

STATE TITLE V BLOCK GRANT NARRATIVE

STATE: WY

APPLICATION YEAR: 2005

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I. GENERAL REQUIREMENTS

A. LETTER OF TRANSMITTAL

The Letter of Transmittal is to be provided as an attachment to this section.

B. FACE SHEET

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. ASSURANCES AND CERTIFICATIONS

Assurances and certifications will be maintained on file in the Wyoming MCH program office.

D. TABLE OF CONTENTS

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

E. PUBLIC INPUT

/2005/This document, including the application and the annual report, were made available during the month of June 2004 for public comment. The document was also made available to local health departments, child and family advocates, parent advisors and primary stakeholders identified herein during the same period of time. All comments received during this period were duly reviewed and incorporated as appropriate. The Community and Family Health Division, Maternal and Child Health Section Web Page also invited participants to request and review the documents.//2005//

II. NEEDS ASSESSMENT

In application year 2005, the Needs Assessment may be provided as an attachment to this section.

III. STATE OVERVIEW

A. OVERVIEW

Wyoming is geographically the ninth largest state in the United States with 97,670 square miles. It is bordered by six other states: South Dakota, Nebraska, Montana, Idaho, Utah, and Colorado. The 23 Wyoming counties, including the Wind River Indian Reservation, cover terrain ranging from semi-arid plains and rolling grasslands to snow-covered peaks along the Continental Divide, with each county being larger than many East Coast states.

Wyoming is the least populated state in the Union with an estimated population of 493,782 (Census Bureau, 2000). The population density of 5.1 persons per square mile categorizes Wyoming as a "frontier" state, with few communities and many miles in between. The size and rural nature of the state, coupled with the sparse population, present obvious geographical barriers to health care access.

According to the Bureau of the Census (2000):

? Estimated racial/ethnic composition of the state is:

89% Non-Hispanic White

6.4% White Hispanic

0.7% African American

2.1% Native American

0.5% Asian/Pacific Islander

1.3% Others

? The majority of Native Americans live on the Wind River Reservation, which overlaps Fremont and Hot Springs Counties.

? The median household income for the state was \$41,349.

? Total residents with incomes below the federal poverty level (FPL) in 2000 was 12.5 percent, with 16.1% of children, ages 5-17 living below the poverty level.

? The statewide unemployment rate at the beginning of FY 02 was 3.9 percent.

Wyoming's total population increased 8.9% from 1990-2000 from 453,427 to 493,782. The number of people in Wyoming living in poverty increased in the 1990's, and those families headed by single women were affected at much higher rates. In 1999, 8% of all Wyoming families, 12.4% of families with children under 18 and 16.5% of families with children under 5 were living in poverty. In contrast, 30.9% of all female-headed households, 38.1% of female-headed households with children under 18 and 53.4% of female-headed households with children under 5 were living in poverty.

Children and adolescents with serious and persistent substance abuse and/or emotional disturbances that impair their current functioning compose an estimated two to five percent of the population under age 18 (between 3,000 and 7,500 young people in Wyoming). These children often have multiple and overlapping problems that blur the traditional diagnostic categories. Of equal concern are the children and adolescents with less severe symptoms who are estimated to be 11% of the population under age 18 (over 16,000 Wyoming youth). This category includes those at risk of developing more severe symptoms or having their current functioning deteriorate. Of rising concern in Wyoming is the increase in methamphetamine (meth) labs and the exposure of young children to meth residue. The toxic residue from manufacturing meth permeates the environment, exposing children and adults alike, through all of our senses, including iodine, acids, and phosphine that far exceed occupational standards.

Also of concern are children who are at risk for the likelihood of future problems or poor outcomes. Although no definitive data is available as to the size of this group, the risk factors can be defined. They include residential disruptions with out-of-home placement; multiple family separations; failed adoptions; physical, emotional or sexual abuse or severe neglect; domestic violence; or a parent with a severe and persistent mental illness or chronic substance abuse problem.

The Mental Health Division, within the Wyoming Department of Health, provides services through

contractual agreements with non-profit service providers statewide to provide mental health and substance abuse support, as well as a variety of other services associated with the Division's major program areas of responsibility. Each program area has standards that guide the delivery of services and on-site reviews, visits, and monitoring reviews are provided to assure that quality services are provided within the limits of resources available to the Division.

The Wyoming Visioning Summit on Health Care Access that was convened in 2002 addressed increased collaboration within provider groups, particularly directed toward underserved populations in the state. Our new Governor was elected in 2002, and his appointees heading the Department of Family Services and Health are advocates of legislation and programs to benefit families.

//2005/ Since his election, the Governor has invited Wyomingites to participate on Roundtables related to Children and Families. The focus of the first roundtable was partnering with public and private entities to provide services to families. The faith communities, private businesses and various organizations, including governmental programs attended to learn how other states have partnered for the best outcomes for families. This year the theme was "Planting Seeds for the Future", which focused on health outcomes and their indicators. The plan proposed was for a 10 year period and was based on data related to maternal and child populations. MCH was included in the preliminary discussions on what would be needed to provide ongoing family-centered care versus a problem oriented focus. Future plans are for MCH staff to collaborate with DFS to establish a family-centered model. //2005//

It was recognized in 2002 that Wyoming has built an infrastructure of services and programs to provide health coverage for special populations, such as Medicaid, Kid Care CHIP, The Prescription Drug Assistance Program, Medicaid waivers for specialized medical care, senior citizen services, and services for developmentally disabled adults and children. Health care providers in the state funded by government and serving the medically indigent include Indian Health Services, Maternal and Child Health programs, Public Health Nursing, public school nurses, mental health services, and dental programs. Specific health conditions are addressed by periodic clinics targeting children with special needs, such as the deaf and blind & cleft palate clinics, and children's vision care. Also noted was insufficient capacity associated, in some cases, with these services, as well as related to Public Health Nurse capacity and children on waiver waiting list.

Health Care for the Homeless facilities in Laramie and Natrona counties, a Community Health Center in Natrona County, a Migrant Health Program in the northwest part of the state, and a Black Lung Program in Sheridan receive federal funding to provide care to the medically underserved. Free clinics in Laramie and Cheyenne are largely dependent on private donations of time and resources.

Early detection and prevention programs, such as the Breast and Cervical Cancer Section, Head Start and Early Head Start, child development centers, preventive medicine education, and the Women, Infants and Children (WIC) program, promote wellness and help prevent illness.

//2005/ The Child Development Center Association developed a program of "1 before 2", encouraging parents to have one developmental screen done by age 2 for all children. This program appears to be quite successful. //2005//

Programs and organizations that advocate for those in need, including the Wyoming Council on Aging, UPLIFT, and the Wyoming Office of Minority Health are contributing to efforts to eliminate barriers to good health for all Wyoming residents.

Wyoming still does not have an adequate number of health care professionals, to provide care to Wyoming citizens. There is also a concern related to the shortage of nurses, taking into account that a large percentage of the nurses working in the state are within 5-10 years retirement age. Most of Wyoming continues to be designated as a mental health professional shortage area, specifically with an acute shortage of mental health professionals who will take children. At this time many parts of the state are designated as shortage areas for primary health care. Physician burnout is a problem, as

many physicians who provide care in the more sparsely populated areas provide care 24 hours a day, 7 days a week, most everyday of the year. Wyoming health care facilities are also seeing staff burnout. Meanwhile, "mid level" providers, such as nurse practitioners, physician assistants, nurse midwives, nurse anesthetists, and dental hygienists, are not utilized effectively enough to help cover provider gaps. However, the University of Wyoming has an active Family Nurse Practitioner program, whose graduates are being utilized more and more by physicians within the state.

The Summit results recommended attracting quality physicians by involving the University of Wyoming and the Legislature.

//2005/ This year there was a concerted effort by the Wyoming Medical Association to have tort reform passes, which is believed to be one of the reasons Wyoming has recruitment issues, and is losing physicians to other states. The bill did not pass, however, tort reform will be studied further, and a proposal is due to be put on the ballot for a vote by the general public in the fall of 2004. //2005//

Specialized equipment is difficult to find, and personnel trained to use that equipment are also needed. Reimbursement for health care services does not necessarily cover enough of the cost to access specialized equipment of trained staff. Results of the Summit included the belief that fragmentation of care results in disjointed services, and ultimately higher health care costs.

//2005/ Medicaid is proposing a case management model for all recipients to help decrease fragmentation and contain health care costs. //2005//

Eligibility caps on Medicaid prevent children in need of those programs from accessing appropriate health care.

Affordable health insurance for the working poor is not available. Health care providers who donate care are inhibited by the fear of litigation. National studies indicate there are disparities in the health care delivery system based on race, ethnicity, and socio-economic status. There are gaps in services for low-income senior citizens, and for uninsured young adults who are not pregnant or have children.

//2005/ As a result of prescription drugs continuing to escalate, Medicaid has begun a pharmacy card program for certain populations to encourage use of generic medications, and is working with enrolled pharmacists to be available to discuss medications with clients. //2005//

Distance between providers continues to effect coordination and utilization of their services. Services available in the state are not always utilized by the health care consumers who are eligible and need them. Therefore, service delivery models provide transportation to assist families in accessing care.

In FY01, the Maternal Child Health (MCH) Section of the Wyoming Department of Health conducted and submitted a five-year comprehensive needs assessment. The model indicators utilized a set of broad health measures developed by the Maternal and Child Health Bureau and were organized under five domains: health status, risk/protective status, health and health-related services, health systems capacity and adequacy, and contextual characteristics. MCH used these indicators as a tool for planning and organizing a "stand-alone" community reference guide entitled Comprehensive Assessment of Wyoming's Maternal and Child Health Needs 2001-2005. Based on the results of the 2001-2005 needs assessment and stakeholder input, MCH emphasizes (not listed by priority):

- ? Decreasing barriers to accessing health care.
- ? Decreasing incidence of low birth weight babies.
- ? Decreasing incidence of youth suicide.
- ? Decreasing unintended pregnancy.
- ? Decreasing prenatal and youth tobacco and other substance use and abuse.
- ? Decreasing preventable disease and injury in our youth population (birth through age 24).
- ? Providing care coordination services for at-risk populations including first-time teen mothers, high-

risk pregnant women, and Children with Special Health Care Needs (CYSHCN).

A Needs Assessment is planned for early CY04, and will address issues discussed previously in this section.

B. AGENCY CAPACITY

The Wyoming Legislature has authorized the Wyoming Department of Health to secure Title V funds in W.S. 35-4-401-403; 35-4-801-802 and to operate MCH programs in support of public health and safety in W.S. 35-1-240 and 9-2-106. Additionally, W. S. 35-27-101 through 35-27-104 became effective July 1, 2000, authorizing expansion of home visiting services to families with pregnant women and infants through age two. In addition, other vulnerable populations designated as benefiting from one on one home visits, including premature infants, first time mothers, mothers who are incarcerated, or have substance abuse problems and women who experience violence/abuse.

The Maternal and Child Health Section (MCH), housed within the Community and Family Health Division (CFHD) of the Wyoming Department of Health (WDH), is responsible for the administration of the Title V Block Grant. The mission of the Division is to assure development of systems of health services for all Wyoming citizens that are family-centered, coordinated, community-based, culturally appropriate, cost-effective and efficient. In addition, the Division has a goal of improving outcomes related to health of all communities in the state.

Key to the operation of the State MCH (Title V) Section is Wyoming's network of Public Health Nursing (PHN) offices located in each of Wyoming's twenty-three counties. Public health nurses provide the local service delivery infrastructure by serving as the first contact for families who are, in many cases, in need of MCH services, making appropriate referrals according to families needs. Funding sources for prenatal care for uninsured or underinsured low-income pregnant women is provided. Additionally, prevention and intervention services are provided in the areas of communicable disease and pre-admission screening for nursing home placement, in addition to playing pivotal roles in homeland security planning.

Even though many of the programs in the Community and Family Health Division, including MCH, moved to a new location in 2002, a priority alert communication system initiated to assure continued close collaboration with PHN continues.

In addition to collaborating and coordinating with PHN, MCH has a long-standing history of networking/collaborating with state and local consortia of health and social service agencies. Extensive efforts have been made to identify health needs, service gaps, and barriers to care for families and children, and to plan for services delivered locally by public health and clinical services to meet those needs. As a community-based program, MCH utilizes a combination of federal and state funding for systems infrastructure development and capacity building in an effort to ensure local public health and safety net services for the MCH population.

A major strength of the MCH Title V program is its potential both to identify and address persistent and emerging health issues for women, infants, children and youth, including those with special health care needs by assisting families on their self determined needs. The flexibility of the block grant to address a very broad array of health issues allows formation of vast networks to benefit families.

MCH programs, working through PHN offices, have filled a critical access gap by providing services ranging from family planning to specialty clinics for children with special health care needs. Additionally, funds for pilot programs to address health concerns have been initiated, ie. Maternal Dental Care Services and Newborn synagist program. A number of national- and state-level changes have, however, influenced the infrastructure focus of the MCH program by placing increased demands on current available resources.

/2005/ These changes include:

? A changing landscape of Medicaid providers in many communities.
? Election of a new governor and appointment of Directors in DFS and WDH who are very family-oriented.
? Increased demand on Public Health Nursing to provide Homeland Security Services.
? WDH has begun setting up standards to link data bases within the department, with the ultimate goal of sharing data between programs.
? The implementation of HIPAA guidelines, and each provider having a different interpretation of how to secure protected health information.
? MCH block grant funding being decreased, with increased emphasis on infrastructure building and outcomes, with no corresponding increase in staff.
? Wyoming Medicaid continues to stay at 100% FPL.
? Issues related to recruitment and retention of health providers.
And, most recently:
? The passage of legislation in the spring of 2004 to provide funding for a comprehensive survey of the needs of Wyoming's families.
? Tort reform will be studied, since it has been proposed as deterrent for some providers being recruited, and continuing to practice within the state.
? Reorganization of the WDH to include Deputy Directors (Phyllis Sherard is now Deputy Director of Programs).
? WDH implemented the change to an outcome-based approach within a project plan, which is now being implemented in other departments within the state. //2005//

The MCH program has placed an increased emphasis on the public health functions of: assessment, policy development, assurance of access to health care, and performance measurement. Toward this end, beginning in FY 2003-04 MCH committed additional Title V Block Grant funds to assist local public health departments deliver core MCH services.

//2005/ The total annual commitment to local community capacity building is now over one million dollars -- nearly the full amount of Wyoming's Title V allotment of \$1.3 million. //2005//

It is increasingly apparent, however, that simply building capacity within communities is not an easy task, due to nursing shortages, wage discrepancies, uneven distribution of providers and the overwhelming cost of providing needed services.

Details regarding impact on the health care delivery system by WDH and MCH can be found in the Previous Needs Assessment section, and on the Agency Organization chart provided on the follow pages.

C. ORGANIZATIONAL STRUCTURE

//2005/ The WDH is the primary state agency for providing health and human services. It administers programs to maintain the health and safety of all Wyoming citizens, including 129,044 children under the age of 18. The WDH employs approximately 1,550 people across the state. The WDH annual budget is over \$990 million; the MCH Title V federal allocation in FY03 was only \$1.3 million.

As of the date of this grant submission the WDH has been reorganized with the addition of three Deputy Directors who provide support to the Director in supervising the various programs included in the Department. Brent Sherard, M.D. (State Health Officer) oversees public health, including Preventive Health and Safety, Pharmacy, Emergency Medical Services, and both the Staff Pediatrician and Staff Dentist. Phyllis Sherard, Ph.D, supervises Aging, Mental Health, Substance Abuse, DD, Community and Family Health Division and the Office of Rural Health. Leland Clabots manages Operations, including the State Children's Health Insurance Program, Human Resources, Medicaid, Health Facilities and Information Technology (see organizational chart).

Some key MCH collaborators* are listed below, to supplement the organizational charts:

? Mental Health Division* administers the mental health, and family violence/sexual assault authorities within the Department and the Wyoming State Hospital.

? Substance Abuse Division* provides a specific focus on substance abuse issues and maximizes current and future resources to fight substance use and addiction (including tobacco).

? Developmental Disabilities Division* provides services for children and adults with developmental disabilities, beginning with early intervention and preschool programs, including responsibilities associated with the intermediate education unit; the adult developmental disabilities programs, and the Wyoming State Training School.

? Community and Family Health Division provides MCH services as well as a number of direct service programs including Public Health Nursing*, Immunizations, Oral Health*, Genetics, Metabolic Screening and WIC*.

? Preventive Health and Safety Division includes epidemiology, cancer surveillance, Diabetes *, STD, Vital Records, Cardiovascular Disease*, Environmental health (lead and radon), Tuberculosis, a newly formed Bio-terrorism section, and many other programs that focus heavily on prevention and safety.

The State Health Officer (SHO), Brent Sherard MD, the Staff Pediatrician, Gary Melinkovich MD, and the State Dentist, Grant Christensen DDS, serve the entire Department of Health; Dr. Fleming directly supervises Dr. Sherard, who supervises Dr. Melinkovich and Dr. Christensen. Dr. Sherard provides medical consultation to agency staff regarding best practices, promotes and assists in establishing and maintaining standards of medical care, and provides consultation on medical needs and services to assist agency planning efforts. He also has legal responsibility for assuring that Public Health statutes are properly implemented throughout the state.

Dr. Melinkovich provides medical oversight for MCH programs, and ensures appropriate policy development and service delivery for this population. Additionally, Dr. Melinkovich provides consultation to Medicaid and Kid Care regarding early childhood issues and participates in the Wyoming Youth Development, the Governor's Council on Developmental Disabilities and has recently been appointed by the Governor to the Governor's Council on Early Intervention. He also collaborates with the Department of Education in developing a plan for school-based clinics.

Dr. Grant Christensen provides dental oversight and consultation for the Dental Sealant, Marginal Dental, Flouride Mouth Rinse and Severe Crippling Malocclusion programs. He also provides dental consultation for other programs within the WDH aside from MCH. Dr. Christensen provides leadership to the Cleft Palate Clinics. The expanded duties of Dr. Christensen as the "State Dentist" include: recruitment of dentist to the state through Legislative committee work on Department reimbursement issues; dental school loan repayment; coordination with coalitions, Dental Board and Dental Association to address access issues. Management of the Oral Health Services Unit remains within the CFHD. //2005//

D. OTHER MCH CAPACITY

Since its inception, the Wyoming Department of Health's MCH Section has consisted of a network of state and local consortia of health and social service agencies. This network has identified the health needs, service gaps, and barriers to care for families and children and has planned community health and clinical services to meet those needs. As a community-based program, MCH has used a combination of federal and state funding to offer public health and safety-net direct services for the MCH population.

**/2005/ The following staff changes occurred during the annual report/application period:
Phyllis Sherard: Dr. Sherard became Deputy Director of Programs for WDH in July 2003. John**

**Harper, as the Senior Deputy Administrator, was appointed as the interim director of MCH until June 2004, when Beth Shoher became the MCH Program Manager (see resume attached).
Dr. Charlie Meyer: Dr. Meyer, part-time Dentist, manager of the Oral Health Services Unit, retired in August 2003. Dr. Grant Christensen was hired in November 2003 as interim consultant of the Oral Health Services Unit, becoming the State Dentist in May 2004 (see resume attached).**

Mary Anne Nelson: Ms. Nelson resigned her position in March 2004, and is currently the Breast and Cervical Cancer Manager.

Ginny Crockett-Maillet: Ms. Maillet resigned her position in February 2004 and was rehired to her position in April 2004.

Terry Foley: Ms. Foley retired as of June 2004, and the position is currently vacant.

Larry Goodmay: Mr. Goodmay, the Geneticist for WDH, was re-assigned to the Health Facilities Division in March 2004. Metabolic screening and the Genetic Clinic Program are now housed in the Community and Family Health Division, within the MCH section.

Mona Coler: Ms. Coler joined the MCH staff as the Perinatal Nurse Consultant in June 2004. She has a background in MCH population programs.

