

# Department of Health

## Mission and philosophy

The mission of the Department of Health is to promote, protect and enhance the health of all Wyoming residents.

## Results of outcomes

Refer to Wyoming Department of Health strategic plan and Wyoming Department of Health strategic plan evaluation.

## Strategic plan changes

Refer to Wyoming Department of Health strategic plan evaluation.

## Aging Division

### **General information**

Daniel G. Stackis, administrator

### **Agency contact**

Laura Hudspeth, deputy administrator  
6101 Yellowstone Road, Room 259B  
Cheyenne, WY 82002  
lhudsp@state.wy.us

307/777-7986

### **Other locations**

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

### **Year established and reorganized**

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

### **Statutory references**

W.S. 9-2-1201

### **Number of authorized personnel**

12 full-time

### **Organization structure**

Department of Health, Aging Division

### **General information**

Garry L. McKee, Ph.D., M.P.H., director

### **Agency contact**

Jennifer L. Aragon, executive secretary  
117 Hathaway Building  
Cheyenne, WY 82002  
[jarago@state.wy.us](mailto:jarago@state.wy.us)

307/777-7821

### **Other locations**

Statewide

### **Year established**

Established in 1969; reorganized in 1991

### **Statutory references**

W.S. 9-2-101 through 108

### **Number of authorized personnel**

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

### **Organizational structure**

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

### **Clients served**

In addition to the descriptions contained in each division report, the elderly and disabled tax rebate clients

### **Budget information**

Agency general funds	\$188,260,449
Elderly and disabled general funds	\$1,541,478
Director's office general funds	\$1,238,117
Agency federal funds	\$270,772,699
Agency other funds	\$11,865,487
<b>Total</b>	<b>\$473,678,230</b>

## ***Clients served***

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

## ***Budget information***

General funds	\$23,407,637
Federal funds	\$41,662,495
<b>Total</b>	<b>\$65,070,132</b>

## **Mission and philosophy**

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

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

## **Results of outcomes**

Overall, the Aging Division has accomplished the following:

The 56<sup>th</sup> Legislature passed a bill requiring the recalculation of nursing home rates; providing for medical assistance payments for skilled nursing home extraordinary care; and authorizing additional payments for skilled nursing home direct patient care personnel. This legislation was effective July 1, 2002.

The division was awarded a Centers for Medicare and Medicaid Services grant titled "Nursing Facility Transitions." The purpose of this \$600,000 grant is to help eligible individuals make the transition from nursing facilities into the communities. The grant will be utilized to implement the division's Olmstead efforts.

The Community Based In-Home Services (CBIHS) Program held its annual CBIHS Case Managers' Training in Casper, Wyoming, on April 23, 2002 with 33 case managers in attendance. The focus of the training was on the new Community Based In-Home Services Program rules, documentation and confidentiality issues.

The Eighth Annual Long Term Care/Home and Community Based Services Waiver (LTC/HCBS) Case Manager Conference was held in Casper, Wyoming in April 2002, with 92 attendees. The theme was "Getting to the Heart of the Matter." Several aging staff members participated as presenters.

The Assisted Living Facility Medicaid Waiver began July 1, 2001 with funding available for 100 qualified individuals. We are currently serving 70 individuals, and have eight assisted living facilities participating as providers. The Assisted Living Facility Program Administration rules were updated

to insure appropriate utilization of services and to facilitate the division's philosophy of aging-in-place.

The division increased the number of individuals who can participate in the Long Term Care Home and Community-Based Waiver from 850 to 1,000.

The "personal needs allowance" for Medicaid recipients residing in nursing facilities was increased from \$30.00 to \$50.00 per month.

Centenarian awards were issued to 31 Wyoming residents turning 100 years of age.

