also demonstrated a significant decrease over time in Wyoming, although Wyoming is still higher than the national average. During 1995, 42 percent of high school students reported having used alcohol prior to age 13, and in 2003, 35 percent of high school students reported using alcohol prior to 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 prior to age 13 has decreased 2.2 percentage points every two years. This decrease is statistically significant based on an autoregression analysis ($b = -2.24$, $t = -4.71$, $p .042$). Figure 2 also displays the predicted percentage of Wyoming high school students that will have used alcohol prior to 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 (see chart above) 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 presented in the above chart 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, as shown in the chart, 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.

These numbers reflect three full years of data from the WCIS, an intake and discharge data system. Data from 2004 is incomplete and was not included for purposes of this chart.

Causes and conditions behind the trend

While statistical data is not yet available that can speak

directly to the cause of the trend lines presented above, 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 which have been 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.

Other Lifetime of Health success stories

Wyoming Organ and Tissue Donor Registry: The Wyoming Organ and Tissue Donor Registry was established on July 1, 2003 as a result of legislative action during the 2003 session. Wyoming became a partner with the Colorado registry as both states are served by the same federally designated organ procurement organization. At the end of the first year, it has been reported by the Rocky Mountain Lions Eye Bank that nearly one half of the eye donors this year were from donors on the registry. The registry has increased the number of eye donations by almost nine percent.

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 Consortiums 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: John Jones, BS, 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 1990's and computes national overall levels, as well as individual state levels by

ranking states by cumulative antigens and single antigens.

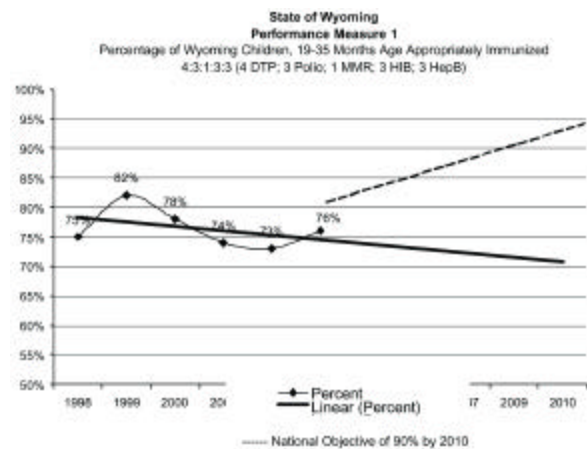
Significance

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 2003 to an overall immunization protection rate of 76 percent. This represents a 3 percent increase over the 2002 rate of 73 percent. This is the first time since 1999 that the rate has increased instead of decreased. In 1999 the Wyoming rate was 82 percent while the national average was 73 percent placing Wyoming in 4th place nationally for best immunization levels. The immunization levels for this age group have declined over the past four years to a Wyoming level of 73 percent in 2002 and the national average of 75 percent. Wyoming immunization levels have now turned the curve but are still below the national average of 79 percent. From 2002 to 2003 Wyoming's national rank has increased from 44th place to 39th place.

Causes and conditions behind the trend

The reasons for the turning the curve are that 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 Private Assessment Coordinator has 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.

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 state wide 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.

Cash incentive programs for both providers and consumers of immunization services.

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

Develop a grandparents' coalition for immunization as grandparents have great influence on the parents of today.

Network with major businesses to conduct cooperative ventures that promote immunization and also enhance their community images and portfolio's

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 (110) and VFC Certified (47) 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

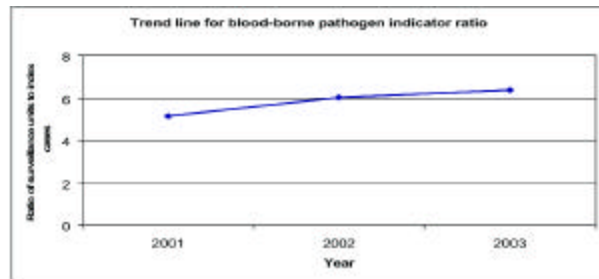
Safe and Healthy Communities Proxy 2: Ratio of total surveillance units to index cases for blood-borne viral pathogens.

Source: Karl Musgrave, DVM, MPH, State Epidemiologist / 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.

Trends



Status 1 or 4 Reported Cases

Index HIV Cases: 11 Total Epi/Lab Contacts: 3108
Index HBV Cases: 139 Total Interventions: 566
Index HCV Cases: 533
Total (Lab Tests) 683

$$\frac{[(\text{lab tests}) + (\text{epi/lab contacts}) + (\text{interventions})]}{\text{Index Cases } [(HIV) + (HBV) + (HCV)]} = 6.38$$

Data are collected on a calendar year basis. 2003 is the most recent year for which complete data are available.