MCH's strategic plan includes system development in support of:

All MCH Populations:

*** Office of Minority Health: Betty Sones, BSBA, (307) 777-5601. Serves as a central point for the exchange of information, expertise, and assistance in improving the health status of Wyoming's minority populations. Assists in the provision of culturally sensitive services to the MCH population, as well as all of the WDH. Minority Health is now housed in the office of Rural Health, although MCH continues to fund this position.**

*** MCH Family Consultant: Vacant, (307) 777-3637. Serves as a contact to help families find assistance and support. Develops handbooks, guides and brochures for families. Provides data collection and capacity building of community-based groups to enhance support and mentoring of new families and to assist in transitioning clients into adult services. Collaborates with multiple local, county and statewide organizations in training, to network and provide support. The future plan is to incorporate a much broader scope to increase family participation in program planning within the WDH.**

*** Office of Women's Health: Debra Hamilton, RN, MSN, CRRN, CCM, CNLCP, (307) 777-7944. Serves as a central point for the exchange of medical and statistical information, expertise and assistance in improving the health status of Wyoming's women. Plans and implements learning opportunities (professional and lay audiences) intended to provide updated education on women's health issues.**

*** MCH Epidemiology: Erin Croughwell, MPH (307) 777-7949. Coordinates a comprehensive needs assessment every five years to monitor the health of all mothers, children and youth in the state; collects data for responding to inquiries from the media, community health planners, legislators and advocacy groups; designs special studies for MCH issues; monitors progress toward national and state performance objectives; provides data to support policy changes; and assists with the evaluation of MCH interventions.**

Women and Infants Services:

*** Perinatal Systems Manager: Debra Hamilton, RN, MSN, CRRN, CCM, CNLCP, (307) 777-7944. Develops comprehensive, coordinated, community-based systems of perinatal services. The goal is to assure access for prenatal care (including financial assistance for mothers and newborns receiving care at tertiary care centers) as well as coordinated services appropriate for the pregnant woman and her family during the critical perinatal period. Perinatal contact and support are provided in every county in the state through the Best Beginnings program, including provision of individual support and triage for services and resources, and local health care system development.**

*** Family Planning: Debra Hamilton, RN, MSN, CRRN, CCM, CNLCP, (307) 777-7944. Contracts with public and private partners, through Wyoming Health Council, to ensure access to family planning services, augmenting the state's Title X family planning grants. Provides training and technical assistance to enhance the health care delivery system in support of a community-based approach to Wyoming Family Planning Programs.**

*** Nurse Family Partnership (NFP) Nurse Consultant: Ginny Crockett-Maillet, BSN, RNC, NP, IBCLC, (307) 777-5410. Provides consultation and technical assistance to public health nurses providing home visitation services through Nurse Family Partnership program. Serves as consultant to PHN in breastfeeding issues, lactation training/education, and as lactation clinical resource throughout the State.**

Program Note: In 2000, the Wyoming Legislature enacted a law requiring that 95% of low income mothers be contacted and offered home visiting services. Emphasis was then placed on developing a continuum of services under the umbrella of Home Visiting for Pregnant and Parenting Families. Best Beginnings, the entry for perinatal services includes assessment for prenatal and pregnancy risk factors, information and referral, and follow-up and care coordination for high-risk clients. Other services on the continuum include the Nurse Family Partnership (Olds model) program for first-time mothers; "Welcome Home" post-partum visits; and the CYSHCN Program and a public health-social worker partnership pilot project in Carbon County.

*** Perinatal Nurse Consultant: Mona Coler, RN, BSN, (307) 777-3637. Provides consultation regarding MCH Maternal and infant program, including Best Beginnings and NFP.**

*** Metabolic Screening: Dorothy Ailes, RN, MSN, PNP-C, (307) 777-7941. Oversees program providing metabolic screening materials to screening facilities; a data system to track testing, diagnosis and interventions; and a quality assurance process to assure follow up on missed screenings, positive diagnoses and implementation of interventions.**

Children and Youth (Birth - 24) Health Systems:

*** Wyoming Youth Development Collaborative (WYDC): Trena Primavera, BS, OTR, (307) 777-3733. WYDC Project Manager for the interagency collaborative, tasked to create a comprehensive youth development framework by the Governor and the Human Resources Sub-Cabinet. WYDC has been a vehicle to educate and raise awareness of the need for a comprehensive state youth development plan, with systems development being conducted through building and strengthening public and private partnerships to support families, children and youth in Wyoming. WYDC is tasked with addressing the following needs, which have been identified as state-level system barriers to providing integrated system of services in Wyoming communities:**

- 1. Clarify the state's direction regarding youth with a common understanding regarding child/youth development at every level.**
- 2. Coordinate and integrate funding and assessment practices; reduce duplication of services among multiple agencies and programs serving youth and families; align competing priorities between state agencies, and; and review and align the varying requirements for services among state agencies.**
- 3. Identify and promote youth and family-friendly policies and programs and utilize best or promising practices.**
- 4. Mobilize resources at the state and in communities to promote and support healthy child, youth, and family developmental needs.**
- 5. Develop and influence policy to meet child/youth developmental needs across all domains (educational achievement and cognitive attainment of developmental needs; health and safety; social and emotional development and self-sufficiency).**

*** Wyoming Early Childhood Comprehensive Systems (WECCS): Trena Primavera, BS, OTR, (307) 777-3733. Project Manager for WECCS planning grant received by HRSA in 2003 to conduct a comprehensive statewide early childhood development study, from which to**

develop a plan. This study is being combined with the Comprehensive Study of Children and Families, supported by a bill recently passed by the Wyoming legislature. A comprehensive cross-systems effort will be utilized to address the following WECCS grant objectives: (a) access to health insurance and medical homes, (b) mental health and socio-emotional development, (c) early care and education, including childcare, (d) parent education, and (e) family support. The Comprehensive Study of Children and Families will specifically identify issues facing children and families in Wyoming. From the combined study effort, a plan will be developed intending to improve environment and conditions to allow Wyoming youth and families to be more successful.

Works to leverage and braid funding to develop infrastructure in communities to improve health and safety in children and adolescents, including Safe Kids of Wyoming Coalition and community chapters; Healthy Living, Healthy Learning, the coordinated school health pilot project in 6 school districts; the Suicide Prevention Task Force and community coalitions.

Children and Youth with Special Health Care Needs System:

*** Children's Special Health Services: Dorothy Ailes, RNC, MSN, PNP-C, (307) 777-7941. Supports and provides technical support to public and private sector efforts enhancing early screening and treatment for children with special health care needs. Promotes infrastructure for the transition of the adolescent with special health care needs into adult services and workforce.**

*** Nurse Consultant: Peggy Rice, RN, BSN, CLN, (307) 777-7941. Promotes care coordination for clients and families of children with special health care needs through the local PHN offices, including a premature newborn program. Care coordination is a family-centered, culturally competent program based on the available community resources and the coordination the family requires. Limited financial assistance via fee-for-service provider reimbursement for selected diagnoses is also provided.**

*** Genetic Clinic Services: Dorothy Ailes, RN, MSN, PNP-C, (307) 777-7941. Services for standard newborn screening and follow-up for newborns with known or suspected genetic disorders. Genetic evaluations, counseling and consultation in treatment and management of genetic disease.**

Other MCH Block Grant Programs:

*** Immunization: Although not located in the MCH section, funding to assist with registry development, vaccine purchase, and outreach was provided by MCH.**

*** Oral Health Services Unit: Oral health services includes dental sealants, orthodontic and other services to under-served children.**

MCH funds Community Capacity Grants to local Public Health Nursing (PHN) offices to assist communities in the development, delivery, and quality evaluation of MCH services. Award of Capacity Grants require each PHN office to write needs-driven MCH service delivery plans in return for over one million dollars in pass-through funding. As a result of this effort, Wyoming has seen improved access to services, improved assessment capacity, and improved population-based and prevention activities.

Due to scarce federal and state resources, it is necessary for all MCH program personnel to conduct effective planning and evaluation of the populations they serve (women and infants, children/youth, and children with special health care needs). Toward this end, skill-building opportunities in areas related to data capacity building, planning and evaluation are highly utilized. The MCH Section has developed results-based decision-making staff expertise in issues related to broadening the collaboration base to impact Youth Development, Women's Health, Disaster Planning (Bio-terrorism), transition to adult services and Reducing Minority Health Disparities.

To further improve capacity, Wyoming utilized State Systems Development Initiative (SSDI) funding for initiating a Maternal Outcomes Monitoring System (MOMS), as well as a database to link all the MCH programs as separate modules. MOMS will provide information related to risk behaviors of pregnant women to guide policy development to assure healthier birth outcomes for Wyoming babies. Linking MCH programs in a database will serve to connect interventions to outcomes, and to decrease duplicate information required from families when applying for additional programs. //2005//

E. STATE AGENCY COORDINATION

The MCH Section coordinates with many state, county and local agencies and organizations to improve the health outcomes of the MCH populations.

***/2005/ Coordination within the Community and Family Health Division of the WDH: MCH meets regularly with Program Managers from other sections to coordinate services and activities related to the population jointly served. A few highlights of coordination results include:
? Women, Infants and Children (WIC): WIC collaboration has been essential in the development and revision of standards and policies for the perinatal, early childhood and home visiting initiatives. Nutritional support and information related to the Help me grow-Safe Kids! toll-free information and referral line was provided by WIC, and staff used a computer program purchased by MCH to analyze the nutritional intake of children with special health concerns in specialty clinics. WIC was also a key consultant to the training provided PHN staff regarding care of families with a premature infant.***

? Oral Health Services Unit: Collaboration with Oral Health was essential in the development of the Maternal Dental Care Services Pilot Program for Pregnant Women. CYSHCN provides support staff at the cleft palate clinics to conduct quality assurance interviews with families regarding their needs and adequacy of the resources being utilized. MCH, Medicaid and Oral Health have collaborated to address Medicaid's low reimbursement rate for preoperative planning time required for orthognathic surgery, which could have potentially threatened patient access. Further discussions have been held about the lack of dentists overall especially dentists who will take Medicaid and Special Needs clients and what can we do about these shortcomings. Through collaboration with the Office of Rural Health and Rural Health Loan Repayment Service is being pursued as a way to entice new providers into the state.

? Public Health Nursing: An indepth study of the needs of the MCH programs and the staffing levels and training needs of the PHNs was done. From the findings suggestions were made to the documentation committee made up of PHN and MCH staff. Efforts were made to streamline documentation of nursing interventions for the MCH project and new forms were rolled out last November with forms available on the PHN website. Combined audits at regional meetings were held throughout the state evaluating the standard of care, documentation and training needs of the staff.

? Kid Care CHIP (State Children's Health Insurance Program): Underwent a change and legislation was passed. Kid Care CHIP is no longer a Medicaid look-alike, but a standalone program that is run through Blue Cross/Blue Shield. The state CHIP staff is now determining eligibility and the FPL has been increased to 185% and will increase to 200% July 2005. The program does not have any disallowances, requires co-pays on some services and a limited array of services in the dental area. Through Robert Woods Johnson, DFS, Kid Care CHIP , MCH and an assorted number of other partners, an application that can be shared by DFS and CHIP has been designed and partially implemented. The DFS application will be fully implemented in 2005. Both applications contain a box asking if there are children with special needs. If an application is received with the box checked it is sent to CSH for further follow up.

Coordination with other WDH Divisions: MCH also coordinates and collaborates with other Divisions outside the Community and Family Health Division, such as Preventive Health and

Safety (Cardiovascular Disease, Diabetes, Cancer Surveillance, STDs, Genetics, Infectious Diseases, and Health Data Analysis), Developmental Disabilities (Part B & C, and Early Intervention Council) , Medicaid, Mental Health and Substance Abuse. MCH has acted as planner and facilitator for monthly scheduled WDH Program Managers meetings for several years to promote communication and collaboration between entities with program meetings addressing a number of interests, for instance legislative issues, services offered by University of Wyoming regarding brochure design, workshop development and management, and presentations by the WDH fiscal office on changes and budget reports.

The MCH Services Coordination Team which is chaired and organized by MCH staff continues to grow as the identified gaps in services and new opportunities to enhance services to the MCH population (pregnant women, infants, children, adolescents, families of reproductive age) are continually changing. These monthly meetings, attended by a wide variety of people, provide a format for networking about staff changes, new programs, areas of concern and also areas of common interest. Some of the topics this year have been the Early Childhood Grant, Families First (a stop smoking program) IRIS (DFS new data system), a proposal for a children's mental health program and a program for young women in career development.

MCH has active Memoranda of Understanding (MOU) stipulating the joint resolution of issues with several organizations within WDH including: Medicaid, Developmental Disabilities, Emergency Medical Services for Children Program, and the Immunization Program.

MCH has active MOU with divisions outside the WDH:

? Department of Education: Annual Summer Institute for Health Education Planning Team and Youth Risk Behavior Survey

? Department of Family Services: regarding the pass-through of Temporary Assistance for Needy Families (TANF) funds for home visiting expansion and to assist in the implementation of the Early Childhood Systems (ECCS) Grant collaboration.

Coordination with Agencies external to the WDH: Participation on interagency councils, task forces and committees provide opportunities to coordinate MCH programs and strategies with agencies outside the Community and Family Health Division. The Title V Director and the MCH staff participate actively on the following:

? Behavioral Health Task Force [NPM 2, 3, & 6]

? Child Care Certification Board [State Agency Coordination]

? Children's Trust Fund Board of Directors (DFS) [State Agency]

? Comprehensive Social Services Planning Team (DFS)

? Deaf Services Planning Committee (collaboration with DD) [NPM 2]

? Early Intervention Council (DD) [NPM 3 & 5]

? Governor's Early Childhood Development Council (pre-birth to age 8) [NPM 5, 15 & 17; SPM 1, 12 & 13]

? Governor's Planning Council on Developmental Disabilities [NPM 6]

? Head Start State Collaboration Project

? Healthy Child Care Wyoming (CISS Grant) Management Team [SPM 2; State Narrative; State Agency Coordination]

? Healthy Mothers/Healthy Babies Coalition [NPM 11]

? Impaired Driving Coalition [NPM 10; SPM 3]

? Lions Early Childhood Vision Screening Project (public-private) [NPM 3]

? March of Dimes (MOD) [NPM 1; SPM 1]

? Mountain States Regional Genetics Network

? Newborn Hearing/Vision Screening and Intervention Board [NPM 1 & 3]

? State Child Health Insurance Program Steering Committee [NPM 4, 13 & 14]

? Unintended Pregnancy Prevention Task Force (public-private)

? WIN (Wellness In) Wyoming

? Wyoming Community Coalition for Health Education (WCHE)

? Wyoming Early Start Program

- ? Wyoming Health Council (reproductive health) [NPM 15 & 17]
- ? Wyoming Health Resources Network (provider recruitment & retention) [NPM 3]
- ? Wyoming Primary Care Association (WPCA) [NPM 3]
- ? Wyoming Suicide Prevention Task Force
- ? Women's Treatment Advisory Council [NPM 15 & 17]
- ? Wyoming Youth Development Collaborative (WYDC)

State/Local Coordination: MCH also has a long-standing commitment to community-based systems development and documents some significant achievements: 1) The adoption of goals and objectives that "institutionalize" systems development theory into the MCH Services. Recent addition is having the system measure outcomes as evidenced with the county capacity grants. 2) The establishment of Community Health Planning Boards -- drawing on talents, perspectives and resources of key community members representing diverse backgrounds - to serve as central health planners for local health issues. 3) The degree to which both inter- and intra-agency collaboration has been improved at the state level.

Community Integrated Service Systems (CISS): The project title of Wyoming's CISS grant is *Healthy Child Care Wyoming*. This project is administered by the University of Wyoming and is a collaborative effort between MCH, DFS, Department of Education, Head Start Collaboration State Team, Learning Center, Children's Nutrition Services/Child Care Finder and Wyoming Children's Action Alliance. Nationally, the Healthy Child America Campaign is guided by the Blueprint for Action, ten steps that communities can take in their efforts to improve health and safety in child care. Action Step Nine of the National Blueprint for Action is the utilization of child care health consultants to help develop and maintain health and safety for children in child care. Experience of Healthy Child Care Wyoming includes training of 35 Certified Child Health Consultants (CHCCs) in a pilot online course developed by the University of Wyoming. (This course is now offered by the University for graduate credit as a means to sustain the training effort.) Additionally, a system to obtain data on accidents and injuries in child care has been developed. The University of Wyoming continues the delivery of an Early Childhood Program Director's Certificate, including monitored video analysis of competencies for the infant/toddler credential.

The current project period is April 18, 2003 to January 31, 2004. Project goals are as follows: (a) Caring for Our Children (CFOC) Health and Safety Performance Standards will be utilized by all public health nurses and CCHCs in Wyoming, as well as child care centers and home providers; (b) out-of-home care providers will provide healthy and safe environments for infants and toddlers; (c) accidents and injuries in child care will decrease, (d) the team of CCHC trainers in Wyoming will expand; (e) a voluntary system of CCHC nurse/early childhood development teams will be developed to work with early childhood programs by fall 2004 in all counties, and (f) 100% of eligible children will be enrolled in health insurance.

MCH applied for the Early Childhood Comprehensive Systems ECCS Grant available through HRSA, for the project period July 1, 2003 through June 30, 2005. The goal of the strategic planning process is to craft a comprehensive statewide early childhood development strategic plan by June 30, 2005. A comprehensive cross-systems effort will be utilized to address: (a) access to health insurance and medical homes, (b) mental health and social-emotional development, (c) early care and education, including childcare, (d) parent education, and (e) family support. This grant is being operated by a MOU with DFS. It has become the cornerstone for legislative budget action and a private grant to be a legislative initiation to study services for Wyoming's children. Objectives focus on content development of the strategic plan as follows: (a) identification of key traditional and nontraditional partners, including how alliances will be developed; (b) completion of a comprehensive needs assessment; (c) assessment of resources for strengths and gaps, capacity, and financing of early childhood activities; (d) development of a clear vision and mission statement; (e) prioritization of issues, including the five areas identified implementation; and (h) establishment of a set of indicators for tracking early childhood outcomes. Additionally,

objectives will be incorporated to identify strategies which: (a) improve data collection, (b) identify short and long-term sustainable funding for potential service expansion and service integration, (c) promote finance and resource leveraging, and (d) influence policy. //2005//

The Wind River Indian Reservation: These reservation-based efforts strive to expand services and address the MCH mission to work with a broad network of partners to improve the health and well-being of Wyoming's Native American MCH population. This network focuses on strengthening both personal care and public health systems to establish an integrated community system of comprehensive services. As always, most efforts have primarily been dedicated to building collaborative partnerships at the community level with providers and public/private organizations in an effort to maximize scarce financial and human resources. It was documented in the Wind River Indian Needs Determination Survey-2 (WINDS-2), revised in 1999, that Native Americans have a disproportionately high level of needs in some areas. Capacity grants have provided infrastructure development efforts related to improving access to primary and preventive services for the MCH American Indian population. Efforts reflecting improved access to care include contractual relationships with the Fremont County Health Department, as well as the Fremont County-based collaboration of Help me grow-Safe Kids! Chapter and Injury Prevention Project, which serves Lander and the Wind River Indian Reservation.

In FY00, the OMH funded and conducted a multi-state study, an Assessment of State Minority Health Infrastructure and Capacity to Address Issues of Health Disparity. A recommendation was for states to assist in collecting, tracking and disseminating data on health status by race and ethnicity, citing specific inaccuracies of health data related to Native American populations. The OMH provided technical assistance to improve infrastructure development related to policies, programs and practices on health disparities. As a result, the Minority Health Needs Assessment was conducted and is reported on in the Cross Populations Minority Health Strategies.

Tertiary Centers: Wyoming has no tertiary care centers for pregnant women or infants, and few pediatric specialists. Therefore, the following tertiary centers provide critical access to health care for our most at-risk families: The Children's Hospital, University of Colorado Health Sciences Center and Presbyterian-St. Luke's in Denver, Colorado; Primary Children's Medical Center, The University of Utah Hospital, McKay-Dee Hospital and Shriners' Hospital in Salt Lake City, Utah; St. Vincent's Hospital in Billings, Montana; and the Regional Medical Center in Rapid City, South Dakota. Satellite clinics were also provided by tertiary care centers out of Denver, to Wyoming residents. MCH maintains strong relationships with these tertiary centers and does periodic visits to promote the "Refer all Wyoming Families."

The attached table delineates some of the partnerships between state and private agencies and the MCH populations they serve.

F. HEALTH SYSTEMS CAPACITY INDICATORS

Please see attachment for Health Systems Capacity Indicators.

IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES

A. BACKGROUND AND OVERVIEW

Wyoming utilizes a results-based strategic approach to MCH planning (see Results-Based Logic Model chart). It is conceptually very similar to the Title V Block Grant Performance Measuring System. To facilitate the planning process, MCH has developed outcome improvement plans with the assistance of stakeholders at both the state and local level. A plan has been developed for each Title V-mandated population. The plans drive the narrative contained on the following pages, and they answer the following questions:

? What is the current level of need (based on various sources including the five year needs assessment)?

? What are the specific objectives and time frames?

? What activities/strategies are needed within each level of the pyramid and each population group?

? Who are the traditional/non-traditional partners in these activities?

? What measurements are important to determine how effective our activities/strategies are?

The Outcome Improvement Plans serve two purposes:

1. To provide an operational outline for results-based management.

2. To identify collaboration opportunities between components of the service delivery system.

The chart on the following page illustrates the MCH results-based logic model utilized to develop effective strategies. Subsequent narrative provides additional detail objectives and strategies. Finally, a chart at the end of the section discusses unmet performance measures.

B. STATE PRIORITIES

As indicated in the Needs Assessment section, Wyoming has identified the following priority areas (not listed by level of priority):

? Decreasing barriers to accessing health care through state and community capacity-building and systems development efforts.

? Decreasing incidence of low birth weight babies delivered.

? Decreasing incidence of youth suicide.

? Decreasing unintended pregnancy.

? Decreasing prenatal and youth tobacco and other substance use and abuse.

? Decreasing preventable disease, injury, and death in our children and youth.

? Providing care coordination services for at-risk populations including first time teen mothers, high risk pregnant women, and CYSHCN.

Subsequent to identifying these priorities during the development of the Five Year Needs Assessment, MCH modified the state performance measures. Old and new state performance measures are outlined in the State Performance Measures Summary Sheet in the next section.