The Aging Division's Mental Wellness Program continues to focus on educating the public, and being a referral service, on mental health issues facing the older adult. Over 300 people have attended more than 20 presentations given at senior centers, nursing homes and assisted living facilities on "Facts About Alzheimer's Disease," as well as special requests for "Sensitivity Training" and "Depression in Older Adults." Presentations on "Dementia and Behavioral Disturbances" and "Mental Health Concerns of People with Multiple Sclerosis" were given at the Third Gerontological Mental Health Conference and the Eighth Annual Long Term Care/Home and Community Based Services Waiver (LTC/HCBS) Case Manager Conference respectively. Getting the message out to all areas of the state that "mental wellness is for everyone" is the ongoing mission of the Mental Wellness Program.

The Aging Division continues to enhance the capability of its comprehensive data collection and reporting system which allows the division and its Title III grantees to meet the mandatory federal reporting requirements.

The division continues to expand its Web page to provide a continuum of information to individuals, care givers and professionals. Services, events, topics and links to government sites of interest tailored to seniors are just a few of the items posted on the division web page.

The division implemented a quarterly newsletter which keeps providers informed of current aging issues and activities within the division.

In July 2001, the division implemented the National Family Caregiver Support Program. The program's goal is to reduce caregiver stress and burden through benefits and resource counseling; training in caregiver skills and knowledge; creative options for respite care; and providing supplemental services on a limited basis. The FY 02 allocation for this program for 22 providers was approximately \$650,000.

The Community Based In-Home Services (CBIHS) Program continues to serve clients in their homes. In 2001, the program provided 170,658 hours of services to 3,339 clients. In March 2001, the CBIHS Program rules were updated to include new requirements for personnel background checks to protect clients from abuse, neglect and exploitation.

Long-term Care, which includes swing bed, nursing home facilities, and state licensed shelter

care, is managed within the division. The program has provided care for approximately 2,812 Medicaid recipients in the most appropriate, accessible and cost-effective manner. Currently 62.60 percent of nursing facility beds are occupied by Medicaid recipients.

The division contracted with the UW School of Pharmacy to provide medication management programs to older adults in 38 senior centers. The program focuses on medication management, screening and education to prevent incorrect medication and adverse drug reactions.

The division was represented on a task force to develop policies and procedures necessary to launch an alternative financing program to allow disabled individuals with low to moderate incomes, the ability to obtain long-term loans with no interest, for the purchase or repair of adaptive equipment.

Statewide, the Title III-C Elderly Nutrition Program served a total of 1,246,716 congregate and home-delivered meals to eligible participants. This is an increase of 24,599 meals from the previous year. The division also increased the reimbursement rate for eligible meals by approximately \$.14 cents per meal.

The division was host to a Tri-State Elderly Nutrition Conference. The State Units on Aging in Colorado, South Dakota and Wyoming coordinated the training to assist nutrition providers to think of innovative ways to rejuvenate and improve the Elderly Nutrition Program for current and future participants.

The Long-Term Care Ombudsman Program had over 2,000 requests for assistance from individuals with long-term care concerns. The legislature approved an additional \$100,000 per year for the program. This funding was effective July 1, 2002.

The Senior Patrol Project continues to address Medicare/Medicaid waste, fraud and abuse. During FY 02, an additional 32 volunteers were trained, and staff and volunteers made presentations to over 2,000 individuals.

The division updated the State Senior Employment Services Coordination Plan for the Department of Labor. This plan provides an overview of the program, how the funds are used and the eligibility for participation in the program. A list of the service providers and the counties they serve is also described. The Senior Community Service Employment Program was selected to be transferred to the new Department of Workforce Services effective July 1, 2002.

The division continues to assist in the expansion of the Senior Companion Program to a statewide program that serves homebound older adults. The division also continues to support the Foster Grandparent Program and the Retired and Senior Volunteer Program.