Causes and conditions 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).

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

What's working / what will work

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 site 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 had already established a positive, trusted relationship 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 reimbursed at the local level.

Partners

- Community-based health, mental health and substance abuse treatment providers
- Correctional facilities and staff (city/county jails, drug courts, police, sheriff, etc.).
- Epidemiological staff at Centers for Disease Control and Prevention
- Epidemiological staff at Wyoming Department of Health
- Local community providers (Community Alternatives, Community Health, Centers, Healthcare for the Homeless, etc.)
- 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.

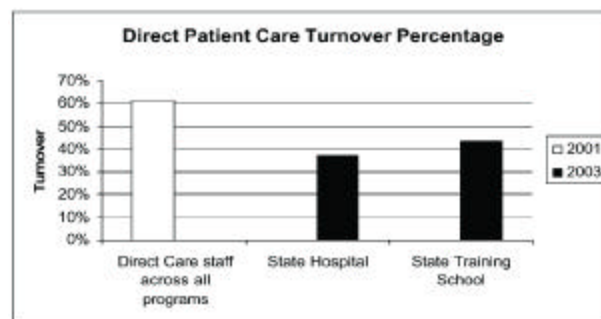
Results Priority 4: Adequate Workforce

Adequate Workforce Proxy Indicator 1: Direct Care staff turnover rates

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

Significance

High rates of direct care services staff turnover create unfilled vacancies, increased training costs, and increased quality of care concerns in Wyoming's health care settings.



Causes and conditions behind the trend

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 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. The employees have subsidized this career with a higher paying job in the family, or have strong aspirations to move up in the field through and are fulfilling these through additional education and certification.

What's working / what will work

Salary increases legislated for the 2004-2005 biennium are expected to help in direct patient care retention. 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, WDH can attract candidates into these positions. By establishing career paths leading to higher paying positions, WDH 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 WSH

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 WDH 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.

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 Wyoming State Legislature, who with the Department of Administration and Information, determine salaries.

Adequate Workforce Proxy Indicator 2: Number of volunteer ambulance services

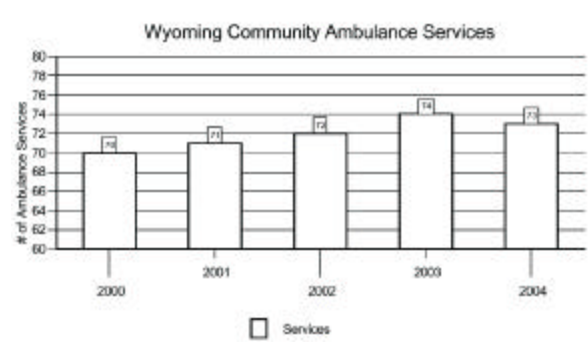
Source: Jim Mayberry, Program Manager, Emergency Medical Services Programs.

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 its 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.

Trends



Causes and conditions behind the trend

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.

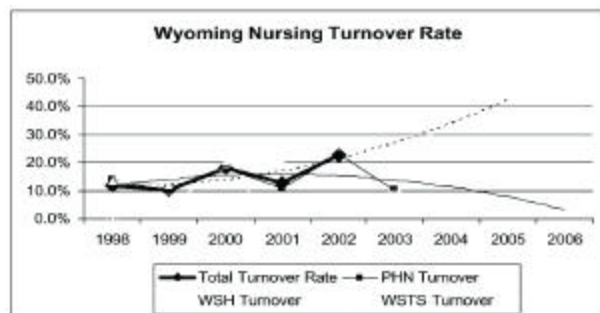
Adequate Workforce Proxy Indicator 3: Nursing employment rates

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

Significance

Nurses provide volumes of care to the residents that are in a state-owned facility. Many residents receive nursing care through one of the 30 community-based public health nursing offices. Wyoming is presently the lowest ranked state for nursing salaries. The average age of the nurses is 50, indicating a large exodus of experienced and talented nurses in the present decade. The federal government estimates that by the year 2020, Wyoming will have the highest shortage percentage in the nation.

Trends



Causes and Conditions behind the trend

As the nation experiences increasing difficulty in obtaining a sufficient number 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 as there are fewer students entering nursing programs. 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. Wage increases given to state-employed nurses effective July 1, 2004 are hopefully expected to have a positive impact on hiring and retention, which should be visible in 2005.