C. NATIONAL PERFORMANCE MEASURES

Performance Measure 01: *The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

a. Last Year's Accomplishments

The objective for FY02 was to provide at least one screening for 98.0% of newborns for PKU, hypothyroidism, galactosemia, biotinidase and hemoglobinopathies. Result: The CY01 rate was 90.8%. While this appears to be a decrease from CY00, it has been discovered that the incorrect denominator was being used. This lower rate reflects the change to using resident births as the denominator to adequately reflect the number of Wyoming babies who have been screened.

The Newborn Metabolic Screening (NBS) and Genetic Program were previously located in the Preventive Health and Safety Division (PHSD) of the Wyoming Department of Health, separate from MCH. Therefore, the MCH program cooperated with PHSD to enhance efforts for follow up measures on screening of all births. The MCH follow-up program was based on the National Newborn Hearing Screening Program. With the increase in laboratory fees and the proposed inclusion of the congenital adrenal hyperplasia (CAH) into the screening protocol, discussion was initiated to explore funding methods to cover the increased costs, since MCH had been funding the screening.

Genetics clinics had previously been staffed with a temporary employee, which was determined to be unacceptable with the current Governor's administration. Therefore, MCH and The Children's Hospital (TCH) came to an agreement to continue genetics clinics through a collaborative agreement, providing for a permanent employee.

b. Current Activities

As of the end of March 2004, the NBS and Genetic Clinic coordinator is physically located in MCH. This will enhance collaborative efforts between the NBS, Genetics Clinics and MCH.

A simple database has been set up to enter metabolic results, as the previous methodology was done by hard copy.

Preliminary talks began in July 2003 to establish a fee system to reimburse for the cost of metabolic screening, including CAH, which is expected to be in place by July 2004. Wyoming is in the process of establishing electronic birth certificates, which will include collection of newborn hearing and metabolic screening being conducted. Discussions are in process with the University of Colorado Laboratories to provide MCH with a list of Wyoming newborns screened, to compare to birth certificate data.

A grant application submitted for a Birth Defects Registry was approved but not funded. Therefore, the plan is to continue to build data we have and to promote linkages of databases vital to a birth defects surveillance program.

As such, the MCH program continues and will continue to incorporate enhanced follow up measures on screening of all occurent births. These efforts were modeled on the National Newborn Hearing Screening Program that has an excellent plan for follow up.

c. Plan for the Coming Year

In FY05, efforts will be directed toward implementation of the new fee schedule for metabolic screening. Analysis of data will be conducted related to timeliness and interventions for positive screening follow up.

To prepare for future grants and plan a basic birth defect surveillance system, an epidemiology intern was recruited, who will begin working in June 2004 for eight weeks. Research related to establishing a database on metabolic screening will continue. The proposed database will link with Vital Records to match births with results of newborn metabolic screening.

Other efforts will include the evaluation of telemedicine being utilized with genetic counseling. Mass tandem spectrometry, for families who are willing to pay for the additional services, will also be explored.

The Metabolic Program Manager will plan to participate on the MOD Program Services

Committee, replacing the former manager.

The Genetic Clinic coordinator will establish a plan to assure follow-up on clients receiving referrals or counseling.

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

a. Last Year's Accomplishments

The Parent Advisory Panel (PAP) consisted of members from all known parent support groups within the state and a representative from the Wind River Reservation. The Panel reviewed the 2004 Block Grant application and made recommendations for inclusion in the application. The PAP members served on an educational panel at the MCH Public Health Nurse Annual Meeting in August. They presented an outline of their various services and activities and attended a reception immediately following the presentation, which allowed for networking and some cooperative efforts for individual cases between parent groups and PHNs. Evaluation forms indicated that was a valued part of the program by both the PHNs and the Parent Advisory Panel members.

To enhance participation, the PAP meetings have been held at different sites around the state with carry-in lunches and dinners to maintain enthusiasm and interest.

Family Services Consultant (FSC) networking was accomplished by speaking at various trainings and conferences conducted by PIC/PEN and Family Support Network.

Packaging Wisdom was promoted to PHNs for the successful use of the publication for their clients' record keeping and emergency preparedness.

FSC researched and referred providers and/or families to publications or programs that met their needs. Additional benefit was that the FSC provided Spanish translation at 4 of the specialty clinics and as necessary.

FSC collaborated with the Parent Information Center to acquire and distribute Speak Up For Health for each PHN office. This tool was to assist nurses working with families to plan for transition of their children into the adult world.

FSC established an infrastructure for parent support through peer mentoring to parents of premature infants. The FSC also assembled a list of parents of premature infants to whom PHNs could refer their clients for support. In our frontier state the Public Health Nurse office is the natural venue to bring the families together by phone.

b. Current Activities

A representative from the Wind River Indian Reservation was recruited to the PAP. At a meeting on the Reservation, parents identified their needs related to jobs both for empowering the parents, and also for young people after they graduate from high school.

To advocate for the inclusion of families at operational levels, the PAP reviewed WDH printed materials targeted at families. Literature was critiqued for ease of reading, usefulness, etc., and summaries were sent to individual programs.

Future panel meeting dates have not been selected due to the pending retirement of the FSC.

Because state positions are controlled by the Legislature in Wyoming, action taken during the 2004 Legislature, the slot for the FSC will be assigned to a MCH epidemiology position. The impact of this change will be discussed to determine how the momentum of the PAP can be maintained. We are scrutinizing other WDH divisions for parallel family outreach and support efforts. If these efforts are successful, it will mean that MCH will no longer be a voice in the wilderness advocating that these services be delivered to all Wyoming families at risk.

In a cooperative effort, Kid Care enrollment forms are forwarded to the FSC for early referral and parent support. This procedure has made us aware of the high prevalence of asthma in children, and available services and educational opportunities were shared with Kid Care parents.

The annual MEGA conference (a statewide developmental disabilities conference for families, providers and programs) was promoted by advocating for presentations targeted at the needs of families with younger children with disabilities and transition from adolescence into adulthood. Debra Hamilton, MCH Staff, presented on Life Care Planning at the Conference.

The catalog of reference materials was expanded, through ongoing research, for PHNs and their clients.

Distribution of Packaging Wisdom has continued.

Culturally appropriate services were promoted by connecting two Spanish-speaking mothers so that they could provide telephonic support to each other. Within MCH there are now two other individuals who also speak Spanish assuring that this support will continue after retirement of the FSC.

MCH conducted exit interviews with clients of DOE and Oral Health program from clinics, reporting on family needs and making referrals. These exit interviews reflect level of family satisfaction with the services received.

MCH continued development of parent support infrastructure collaborating with the DOE Deaf/Blind Program to create a support network for parents of deaf-blind children; the first meeting is scheduled for July 2004.

To increase family satisfaction with timely intervention and provision of services, the FSC revamped the MCH new nurse orientation compressed video training. Several different methods of learning were utilized and a well-rehearsed presentation earned excellent evaluations.

c. Plan for the Coming Year

Parents will continue to be involved in decision making for CYSCHN, however, due to the uncertainty of how FSC's responsibilities will be distributed within the Health Department, it is very difficult to predict the specific direction MCH will go in the future to address the continued involvement of families in decision making.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

a. Last Year's Accomplishments

Since this is a new measure, no CY02 objective exists. SLAITS reports that 55% of children with special health care needs age 0 to 18 receive coordinated, on-going, comprehensive care

within a medical home.

MCH discussed with Kid Care how CSH could provide care coordination to dual eligible Kid Care and CSH, with BC/BS maintaining Kid Care/CHIP enrollment data. Agreement was reached for CSH to receive a client list of who was eligible for Kid Care.

MCH revised the procedure for counties to set objectives for baseline measures, promoting a primary care provider and ongoing care.

Additional resources were obtained for developing services through an Early Childhood Comprehensive Systems (ECCS) Planning Grant, including advocating for the medical home concept in early childhood.

Despite barriers related to HIPAA policy, records were obtained in a timely manner to provide care coordination about 90% of the time to CSHCN clients.

b. Current Activities

To continue with early identification of vision problems, MCH collaborated with the Wyoming Lions Clubs, UW WIND program and DDD to continue the vision screening project (screening children 6 months to 6 years for amblyopia and other diagnoses). MCH contributed \$75,000 toward funding the project, and outcome based results were requested at the quarterly meetings.

The Governor has appointed a member from MCH to participate on the Early Intervention Council, which concentrates effort on accessing mental health care for the 0-5 years population. Related to that effort, the availability of services for that population is a priority for the Council. Future steps will recommend methods to "turn the curve" to improve the availability of mental health services in the state.

The Behavioral Health Task Force, renamed "System of Care Steering Committee", concentrates on the mental health needs of children. Through several evolutions and setting of goals, the committee is currently moving from networking to a more cooperative effort, by way of applying for a Medicaid Mental Health Waiver.

The concept of medical home was promoted at the new nurse orientation. The benefits of care coordination and ongoing well child care were stressed. (See NPM#2) Major emphasis was on the changing focus of CSH from one of financial assistance to care coordination, since some PHNs still view CSH as a financial source.

Dr. Gary Melinkovich, staff physician, developed a medical home plan for his thesis in the MPH program he is completing. This has twofold benefit by development of a medical home plan that can be implemented in stages, as well as having the support of Dr. Melinkovich for implementation.

MCH partnered with DFS to create a position to manage the ECCS Planning Grant. This effort has further expanded by becoming one component of the Wyoming Family Needs survey, with one of the objectives being promotion of a medical home.

The MCH team developed objectives for specific populations, such as dual eligible CSHCN/Medicaid clients receiving well child visits, related to the results-based outcome focus. This has increased the awareness of promoting ongoing care as a component of care coordination.

Kid Care regularly notifies and sends CSH applications when the family has indicated the client

has a special health care need. Of those referrals, approximately 210 patients do not medically qualify for CSH services. As noted in NPM #2, the family service consultant is provided with that information and contact is made with those families. Asthma is proving to be the largest special need, and families are provided direction to the few resources available in the state.

Further planning regarding care coordination for dual eligible children was delayed due to the immediate need of getting the system operational for Kid Care to assume eligibility determination.

c. Plan for the Coming Year

MCH will continue promoting referral to Kid Care/SCHIP care coordination of the special health care needs population, and will continue to obtain reports from SCHIP on client enrollment.

SCHIP will continue with setting up the eligibility system, obtaining a data system, promoting reenrollment and planning for the increase to 200% of FPL.

MCH will continue to review methods of promoting care coordination as a valuable service that PHNs provide.

Marketing efforts will increase to Medicaid, Children's Waiver and private providers to promote medical home.

MCH staff will provide support to the ECCS Planning Grant in the areas of supervision, core group participation, and assisting with referrals for focus group participants.

MCH will continue to support the Wyoming Health Resource Network, focusing on recruitment and retention of physicians, as well as support to the Primary Care Association in the development of more community clinics. The UW Family Practice Residency program is being considered to be utilized as a community clinic in Cheyenne.

The Lions Early Childhood Vision Screening Project may have to be restructured, since funding at the previous level will not be available in the future. Further, the percentage of children receiving necessary follow up has been lower than expected, as during the year of 2003, only about 30% of children who have been found to have an abnormal screening have received further follow up.

DFS and CSH have agreed to initiate a pilot project of providing care coordination for foster children ages 0 thru 2. This pilot would be conducted for one year and would promote continuity of care from parent to foster home and back to the parent, including linking the child's care providers.

Medicaid has released an RFP to provide case management to all Medicaid clients, including children, which will result in changes in the infrastructure. Dr. Melinkovich is serving on the review committee of the applications and will be promoting the concept of medical home within this case management program.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

a. Last Year's Accomplishments

This is a new measure so no objective was set for CY 2002. SLAITS data show that 51.6% of

children with special health care needs age 0 to 18 have adequate private and/or public insurance to pay for the services they need.

CSH has documented the percentage of children receiving Medicaid or having insurance has increased over the last 5 years from 48% to 70%. SCHIP enrollment has increased from 3% to 6% in FY03.

MCH participates on the State Child Health Insurance Program Coordination (SCHIPC) committee that worked toward streamlining the SCHIP and DFS application. The forms have been revised and a system has been developed for sending the applications to other partners as appropriate.

Changes in the Kid Care/SCHIP program were approved, increasing the FPL to 185%, and serving children 0 thru 18 yrs. MCH provided funding to assist approximately 140 clients who had no insurance coverage and qualified financially for the CSH program, including a staff position to assist in determining eligibility.

b. Current Activities

Research conducted by MCH revealed that very few eligible CSH clients were enrolled on the Kid Care Program. The reasons were determined to be related to difficulty in obtaining private insurance, being financially ineligible, as well as very few who may be eligible but just have not applied. Follow up will be a priority for those who may be eligible (about 35) and have not applied, to encourage them to apply for Kid Care.

Recent data provided by the SCHIPC committee has revealed reenrollment is barrier with SCHIP. Several suggestions were made and are being piloted, such as stamps on the outside of the envelope stating "Important Information for your Child" and making the envelope an eye catching color.

A review was done to determine what impact SCHIP has had on CSH expenditures. It revealed expenditures did not decrease as had been expected with the increase to 185% FPL. There were not as many children obtaining services from SCHIP as expected, and with some fees set by SCHIP not being as high as Medicaid, CSH has continued to provide funding. Other possible causes for the finding is that families who are not eligible for SCHIP may not have adequate insurance coverage for a child with special needs, related to high deductibles, co-pays for a provider visit or lab fees, or no coverage for pharmacy charges.

c. Plan for the Coming Year

A cooperative effort between CSH and SCHIP will enhance SCHIP reenrollment by utilizing care coordinators to follow up on dual eligible families who have not enrolled.

Efforts will continue with the SCHIPC committee to explore increasing enrollment for both Medicaid and SCHIP.

With the increase in July 2005 to 200% FPL by Kid Care, evaluation and planning will continue to determine if direct care will be supported for the families in need of wraparound services.

Performance Measure 05: Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

a. Last Year's Accomplishments

This is a new performance measure, so there was no objective for CY02. SLAITS data indicates that 80.3% of families of children with special health care needs age 0 to 18 report the community-based services systems is organized so they can use it easily.

Satisfaction surveys have been used to address overall satisfaction with services, as well as the use of medical home, and the ability to use the community-based service system.

PHN staff had reported a lack of communication between hospitals and community services related to discharge of premature infants to their home community. Therefore, the Premature Newborn Program (PNP) was developed in partnership with PHN and implemented in FY02, to serve infants born at less than 2000 grams or less than 37 weeks gestation, as an expansion of Home Visiting services. PNP provides follow up for premature infants during the first five years of their life, to assure the healthiest outcome for Wyoming families. The goal of the PNP was to refer for early, consistent and age-appropriate care for thriving and growing to their fullest potential. Revisions were discussed for changing the criteria to 35 weeks gestational age, to assure those infants with the greatest need are served, in light of the increased responsibilities for PHN staff.

Translation services were available in all communities to assure assistance with community-based service systems for families.

b. Current Activities

Satisfaction surveys are used to address overall satisfaction with services, as well as the use of medical home, and the ability to use the community-based service system. Related to the limitations inherent in Wyoming, the focus is on enhancing specialty clinics and the development of specialty teams within Wyoming, when possible. Parent surveys and input from the Parent Advisory Panel will help guide the direction of these efforts.

Translation services are available in all communities to assure assistance with community-based service systems for families.

The PNP continues to be implemented and revised, (currently the criteria for PNP admission is 35 weeks gestation) to best address premature infant and families in Wyoming communities.

Plans are being made to enhance utilization of the PNP, since it is not being utilized for all infants who are eligible for the program. Forms are currently being revised to gather more useful data regarding premature infants in the PNP.

c. Plan for the Coming Year

Satisfaction surveys will continue to be utilized to address overall satisfaction with services, as well as the use of medical home, and ability to use the community-based service system. Data received from the parent support groups for any useful insight or data will be utilized as appropriate.

Determination will be made as to other partners who will collaborate on enhancing the service system. An example of partners sought are local parent support groups, school personnel, local community planning groups, and providers, such as physicians and PHN staff.

Related to the limitations inherent in Wyoming, focus is and will continue to be on enhancing the specialty clinics and the developing of specialty teams within Wyoming, when possible. The parent surveys and input from the Parent Advisory Panel will help guide the direction of these efforts.

Access to care is an ongoing issue in Wyoming, which will be addressed by our 2005 Needs Assessment.

Translation services will continue to be available to families in all counties in Wyoming.

The PNP will continue to be revised to best serve premature infants and families in communities.

The MCH data system, which will be partially funded by SSDI, will link the PNP dataset to the Perinatal and CSHCN systems in order to more closely monitor families in our programs.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)*

a. Last Year's Accomplishments

Since this percentage is based on a national estimate, a state performance objective has not been set. According to SLAITS data, 5.8% of youth with special health care needs receive the services necessary to make transitions to all aspects of adult life.

In FY01, an audit revealed that PHN staff did very little transition planning, and further stated they lacked knowledge of how to plan for transition to adulthood.

b. Current Activities

As a result of the audit performed in FY01, orientation sessions for new PHN staff regarding the CYSHCN program now includes transition information and available resources. During a summit sponsored by the Governor's Council on Developmental Disabilities, it was determined that several programs have transition policies, however, linkages across all levels of services needs enhancement.

Currently, MCH provides exit interviews to all clients at the Deaf/Blind Clinic sponsored by DOE. Families are asked about transition planning and assistance offered. Feedback is then given to the clinic manager for follow up. This procedure is also followed with the Cleft Palate clinic conducted by the Oral Health Program.

PHN care coordinators assist families in acquiring services. A letter is sent on the clients' 18th birthday, informing the family of the aging out of the CYSHCN program. All appropriate referrals are completed prior to the 18th birthday.

The Care Coordinator for CYSHCN screens the Medicaid inpatient census reports (ICR's) for premature infants and other CYSHCN eligible clients on a weekly basis. Referrals and contact is made with PHN if the child is not already on a MCH program. PHN coordinates with Discharge Planners and Case Managers at each hospital to enhance a smooth transition from hospital to home.

c. Plan for the Coming Year

Transition planning will be promoted to Medicaid and Kid Care as an important aspect of care coordination, as parents of children and youth plan for future transitions. MCH has a Certified Nurse Life Care Planner (CNLCP) on staff, to provide instruction on life care planning principles to assist in transition of all MCH clients to different level of care. Opportunities will be planned to provide direction to MCH and PHN staff.

Research will continue and data will be provided related to transition efforts that are currently in place, and methodology for enhancement of transition services will be determined. Since the current measures reach a very limited population (Deaf/Blind Clinics and Cleft Palate Clinic), plans are to incorporate this process into other specialty clinics.

Through the Parent Advisory Panel numerous other partners have been identified who are involved in transition of clients, such as Assistive Technology and Independent Living. Collaboration with those partners, and others still to be identified, will be emphasized in FY04.

ICR's will continue to be reviewed on a weekly basis to assure PHN follow-up on all appropriate referrals.

Performance Measure 07: Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

a. Last Year's Accomplishments

The FY03 objective was to immunize at least 80% of children ages 19-35 months for Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B. In FY 03, 70.1% of children ages 19-35 months of age had completed their 4:3:1:3:3. This was a significant decrease from 74.3% in FY02. MCH does not have administrative responsibility for the Immunization Program; however in 03, MCH collaborated with Immunization Program staff to improve in rates.

The MOU between MCH and the Immunization Program was successfully executed in FY 02 to provide support in the development of a statewide immunization registry. The Immunization Registry was implemented and is functional at all thirty-one Public Health Nursing offices in FY 03. Public Health Nurses received training in utilization of the database and the implementation process of the Registry.

Through BB and home visiting services, care coordination was provided to families with pregnant women and young children. Care coordination was utilized as an opportunity to provide education regarding immunizations, as well as referral to health care providers for well-child care and immunizations.

Evaluation data of infants provided services through the Nurse Family Partnership (NFP) home visiting model indicates the following results (through August, 2003): At 12 months of age, the rates of completion for Hepatitis B, DTP/DtaP, HIB, and Polio were 100%. At 24 months of age, the completion rates for all vaccines were 100% as well.

b. Current Activities

The Immunization Registry continues to be functional in all thirty-one Public Health Nursing offices.

Care coordination is provided to all families with pregnant women and young children through PHN offices. Care coordination continues to be utilized as an opportunity to provide education regarding immunizations, as well as referral to health care providers for well-child care and immunizations.

c. Plan for the Coming Year

Additional FY04 efforts include utilizing MCH funds to purchase influenza vaccine for infants and toddlers, ages six to 24 months. (Although covered by the Vaccine for Children (VFC) program, it is anticipated that CDC funding will not provide for an adequate number of doses to meet Wyoming need.)

Other collaborative efforts include involvement of Immunization staff in the ECCS Planning Grant as it relates to strategic planning and assurance of medical homes for children.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

a. Last Year's Accomplishments

The CY02 objective was 16.4 per 1,000 live births. Result: The CY02 rate was 17.7. This represents a significant decline from 21.9 since 1999.