## Strategic plan changes

None

## Community and Family

### Health Division

#### *General information*

Jimm Murray, administrator

#### *Agency contact*

Jimm Murray, administrator  
4020 House Ave.  
Cheyenne, WY 82002  
jmurra@state.wy.us

307/777-6004

#### *Other locations*

Statewide

#### *Year established*

Established in 1991; realigned in 1998 and 2000

#### *Statutory references*

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

#### *Number of authorized personnel*

121 full-time, 75 part-time

#### *Organizational structure*

Department of Health, Community and Family Health Division

#### *Clients served*

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

#### *Budget information*

General funds	\$ 59,605,536
Federal funds	\$ 121,097,046
Other funds	\$ 3,041,730
<b>Total</b>	<b>\$183,744,312</b>

## Mission and philosophy

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

## Results of outcomes

From 1996 through 1998, there was an average of 6,300 births annually in Wyoming. The crude birth rate decreased from 15.4 per 1,000 in 1990 to 13.0 per 1,000 in 1998, compared to 14.6 nationally in 1998. From 1997-1999, there was an average of 6,247 births annually in Wyoming. The crude birth rate decreased from 15.4 per 1,000 in 1990 to 13.0 per 1,000 in 1999, compared to 14.5 nationally in 1999. From 1998-2000, there was an average of 6,208 births annually in Wyoming. The crude birth rate in 2000 was 12.7 per 1,000 compared to 14.8 nationally in 2000.

The infant mortality rate in Wyoming from 1996-1998 was 6.4 per 1,000 live births, compared to a national rate of 7.2 in 1998. The infant mortality rate in Wyoming from 1997-1999 was 6.6 per 1,000 live births, compared to a provisional national rate of 7.1 per 1,000 live births. The infant mortality rate in Wyoming from 1998-2000 was 6.9 per 1,000 live births.

From 1996-1998, Wyoming averaged 8.8 percent LBW (Low Birth Weight) and 1.1 percent VLBW (Very Low Birth Weight). The 1998 national rates were 7.6 percent for LBW and 1.5 percent for VLBW. In 1998, Wyoming was tied for sixth among the 50 states in LBW, and first for LBW for whites. Wyoming was in a three-way tie for 32<sup>nd</sup> for VLBW in 1998. From 1997-1999, 8.7 percent of Wyoming births were LBW and 1.1 percent were VLBW compared to 7.6 percent nationally for LBW and 1.45 percent nationally for VLBW. In 1999, Wyoming was ranked tenth among the 50 states in LBW and first for LBW for whites. From 1998-2000, 8.5 percent of Wyoming births were LBW and 1.1 percent were VLBW compared to 7.6 percent nationally for LBW and 1.4 percent for VLBW.

Unintended pregnancy rates range from 77 percent for Best Beginnings clients to close to 88 percent of Home Visiting Program clients. In 1998, 74 percent of Title X family planning clinic clients reported their current pregnancy was unplanned. In 2000, 63 percent of pregnant clients at Wyoming's Title X and Non-Title X family planning clinics reported that their current pregnancy was unintended. Of the 1,961 deliveries to Wyoming Best Beginnings clients from September 1997 through September 2000, 1,487 or 76 percent reported their pregnancies were unintended. In 2001, 69 percent of pregnant clients at Wyoming's Title X and Non-Title X family planning clinics reported that their current pregnancy was unintended.

The marginal dental program treated 138 clients. The elderly program treated 374 clients, 7,358 sealants were placed for 1,305 children, 5,839 students received a new toothbrush during programs at schools and pre-schools, 4,189 students received a dental screening, 2,000 students participated in a fluoride mouth rinse program and 77 patients were seen at cleft palate clinics.

Immunizations were provided in the amount of 201,000 individual doses last year, to approximately 121,000 children and more than 54,000 adults.

An immunization registry development was started that will be available statewide in the future, pilot testing is occurring now.

Wyoming Kid Care program has provided health insurance to over 6,000 uninsured children since its implementation in December 1999 and FY 02 ended with 3,045 children enrolled and eligible to receive a comprehensive level of health benefits.

Through the efforts of the Wyoming Covering Kids Project which is an initiative of the Robert Wood Johnson Foundation, 7,000 more children were enrolled into public health insurance programs during FY 02.

In Public Health Nursing patient contacts included: Maternal/Child 38,686, Communicable Disease 109,901, Adult Health 65,637, Home Health (certified/skilled) 11,027, LT101 5800.