One-third of the state-employed nurses work at the Wyoming State Hospital (WSH) in Evanston. Surveys of graduating nurses indicate that only 6percent 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.

Conversely, the relatively stable nature of the Lander community, coupled with the comparatively low potential for personal violence, contributes to a much lower turnover percentage at the Wyoming State Training School

(WSTS). The overall trend of turnover in the Public Health Nursing division remains relatively flat.

What's working / what will work

Although the state salary increases legislated for the 2004-2005 biennium are expected to help, there is more that the partners could do to increase Wyoming nurse retention. The Department of Administration and Information would be able to more accurately assess the environment in which the institutions compete for nurses by including private employers in their compensation surveys. Working with the state legislature to recognize the demographic shift, which will only increase the difficulty in obtaining nurses in the future, would ensure that future salaries remain competitive with private institutions.

The WDH 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 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.

Partners

These partners could develop and assist in the implementation of strategies that will provide both employment opportunities and employee education and development.

The partners who contribute either directly or indirectly to the nursing turnover include:

- The communities in which the nurses serve
- The nurses themselves, nursing management and institution administration
- Wyoming State Legislature, who with the Department of Administration and Information, determine nurse salaries

Other partners who have an impact upon the recruitment of nurses and other healthcare professionals are:

- Department of Workforce Services
- Office of Economic Development
- Wyoming Business Council

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 health-care 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., Deputy Administrator, 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:

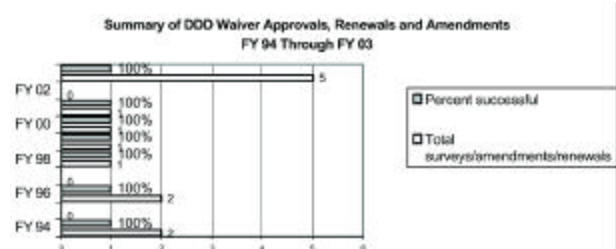
- For plans of care responsive to waiver participant needs

- 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



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.

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 900 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.

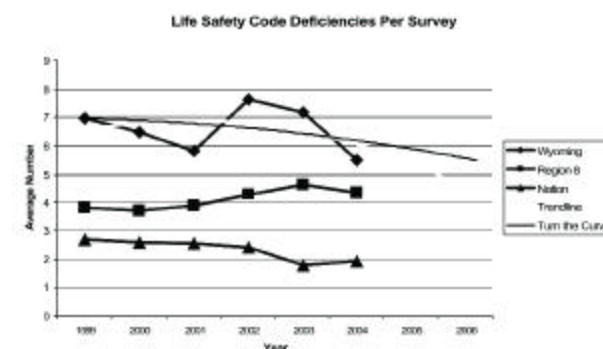
Safe Services Provision Proxy Indicator 2: The number of Life Safety Code deficiencies in Wyoming nursing homes

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. Fewer 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.

Trends



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
6101 Yellowstone Rd, 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.

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 disabled adults under 60 years of age.

Budget Information

| | |
|---------------------|---------------------|
| General funds | 34,928,525 |
| Federal funds | \$42,490,679 |
| Total..... | \$77,419,204 |

Mission and philosophy

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

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

Community & Family Health Division

General information

Jimm Murray, administrator

Agency contact

Jimm Murray, Administrator
4020 House Ave.
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 | \$12,500,523 |
| Federal funds | \$16,224,320 |
| Other funds | \$4,126,922 |
| Total..... | \$32,851,765 |

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, Acting Administrator

Agency contact

Jon Fortune, Ed.D., Deputy Administrator
6101 Yellowstone Road, Suite 186E
Cheyenne, WY 82002
jfortu@state.wy.us
307/777-7115

Other locations

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

Year established

Established in 1991

Statutory references

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

| | |
|---------------------|---------------------|
| General funds | \$50,270,827 |
| Federal funds | \$39,193,282 |
| Other funds | \$1,559,746 |
| Total..... | \$91,023,855 |

Mission and philosophy

The mission is to provide funding and guidance responsive to the needs of at least 4,191 people with developmental disabilities to enable them to live, work, and learn in Wyoming communities. Individuals with developmental disabilities range in age from infants and toddlers to senior adults. These individuals may have mental retardation – or close-related condition – or other developmental disabilities. In 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

\$533,736 - EMS and Trauma programs

\$46,362 - Poison Center contract

Federal funds

\$223,890 - AED grant

\$100,800 - EMS through Health Block Grant

\$98,000 - EMS for Children (EMSC) grant

\$450,000 - EMS / HRSA Grant

\$40,000 - Trauma grant

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. Providing for no cost access to an accredited Poison Center reduces unnecessary emergency department visits and a reduction in direct health care costs.