The Child and Adolescent Health Services Manager was the Project Manager for the Wyoming Youth Development Collaborative (WYDC), an interagency collaborative committed to improving conditions in Wyoming for children, youth and families; therefore addressing all youth risk factors. Actions conducted in 2003 included: 1) identification of several state-level barriers to providing seamless, integrated services; 2) identification of 25+ youth serving boards and councils without a comprehensive state plan to meet the developmental needs of our youth; 3) education of partners/stake holders on utilizing results-based strategic planning and project management. MCH also received a State Early Childhood Comprehensive Systems (ECCS) Planning Grant and is in the process of conducting the environmental survey, in collaboration with multiple private/public organizations.

The section 510 Abstinence Education Grant was awarded to MCH in FY03 to continue its Sex Can Wait? Wyoming social marketing campaign, with objectives to inform youth 9-14 years of age about the importance of avoiding risky behaviors and the relationship of alcohol and drug use in increased sexual vulnerability; as well as communication skills needed to take responsibility for their own body and rejecting sexual advances; and to enable parents to effectively communicate with their youth about avoiding sexual activity and other risky behaviors such as alcohol, tobacco, and drug use. Approximately 10,000 collateral Sex Can Wait-Wyoming materials and brochures were distributed to youth through schools, public health nursing offices, educators and those educating youth on abstinence only. A toll free 800-line is available for youth, adults, etc. to receive the collateral campaign materials and brochures.

MCH was a funding partner with DFS and DOE to pilot coordinated school health sites across the state through a competitive application process. Six pilot sites were identified and are in the process of meeting the requirements of the grant.

The Unintended Pregnancy Prevention Coalition, an organization of public and private partners re-established itself with the development of a comprehensive strategic plan. Two parent education workshops were conducted to improve communication between parents and their children.

Other actions included: 1) funding of the 2003 YRBS; 2) funding for family planning, through WHC, the Title X recipient; 3) continued use of Baby Think It Over (BTIO) mannequins were used with curriculum to increase effectiveness of educating youth on sexual behavior, use of birth control and pregnancy planning; 4) continued public-private partnership with Wyoming Coalition for Community Health Education (WCCHE) in support of their annual conference to empower the 75 youth who attended to make better choices.

b. Current Activities

The WYDC has been reinstated with the establishment of a Sponsorship Committee, consisting of the agency deputy directors who have committed time and resources. Staff of the 25+ youth serving boards and councils are being surveyed to determine their focus as it relates to youth, funding sources, mandates, etc. From this survey, a final report will be presented to the Governor to assist in planning with the state's direction toward youth development agenda. MCH is also actively involved with the planning and implementation phase of the Comprehensive Study of Children and Families mandated by legislation this last fall. The purpose of this study is to identify issues and barriers facing many Wyoming children and families, to include economic, transportation, and access to healthcare. From this study, a comprehensive plan will be developed.

The Section 510 Abstinence Education grant was again awarded to MCH in FY03 to continue its Sex Can Wait? Wyoming social marketing campaign. MCH provided the state general fund match for the abstinence education grant, which will be leveraged with funding from the Substance Abuse Division and the DOE to educate youth on the impact of drugs and alcohol on sexual activity. The toll free 800-line remains available for youth, adults, etc. to receive information related to the objectives of the grant. Collateral Sex Can Wait-Wyoming materials are distributed youth through schools, public health nursing offices, educators and anyone presenting abstinence to youth.

In addition, MCH continues to: 1) provide funding to Wyoming's Title X Grantee, WHC to assure access to family planning services for the adolescent population; 2) participate on the UPPTF to decrease adolescent unintended pregnancies through strategies including improvement of child/parent communication; 3) support the BTIO curriculum, which has been combined with Teen Parent Panels to demonstrate the possible result of substance use in pregnancy; 4) leverage funding to conduct the YRBS, which provides information on student reporting of tobacco, alcohol and drug use, as well as other risky behaviors. Once received, MCH will distribute copies to stakeholders and community planners to inform them of the YRBS data so prevention efforts can be more targeted.

MCH also supports the DOE with resources for the Summer Institute, where educators, nurses, PHNs, other school staff, community youth service providers, etc. are invited to enhance their skills with updated health information. MCH will sponsor a pre-session at the Summer Institute on "Youth Matters" curriculum, which is science-based and teaches students how to deal with important issues affecting their health and safety and making healthy decisions.

c. Plan for the Coming Year

In efforts to reduce teen pregnancies and promote healthy, positive youth development, MCH plans to again apply for the abstinence education grant and will continue to coordinate with partners on the social marketing campaign linking drugs and alcohol with sexual activity. MCH will continue to be an active participant on the WYDC with the Child and Adolescent Health Services Manager as the Project Manager. The WYDC will continue to address the state-level barriers to provide seamless and integrated services to youth and families in the communities, as well as other issues identified by the Comprehensive Study of Children and Families.

In addition, MCH will continue: 1) its partnerships with the UPPTF; 2) to fund the Title X grantee to ensure access for family planning services to the adolescent population; 3) to seek opportunities to educate citizens and policymakers of the importance of a healthy school environment, which is possible with the coordinated school health project, Healthy Living, Healthy Learning; 4) to participate and lead in opportunities to improve conditions for children and families.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

a. Last Year's Accomplishments

The objective for FY03 was to increase to at least 75 percent the proportion of 3rd graders who have received protective sealants on the occlusal surfaces of permanent molar teeth. Result: Current data unavailable. A baseline survey conducted in 2000 revealed that 71.3% of 3rd graders had protective sealants on the occlusal surfaces of permanent molar teeth.

MCH does not have administrative responsibility for the Oral Health Services Unit. However, MCH collaborates closely with the Unit.

The MCH Program had frequent and productive collaboration with the Oral Health Services Unit in support of the following strategies:

? Application of Dental Sealants: Funding for Dental sealants for children who did not have dental coverage, and offer fluoride treatments for low-income children (K-9) not covered by another program.

? Marginal Dental Program: Services for low-income children, birth to 19 years, who are not on any other assistance program.

? Dental education programs: Worked with dental hygienists throughout the state to provide education sessions to youth in pre-school through 12th grade.

? Fluoride mouth rinse program: Provided technical assistance for community leaders on fluoridation issues, to promote community water fluoridation and provided technical assistance and supplies to schools (K-9) with below optimum fluoride levels in the drinking water.

? Severe Crippling Malocclusion: Assistance with funding surgical procedures related to cleft lip/cleft palate repair and orthodontic treatment for children who had a severe crippling malocclusion through specialty clinics designed to increase access.

? Maternal Dental Care Services Pilot Project: Joint management and data collection of this pilot project is expected to influence Medicaid coverage of dental care for pregnant women.

? Outreach and Education in promotion of "Dental Home."

b. Current Activities

MCH collaborates with the Oral Health Services Unit to accomplish the following:

? Application of Dental Sealants: MCH funds Oral Health to provide dental sealants for children who do not have dental coverage, and office fluoride treatments for low-income children (K-9) not covered by another program. In FY03, the program provided 8,927 sealants for 1,625 children (166 of these children were 3rd graders and 616 sealants were on 3rd graders). Medicaid Dental provided 12,074 sealants for 3,205 children (346 of these children were 3rd graders and 1,141 sealants were on 3rd graders).

? Dental screening: Informs parents on the need for dental care; school nurses provide follow-up; and some services are reimbursed by the program.

? Marginal Dental Program: State-funded program serves low-income children, birth to 19 years, who are not on any other assistance program. In FY 03, 100 clients accessed dental

care through the Marginal Dental Program.

? Fluoride mouth rinse program: Provides technical assistance for community leaders on fluoridation issues to promote community water fluoridation and technical assistance and supplies to schools (K-9) with below optimum fluoride levels in the drinking water. School nurses and volunteers supervise the weekly "swish and spit" activity that reached over 2500 youths in 11 school districts in FY03.

? Severe Crippling Malocclusion: MCH funds surgical procedures related to cleft lip/cleft palate repair and orthodontic treatment for children who have a severe crippling malocclusion. Children with cleft lip/cleft palate often need oral surgery, in conjunction with orthodontic treatment, to correct severe crippling malocclusion. Severe malocclusions can lead to periodontal problems in children and adolescents. This program includes both MCH funded and Medicaid funded services. To enhance access to services, 80 youth were seen in two specialty clinics in FY03.

? Orthodontic Services: In FY03, 121 children received orthodontic services with MCH funds and 665 children were served with Medicaid funds.

? Support Dental Education Programs: MCH continued to support the Oral Health Services Unit which worked with dental hygienists throughout the state to provide nutrition education to youth in pre-school through 12th grade. The sessions focused on improving oral health, including risks associated with tobacco use. This effort reached over 4,385 youth, through 40 separate programs, in FY03.

c. Plan for the Coming Year

MCH will continue to fund the Oral Health Services Unit in provision of dental sealants for low-income children who do not have dental coverage. The MCH funding level for dental sealants will stay the same for FY04; however, the plan is to promote the placement of dental sealants for children receiving Medicaid Dental benefits and Marginal Dental benefits.

The Oral Health Services Unit will inform parents on the need for dental care; school nurses will provide follow-up; and the Program will reimburse for some services.

The Dental Program will work with local dental hygienists to conduct a more comprehensive dental screening, data collection, and follow-up for children who are reported to need dental care.

The state funded Marginal Dental Program will continue to serve low-income children, birth to 19 years, who are not on any other assistance program. At this time, we are looking at enhancements to the Program for FY05.

There will be a change in the Severe Crippling Malocclusion Program, as the Children's Health Insurance Program will not be funding orthodontic care after October 1, 2003. Therefore, these children will have to apply for services under the Severe Crippling Malocclusion Program funded by MCH.

The Dental Program will serve as a resource to the statewide Oral Health Coalition, which is in the formation stage. It consists of knowledgeable people from different walks of life throughout the State, many of whom are not health service or government connected. It will help deserving people gain better health and dental education and service in hard to reach or non-accessible areas. The Coalition's future looks promising in increasing dental coverage to children and families in need.

The MCH Program had frequent and productive collaboration with the Oral Health Services Unit in support of the following strategy:

? Data Collection: MCH will implement a follow-up survey to achieve a longitudinal study of decayed, missing, filled, and sealed teeth.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

a. Last Year's Accomplishments

The CY02 objective was 8.9 per 100,000. Result: The 2000-2002 rolling average was 6.6 per 100,000. This represents a 40% decline since the rate of 11.0 for the years 1997-1999. Three year rolling averages were used to improve data reliability in measuring this performance measure due to Wyoming's low population.

The Child and Adolescent Health Services Manager was the Project Manager for the Wyoming Youth Development Collaborative (WYDC), an interagency collaborative committed to improving conditions in Wyoming for children, youth and families; therefore addressing all youth risk factors. Actions conducted in 2003 included: 1) identification of several state-level barriers to providing seamless, integrated services; 2) identification of 25+ youth serving boards and councils without a comprehensive state plan to meet the developmental needs of our youth; 3) education of partners/stake holders on utilizing results-based strategic planning and project management. MCH also received a State Early Childhood Comprehensive Systems (ECCS) Planning Grant and is in the process of conducting the environmental survey, in collaboration with multiple private/public organizations.

In 2003, MCH funded and partnered with United Medical Center in Help me grow-Safe Kids (HMGSK), a public private partnership dedicated to reducing preventable illness and injury in Wyoming's children and youth at the population level. HMGSK, a National Safe Kids coalition, consisted of 8 chapters statewide and has a toll-free information and referral line with options to multiple private public safety-related partners. HMGSK was instrumental in the development and passage of an amendment to the child restraint law, increasing the age of children in car passenger safety seats from age 4 to age 8 and the requirement of nationally approved and appropriate safety seats.

Other accomplishments in 2003 included: 1) 67% increase in the number of counties that now have Safe Kids chapters (11 of 23); 2) Safe Kids Day participation has close to doubled since 2001; 3) increasing the correct use rate of child restraints by 7% to 87% (the national rate is 86%). In addition, 5000 Safe Kids Halloween bags were distributed to K-3 graders, 1126 bicycle helmets were distributed to children and adolescents and 1109 child seat restraints were distributed.

In addition, MCH was a funding partner, with DFS and DOE to pilot coordinated school health sites across the state through a competitive application process. Six sites were awarded grants to meet the requirements of the grant application.

The Governor's Impaired Driving Council was created and as a policy recommending, public-private council, addresses several issues related to impaired driving. MCH staff was appointed to this council, which planned a Governor's Impaired Driving Conference to be held in April 2004 to educate attendees of the impact of impaired driving and strategies to reduce injuries and fatalities to children.

b. Current Activities

The WYDC has been reinstated with the establishment of a Sponsorship Committee, consisting of the agency deputy directors who have committed time and resources. Staff of the 25+ youth serving boards and councils are being surveyed to determine their focus as it relates to youth, funding sources, mandates, etc. From this survey, a final report will be presented to the Governor to assist in planning with the state's direction toward youth development agenda. MCH is also actively involved with the planning and implementation phase of the Comprehensive Study of Children and Families mandated by legislation this last fall. The purpose of this study is to identify issues and barriers facing many Wyoming children and families, to include economic, transportation, and access to healthcare. From this study, a comprehensive plan will be developed.

In October of 2004, MCH and partners determined the need to change the name and mission of Help me grow-Safe Kids (HMGSK) to Safe Kids of Wyoming (SKW) to concentrate solely on child and adolescent injury prevention. This resulted in a change in partners and a more directed effort toward injury prevention, the leading cause of death in children and youth in Wyoming. Training of Safe Kids Chapter coordinators was held in fall 2004 on chapter building, use of the media, and results-based planning. Because the state has multiple data sources related to childhood injury, MCH is working closely with other agencies/sections to consolidate childhood injury data which will direct prevention efforts and assist SKW to bring in more funding partners.

The Governor's Impaired Driving Council pursued legislation to change the open container law, which did not pass.

MCH also supports the DOE with resources for the Summer Institute, where educators, nurses, PHNs, other school staff, community youth service providers, etc. are invited to enhance their skills with updated health information. MCH will sponsor a pre-session for participants at the Summer Institute on "Youth Matters" curriculum, which is science-based and teaches students how to deal with important issues affecting their health and safety and making healthy decisions.

During MCH visits to tertiary care centers in surrounding states (see NPM # 17), the difficulty of obtaining premature infant car seats in Wyoming was identified as a need. Therefore, premature infant car seats were provided by MCH to assure safe transportation of Wyoming premature infants being discharged home.

c. Plan for the Coming Year

MCH will continue with building infrastructure to reduce preventable injuries in children and adolescents with organization of the multiple injury surveillance systems and building support for injury prevention across state agencies and other public entities. Safe Kids of Wyoming will continue to work towards reducing child and adolescent preventable injuries through more targeted efforts of Safe Kids Chapters.

MCH will continue to be an active participant on the WYDC with the Child and Adolescent Health Services Manager as the Project Manager. The WYDC will address the state-level barriers to providing seamless and integrated services to youth and families in communities, as well as other issues identified by the Comprehensive Study of Children and Families and the ECCS Planning Grant.

MCH will continue providing capacity grants (pass-through funding) to county PHN offices to assist communities in development, delivery and quality evaluation of MCH services. PHN service delivery plans include child and youth safety and health emphasis.

MCH will continue to seek opportunities to influence youth in making healthy choices, influence policy to change the environment for families and youth, and build infrastructure to support the needed changes.

Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital discharge.*

a. Last Year's Accomplishments

The CY02 objective was 85%. Result: The CY02 rate was 82.2%. This represents a significant increase since 1999.

MCH provided outreach education, care coordination, and prenatal classes encouraging breastfeeding, as well as breastfeeding-specific classes, through local PHN offices.

MCH provided capacity grants to county PHN offices (pass-through funding) to assist communities in development, delivery and quality evaluation of MCH services. Service Delivery Plans included community support for breastfeeding. The Capacity Grant to Fremont County PHN office augments IHS funding to enhance breastfeeding support services on the Wind River Reservation.

MCH encouraged and provided funding through capacity grants for training PHN nursing staff in advanced training and certifications (Certified Lactation Consultant, CLC) for enhanced breastfeeding support. Six PHN staff nurses were CLC's, and WIC had two CLC's on staff, with the local Cheyenne hospital now having 3 CLC's on staff to assist with breastfeeding support in Laramie County. During 03, MCH hired a WHNP (Women's Health Nurse Practitioner), Ginny Crockett-Maillet, a certified lactation consultant, as a NFP consultant who provides breastfeeding support and training to PHN office staff.

Perinatal outreach and educational activities include:

? MCH partnered with WIC to produce videotapes related to perinatal nutrition issues and breastfeeding, shown daily, via continuous cycle, in WIC offices throughout the state.

? Collaboration continued with Healthy Mothers Healthy Babies (HMHB) coalition to promote healthy pregnancy and infancy.

? MCH assisted with organizing and served on the state Association of Women's Health, Obstetrics and Neonatal Nurses (AWHONN) planning committee. The first AWHONN annual conference provided training for Wyoming PHN staff regarding strategies for breastfeeding premature infants.

MCH collaborated with PHN and WIC to disseminate "Evidenced based Guidelines for Breastfeeding Management in the First Fourteen Days" ? a practical guide published by the International Lactation Consultant's Association. This guide was provided to all PHN offices throughout the State to promote best practice and enhance initiation and continuance of breastfeeding.

The MOMS project, in collaboration with Colorado PHE, was initiated to gather information on risk behaviors of pregnant women related to breastfeeding initiation, duration and barriers.

Best Beginnings perinatal support and NFP Home Visiting models, available in all PHN county offices, addressed the value of breastfeeding for both mom and baby.

MCH provided access to a videotape of the Premature Newborn Program training that was held in November 2001. This included the most current information available on premature infant feeding techniques specific to breastfeeding premature infants.

b. Current Activities

MCH provides outreach education, care coordination, and prenatal classes including breastfeeding support, and breastfeeding-specific classes, through local PHN offices.

Breast pump rental provided through PHN offices and WIC offices statewide. Some PHN offices also provide baby scales for client use in evaluation of breastfeeding efficiency.

MCH provided capacity grants to county PHN offices (pass-through funding) to assist communities in development, delivery and quality evaluation of MCH services. PHN Services Delivery Plans included community support for breastfeeding, as well as classes and individual support related to breastfeeding. Funding is provided through IHS to enhance perinatal and breastfeeding services on the Wind River Reservation.

MCH encouraged and provided funding for training PHN staff to obtain advanced training and certification for enhanced breastfeeding support.

Perinatal outreach and education activities include:

? MCH Home Visiting Nurse Consultant is Board Certified Lactation Consultant who provides clinical consultation to all PHNs regarding breastfeeding questions and issues. She is available by phone to all PHNs throughout the State.

? MCH continued to disseminate "Evidenced based Guidelines for Breastfeeding Management in the First Fourteen Days" ? a practical guide published by the International Lactation Consultant's Association, to promote best practice and enhance initiation and continuance of breastfeeding. MCH will make the evidence-based "Breastfeeding Update" inservice available to all PHN offices per individual request.

? MCH provided two evidence-based "Breastfeeding Update" seminars to two county Public Health enhancing current activities surrounding breastfeeding promotion and support.

? WIC continues to run tapes on breastfeeding, via continuous cycle, in offices throughout the state on a daily basis.

? MCH continues to be an active member of the planning committee for the 26th Annual Perinatal Update Conference held in Laramie, WY, in October 2004. PHN from throughout Wyoming attended for updates in best practice for the perinatal population.

? MCH continues to collaborate with HMHB coalition, and their multiple partners to promote breastfeeding initiation and continuation in infancy.

MOMS project continues as a collaborative project with Colorado PHE.

Translation services are provided for prenatal and breastfeeding classes, as well as for educational resources, as requested. Additionally, Spanish perinatal forms assure that minority populations receive the same consistent information and services.

c. Plan for the Coming Year

MCH will continue to provide outreach education care coordination and prenatal classes, including breastfeeding support, and breastfeeding specific classes through local PHN offices.

Capacity grants to PHN offices will continue to provide pass-through funding for sustaining delivery of MCH services, including promotion and support of breastfeeding, with the Wind River Reservation receiving funding to enhance health services delivery through IHS.

MCH will continue to encourage and provide funding via capacity grants for advanced training and certification for enhanced breastfeeding support.

MCH Home Visiting Nurse Consultant will continue her Board Certification and provide clinical

consultation to all PHNs regarding breastfeeding questions and issues by phone/e-mail. MCH will make the evidence-based "Breastfeeding Update" inservice available to all PHN offices per individual request.

Perinatal outreach and educational activities include:

? MCH will continue to collaborate with WIC to update and run videotapes in all WIC offices to promote and support breastfeeding.

? The 27th Perinatal Update, in collaboration with The Children's Hospital (Denver, Colorado), Poudre Valley Hospital (Ft. Collins, CO), Iverson Memorial Hospital and UW School of Nursing (Laramie, WY), will be held in Ft. Collins, CO, in October, 2005. Topics are yet to be decided upon. PHN nurses from throughout Wyoming and Colorado typically attend for this annual update on perinatal best practices.

? As long as HMHB continues to promote healthy pregnancy and infancy issues in keeping with MCH priorities, MCH will continue to actively participate in the coalition.

? The AWHONN conference, the first for the newly formed Wyoming chapter, will continue on an annual basis, and will provide updates on the newest breastfeeding strategies, as well as high risk pregnancy and post-partum issues.