## Strategic plan changes

None

## Developmental Disabilities Division

### ***General information***

Robert T. Clabby, II, M.A., administrator

### ***Agency contact***

Jon Fortune, Ed.D, community services program manager  
Qwest Building, Suite 186E  
6101 Yellowstone Road, North Building  
Cheyenne, WY 82002  
jfortu@state.wy.us

307/777-7115

### ***Other locations***

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

### ***Year established***

Established in 1991

### ***Statutory reference***

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

***Number of authorized personnel***

27 full-time

***Organizational structure***

Department of Health, Developmental Disabilities Division

***Clients served***

Individuals with developmental disabilities or developmental delays

***Budget information***

General funds	\$32,913,130
Federal funds	\$39,935,185
<b>Total</b>	<b>\$72,848,315</b>

**Mission and philosophy**

The division's primary responsibilities during FY 02 were the child and adult programs.

The mission is to provide funding and guidance responsive to the needs of at least 3,838 people with developmental disabilities to live, work and learn in Wyoming communities. Individuals with developmental disabilities range in age from infants and toddlers to senior adults. These individuals may have mental retardation B or close-related condition B or other developmental disabilities. In FY 02 the division's Doors (Individual budget Amount Model) was selected by the federal centers for Medicare and Medicaid Services as one of the eight national promising practices in home and community-based waivers.

**Results of outcomes**

The waiting list for all services at the end of the year included 57 eligible children and 28 eligible adults Medicaid home and community-based waivers.

**Strategic plan changes**

Keep the waiting list as small as possible. It is anticipated that the number of people who are eligible but waiting for service may climb to 367 adults and 380 children by July 2004.

**Mental Health Division*****General information***

Pablo Hernandez, M.D., administrator

***Agency contact***

Pablo Hernandez, M.D., administrator  
6101 Yellowstone Road, Room 259B  
Cheyenne, WY 82002  
pherna@state.wy.us

307/777-7094

***Other locations***

The division administrative office is located in Cheyenne and manages the state purchase of mental health outpatient services in every county.

***Year established***

Established in 1979; reorganized in 1991 and realigned in 2000

***Statutory references***

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

***Number of authorized personnel***

9 full-time

***Organizational structure***

Wyoming Department of Health, Mental Health Division

***Clients served***

All citizens needing mental health services including general population members and adults with serious and persistent mental illness, and children and adolescents with serious emotional disturbance.

***Budget information***

General funds	\$17,789,708
Medicaid general funds	\$3,737,825
Federal funds	\$1,224,140
<b>Total</b>	<b>\$22,751,673</b>

**Mission and philosophy**

To be a leader in providing high quality behavioral services that anticipates and responds to the changing needs of persons served.

**Results of outcomes**

Community mental health outcomes were achieved as demonstrated by meeting the planned performance measures of maintaining or increasing access to community-based mental health services.

## Strategic plan changes

To advocate for and participate in the development and maintenance of a comprehensive system of mental health services and supports throughout Wyoming that stresses independence, dignity, security and recovery.

## **Office of Health Quality**

### ***General information***

Gerald E. Bronnenberg, deputy director

### ***Agency contact***

Kay Wagner, R.N., state survey agent  
2020 Carey Ave., Eighth Floor  
Cheyenne, WY 82002  
kwagne1@state.wy.us

307/777-7123

### ***Other locations***

Basin, Buffalo, Shell, Kemmerer and Wheatland

### ***Year established***

Established in 1990; realigned in 1995 and 2000

### ***Statutory references***

W.S. 35-2-901 through 911; Social Security Act Sections 1819, 1864 and 1919

### ***Number of authorized personnel***

19 full-time

### ***Organizational structure***

Department of Health, Office of the Director

### ***Clients served***

Public

### ***Budget information***

General funds	\$920,077
Federal funds	\$1,819,952
<b>Total</b>	<b>\$2,740,029</b>

## Mission and philosophy

The Office of Health Quality's (OHQ) mission includes state licensure, federal certification and complaint investigations for 14 categories of health care facilities. These facilities range in size from small boarding homes to large, complex hospitals located throughout the state. During the past 12 months, the staff (located in Cheyenne, Buffalo, Basin, Shell, Kemmerer and Wheatland) performed

250 on-site licensure and certification surveys and investigated 173 complaints.