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

General funds\$21,894,281

Medicaid general funds\$6,301,419

Federal funds.....\$3,236,551

Total \$31,432,251

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

Clifford Mikesell, manager

Agency contact

Clifford Mikesell, manager

2020 Carey Avenue, 8th Floor

Cheyenne, WY 82002

cmikes@state.wy.us

307/777-7123

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.....\$348,679
Federal funds.....\$663.153
Total \$1,011,832

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 Medicaid

General information

Iris Oleske, State Medicaid Agent

Agency contact

Iris Oleske, State Medicaid Agent
147 Hathaway Building
Cheyenne, WY 82002
iolesk@state.wy.us
307/777-7531

Year established and reorganized

Reorganized 1999

Statutory references

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

Organizational structure

Department of Health, Office of Medicaid

Clients served

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

Budget information

Federal funds\$47,107,341
General fund\$104,956,816
Total\$152,064,157

Mission and philosophy

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

Budget information

| | |
|--------------------|------------------|
| General funds..... | \$113,106 |
| Federal funds..... | \$466,681 |
| Total..... | \$579,787 |

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

Karl Musgrave, DVM, MPH, administrator

Agency Contact

Karl Musgrave, DVM, MPH, administrator
Hathaway Building, 4th Floor
Cheyenne, WY 82002
kmusgr@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

| | |
|--------------------|---------------------|
| General fund | \$2,263,344 |
| Federal fund | \$9,624,977 |
| Trust | \$356,763 |
| Total..... | \$12,245,084 |

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.....\$176,520
Total: \$176,520

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
Alfrieda Gonzales, MBA, administrator
(effective 10-07-2004)

Agency contact
Alfrieda Gonzales, MBA, administrator
2424 Pioneer Avenue, Suite 306
Cheyenne, WY 82002
substanceabuse@state.wy.us
307/777-6494

Other locations
The division administrative office is located in Cheyenne and manages the state purchase of substance abuse services in every county through subcontracts with certified community substance abuse centers. Drug courts are established in 10 counties and on the Wind River Indian Reservation, the Addicted Offender Accountability Act program has contracted with assessors in seven of nine Judicial Districts, and the tobacco program exists in 19 counties and on the Wind River Indian Reservation.

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

Statutory references
W.S. 9-2-101 through 108 and 9-2-2005. The tobacco program is W.S. 9-4-1203 through 1204. Funding for tobacco from the Centers for Disease Control and Prevention is authorized under the Public Health Service Act 301(a)[42 U.S.C. Section 214(2) and 317 U.S.C. 247(b)]. The Drug Court program is W.S. 5-10-101 through 107. The Addicted Offender Accountability Act

is W.S. 7-13-1301 through 1304. The Substance Abuse Control Plan is W.S. 9-2-2701 through 2707. The Enforcing the Underage Drinking Law is W.S. 12-6-103.

Organizational structure
Department of Health, Substance Abuse Division

Clients served
Substance abuse clients statewide.

Budget information
General funds.....\$6,762,891
Federal funds.....\$6,300,381
Other Funds.....\$11,337,892
Total \$24,401,164

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.

Strategic plan changes

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

Veterans' Home of Wyoming

General information
John R. (Jack) Tarter, superintendent

Agency contacts
John R. (Jack) Tarter, superintendent
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 references
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\$2,019,067
General fund revenues \$1,817,160 – estimated at 90%
Net annual cost to the general fund\$201,907

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 references

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\$1,381,953
General fund revenues \$690,996 – estimated at 50%
Net annual cost to the general fund\$690,977

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 contact

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 institution is licensed for 90 residents. There were 27,075 inpatient days of care and 82.4 percent occupancy for FY 03.

Budget information

Special revenue fund expenditures\$3,697,127
Special revenue fund revenues\$3,697,127
Net surplus special revenue fund\$0

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\$20,969,714
Total..... \$20,969,714

Mission and philosophy

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

Vision Statement: 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

Clifford Mikesell, acting superintendent

Agency contact

Clifford Mikesell, acting 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\$20,485,790
Programs Reimbursements..\$10,171,947 – estimated
from budget narrative
General Fund Net Cost \$9,713,843

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