MCH is represented on the planning committee and will continue to assure needed training is included in the conference agenda each year.

In collaboration with the Colorado PRAMS, Colorado PHE is contracted with MCH to provide administration of the Wyoming survey using the same methodology as the CDC PRAMS project (MOMS). Survey content will include barriers to breastfeeding, as well as information on initiation and continuation of breastfeeding, for use by MCH to drive future policy and program planning.

Perinatal support services and the NFP home visitation model, as well as others to be developed, will continue to offer breastfeeding support on an individual basis to encourage initiation and continuation of breastfeeding.

Translation services will be provided for prenatal and breastfeeding classes, as well as for educational resources, as requested. Additionally, Spanish perinatal forms assure that minority populations receive the same consistent information and services.

Revisions in the PNP are being planned and will be provided to PHN staff in a timely manner.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

a. Last Year's Accomplishments

The FY03 objective was 98.0%. Results: The FY03 rate was 98.3%. MCH met this objective, and the objective has subsequently been adjusted. This represents a significant increase since 1999.

New hearing screening machines were placed throughout the state, and staff was trained to use the new machines.

Data analysis revealed that a few audiologists continue to delay intervention. Therefore, education was provided regarding the value of infant screening, diagnosis and intervention by 6 mos of age.

As hearing data was not on an electronic database, grant funding was obtained and a

contractor was secured to set up a system that would comply with CDC requirements.

MCH staff served on the Newborn Hearing Screening Committee that reviewed outcomes from screening and the timeliness of interventions.

b. Current Activities

Wyoming followed up on 100% of the missed screens in 2002.

The first stage of the electronic data system has been completed and the second stage is beginning. This has allowed newborn hearing to give more complete data on follow up and screening results.

Due to the possibility of Wyoming soon having a web-based birth certificate, Newborn Hearing and MCH met with Vital Records to have newborn hearing and metabolic screening added to the document. This would provide documentation related to the hearing test being passed, failed, waived or missed. In the future, it is expected the hospitals will report directly to Vital Records, which will download the information for newborn hearing for further follow up.

Through the efforts of the MCH epidemiologist, an intern will assist in planning for a Birth Defects surveillance system. The Newborn Hearing Screening committee will also participate in this project.

Efforts have begun with Colorado to exchange results of hearing screenings of Wyoming infants born in Colorado and vice versa.

The Newborn Hearing Screening committee is now discussing late onset hearing loss and the necessity of following up on resident births, since this has been identified as a gap in the current Wyoming system.

As we have done in the past and will continue into the future, any families who are referred to our services and do not have health insurance, are referred immediately to Medicaid or Kid Care/SCHIP.

Nancy Pajak, the Newborn Hearing Program Manager, is excellent at utilizing all resources available and has managed to get a loaner hearing aid program started to allow early intervention for children while families are accessing funding to pay for a hearing aid.

c. Plan for the Coming Year

Future goals are to enhance the system to address late onset hearing loss in children. MCH and the Newborn Hearing Screening committee will work together to refer clients diagnosed with hearing loss for genetic follow up, as appropriate. For children with a condition that may cause a hearing loss, referrals will be made.

Analysis will be conducted to determine if Metabolic Screening could be included on the Newborn Hearing data system, which will contribute to the data gathered for the birth defects surveillance system. A barrier to the plan may be the WDH requirement for servers.

MCH and the Newborn Hearing Screening committee will combine efforts in obtaining results of screenings conducted on resident births to complete the follow up on all Wyoming newborns. The link with the electronic birth certificate may allow the system to download resident birth information, since out of state birth certificates are collected by Vital Records.

Currently there are meetings scheduled with programs within the WDH and DOE that serve the

population of children with special needs, to determine how to strengthen the system by combining efforts.

Performance Measure 13: *Percent of children without health insurance.*

a. Last Year's Accomplishments

The objective for CY02 was 6%. Result: The CY02 rate was 14.2%. There has been no significant change since 1999.

Revisions to the application for Kid Care/SCHIP and DFS were completed to simplify the process for families to obtain services in a more timely manner.

SCHIP and DFS referred clients to other programs (such as CSH) to assure clients have access to needed resources.

b. Current Activities

The revised DFS application will not be available until next year, and will also include a box that families can check if they have a child with special needs. In addition, asking if a pregnant mother wants a visit by the public health nurse is being requested to be included.

Besides being another referral source for MCH services, it has been found that PHNs often can assist families in understanding the benefits available through various programs. This assures improved utilization of these insurance programs.

MCH provided funding to assist approximately 140 clients who had no insurance coverage and qualified financially for the CSH program.

Data collected by SCHIP shows that reenrollment rates are not as high as expected, and efforts are being directed towards improving those rates.

c. Plan for the Coming Year

MCH staff will continue to serve on the State Child Health Insurance Program Steering Committee to address reenrollment efforts.

Performance Measure 14: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

a. Last Year's Accomplishments

The objective for FY03 was 90%. Result: They FY02 rate was 88.1%. This represents a significant increase from 71.4% in 1999.

MCH continued to keep the Memorandum of Understanding (MOU) with Medicaid current, in order to process claims through the Medicaid fiscal intermediary agent. The MOU allowed for identification of dual-eligible Medicaid/CYSHCN clients and ensures Medicaid payment of those covered services.

As part of care coordination, Medicaid enrollment was evaluated and application for services was encouraged. This was an ongoing process with families who have premature infants and need to apply for Social Security Disability Insurance (SSDI). Additionally, education of PHNs

to assist families in understanding the application process for SSI and the need to apply while an inpatient in a tertiary care facility, and to reapply when the infant is discharged from the hospital was emphasized.

Collaboration continued with the Colorado Medical Foundation case management team, to assure services for Medicaid clients are available through various partners. CYSHCN staff participates regularly on this team.

b. Current Activities

MCH continues to keep current the MOU with Medicaid for processing claims through the Medicaid fiscal intermediary agent.

The collaboration between SCHIP and DFS to standardize the information requested to apply for basic Medicaid or SCHIP has increased enrollment and a referral system to other programs has also enhanced enrollment. Examples would be children over six years who are over 100% FPL would be referred to SCHIP while a younger family member would be on Medicaid.

The new modifier required by HIPAA has been used successfully implemented to provide higher reimbursement rates to physicians providing consultation services to CYSHCN.

The method of reimbursing families for travel has been revised this year. MCH continues to advocate for families and the need for assistance in this frontier state.

PHN contact with clients increases the number of applicants for Medicaid services. Through periodic telephone conferences, regional audits, and the nurse orientation process, the PHN network is updated on revisions and changes to the system.

MCH staff assists Medicaid clients in trouble shooting claims that have not been reimbursed. This assistance enhances the satisfaction rating of families, as well as providers.

Ongoing education is provided to PHNs and other programs through the MCH Team Coordination Services meeting related to changes in Medicaid programs that would effect the maternal and child populations.

c. Plan for the Coming Year

MCH will continue to keep current the MOU with Medicaid.

Pilot program for care coordination of foster children will provide support to follow the EPSDT standards, as well as a system of assuring follow up on all referrals.

MCH staff will continue to collaborate with Medicaid staff providing case management to all Medicaid clients.

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

a. Last Year's Accomplishments

The CY02 objective was 0.9%. Result: The CY02 rate was 1.1%. There has been no significant decrease since 1999.

Wyoming tends to have a greater problem with Low Birth Weight (LBW) than it does with Very Low Birth Weight (VLBW). While this performance measure would be better directed toward

LBW births, the strategies are similar.

MCH continued to offer perinatal support services in every county through PHN offices. Utilizing a well-established perinatal (Best Beginnings) referral network, this program provides the opportunity to identify high-risk pregnancies in a timely fashion, to have an impact on VLBW and LBW births.

Care coordination was offered to all pregnant women served by PHN staff, to assure appropriate education and referrals were provided for the optimal pregnancy outcome through BB and NFP programs, including maternal mental health screening and referral.

MCH continued to co-sponsor the Low Birth Weight Task Force (as requested by the Governor's Early Childhood Development Council). Several Task Force recommendations have been presented to Medicaid, specifically to increase medical services for pregnant women including dental care. MCH funded a two year Maternal Dental Care Services (MDCS) Pilot Project, in collaboration with Oral Health Services Unit, PHN, and Medicaid providing for dental services for pregnant women over the age of 20 who meet eligibility requirements.

MCH contracted with the Wyoming Health Council (WHC) to provide access to reproductive health services, encouraging pregnancy planning, providing pre-conception care and referral. Title V funds supplement Title X funds in reproductive health service provision throughout the state, including teen pregnancy prevention, Sexually Transmitted Disease (STD) screening and education, and a Fatherhood Initiative emphasizing male involvement in family planning decisions.

In January 2003, the national March of Dimes Pre-maturity Campaign was launched, which MCH supports by providing perinatal support and education to improve birth outcomes.

The MOMS project, in collaboration with Colorado PHE, was initiated to gather information on risk behaviors of pregnant women related to breastfeeding initiation, duration and barriers, replacing the WYPRAMS.

Translation services were available in all counties for non-English speaking pregnant women.

MCH participated in planning, and provided limited funding for the Perinatal Update Conference and HMHB conference, for PHN education on perinatal best practices. Partners for the Perinatal Update included The Children's Hospital, Denver, CO; Poudre Valley Hospital, Ft. Collins, CO; Iverson Memorial Hospital and UW School of Nursing, Laramie, WY. Partners for HMHB included WIC, Iverson Memorial Hospital and UW School of Nursing, Laramie, WY.

b. Current Activities

MCH continues to offer perinatal support services in every county through PHN offices. Utilizing a well-established BB referral network, this program provides the opportunity to identify high-risk pregnancies in a timely fashion, to have an impact on VLBW and LBW births.

Care coordination services through BB and NFP home visiting model are offered to pregnant women and families. Plans were made to integrate maternal mental health screening and referral into perinatal services offered through PHN offices.

MCH continues to co-sponsor the Low Birth Weight Task Force (as requested by the Governor's Early Childhood Development Council).

The MCH-funded MDCS pilot project was discontinued in March 04, as a result of expending all funding allocated to the 2 year project 6 months earlier than anticipated.

The preliminary finding of the project indicates an unexpectedly high level of need for dental care in all populations, not only in pregnant women. A report of the outcomes associated with the project is currently being compiled for review and program and policy planning.

MCH continues to contract with WHC to provide access to reproductive health services, a primary vehicle for encouraging pregnancy planning and providing pre-conception care and referral. Title V funds supplement Title X funds in reproductive health service provision throughout the state, including teen pregnancy prevention, Sexually Transmitted Disease (STD) screening and education, and a Fatherhood Initiative that emphasizes male involvement in family planning decisions.

MCH continues to be involved in and supportive of March of Dimes prematurity campaign by participation in the Program Services Committee both at the regional and national level.

MOMS project continues with Colorado PHE, to gather information on risk behaviors of pregnant women related to pre-term labor and LBW deliveries for policy and program development.

Translation services are available throughout the state to assure minority populations receive the same consistent information and services.

MCH participated in and provided limited funding for the 27th Annual Perinatal Update Conference, the AWHONN first Annual Conference and the HMHB Conference; all for PHN audiences, on best practices in perinatal nursing.

In addition to the ICR access, MCH has collaborated with Medicaid and DFS to provide monthly reports of Wyoming women who are determined to be eligible for the Medicaid PWP program. This list becomes available to PHN offices to assure as timely follow-up as possible to offer BB perinatal support services.

c. Plan for the Coming Year

MCH will continue to offer perinatal support services in every county through PHN offices. Utilizing a well-established perinatal (Best Beginnings) referral network, this program will continue to provide the opportunity to identify high-risk pregnancies in a timely fashion and to impact VLBW and LBW.

Care coordination and NFP home visiting model will continue to be offered to pregnant women and families as a best practice strategy. Maternal mental health screening and referral training is planned in September 2004 for PHN staff. Screening tools will be integrated into the prenatal screening and support services.

MCH will continue to co-sponsor the Low Birth Weight Task Force (as requested by the Governor's Early Childhood Development Council). A white paper is being prepared to present to Medicaid related to the overwhelming need for dental care in all populations, including pregnant women. Data gathered from the MCDS pilot project will be included in the white paper to provide Medicaid data with which to plan future program and policy revisions.

MCH will continue to contract with the Wyoming Health Council (WHC) to provide access to reproductive health services, a primary vehicle for encouraging pregnancy planning and providing pre-conception care and referral. Title V funds supplement Title X funds in reproductive health service provision throughout the state, including teen pregnancy prevention, Sexually Transmitted Disease (STD) screening and education, and a Fatherhood Initiative that emphasizes male involvement in family planning decisions.

In collaboration with the regional March of Dimes office, MCH will remain involved in planning and addressing infant pre-maturity in Wyoming. MCH will continue to serve on the Program Services Committee, both at the regional and national level.

MOMS results will begin to be available in FY04, to guide MCH policy and program development. The project will continue throughout 2005.

Translation services will continue to be available throughout the state to assure minority populations receive the same consistent information and services.

MCH will continue to actively participate on the Perinatal Update, AWHONN, and HMHB committees, to plan conferences in Wyoming for PHN staff to keep informed on evidence-based practices to employ in addressing healthy pregnancy outcomes.

MCH has collaborated with Medicaid and DFS to provide listing of women who are found to be eligible for the Medicaid PWP on at least a weekly basis beginning mid 2004. This is expected to facilitate referral follow-up in a more timely manner for BB perinatal services and support.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

a. Last Year's Accomplishments

The objective for CY02 was 20 per 100,000. Result: the three-year rolling average for 2000-2002 was 13.5 per 100,000. Rolling averages were used to improve data reliability in measuring this performance measure due to Wyoming's low population. There have been no significant changes in trend since 1996.

The Child and Adolescent Health Services Manager was the Project Manager for the Wyoming Youth Development Collaborative (WYDC), an interagency collaborative committed to improving conditions in Wyoming for children, youth and families; therefore addressing all youth risk factors. Actions conducted in 2003 include: 1) identification of several state-level barriers to providing seamless, integrated services; 2) identification of 25+ youth serving boards and councils without a comprehensive state plan to meet the developmental needs of our youth; 3) education of partners/stake holders on utilizing results-based strategic planning and project management. MCH also received a State Early Childhood Comprehensive Systems Planning Grant and is in the process of conducting the environmental survey, in collaboration with multiple private/public organizations.

The Wyoming Suicide Prevention Task Force, initiated by MCH in 1997, is a public/private partnership to identification and early suicide intervention, as well as primary prevention of suicide across the age spectrum. MCH was represented on the planning committee for the regional suicide conference held in the fall. The conference targeted: 1) policymakers, to develop or enhance current state efforts and to learn about suicide prevention programs and efforts; 2) survivors, to share their experiences, and; 3) mental health professionals. The Wyoming state task force developed a strategic plan for the upcoming year, focusing on results-based activities. Eight suicide prevention coalitions were funded for an additional year to develop community awareness and support for suicide prevention.

In addition, MCH was a funding partner, as were DFS and DOE to pilot the Coordinated School Health Program (CSHP) sites across the state through a competitive application process. Six pilot sites were identified and are in the process of meeting the requirements of the grant. Addressing the mental health of students and staff is important in the CSH project sites.

In 2003, MCH provided \$10,000.00 to the Wyoming Department of Education to conduct the 2003 Youth Risk Behavior Survey. The YRBS is a data collection tool executed every two years by the Wyoming Department of Education to provide state-level data on priority health risk behaviors relating to intentional and unintentional injury and violence; tobacco use; alcohol and other drug use; teen pregnancy; unhealthy dietary behaviors and physical activity.

b. Current Activities

The WYDC has been reinstated with the establishment of a Sponsorship Committee, consisting of the agency deputy directors who have committed time and resources. Staff of the 25+ youth serving boards and councils are being surveyed to determine their focus as it relates to youth, funding sources, mandates, etc. From this survey, a final report will be presented to the Governor to assist in planning with the state's direction toward youth development agenda. MCH is also actively involved with the planning and implementation phase of the Comprehensive Study of Children and Families mandated by legislation this last fall and supported by the Wyoming Early Childhood Comprehensive Systems Grant. The purpose of this study is to identify issues and barriers facing many Wyoming children and families, to include economic, transportation, and access to healthcare. From this study, a comprehensive plan will be developed.

MCH continues to participate on the Suicide Prevention Task Force, encouraging results-based accountability at the state and local levels, as well as providing support and technical assistance as necessary.

MCH is supporting the DOE with resources for the Summer Institute, where educators, nurses, PHNs, other school staff, community youth service providers, etc. are invited to enhance their skills with updated health information. MCH will sponsor a pre-session at the Summer Institute on "Youth Matters" curriculum, which is science-based and teaches students how to deal with important issues affecting their health and safety and making healthy decisions.

c. Plan for the Coming Year

It is anticipated that a comprehensive injury prevention program will be developed, where citizens and legislators will increase their understanding of suicide and its social and economical impact and the need for policy and funding. MCH will continue to influence the state suicide task force in utilizing results-based accountability and building infrastructure through the development of local grassroots efforts. It is believed that Wyoming will apply for a Medicaid waiver to improve opportunities for children and adolescents to receive treatment and build mental health provider capacity. In addition, it is anticipated that the mental health system of care for Wyoming children and adolescents will include maternal mental health.

MCH will continue to leverage funding to support the YRBS as it is a valuable tool for planning and program implementation.

Mental health will continue to be a focus of the coordinated school health project, Healthy Living, Healthy Learning.

MCH will continue to be an active participant on the WYDC with the Child and Adolescent Health Services Manager as the Project Manager. The WYDC will address the state-level barriers to providing seamless and integrated services to youth and families in the communities, as well as other issues identified by the Comprehensive Study of Children and Families and the Early Childhood Comprehensive Systems Grant.

MCH will continue providing capacity grants (pass-through funding) to county PHN offices to assist communities in development, delivery and quality evaluation of MCH services. PHN

service delivery plans include child and youth safety and health emphasis. MCH will continue to seek opportunities to influence youth in making healthy choices, influence policy to change the environment for families and youth, and build infrastructure to support the needed changes.

Performance Measure 17: Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

a. Last Year's Accomplishments

The objective for CY02 was 79.0%. Results: The CY02 rate was 68.7%. Significant progress has been made since FY00, when the rate was 51.6%. There are no tertiary care centers for mothers and infants within the state of Wyoming. Therefore, tertiary care patients are transported to the neighboring states of Colorado, Utah, Montana and South Dakota. Provider referral patterns often follow a family's preference to avoid long-distance referral.

Upon entry into the perinatal screening process at PHN offices, a very thorough Pregnancy Wellness Assessment tool was utilized to determine risk level for pre-term labor, low birth weight (LBW) and other complications of pregnancy. Appropriate referrals could be made related to this assessment tool to assure medical intervention.

Follow-up calls to many tertiary care hospitals were made following the on-site visits (in 02) to assure continued referral patterns, and transition planning.

MCH provided funding through the Maternal High Risk (MHR) program for financially eligible high-risk mothers to be transported to tertiary care centers for high-risk pregnancy complications and delivery. To support family-centered care, fathers or significant others are provided per diem and mileage funding for visiting and providing support to mother and baby, not reimbursed by Medicaid.

The Newborn Intensive Care (NBIC) Program provided transportation of eligible infants in need of tertiary care, when there was no other funding source.

Medicaid Inpatient Census Records (ICR's) were provided to MCH weekly, which listed all Medicaid inpatients, including pregnant women. PHN offices were then notified of preterm pregnant women who were inpatients, to assure appropriate follow-up, if not yet on the PHN caseload.

BB Supplemental Funding was provided for eligible pregnant women through capacity grants who have no other source of reimbursement for prenatal care access, or other perinatal needs.

b. Current Activities

Upon entry into the BB perinatal screening process, the 7 page Pregnancy Wellness Assessment tool is utilized to determine risk level for pre-term labor, low birth weight (LBW) and other complications of pregnancy. In collaboration with the Mental Health and the Substance Abuse Divisions, the Assessment tool was recently revised to include questions specific to mental health and substance abuse, which can increase the risk of pre-term labor. Some are the same as those questions included in MOMS and in the Wyoming Reproductive Health study, facilitating greater cross comparison of data. The information collected by these specific tools assists the PHN in assessment of risk level and referral for medical support, resulting in transportation to a tertiary care facility when appropriate, as well as education and support for decreasing high-risk behaviors, such as substance use, and referral for mental health issues.

MCH provides funding through Maternal High Risk (MHR) for financially eligible high-risk mothers to be transported to tertiary care centers for high-risk pregnancy complications and delivery. To support family-centered care, fathers or significant others are provided per diem and mileage funding for visiting and providing support to mother and baby, not reimbursed by Medicaid.

Newborn Intensive Care (NBIC) provides for transportation of eligible infants in need of tertiary care, when there is no other funding source.

Medicaid ICR's are provided to MCH weekly, listing all Medicaid inpatients, including pregnant women. Local PHN offices are notified of the hospital admission to assure follow-up. The importance of this documentation, is that approximately 50% of Wyoming deliveries are reimbursed by Medicaid.

In addition to the ICR access, MCH has collaborated with Medicaid and DFS to provide monthly reports of Wyoming women who are determined to be eligible for the Medicaid PWP program. This list becomes available to PHN offices to assure as timely follow-up as possible to offer BB perinatal support services.