In addition, the OHQ reviews preliminary architectural plans for the construction of new health care facilities as well as the renovation of existing facilities. During the past 12 months, 62 preliminary plans were reviewed and 80 on-site inspections were conducted.

## Results of outcomes

In FY 02, 39 of the 39 nursing care facilities surveyed by the office were in substantial compliance for a rate of 100 percent.

## Strategic plan changes

None

## **Office of Medicaid**

### ***General information***

Gerald E. Bronnenberg, deputy director

### ***Agency contact***

Iris Oleske, State Medicaid agent  
147 Hathaway Building  
Cheyenne, WY 82002  
iolesk@state.wy.us

307/777-7531

### ***Year established and reorganized***

Established 1999

### ***Statutory references***

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

### ***Number of authorized personnel***

16 full-time

### ***Organizational structure***

Department of Health, Office of the Director

### ***Clients served***

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

### ***Budget information***

Federal funds	\$178,488,421
General fund	\$69,647,445
<b>Total</b>	<b>\$248,135,866</b>

## Mission and philosophy

The mission of the Office of Medicaid is twofold: first, to provide basic primary health care services, including the services of hospitals, clinics, physicians and other practitioners, to some 58,000 Equality Care beneficiaries each year; and second, to provide technical assistance and program oversight through monitoring and evaluation to the department's continuum of care divisions in support of their Medicaid program goals. The Office of Medicaid supports administrative efficiency and programmatic integrity, prevention and early intervention as tools for better health outcomes and future cost savings, preservation of consumer rights, fair and equitable reimbursement for providers within the constraints of prudent fiscal management and the use of technology to increase access and assure quality of health care for Wyoming residents.

## Results of outcomes

The Office of Medicaid was established in 1999 as part of an overall realignment of the Division of Health Care Financing and the Wyoming Medicaid program. The realignment focused on the movement of Medicaid service delivery functions to the various divisions of the Department of Health in order to simplify planning, maximize resources, and align Medicaid services with like services administered by the divisions. Therefore, Medicaid mental health services, nursing home services, and developmental disability services were placed in the Mental Health Division, the Aging Division, and the Developmental Disabilities Division respectively. The Office of Medicaid was designated as the administrative unit for the "core functions" of the Medicaid program that support all division activities across programmatic lines.

In 2001, the Office of Medicaid incorporated the Office of Primary Care into its mission in order to have direct influence in the provision of primary care health services. Primary Care staff administer benefits and coverages, service limits, medical policy, provider reimbursement and care coordination for physician and other practitioner services; inpatient and outpatient hospital services, including lab and x-ray; durable medical equipment; emergency medical transportation; and clinic services. The Customer Service unit coordinates with the Department of Family (DFS) Services to assure eligibility for more than 45,000 individuals each month and to oversee policies and procedures carried out in the DFS field offices on behalf of the Medicaid program. Customer Services also oversees provider enrollment, including contracts and agreements; and verification of provider credentials, licensure or certification to assure an adequate network of fully qualified providers. During FY 02, more than 95 percent of Wyoming's primary care physicians were enrolled as Medicaid providers, as well as 100 percent of Wyoming's

hospitals, nursing homes and pharmacies. Each year more than 6,000 providers participate in Wyoming Medicaid.

The Office of Medicaid maintains information systems critical to the functioning of the program, including the Medicaid Management Information System (MMIS), a federally-certified claims payment and information retrieval system. The MMIS is operated for the state by ACS/Consultec, who also provides full fiscal agent services to the Medicaid program. In FY 02, Consultec paid more than two million provider claims on average within 1.4 days of receipt. An extension of the MMIS is the Decision Support System (DSS) which maintains six years of program data in a relational database with full analytical capabilities. The DSS is available to all Medicaid program representatives and offers constantly updated information for program analysis with fraud and abuse detection capability. The Financial Unit procures and administers consultant contracts for legal services, accountant and auditing services, technical assistance for reimbursement and other services required for administration of the Medicaid program.

The Program Integrity Unit is responsible for department wide coordination of all Surveillance and Utilization Review activities including pre- and post-payment review, fraud and abuse detection and investigation, appropriateness of care, case management, medical quality of care issues, and overpayment recovery. This unit also oversees third-party liability (including Medicare and other insurers that are primary to Medicaid), liens, trusts and estate recovery. In FY 02, ACS and Wyoming Medicaid recovered \$10.7 million from various other payment sources to offset the cost of providing care. A subset of the Program Integrity function is Quality Assurance, which provides quality review and analysis of program functions and initiatives brought forth by the divisions to assure compliance with federal and state laws, rules and regulations and consistency with the department's mission and goals. Other regulatory functions include maintenance of the State Plan, Administrative Rules, Federal Waivers and tracking and analysis of Legislative issues.

## **Office of Rural Health**

### ***General information***

Gerald E. Bronnenberg, deputy director

### ***Agency contact***

Douglas L. Thiede, manager  
2020 Carey Ave., Eighth Floor  
Cheyenne, WY 82002  
dthied@state.wy.us  
307/777-6918

**Year established**

Established in 1992 and realigned in 2000

**Statutory references**

W.S. 9-2-116 through 119

**Number of authorized personnel**

One full-time

**Organizational structure**

Department of Health, Office of the Director

**Clients served**

Public

**Budget information**

General funds	\$120,000
Federal funds	\$570,000
<b>Total</b>	<b>\$690,000</b>

**Mission and philosophy**

The Office of Rural Health's mission is to improve the delivery of health care services in rural and frontier areas through education, service, research and policy analysis, and to foster cooperation and coordination between state agencies and statewide health care associations. This is accomplished by providing recruitment and retention assistance through a public/private partnership with Wyoming Health Resources Network, Inc., and providing technical assistance and rural health information to organizations seeking rural outreach, networking and rural health grants. The Office of Rural Health is providing support to the Governor's Telemedicine Steering Committee effort to improve the health care for Wyoming citizens by facilitating the development, use and access for telehealth networks and systems in the state.

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

The Wyoming Rural Hospital Flexibility Program mission assists small hospitals in rural and

frontier areas to maintain and improve the delivery and access to health care services. The program goals are: to develop an overall Wyoming Rural Health Plan that increases the access and availability of healthcare services in rural and frontier areas of the state; provide technical assistance to primary care, hospital and emergency medical care systems in the analysis; and development of specific programs or solutions to help strengthen the viability of the healthcare providers by assisting the hospital in determining the best healthcare system for the community.

The Critical Access Hospital program is available to all small rural hospitals that meet the national criteria or the Wyoming specific necessary provider criteria. Technical Assistance funding will be provided to small rural hospitals interested in conversion of the current facility to a Critical Access Hospital.

**Results of outcomes**

Provided access to information, technical assistance and grant funding to health care providers in rural and frontier areas, and assured the continued delivery of primary health care services in all areas of Wyoming.

**Strategic plan changes**

None.

**Preventive Health and Safety Division****General information**

Karl Musgrave, D.V.M., M.P.H., administrator

**Agency contact**

Karl Musgrave, D.V.M., M.P.H., administrator

**Statutory references**

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

**Number of authorized personnel**

111 full-time, one part-time

**Organizational structure**

Department of Health, Preventive Health and Safety Division



**Clients served**

Wyoming residents

**Budget information**

General fund	\$2,374,946
Federal fund	\$6,271,608
Trust	\$113,205
<b>Total</b>	<b>\$8,759,759</b>

**Mission and philosophy**

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

**Results of outcomes**

For FY 02, the Preventive Health and Safety Division had 14 programs with outcomes written in the Department of Health strategic plan. They include: epidemiologist, HIV/AIDS Prevention, lead/radon, poison control, Public Health Laboratory, sexually transmitted diseases, tuberculosis, vital records, breast and cervical cancer, cancer surveillance, diabetes, emergency medical services, and bioterrorism.