Outreach educational activities are ongoing at the local level for families and providers, related to the need for high risk pregnancies to be delivered at tertiary care centers, which are out of state. These forums included one on one meetings with providers, quarterly meetings with providers, and classes for parents. Tertiary care facilities were contacted to assure Wyoming families are being referred to MCH services.

BB Supplemental Funding, provided through capacity grants, is available for pregnant women who do not meet eligibility requirements for Medicaid and have no other source of payment for prenatal care access, or other perinatal needs.

c. Plan for the Coming Year

Revised questions on the Pregnancy Wellness Assessment form are the same as questions included in MOMS and in the Wyoming Reproductive Health study, which will facilitate greater cross comparison of data. The information collected by these specific tools will assist the PHN in assessment of risk level and referral for medical support, resulting in transportation to a tertiary care facility when appropriate, as well as education and support for decreasing high-risk behaviors, such as substance use, and referral for mental health issues.

Outreach educational activities will continue at the local level to assure families and providers are aware of the need for high risk pregnancies to be delivered at tertiary care centers outside of the state.

Results of the MOMS will continue to drive future policy and program planning.

Visits to tertiary care centers are being scheduled again for FY05, to assure all Wyoming families are being referred to MCH for available follow-up services. State level MCH and PHN staff, as well as local PHN staff will participate in the visits to Denver, CO; Salt Lake City, UT; Billings, MT; and Rapid City, SD.

MCH is in the process of enhancing the computerized database to track services utilized by MHR/NBIC and to identify areas of need, related to factors contributing to high risk pregnancies and deliveries.

Review of ICR's will assure appropriate referrals to PHN offices for follow-up related to pre-term labor in pregnant women, in the event they are not yet in contact with the local PHN office. This contact will assure appropriate emphasis on delivery at a tertiary care center.

MCH has collaborated with Medicaid and DFS to provide listing of women who are found to be eligible for the Medicaid PWP on at least a weekly basis beginning mid 2004. This is expected to facilitate referral follow-up in a more timely manner for BB perinatal services and support.

BB Supplemental Funding, through capacity grants, will continue to be available for prenatal care reimbursement for pregnant women who are found not to be eligible for Medicaid and have no other source of reimbursement for prenatal care, or other perinatal needs.

Performance Measure 18: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

a. Last Year's Accomplishments

The CY02 objective was 89%. Results: In CY02, 84.5% of pregnant women received prenatal care in the first trimester. Significant progress has been made since 1999 when the rate was 82.4%. In Wyoming, largely because of health provider capacity issues, prenatal care providers frequently see pregnant women in the second trimester. MCH strategic direction, therefore, emphasizes the importance of first trimester PHN contacts for educational support and resource referrals prior to the first prenatal visit.

MCH encouraged PHN office staff to provide prenatal assessment and referral for pregnant women as early as possible in their pregnancy, advocating for early appropriate and consistent prenatal care, promotion of healthy lifestyles and education regarding signs and symptoms of pre-term labor, and risks of substance use in pregnancy. Since FY00, many PHN offices have reported an increase in accessing prenatal education during the first trimester.

The majority of county PHN offices provided or collaborated with local hospitals to provide prenatal classes. There were Early Bird (early second trimester) classes, Teen Prenatal classes, and basic Childbirth classes offered on an individual and group basis. Prenatal classes were provided specific to the importance and value of early, appropriate and consistent prenatal care; healthy lifestyle promotion; nutritional issues (appropriate weight gain and encouragement of folic acid supplement); risks of substance use in pregnancy; birth spacing; pregnancy planning (intendedness); and breastfeeding promotion to affect this and subsequent pregnancies.

WYPRAMS results demonstrated several limitations in collection of data, with the results not as useful as had been anticipated. Therefore, the MOMS project was initiated with Colorado PHE to gather information on risk behaviors of pregnant women related to pre-term labor and LBW deliveries for policy and program development.

MCH assisted with funding and planning the 26th Annual Perinatal Update Conference, to provide professional education for PHN office staff.

MCH continued to co-sponsor the LBW Task Force (as requested by the Governor's Early Childhood Development Council).

Care Coordination services and NFP home visiting model are offered to pregnant women and families as a best practice strategy.

MCH provided capacity grants to county PHN offices (pass-through funding) to assist communities in development, delivery and quality evaluation of MCH services, including promotion of the value of early prenatal care.

Pregnant women without insurance coverage were assisted with the application process in applying for Medicaid PWP, assisted with BB Supplemental Funding, and encouraged to access KidCare, as appropriate.

Translation services were available in all county PHN offices.

b. Current Activities

MCH encourages PHN office staff to provide prenatal assessment and referral for pregnant women as early as possible in their pregnancy, as well as advocate for early, appropriate, and consistent prenatal care, promoted healthy lifestyle, provided education regarding signs and symptoms of pre-term labor and risks of substance use in pregnancy.

The majority of county PHN offices provide or collaborate with local hospitals to provide prenatal classes, including Early Bird (early second trimester) classes, Teen prenatal classes, as well as basic Childbirth classes; offered on an individual and group basis. Prenatal classes are provided to pregnant women and their families, specific to the importance and value of early, appropriate and consistent prenatal care; healthy lifestyle promotion; nutritional issues (appropriate weight gain and encouragement of folic acid supplement); risks of substance use in pregnancy; birth spacing; pregnancy planning (intendedness); and breastfeeding promotion.

MOMS project continued with Colorado PHE, to gather information on risk behaviors of pregnant women related to pre-term labor and LBW deliveries for policy and program development.

MCH continued to fund and assist in planning the Healthy Mothers Healthy Babies (HMHB) conference and annual Perinatal Update conference for health care professionals.

MCH served on the AWHONN planning committee, and in April 2004, the second annual conference was held for professional staff. Sessions included the detection and support of depression in pregnant women to improve birth outcomes.

Care coordination services and NFP home visiting model are offered to pregnant women and families as a best practice strategy.

MCH continued to fund MCH activities through PHN offices with capacity grants.

Pregnant women who did not have financial means to access prenatal care were assisted with filling out forms to apply for Medicaid coverage on the PWP. Additionally, referrals were made to KidCare as necessary.

If a woman did not meet the criteria for Medicaid coverage, and had no other source of reimbursement, BB Supplemental Funding, as provided through MCH capacity grants, was available in county offices for limited funding of prenatal care, prenatal classes, and other related expenses.

Collaboration with SAD continued; for example, MCH participated on a review and planning committee, as well as provided supplemental funding for a statewide social marketing campaign aimed at pregnant women. MCH also participated on the Women's Treatment Advisory Council, related to substance use in pregnant women.

c. Plan for the Coming Year

MCH will continue to encourage PHN staff to provide prenatal assessment and referral for pregnant women as early as possible in their pregnancy. Providers will continue to be

encouraged to provide prenatal care in the first trimester.

The MOMS project, in collaboration with the Colorado PHE, using the same methodology as the CDC framework, will over-sample Native Americans and low birth weight deliveries. Reports will be available for policy and planning of future programs.

MCH will continue to partner with HMHB and AWHONN to plan annual conferences for nurses. Topics will include promotion of prenatal care and continuation of breastfeeding post hospital discharge.

MCH will continue to assist with funding and planning the Annual Perinatal Update Conference, in partnership with The Children's Hospital in Denver, CO; Ivinson Memorial Hospital and UW School of Nursing in Laramie, WY; and Poudre Valley Hospital in Fort Collins, CO. Featured topics will include care of pregnant women with chronic diseases, newborn assessment, and evidence-based practices in perinatal care. The audience is professional, with PHN staff in attendance consistently each year.

Care Coordination and NFP home visiting model will continue to be offered to pregnant women and families.

Capacity grants will continue to be provided to PHN offices to assist in development, delivery and quality of MCH services.

Pregnant women will continue to be assisted with filling out forms for Medicaid PWP. Referrals will be made to KidCare as necessary. BB Supplemental Funding, provided by MCH capacity grants, will be available in county offices for limited funding for women who have other source of reimbursement.

Translation services will continue to be available through each PHN office.

FIGURE 4A, NATIONAL PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET

General Instructions/Notes:

List major activities for your performance measures and identify the level of service for these activities. Activity descriptions have a limit of 100 characters.

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.				
1. Provide newborn screening services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Inclusion of CAH in metabolic screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Establish fee for metabolic screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Strengthen system of collaboration and referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Develop a Brith Defects Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. Establish methodology for newborn screening follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)				
1. Information dissemination through Parent Advisory Panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Conduct educational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Enhance the network to provide support to families	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Broaden structure for family inclusion and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Collect and analyze data on family and provider satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Collaborate with other programs to assure family participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)				
1. Enhance system to provide early screening, intervention and prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Promote medical home through education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Support WHRN in provider recruitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Pilot project for care coordination of foster children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Early Childhood Comprehensive Systems (ECCS) Planning Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Continue to enhance the care coordination process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Collaboration with Medicaid case management team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Establish data system to enhance CYSHCN infrastructure building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public				

insurance to pay for the services they need. (CSHCN Survey)				
1. Coordinate with Kid Care/SCHIP on needed services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Promote reenrollment to Kid Care/SCHIP/Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Provide wraparound services for families with inadequate health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. SCHIP Program Coordination Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Promote simplification of application process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)				
1. Analyze data to strenghtn service system to families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Collect and analyze data on family and provider satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. CSolicit family input on 5 year Needs Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Premature Newborn Program (PNP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Coordinate the availability of translation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)				
1. Promote transition programs for all ages and stages of our population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Analyze data to establish a transition plan with partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Review of Medicaid ICR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Interviews with parents to determine transition needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Education staff and parents on transition planning and services available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.				
1. Collaborate with the Immunization Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Immunization Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. ECCS Planning Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. NFP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Supplemental purchase of vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
8) The rate of birth (per 1,000) for teenagers aged 15 through 17 years.				
1. Wyoming Youth Development Collaborative (WYDC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Administer the Section 510 Education Abstinence Only Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Coordinated School Health Program (CSHP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Participation on the Unintended Pregnancy Prevention Task Force (UPPTF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Support Youth Behavior Risk Survey (YRBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Provide funding for reproductive health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Promote Baby Think It Over (BTIO) curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Partnership with Wyoming Coalition for Community Health Education (WCCHE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Support of Summer Institute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Support Comprehensive Study of Children and Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
9) Percent of third grade children who have received protective sealants on at least one permanent molar tooth.				

1. Collaborate with the Oral Health Services Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Explore methods of increasing the use of Medical/Dental Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
10) The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.				
1. Wyoming Youth Development Collaborative (WYDC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. HMGSK/Safe Kids of Wyoming (SKW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. CSHP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Serve on Governor's Impaired Driving Coalition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Support of Summer Institute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Provision of Premie car seats	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Support Comprehensive Study of Children and Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. ECCS Planning Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Provide MCH capacity grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
11) Percentage of mothers who breastfeed their infants at hospital discharge.				
1. Conduct perinatal outreach and education	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Provide breastfeeding education and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Provide MCH capacity grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Promote Native American Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Provide for Advanced Breastfeeding Training and Certification	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Provide evidence-based breastfeeding guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. MOMS project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Utilize BB program and NFP home visiting model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. PNP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Coordination of Translation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
12) Percentage of newborns who have been screened for hearing before hospital discharge.				
1. Provide funding/training for Newborn Hearing Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Improve follow-up and referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Establish screening protocol for late onset hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Establish referral system for genetic counseling in families with hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Collaborate with Vital Records	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Develop a Birth Defects Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
13) Percent of children without health insurance.				
1. Encourage referrals to Medicaid/SCHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. PHN assistance with Medicaid enrollment forms and re-enrollment process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Educate PHN's and other programs re: Medicaid and SCHIP services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
14) Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.				
1. Collaborate with Medicaid on policies that involve MCH population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Promote simplification of application process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Education of PHN's re: SSDI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Encourage referrals to Medicaid/SCHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Collaborate with Wyoming SCHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Financial reimbursement for medical appointment travel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pilot project for care coordination of foster children	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
15) The percent of very low birth weight infants among all live births.				
1. Offer perinatal referral and support services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Offer care coordination services to pregnant women and families/utilize BB and NFP home visiting model	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Chair Low Birth Weight Task Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Provide funding for reproductive health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Support March of Dimes Prematurity Campaign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. MOMS/MDCS projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Coordinate the availability of translation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Collaboration for professional educational opportunities and enhancement of referral process to PHN offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Medicaid ICR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
16) The rate (per 100,000) of suicide deaths among youths aged 15 through 19.				
1. WYDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Support the Wyoming Suicide Prevention Task Force	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Coordinated School Health Plan (CSHP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Support Collection of YRBS data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Support of Summer Institute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Increase Public Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Application for Medicaid waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Provide MCH capacity grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
17) Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.				
1. Utilize Pregnancy Wellness Assessment tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Outreach education and tertiary care contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Maternal High Risk and Newborn Intensive Care Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. ICR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. BB Supplemental Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. MOMS project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NATIONAL PERFORMANCE MEASURE		Pyramid Level of Service			
		DHC	ES	PBS	IB
18) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.					
1. Assessment/referral/prenatal class provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. MOMS project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Conduct perinatal outreach and education	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Chair Low Birth Weight Task Force	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Utilize BB care coordination and NFP home visiting model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Provide MCH capacity grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Collaborate with Substance Abuse Division (SAD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Assist with Medicaid application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. BB Supplemental Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Coordinate the availability of translation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

D. STATE PERFORMANCE MEASURES

State Performance Measure 1: *The percent of infants born preterm (before 37 weeks gestation) (17)*

a. Last Year's Accomplishments

The percent of pregnant women in Wyoming delivering at term in 2002 was 88.1% compared to 89.7% in 1990. Trend analysis demonstrates a significant decrease since 1990 (Chi square test for trends ? $p=0.03$); however, there has been no significant change since 1999. The HP2010 goal for preterm delivery is 7.6%; conversely, the goal for term delivery is 92.4%.

Care coordination, a best practice, was offered by public health nurses to pregnant women and their families. Overarching goals included the following: (a) improved and sustained quality of life, (b) assurance of access to optimal care, and (c) improved system of care to the MCH population.

NFP home visiting model, developed and researched by David Olds, Ph.D., is a best practice for first-time mothers. Anticipated benefits are: (a) improved pregnancy outcomes, (b) improved child health and development, and (c) improved parental life course, such as decreased welfare dependency and increased self-sufficiency. In FY03, the NFP program was expanded to include 371 families, up from 345 families in FY02. NFP comparison data (through August, 2003) demonstrated the following positive results:

* Seven percent of enrolled women who were smoking at the beginning of pregnancy quit smoking during pregnancy (a statistically significant reduction).

* The majority of infants (91%) were born at 37 weeks gestation or more, with a mean gestational age of 39 weeks, and 93% weighed at least 2500 grams in the NFP participants.

A team (MCH, PHN, MHD, SAD, and Victims' Services) targeted mental health interventions for pregnant and post-partum women. In August 2003, Joanne Solchany Ph.D, Professor at University of Washington and Clinical Specialist in Maternal Mental Health was the featured speaker for the annual MCH Conference, providing evidence based information on maternal mental health during pregnancy.

Medicaid ICR's (which included pregnant women hospitalized for pre-term labor) was provided to MCH weekly. Follow-up of identified high-risk pregnant women provided assurance that public health nurses received referrals from hospitals.

A Community Resource Manual is reviewed annually in order to make appropriate family referrals to community resources.

The perinatal data documentation system, which captures a wealth of information regarding all perinatal Best Beginnings clients, has been revised and enhanced to provide more valuable data.

The WYPRAMS one year project, begun in FY02, gathered information regarding breastfeeding initiation, duration, and perceived barriers. Results were available in 03, however, there were several limitations in the collection of data, therefore, the results were not as useful as had been anticipated. MOMS project was initiated with Colorado PHE, to gather information on risk behaviors of pregnant women related to pre-term labor and LBW deliveries for policy and program development.

b. Current Activities

Care coordination, offered to families of pregnant women and young children, is a best practice strategy.

NFP home visiting model, developed and researched by David Olds, Ph.D., is a best practice for first-time mothers and offered through PHN offices. Anticipated benefits demonstrated by the research of David Olds, Ph.D. through the implementation of the Nurse-Family Partnership (NFP) home visiting model are: (a) improved pregnancy outcomes, (b) improved child health and development, and (c) improved parental life course, such as decreased welfare dependency and increased self-sufficiency. Expansion of the program continues in FY04.

Medicaid ICR's (which included pregnant women hospitalized for pre-term labor) are provided to MCH weekly. Follow-up of identified high-risk pregnant women provides assurance that public health nurses receive referrals from the hospitals. In addition to the ICR access, MCH has collaborated with Medicaid and DFS to provide monthly reports of Wyoming women who are determined to be eligible for the Medicaid PWP program. This list becomes available to PHN offices to assure as timely follow-up as possible to offer BB perinatal support services.

Wyoming WIC and family planning staff provides a primary vehicle for referrals to PHN offices for care coordination services. PHN offices also maintain periodic contact with many agencies that interface with the MCH population, including local hospitals, health care providers, developmental preschools, Head Start and Early Head Start, secondary schools, as well as participate in community health planning coalitions.

A Community Resource manual is updated annually in each PHN office to assure appropriate

and timely referrals to local resources, in support of term delivery.

MOMS project continues with Colorado PHE, gathering information on risk behaviors of pregnant women related to pre-term labor and LBW deliveries for policy and program development. MOMS results will begin to be available in FY04, to guide MCH policy and program development.

In FY04, MCH worked with WHC, the Governor's Council on Women's Issues, SAD, Breast and Cervical Cancer Section, and the Domestic Violence Section of the Attorney General's Office to plan a needs assessment to identify gaps in women's services in the state and how to fill those gaps. Tobacco use is a major issue for that population. A needs assessment survey was sent out to over 5,000 interested individuals in Wyoming and focus groups were subsequently conducted. Results are expected to be available in 04 for policy and program planning.

Integration of maternal mental health screening into the perinatal screening process conducted by public health nurses is a goal. A strategy related to this goal was to provide training to public health nurses in April 2004, at the AWHONN 2nd annual conference. Dr. Joanne Solchany (University of Washington) provided training at the 04 AWHONN conference related to the effect of depression in pregnancy.

c. Plan for the Coming Year

Care coordination, a best strategy, will continue to be offered to families with pregnant women and young children.

NFP home visiting services will continue to be offered to first-time mothers through PHN offices. MCH will work with a consultant to develop a social marketing campaign to improve referral rates and reduce program attrition (prior to graduation from NFP at child's second birthday).

Integration of maternal mental health screening into the perinatal screening process conducted by public health nurses is a goal.

Medicaid Inpatient Census Record (including pregnant women hospitalized for pre-term labor) will be provided to MCH weekly. Follow-up of identified high-risk pregnant women will provide assurance that public health nurses receive referrals from the hospitals. MCH will continue to collaborate with Medicaid and DFS to provide listing of women who are found to be eligible for the Medicaid PWP, expected to be on a weekly basis beginning mid 2004. This is expected to facilitate referral follow-up in a more timely manner for BB perinatal services and support.

The perinatal data documentation system captures a wealth of information regarding all perinatal Best Beginnings clients. Due to recent revisions to data collection forms and instructions, it is anticipated the quality of data will improve, so that more accurate data will be available for future MCH policy and program planning.

MOMS results will be available in FY04, to guide MCH policy and program development.

The Women's Health Needs Assessment will determine health needs for women in the state, where gaps in services are, and how to address those gaps. The results will be used to plan policy and programs for women in Wyoming.

a. Last Year's Accomplishments

In 2000-2002, 19.2% of deaths in children and youth ages 10-24 were due to non-motor vehicle related unintentional injuries. Chi square test for trend indicates a significant increase since 1999 ($p=.009$). Three-year rolling averages were used due to small numbers. Also, the age has been changed from 0-18 to 0-24, in keeping with WYDC definition of youth.

See NPM #8 regarding the Wyoming Youth Development Collaborative, the state Early Childhood Comprehensive Systems Planning Grant, and the Comprehensive Study of Issues Facing Families and Children.

In 2003, MCH funded and partnered with United Medical Center in Help me grow-Safe Kids (HMGSK), a public private partnership dedicated to reducing preventable illness and injury in Wyoming's children and youth at the population level. HMGSK, a National Safe Kids coalition, consisted of 8 chapters statewide and has a toll-free information and referral line with options to multiple private public safety-related partners. HMGSK was instrumental in the development and passage of an amendment to the child restraint law, increasing the age of children in car passenger safety seats from age 4 to age 8 and the requirement of nationally approved and appropriate safety seats.

Other accomplishments in 2003 included: 1) 67% increase in the number of counties that now have Safe Kids chapters (11 of 23); 2) Safe Kids Day participation has close to doubled since 2001; 3) increasing the correct use rate of child restraints by 7% to 87% (the national rate is 86%). In addition, 5000 Safe Kids Halloween bags were distributed to K-3 graders, 1126 bicycle helmets were distributed to children and adolescents and 1109 child seat restraints were distributed.

MCH actively participated on the Coordinated School Health Plan with multi-agency partners, lead by the DOE. In addition, MCH was a funding partner to pilot 6 coordinated school health sites across the state.

MCH provided capacity grants (pass-through funding) to county PHN offices to assist communities in development, delivery and quality evaluation of MCH services. PHN service delivery plans included child and youth injury prevention with all clients.

b. Current Activities

In October of 2004, MCH and partners determined the need to change the name and mission of Help me grow-Safe Kids (HMGSK) to Safe Kids of Wyoming (SKW) to concentrate solely on childhood injury prevention. This resulted in a change in partners and a more directed effort toward injury prevention, the leading cause of death in children and youth in Wyoming. SKW has become a leader in injury prevention awareness. Other accomplishments of Safe Kids includes: a 67% increase in the number of counties that now have Safe Kids chapters (11/23); Safe Kids Day participation has doubled approximately since 2001; the misuse rate of child restraints has decreased 7% to 87% (the national rate is 86%). Training of Safe Kids Chapter coordinators was held in fall 2004 on chapter building, use of the media, and results-based planning.

The WYDC has been reinstated with the establishment of a Sponsorship Committee, consisting of the agency deputy directors who have committed time and resources. Staff of the 25+ youth serving boards and councils are being surveyed to determine their focus as it relates to youth, funding sources, mandates, etc. From this survey, a final report will be presented to the Governor to assist in planning with the state's direction toward youth development agenda. MCH is also actively involved with the planning and implementation

phase of the Comprehensive Study of Children and Families mandated by legislation this last fall. The purpose of this study is to identify issues and barriers facing many Wyoming children and families, to include economic, transportation, and access to healthcare. From this study, a comprehensive plan will be developed.

MCH will sponsor a pre-session at the Summer Institute on "Youth Matters" curriculum utilizing abstinence education funding where educators and youth serving staff will receive a curriculum and continuing education credits. "Youth Matters" is a curriculum that is woven into education coursework. The "Making Good Decisions" portion of the curriculum will be emphasized throughout the training.

Because the state has multiple data sources related to childhood injury, MCH is working closely with other agencies/sections to consolidate childhood injury data which will direct prevention efforts and assist SKW to bring in more funding partners. Once received, MCH will distribute copies to stakeholders and community planners to inform them of the YRBS data so prevention efforts can be more targeted.

MCH continues to provide capacity grants (pass-through funding) to county PHN offices to assist communities in the development, delivery and evaluation of MCH services. PHN service delivery plans include child and youth safety emphasis.

c. Plan for the Coming Year

MCH will continue to be an active participant on the WYDC with the Child and Adolescent Health Services Manager as the Project Manager. The WYDC will address the state-level barriers to providing seamless and integrated services to youth and families in communities, as well as other issues identified by the Comprehensive Study of Children and Families and the Early Childhood Comprehensive Systems Grant and the State Early Childhood Comprehensive Systems Planning Grant.

MCH will continue with building infrastructure to reduce preventable injuries in children and adolescents with organization of the multiple injury surveillance systems and building support for injury prevention across state agencies and other public entities. Safe Kids of Wyoming will continue to work towards reducing child and adolescent preventable injuries through more targeted efforts of Safe Kids Chapters.

MCH will continue providing capacity grants (pass-through funding) to county PHN offices to assist communities in development, delivery and quality evaluation of MCH services. PHN service delivery plans include child and youth safety and health emphasis.

MCH will continue to seek opportunities to influence youth in making healthy choices, influence policy to change the environment for families and youth, and build infrastructure to support the needed changes.

State Performance Measure 3: *Percent of Wyoming high school students who drink alcohol (7)*

a. Last Year's Accomplishments

The 2003 objective was 40%. Result: The 2003 YRBS reported a rate of 49.0%. WDH has not met this objective; however, there has been a significant decrease since 1999 when the rate was 54.8%.

The Child and Adolescent Health Services Manager was the Project Manager for the Wyoming

Youth Development Collaborative (WYDC), an interagency collaborative committed to improving conditions in Wyoming for children, youth and families; therefore addressing all youth risk factors. Actions conducted in 2003 included: 1) identification of several state-level barriers to providing seamless, integrated services; 2) identification of 25+ youth serving boards and councils without a comprehensive state plan to meet the developmental needs of our youth; 3) education of partners/stake holders on utilizing results-based strategic planning and project management. MCH also received a State Early Childhood Comprehensive Systems (ECCS) Planning Grant and is in the process of conducting the environmental survey, in collaboration with multiple private/public organizations. MCH collaborated with SAD to develop the Blueprint for Prevention, Early Intervention, and Treatment of Substance Abuse. The Blueprint lays out a comprehensive plan for prevention, intervention and treatment of substance abuse in Wyoming. Appendix 4 provides the Lifespan Strategy Summary for the Blueprint's approach to populations shared between the Substance Abuse Division (SAD) and MCH.

In addition, MCH was a funding partner, with DFS and DOE to pilot coordinated school health (CSH) sites across the state through a competitive application process. Six pilot sites were identified and are in the process of meeting the requirements of the grant.

In 2003, MCH provided \$10,000.00 to the Wyoming Department of Education to conduct the 2003 Youth Risk Behavior Survey. The YRBS is a data collection tool executed every two years by the Wyoming Department of Education to provide state-level data on priority health risk behaviors relating to intentional and unintentional injury and violence; tobacco use; alcohol and other drug use; teen pregnancy; unhealthy dietary behaviors and physical activity.

MCH actively participated on the Coordinated School Health Collaboration with multi-agency partners, lead by the DOE. In addition, MCH was a funding partner to pilot 6 coordinated school health sites across the state.

b. Current Activities

The WYDC was reinstated with the establishment of a Sponsorship Committee, consisting of the agency deputy directors who have committed time and resources. Staff of the 25+ youth serving boards and councils are being surveyed to determine their focus as it relates to youth, funding sources, mandates, etc. From this survey, a final report will be presented to the Governor to assist in planning with the state's direction toward youth development agenda. MCH is also actively involved with the planning and implementation phase of the Comprehensive Study of Children and Families mandated by legislation this last fall and supported by the Wyoming ECCS Planning Grant. The purpose of this study is to identify issues and barriers facing many Wyoming children and families, to include economic, transportation, and access to healthcare. From this study, a comprehensive plan will be developed.

MCH is supporting the DOE with resources for the Summer Institute, where educators, nurses, PHNs, other school staff, community youth service providers, etc. are invited to enhance their skills with updated health information. MCH will sponsor a pre-session at the Summer Institute on "Youth Matters" curriculum, which is science-based and teaches students how to deal with important issues affecting their health and safety and making healthy decisions.

c. Plan for the Coming Year

MCH will partner with the SAD and the DOE to leverage funding/resources to a social marketing plan directed to youth linking drug and alcohol use with sexual activity.

MCH will continue to be an active participant on the WYDC with the Child and Adolescent

Health Services Manager as the Project Manager. The WYDC will address the state-level barriers to providing seamless and integrated services to youth and families in the communities, as well as other issues identified by the Comprehensive Study of Children and Families and the ECCS Planning Grant.

MCH will continue providing capacity grants (pass-through funding) to county PHN offices to assist communities in development, delivery and quality evaluation of MCH services. PHN service delivery plans include child and youth safety and health emphasis.

MCH will continue to seek opportunities to influence youth in making healthy choices, influence policy to change the environment for families and youth, and build infrastructure to support the needed changes.

State Performance Measure 4: *Percent of Wyoming high school students who smoke (8)*

a. Last Year's Accomplishments

The 2003 objective was 26%. Result: The 2003 YRBS reported a rate of 33%. WDH has not met its objective and there has been no significant change since the YRBS began collecting this data in 1995.

The Child and Adolescent Health Services Manager was the Project Manager for the WYDC, an interagency collaborative committed to improving conditions in Wyoming for children, youth and families; therefore addressing all youth risk factors. Actions conducted in 2003 included: 1) identification of several state-level barriers to providing seamless, integrated services; 2) identification of 25+ youth serving boards and councils without a comprehensive state plan to meet the developmental needs of our youth; 3) education of partners/stake holders on utilizing results-based strategic planning and project management. MCH also received a State Early Childhood Comprehensive Systems (ECCS) Planning Grant and is in the process of conducting the environmental survey, in collaboration with multiple private/public organizations.

In addition, MCH was a funding partner, with DFS and DOE to pilot CSHP sites across the state through a competitive application process. Six pilot sites were identified and are in the process of meeting the requirements of the grant. Addressing the mental health of students and staff is important in the CSH project sites.

In 2003, MCH provided \$10,000.00 to the DOE to conduct the 2003 Youth Risk Behavior Survey. The YRBS is a data collection tool executed every two years by the Wyoming Department of Education to provide state-level data on priority health risk behaviors relating to intentional and unintentional injury and violence; tobacco use; alcohol and other drug use; teen pregnancy; unhealthy dietary behaviors and physical activity.

b. Current Activities

The WYDC was reinstated with the establishment of a Sponsorship Committee, consisting of the agency deputy directors who have committed time and resources. Staff of the 25+ youth serving boards and councils are being surveyed to determine their focus as it relates to youth, funding sources, mandates, etc. From this survey, a final report will be presented to the Governor to assist in planning with the state's direction toward youth development agenda. MCH is also actively involved with the planning and implementation phase of the Comprehensive Study of Children and Families mandated by legislation this last fall and supported by the Wyoming ECCS Planning Grant. The purpose of this study is to identify issues and barriers facing many Wyoming children and families, to include economic,

transportation, and access to healthcare. From this study, a comprehensive plan will be developed.

MCH is supporting the DOE with resources for the Summer Institute, where educators, nurses, PHNs, other school staff, community youth service providers, etc. are invited to enhance their skills with updated health information. MCH will sponsor a pre-session at the Summer Institute on "Youth Matters" curriculum, which is science-based and teaches students how to deal with important issues affecting their health and safety and making healthy decisions.

MCH continues to provide capacity grants (pass-through funding) to county PHN offices to assist communities in the development, delivery and evaluation of MCH services. PHN service delivery plans include child and youth health emphasis.

c. Plan for the Coming Year

MCH will continue to be an active participant on the WYDC with the Child and Adolescent Health Services Manager as the Project Manager. The WYDC will address the state-level barriers to providing seamless and integrated services to youth and families in the communities, as well as other issues identified by the Comprehensive Study of Children and Families and the ECCS Planning Grant.

MCH will continue to be actively involved with Action for Healthy Kids to influence state and local policy to improve the school environment.

MCH will continue providing capacity grants (pass-through funding) to county PHN offices to assist communities in development, delivery and quality evaluation of MCH services. PHN service delivery plans include child and youth safety and health emphasis.

MCH will continue to seek opportunities to influence youth in making healthy choices, influence policy to change the environment for families and youth, and build infrastructure to support the needed changes.

State Performance Measure 5: *Percent of women smoking tobacco during pregnancy (12)*

a. Last Year's Accomplishments

The 2003 objective was 18%. Result: In 2002, 20.7% of pregnant women reported smoking tobacco during pregnancy. MCH has not been able to meet this objective, nor has there been significant decrease since 1998.

MCH provided substance use outreach education, care coordination, and local referrals for cessation counseling through local PHN offices. Prenatal classes were provided on an individual and group basis, related to healthy lifestyle promotion, signs and symptoms of pre-term labor, and risks of substance use in pregnancy.

MCH collaborated with SAD to develop the Blueprint for Prevention, Early Intervention, and Treatment of Substance Abuse. The Blueprint lays out a comprehensive plan for prevention, intervention and treatment of substance abuse in Wyoming, including the Lifespan Strategy Summary for the Blueprint's approach to populations shared between the SAD and MCH.

WYPRAMS project, begun in FY02, gathered information regarding risk behaviors of women during pregnancy and post partum, including substance use, tobacco use, domestic violence, access to PNC, and barriers perceived by Wyoming women. The results demonstrated several limitations in collection of the data, with the results not as useful as anticipated. Therefore, the

MOMS project was initiated with Colorado PHE to gather information on risk behaviors of pregnant women related to pre-term labor and LBW deliveries for policy and program development.

MCH continued to support the Governor's WYDC, as the coordinated statewide plan will focus on outcomes that include decreasing substance use in youth, which is expected to contribute to decreasing tobacco use in the pregnant youth population.

MCH capacity grants to PHN offices provided pass-through funding for sustaining delivery of MCH services, such as tobacco cessation for pregnant women.

Translation services were available in every county to assure minority populations the same information related to tobacco cessation.

b. Current Activities

MCH provided substance use outreach education, care coordination, and local referrals for cessation counseling through local PHN offices. Prenatal classes are also provided on an individual and group basis, related to healthy lifestyle promotion, signs and symptoms of pre-term labor, and risks of substance use in pregnancy. According to annual reports, most counties use research-based "Freedom From Smoking," "A Guide for Counseling Women Who Smoke," and "Quitting Day" programs for their cessation efforts.

MCH strengthened collaboration with SAD in assisting with the development and funding of a social marketing campaign. MCH staff serves on the advisory committee for the DOE and SAD sponsored 21st Century/State Incentive Grant.

MCH continues to collaborate with SAD on the following initiatives:

- * MCH assisted SAD in evaluating proposals received for social marketing activities.
- * MCH staff serve on the Women's Treatment Advisory Council including the Women's Wellness subcommittee. An important focus area is the education of women about domestic violence, substance use and mental health issues.
- * MCH partnered with SAD to repeat the Wyoming Reproductive Health Study that was completed in the mid-1990s, and offered funding for the development of the study.

The Governor's WYDC continues to be an important vehicle for reaching MCH youth objectives.

MCH capacity grants (pass-through funding) continues to be provided to PHN offices to sustain delivery of MCH services, including tobacco cessation for pregnant women.

In FY03, MCH worked with the WHC, the Governor's Council on Women's Issues, SAD, Breast and Cervical Cancer Section, and the Domestic Violence Section of the Attorney General's Office to plan a needs assessment to identify gaps in women's services in the state and how to fill those gaps. Tobacco use is a major issue for the women's population in the state.

Translation services are available throughout the state to assure minority populations receive the same consistent information and services.

c. Plan for the Coming Year

MCH will continue to provide substance use outreach education, care coordination, and local referrals for cessation counseling through local PHN offices. Prenatal classes will also be provided on an individual and group basis, related to healthy lifestyle promotion, signs and symptoms of pre-term labor, and risks of substance use in pregnancy. Counties will continue to use research-based "Freedom From Smoking," "A Guide for Counseling Women Who Smoke,"

and "Quitting Day" programs for their cessation efforts, and pregnant women will continue to be referred out for smoking cessation support as appropriate.

MCH will continue its collaboration with the SAD to address drug, tobacco and alcohol use and abuse among Wyoming citizens. Currently in place is a social marketing campaign targeted to women for tobacco and drug cessation. MCH staff will continue to serve on the Women's Treatment Advisory Council including the Women's Wellness subcommittee with the focus of education of women about domestic violence, substance use and mental health issues.

MCH will begin data collection for the Wyoming Women's Reproductive Health Study (WRHS) in collaboration with SAD and the HIV program. The study will address knowledge, attitudes and practices of Wyoming women of reproductive age, focusing on factors that are associated with adverse birth outcomes, particularly LBW and preterm delivery. WRHS questions have been duplicated on the MOMS survey and the Pregnancy Wellness Assessment tool used for pregnant women in PHN offices, to allow cross-referencing data for a richer data set.

In collaboration with Colorado PRAMS, Colorado PHE is contracted with MCH to provide administration for the Wyoming survey using the same methodology as the CDC PRAMS project. Survey content includes risk behaviors engaged in during pregnancy, such as substance use (including tobacco, alcohol and illicit drugs) and perceived barriers to cessation of substance use in pregnancy. Reports from the MOMS will be used by MCH to drive policy and program planning. Questions from the MOMS survey were developed in collaboration with SAD, WIC, and MHD. MOMS results will be available in FY04, to guide MCH policy and program development.

MCH will continue to support the WYDC.

MCH capacity grants (pass-through funding) will continue to be provided to PHN offices to sustain delivery of MCH services, including tobacco cessation services and referral for pregnant women.

The Women's Health Needs Assessment will determine health needs for women in the state, where gaps in services are, and how to address those gaps. The results will be used to plan policy and programs for women in Wyoming.

Translation service will continue to be provided throughout the state for assure minority populations receive the same consistent information and services.

State Performance Measure 6: *Percent of women drinking alcohol during pregnancy (13)*

a. Last Year's Accomplishments

The 2002 objective was 1.9%. Result: In 2002, 1.3% of pregnant women reported drinking alcohol during pregnancy. MCH has met this objective and there has been a significant decrease since 1999. However, this objective is dependent upon self-report methodology, which historically is not accurate, and results in underestimation of use.

MCH provided substance use outreach education, care coordination, and local referrals for substance use counseling through local PHN offices. Prenatal classes were provided on an individual and group basis, related to healthy lifestyle promotion, signs and symptoms of pre-term labor, and risks of substance use in pregnancy.

The Blueprint for Prevention, Early Intervention, and Treatment of Substance Abuse, which was developed as a collaborative effort between MCH and SAD, is used as a basis for the

social marketing campaign developed in 2003.

MCH strengthened collaboration with SAD in assisting with the development and funding of a social marketing campaign. MCH staff also serves on the advisory committee for the DOE and SAD sponsored 21st Century/State Incentive Grant.

WYPRAMS project, begun in FY02, gathered information regarding risk behaviors of women during pregnancy and post partum, including substance use, tobacco use, domestic violence, access to PNC, and barriers perceived by Wyoming women. The results demonstrated several limitations in collection of the data, with the results not as useful as anticipated. Therefore, the MOMS project was initiated with Colorado PHE to gather information on risk behaviors of pregnant women related to pre-term labor and LBW deliveries for policy and program development.

MCH continued to support the Governor's WYDC, as the coordinated statewide plan will focus on outcomes that include lowering the substance use in youth.

MCH capacity grants to PHN offices provided pass-through funding for sustaining delivery of MCH services, including substance use education and referral.

Translation services were available in every county to assure minority populations the same information related to substance use risks.

b. Current Activities

MCH continued to provide substance use outreach education, care coordination, and local referrals for cessation counseling through local PHN offices. Prenatal classes are also provided on an individual and group basis, related to healthy lifestyle promotion, signs and symptoms of pre-term labor, and risks of substance use in pregnancy.

MCH continues to collaborate with SAD by serving on the Women's Treatment Advisory Council including the Women's Wellness subcommittee. An important focus area is the education of women about domestic violence, substance use and mental health issues.

The MOMS project continues with Colorado PHE, to gather information on risk behaviors of pregnant women related to pre-term labor and LBW deliveries for policy and program development.

MCH is conducting the Wyoming Women's Reproductive Health Study in collaboration with SAD and the HIV program which will address knowledge, attitudes and practices of Wyoming women of reproductive age, focusing on factors that are associated with adverse birth outcomes, particularly LBW and preterm delivery.

The Governor's WYDC continues to be an important vehicle for reaching MCH youth objectives. The use of substances in youth can affect substance use in pregnancy and the rate of teen pregnancy.

MCH capacity grants (pass-through funding) are provided to PHN offices to sustain delivery of MCH services, including substance use education and referral for pregnant women.

MCH partnered with WHC, the Governor's Council on Women's Issues, SAD, Breast and Cervical Cancer Section, and the Domestic Violence Section of the Attorney General's Office to plan a needs assessment to identify gaps in women's health services in the state and how to fill those gaps. A needs assessment survey was sent out to over 5,000 interested individuals in Wyoming and focus groups were subsequently conducted. Results are expected to be

available in 2005 for policy and program planning.

Translation services are available throughout the state to assure minority populations receive the same consistent information and services.

c. Plan for the Coming Year

MCH will continue to provide substance use outreach education, care coordination, and local referrals for cessation counseling through local PHN offices. Prenatal classes will also be provided on an individual and group basis, related to healthy lifestyle promotion, signs and symptoms of pre-term labor, and risks of substance use in pregnancy.

MCH will continue its collaboration with the SAD to address drug, tobacco and alcohol use and abuse among Wyoming citizens. The social marketing campaign targeted to women for tobacco and drug cessation (including alcohol) will continue into 2005. MCH staff will serve on the Women's Treatment Advisory Council including the Women's Wellness subcommittee. An important focus area is the education of women about domestic violence, substance use and mental health issues.

MCH will have results from the Wyoming Women's Reproductive Health Study, in 2005 to guide MCH policy and program development. The study addresses knowledge, attitudes and practices of Wyoming women of reproductive age, focusing on factors that are associated with adverse birth outcomes, particularly LBW and preterm delivery. WWRHS questions have been duplicated on the MOMS survey and the Risk Assessment tool used for pregnant women in PHN offices, to allow cross-referencing data for a richer data set.

MOMS results will be available in FY05, to guide MCH policy and program development.

MCH will continue to support the WYDC.

MCH capacity grants (pass-through funding) will continue to be provided to PHN offices to sustain delivery of MCH services, including tobacco cessation services and referral for pregnant women.

Results the Women's Health Needs Assessment will determine health needs for women in the state, where gaps in services are, and how to address those gaps. The results will be used to plan policy and programs for women in Wyoming.

Translation service will continue to be provided throughout the state for assure minority populations receive the same consistent information and services.

State Performance Measure 7: *Percent of Wyoming high school students who are overweight (14)*

a. Last Year's Accomplishments

The 2003 objective was 6.3%. Result: The 2003 YRBS reported a rate of 7.2%. WDH did not meet this objective, and the rate increased significantly since 1999.

The 2002 objective was 45%. Result: The 2001 YRBS reported a rate of 51.3%. WDH has not met this objective and there has been no significant change since the YRBS began collecting this data in 1995.

The Child and Adolescent Health Services Manager was the Project Manager for the WYDC, an interagency collaborative committed to improving conditions in Wyoming for children, youth

and families; therefore addressing all youth risk factors. Actions conducted in 2003 include: 1) identification of several state-level barriers to providing seamless, integrated services; 2) identification of 25+ youth serving boards and councils without a comprehensive state plan to meet the developmental needs of our youth; 3) education of partners/stake holders on utilizing results-based strategic planning and project management. MCH also received a State ECCS Planning Grant and is in the process of conducting the environmental survey, in collaboration with multiple private/public organizations. It is expected that poverty will play an important role in obesity trends in Wyoming.

In addition, MCH was a funding partner, as were DFS and DOE to pilot CSHP sites across the state through a competitive application process. Six pilot sites were identified and are in the process of meeting the requirements of the grant. Addressing the mental health of students and staff is important in the CSH project sites.

MCH assisted in the development of Wyoming's chapter of Action for Healthy Kids, a statewide public private coalition dedicated to influencing schools to adopt policies to ensure that all foods and beverages available on school campuses and at school events contribute toward eating patterns that are consistent with the Dietary Guidelines for Americans. And that all children will engage in, from pre-kindergarten through Grade 12, quality daily physical education and/or activity that helps develop the knowledge, attitudes, skills, behaviors and confidence needed to be physically active for life.

In addition, MCH provided \$10,000.00 to the Wyoming DOE to conduct the 2003 Youth Risk Behavior Survey. The YRBS is a data collection tool executed every two years by the Wyoming DOE to provide state-level data on priority health risk behaviors relating to intentional and unintentional injury and violence; tobacco use; alcohol and other drug use; teen pregnancy; unhealthy dietary behaviors and physical activity.

b. Current Activities

The WYDC has been reinstated with the establishment of a Sponsorship Committee, consisting of the agency deputy directors who have committed time and resources. Staff of the 25+ youth serving boards and councils are being surveyed to determine their focus as it relates to youth, funding sources, mandates, etc. From this survey, a final report will be presented to the Governor to assist in planning with the state's direction toward youth development agenda.

MCH is also actively involved with the planning and implementation phase of the Comprehensive Study of Children and Families mandated by legislation this last fall and supported by the Wyoming ECCS Planning Grant. The purpose of this study is to identify issues and barriers facing many Wyoming children and families, to include economic, transportation, and access to healthcare. From this study, a comprehensive plan will be developed.

MCH is supporting DOE with resources for the Summer Institute, where educators, nurses, PHNs, other school staff, community youth service providers, etc. are invited to enhance their skills with updated health information. MCH will sponsor a pre-session at the Summer Institute on "Youth Matters" curriculum, which is science-based and teaches students how to deal with important issues affecting their health and safety and making healthy decisions.

MCH continues to leverage funding to conduct the YRBS, which provides information on student reporting of tobacco, alcohol and drug behaviors, as well as other risky behaviors. Once received, MCH will distribute copies to stakeholders and community planners to inform them of the YRBS data so prevention efforts can be more targeted.

MCH continues to provide capacity grants (pass-through funding) to county PHN offices to assist communities in the development, delivery and evaluation of MCH services. PHN service delivery plans include child and youth health emphasis.

c. Plan for the Coming Year

MCH will continue to be an active participant on the WYDC with the Child and Adolescent Health Services Manager as the Project Manager. The WYDC will address the state-level barriers to providing seamless and integrated services to youth and families in the communities, as well as other issues identified by the Comprehensive Study of Children and Families and the Early Childhood Comprehensive Systems Grant.

MCH will continue to be actively involved with Action for Healthy Kids to influence state and local policy to improve the school environment.

MCH will continue providing capacity grants (pass-through funding) to county PHN offices to assist communities in development, delivery and quality evaluation of MCH services. PHN service delivery plans include child and youth safety and health emphasis.

MCH will continue to seek opportunities to influence youth in making healthy choices, influence policy to change the environment for families and youth, and build infrastructure to support the needed changes.

State Performance Measure 8: *Percent of Wyoming high school students who use methamphetamine (15)*

a. Last Year's Accomplishments

The 2003 objective was 8%. Result: The 2003 YRBS reported a rate of 11.6%. WDH has not met this objective and there has been no significant change since the YRBS began collecting this data in 1995.

MCH continued a long-standing, public-private partnership with Wyoming Coalition for Community Health Education (WCCHE). Among WCCHE's priorities are efforts intended to: influence systemic change that results in the improvement of health for Wyoming residents; facilitate health education in schools; and establish sustainable funding from a variety of state and national sources. WCCHE, in partnership with Healthy Community/Healthy Youth (HCHY) coalitions, has initiated asset-based (Search Institute) initiatives in Wyoming communities. MCH staff committed funding and participated in planning their annual conference to empower youth to make better choices.

In 2003, MCH provided \$10,000.00 to the Wyoming Department of Education to conduct the 2003 Youth Risk Behavior Survey. The YRBS is a data collection tool executed every two years by the Wyoming Department of Education to provide state-level data on priority health risk behaviors relating to intentional and unintentional injury and violence; tobacco use; alcohol and other drug use; teen pregnancy; unhealthy dietary behaviors and physical activity.

In September 2003, the Child and Adolescent Health Services Manager was the Project Manager for the Wyoming Youth Development Collaborative (WYDC), bringing consistency and constancy to the collaborative. System infrastructure assessment was conducted where several state-level barriers to providing seamless, integrated services were identified. Also identified were 25+ youth serving boards and councils without a comprehensive state plan to meet the developmental needs of our youth. In efforts to build skills necessary to mobilize funding toward results-based activities and programs, partners/stakeholders were educated in

utilizing results-based strategic planning and project management. In addition, youth performance indicators were identified to track the impact of youth development in the state.

MCH received the ECCS Planning Grant, however, due to a hiring freeze within the WDH, staff was hired utilizing a position within DFS. Initial work on the grant included identifying early childhood professionals and partners within the state.

MCH actively participated on the Coordinated School Health Plan with multi-agency partners, lead by the Wyoming DOE. In addition, MCH was a funding partner to pilot 6 coordinated school health sites across the state.

b. Current Activities

MCH continued a long-standing, public-private partnership with WCCHE. Among WCCHE's priorities are efforts intended to: influence systemic change that results in the improvement of health for Wyoming residents; facilitate health education in schools; and establish sustainable funding from a variety of state and national sources. WCCHE, in partnership with Healthy Community/Healthy Youth (HCHY) coalitions, has initiated asset-based (Search Institute) initiatives in Wyoming communities. In FY02, MCH staff participated in the strategic planning of the coalition based on an assessment of the state's current needs.

MCH continues to leverage funding to conduct the YRBS, which provides information on student reporting of tobacco, alcohol and drug behaviors, as well as other risky behaviors. Once received, MCH will distribute copies to stakeholders and community planners to inform them of the YRBS data so prevention efforts can be more targeted.

The WYDC was reinstated with the establishment of a Sponsorship Committee, consisting of the agency deputy directors. Staff from the 25+ youth serving boards and councils are being surveyed to determine their focus as it relates to youth, funding sources, mandates, etc. From this survey, a final report will be presented to the Governor to assist in planning with the state's direction toward youth development agenda.

MCH continues to provide capacity grants (pass-through funding) to county PHN offices to assist communities in the development, delivery and evaluation of MCH services. PHN service delivery plans include child and youth safety emphasis.

MCH staff is also involved with the Summer Institute planning team where educators, nurses, PHNs, other school staff, community youth service providers, etc. are invited to gain knowledge concerning best practices for working with youth.

MCH is partnering with the SAD and the DOE to develop a plan for a social marketing campaign to educate youth of the impact of drug and alcohol use with sexual activity.

Legislation passed for the state to conduct a comprehensive study of issues facing children and families in Wyoming, requiring cross agency collaboration (Comprehensive Study of Children and Families). The Child and Adolescent Health Services Manager is a member of the planning team, with other MCH staff being involved in workgroups. Staff and resources from the ECCS grant is also intricately involved with the Comprehensive Study, where surveys of citizens of the state are currently underway to identify issues facing children and families. It is expected that drug and alcohol abuse will have a significant impact on our population.

c. Plan for the Coming Year

MCH will continue to be an active participant on the WYDC with the Child and Adolescent Health Services Manager as the Project Manager. The WYDC will address the state-level

barriers to providing seamless and integrated services to youth and families in the communities, as well as other issues identified by the Comprehensive Study of Children and Families and the Early Childhood Comprehensive Systems Grant.

MCH will sponsor a pre-session at the Summer Institute on "Youth Matters" curriculum utilizing abstinence education funding where educators and youth serving staff will receive a curriculum and continuing education credits. "Youth Matters" is a curriculum that is woven into education coursework. The "Making Good Decisions" portion of the curriculum will be emphasized throughout the training.

MCH will commit resources to the social marketing plan linking drug and alcohol use with sexual activity.

MCH will continue providing capacity grants (pass-through funding) to county PHN offices to assist communities in development, delivery and quality evaluation of MCH services. PHN service delivery plans include child and youth safety and health emphasis.

State Performance Measure 9: *The percentage of Wyoming counties with access to translation services (16)*

a. Last Year's Accomplishments

The CY03 objective was 75%. Result: In CY03, the rate was 56.5%. This represents a significant increase from 4.3% in 1999.

MCH provided capacity grants to local communities to pay for translation services when programs and organizations did not have internal capacity to provide translation services. MCH works to assure Spanish language health education resources are available for distribution to the growing Hispanic populations in Wyoming. There is a website available that identifies Wyoming organizations that have translation services available by county. Data was included in the Connect Wyoming "Programs in Wyoming offering Services in Languages other than English" as an on-line directory and as a hard copy to consumers unable to access it on-line. In addition to providing information about translation services, the site provides information regarding health and social services in the state.

The Minority Health Needs Assessment created by the Wyoming Office of Minority Health (OMH) provides information concerning minority populations in the state, including demographics, mortality rates, behavioral risk factors, morbidity and health services utilization rates; as well as health disparities in the state. The report demonstrates that Native Americans often experience significant disparities in health status indicators, including diabetes, heart disease and unintentional injuries. Further, most minority groups have a relatively high percentage of uninsured persons, and lower-than-average income levels.

MCH continued to serve on the Cardiovascular Disease Coalition, and recommended a CVD grant be awarded to Washakie County's Worland Senior Center to increase awareness of heart disease and modifiable risk factors.

The WPCA, in collaboration with MCH, conducted focus groups to obtain information about barriers to health care including issues relating to minority populations. Lack of insurance and specialty care were identified as important minority community health issues.

MCH provided funding to Fremont County Public Health to augment Federal funding to enhance health services delivery through Indian Health Services (IHS) on the Wind River Reservation. IHS clinics at Ft. Washakie and Arapahoe offer prenatal care, breastfeeding

support, the NFP home visiting model, CSH services and infant, child and adolescent health care.

WHC provided funding to the Migrant Health Program (MHP), to improve access for health screening and basic health care by mid-level practitioners to migrant and seasonal farm workers and their families.

The first Wyoming Minority Health Cultural Outreach Conference organized by the Minority Health Committee with funding from the Regional OMH, the Wyoming HIV program and in kind services from WHC and WPCA was held in April 2003. Wyoming health care providers and minority community leaders came together to share insights and experiences and advocate for cross-cultural understanding in health care services.

b. Current Activities

MCH provides translated information to Wyoming Hispanic residents. Similar efforts are being undertaken by other WDH programs, (Diabetes, Breast and Cervical Cancer, Immunization, SAD and MHD), as well as the local Social Security Office. The bilingual (Spanish) MCH Family Consultant works with the OMH to provide translation services, supporting minority families with special needs at specialty clinics to help them better understand complex medical diagnosis, life care planning needs, and to ensure appropriate cross-cultural treatment planning by approved CSH providers.

The Minority Health Coordinator continues to work closely with the Minority Health Committee, which consists of racial and ethnic community leaders and state program managers who meet quarterly at different sites across the state, to plan, promote and facilitate statewide collaborative efforts among programs to better serve minority and special-needs populations.

The Connect Wyoming website is linked to the Minority Health website for public access and includes access to "Programs in Wyoming offering Services in Languages other than English." MCH provides Capacity Grants to local communities to pay for translation services when needed in communities.

Technical assistance was provided to agencies, by request, in a collaborative effort to address health disparities in rural Wyoming communities.

The Diabetes Program, with advocacy from the OMH, funded a grant in Teton County targeting Latinos to counter economic and language barriers that interfered with access to health care.

MCH funds provided support for enhancement of health services delivery through IHS on the Wind River Reservation, including perinatal, youth and CSH.

Funding was provided to WHC for the MHP to improve access for health screening and basic health care to migrant and seasonal farm workers and their families. MCH provided funding to Fremont County Public Health to augment Federal funding to enhance health services delivery through IHS on the Wind River Reservation. IHS clinics at Ft. Washakie and Arapahoe offer prenatal care, breastfeeding support, the Nurse Family Partnership, CSH services and infant, child and adolescent health care.

Despite the retirement of the Family Services Consultant (who was bilingual Spanish/English) at the end of May, we anticipate that future MCH bilingual needs will be met by the Perinatal Records Analyst, who is a native of Puerto Rico, and who has a BS in Health Education.

Migrant health fairs are planned for June 25, 2004 (Powell) and June 26, 2004 (Worland).

c. Plan for the Coming Year

MCH will continue to provide capacity grants to local communities to pay for translation services when programs and organizations do not have internal capacity to provide translation services. The grants, coordinated through local PHN offices, allow program directors to obtain the services of an outside interpreter.

The Minority Health Committee will continue to hold quarterly meetings in communities with a large population of minority populations in order to offer the communities a voice in identifying barriers and gaps in services. This helps the Committee target areas where they can provide assistance and education, such as domestic violence, immigration guidelines, women's health; minority education needs, diabetes detection, mental health, prevention of transmittal diseases, and community health clinic development.

A high priority project for the Minority Health Committee in FY05 is to hold community meetings in minority communities to obtain feedback from the public. Gaps and needs identified will be worked on by the committee in a collaborative effort.

The Minority Health Needs Assessment will continue to be available to Social Security offices, and the DOE, DFS, WDH, state legislators, and private organizations. It will also be available on the Internet at <http://wdh.state.wy.us/mch/minority.htm>.

The MHP will continue to serve Park, Washakie, Big Horn and Fremont Counties, and will be administered by the WHC. The main clinic for MHP will continue to be in Powell, with other clinics established in Greybull, Riverton and Worland. A network of doctors, dentists, optometrists and pharmacists will continue to provide services for this program through a voucher payment system. Reflecting the seasonal presence of migrant farm workers and their families, the clinics, screening (including pregnancy-related care) and specific health fairs will be conducted from May through the end of July.

Spanish and English materials will be provided for all MOMS participants with Spanish surnames and phone interviews will be done by bilingual interviewers.

FIGURE 4B, STATE PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) The percent of infants born preterm (before 37 weeks gestation) (17)				
1. Offer care coordination services to pregnant women and families	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Utilize BB and NFP home visiting model	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Integrate maternal mental health screening and referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. ICR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Strengthen referral system to locate eligible families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Revision of data documentation system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. MOMS Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Women's Health Needs Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.				

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) Percent of child death due to non-vehicle related causes that is preventable (6)				
1. WYDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. ECCS Planning Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Comprehensive Study of Families and Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. HMG-SK/SKW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. CSHP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Provide MCH capacity grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Support of Summer Institute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Conduct a state wide injury assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) Percent of Wyoming high school students who drink alcohol (7)				
1. WYDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. ECCS Planning Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Collaboration on the Substance Abuse Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Support YRBS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. SCSHP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Support of Summer Institute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Social Marketing plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Provide MCH capacity grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) Percent of Wyoming high school students who smoke (8)				
1. WYDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. CSHP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Support YRBS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Support of Summer Institute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Provide MCH capacity grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. ECCS Planning Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Comprehensive Study of Children and Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) Percent of women smoking tobacco during pregnancy (12)				
1. Provide outreach education	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Prenatal class provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Collaborate with SAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. MOMS project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. WYDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Provide MCH Capacity Grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Coordinate availability of translation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Women's Health Needs Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Reproductive Health Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) Percent of women drinking alcohol during pregnancy (13)				
1. Provide outreach and education	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Prenatal class provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Collaborate with SAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. MOMS project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Support of WYDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Provide MCH Capacity Grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Coordinate availability of translation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Women's Reproductive Health Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Women's Health Needs Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) Percent of Wyoming high school students who are overweight (14)				
1. WYDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. CSHP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Action for Healthy Kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. Support YRBS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Comprehensive Study of Children and Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. ECCS Planning Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Support of Summer Institute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Provide MCH capacity grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
8) Percent of Wyoming high school students who use methamphetamine (15)				
1. WYDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Collaborate with the Wyoming Community Coalition for Health Education (WCCHE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Support Youth Behavior Risk Survey (YRBS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. ECCS Planning Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. CSHP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Provide MCH capacity grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Support Summer Institute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Social Marketing plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Comprehensive Study of Children and Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
9) The percentage of Wyoming counties with access to translation services (16)				
1. Provide MCH capacity grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Coordinate the availability of translation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Distribute Wyoming Minority Health Needs Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Collaborate with the CVD and Diabetes Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Collaborate with WPCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Promote Native American Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Promote Migrant Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Provide Minority Health promotion, outreach and education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Support the Minority Health Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Address health disparities in rural Wyoming	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

E. OTHER PROGRAM ACTIVITIES

Please see National and State Performance Measures for MCH program activities.

F. TECHNICAL ASSISTANCE

//2005/ Technical assistance is requested to develop a Wyoming Birth Defect Registry. The surveillance system will enhance efficiencies in current referral practices and strengthen relationships with partners for secondary and tertiary prevention efforts. The expectation is that the surveillance system will also create a comprehensive, statewide system of data collection and analysis large enough to allow epidemiologic research to be conducted. Efforts will be made to link all related databases to maximize efficiency and consistency. The results of such research will provide information to programs and providers that can be used to direct prevention strategies. An expected result will be to increase access to health and early intervention services for children with birth defects.

As a result of Wyoming's small population base, remote communities and scarce resources, MCH has effectively formed and utilized partnerships between public and private agencies. Expansion of these partnerships and new ones created as a result of the Birth Defects Registry will enhance access to data in order to close gaps and improve services and systems for Wyoming children with special needs.

The Wyoming Birth Defects Registry will be housed in the MCH section where it will be integrated into the existing MCH continuum of care.

The Registry will serve to further develop current infrastructure serving children with special needs.

Evaluation of the Wyoming Birth Defects Registry will be guided by the CDC's "Guidelines for Evaluation of Public Health Surveillance Systems". Overall success will be judged on the implementation of a simple, timely, acceptable and high quality surveillance system and the efficiency of improved referrals and interventions for children with birth defects. //2005//

V. BUDGET NARRATIVE

A. EXPENDITURES

//2005/ FY2003 expenditures of MCH Block Grant funds and state funds were used as planned for in the budget. However, in the "other federal funds," we spent significantly less in two areas. Department plans for how our SSDI money was to be used changed dramatically and thus the subsequent awards reduced. The TANF funds were to be distributed to local Health Departments for nurse salaries. Vacancies due to the national nurse shortage are the reason for not spending the full amount budgeted. //2005//

B. BUDGET

The budgeting for the MCH Block Grant is the actual appropriation from the legislature specific to the MCH grant. To avoid repetition, the notes for forms 2-5 describe process and variances.

The Maintenance of Effort, \$2,375,591 is the amount of state money that was in this budget during FY1989. Wyoming budgets on a two-year cycle. Match and overmatch are \$2,593,177, which exceeds the required MOE. Since the MOE greatly exceeds the required match, the state has designated the entire grant to program activities and is covering Administrative costs with State funding in most cases. The results of strategic planning are reflected in this allocation of funds.

//2005/ Attachment is provided to serve as the basis from which most notes are derived. The block grant and state money are divided into 10 sub budgets for tracking expenses to components of the grant. Beginning with FY2005, the genetics clinic expenditure budget has been combined with the CSHCN budget. Adolescent activities have been carved out into their own budget. Titles of each sub budget are self-explanatory. The admin budget 0310 is where most of the grant is plotted and spent through the (case services) capacity grants provided to the 23 counties. //2005//

VI. REPORTING FORMS-GENERAL INFORMATION

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. GLOSSARY

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. TECHNICAL NOTE

Please refer to Section IX of the Guidance.

X. APPENDICES AND STATE SUPPORTING DOCUMENTS

A. NEEDS ASSESSMENT

Please refer to Section II attachments, if provided.

B. ALL REPORTING FORMS

Please refer to Forms 2-21 completed as part of the online application.

C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS

Please refer to Section III, C "Organizational Structure".

D. ANNUAL REPORT DATA

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.