Over 70 percent of the programs met or exceeded expectations of their stated goals and outcomes. Among these were poison control, sexually transmitted diseases, tuberculosis, vital records, diabetes, emergency medical services and bioterrorism.

**Strategic plan changes**

All of the programs have submitted changes for the next four-year Strategic/Healthy People 2010 Plan. Due to Wyoming State Statute requirements, the new goals cannot be implemented until fiscal FY 03.

As previously reported, the Healthy People 2010 are national objectives funded by the Robert Wood Johnson Foundation and executed by the Institute for the Future. The Healthy People 2010 (HP2010) goals are long range, 10-year plans. Once a 10-year goal is established, a program will be evaluated each year as required by statute. The strategic plan is based on four-year goals. An opportunity in four years will be available to "tweak" the outcome and action plan toward the 10-year goals. Combining the two will minimize the time program managers will need to spend on gathering data. Programs not required to participate in the strategic plan will also be asked to establish a goal from HP2010.

With the recent terrorist attacks, Congress

has released millions of dollars to health departments across the nation to prepare for any biological threats the state of Wyoming may face. This increased funding will accelerate the bioterrorism program's presence in the upcoming Department of Health strategic plan.

**State Health Officer****General information**

Brent D. Sherard, M.D., State health officer  
117 Hathaway Building  
Cheyenne, WY 82002

307/777-7656

**Year established**

Established in 1991 and realigned in 1999 and 2000

**Statutory references**

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

**Number of authorized personnel**

One full-time

**Organizational structure**

Department of Health, Office of the Director

**Clients served**

Wyoming residents

**Budget information**

General funds	\$143,590
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**Mission and philosophy**

To advise health care professionals and Wyoming residents on personal and public health care issues.

**Results of outcomes**

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

**Strategic plan changes**

None

## **Substance Abuse Division**

### ***General information***

Diane K. Galloway, Ph.D., administrator

### ***Agency contact***

Diane K. Galloway, Ph.D., administrator  
2424 Pioneer Ave., Suite 306  
Cheyenne, WY 82002  
substanceabuse@state.wy.us

307/777-6494

### ***Other locations***

The division administrative office is located in Cheyenne and manages the state purchase of substance abuse services in every county through subcontracts with certified community substance abuse centers. The tobacco program exists in 19 counties and on the Wind River Indian Reservation.

### ***Year established***

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

### ***Statutory references***

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

### ***Number of authorized personnel***

14 full-time and 10 AWEC

### ***Organization structure***

Department of Health, Substance Abuse Division

### ***Clients served***

Substance abuse clients statewide

### ***Budget information***

General funds	\$ 7,087,643.18
Federal funds	\$ 4,698,770.92
Other funds	\$ 929,291.00
<b>Total</b>	<b>\$ 12,715,705.10</b>

## **Mission and philosophy**

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

## **Results of outcomes**

In prevention, established a needs assessment program and received the State Incentive Grant (SIG); conducted a series of prevention training events that trained over 170 people representing all 23 counties to support community prevention planning efforts for the SIG; collaborated with the Department of Education in developing the SIG to include four different funding streams totaling \$4.5 million per year for three years. In treatment, established multi-treatment services to fill needs and gaps in services with the establishment of the Comprehensive Substance Abuse Centers (CSAC) and conducted trainings in Addiction Severity Index (ASI) and American Society of Addiction Medicine (ASAM) to build provider capacity and standardize assessment protocols.

## **Strategic plan changes**

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

## **Veterans' Home of Wyoming**

### ***General information***

John R. (Jack) Tarter, superintendent  
Wyoming Care Centers

### ***Agency contacts***

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

307/684-5511

### ***Year established and reorganized***

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

### ***Statutory reference***

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

### ***Number of authorized personnel***

42 full-time, three part-time

## **Organizational structure**

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

### **Clients served**

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

### **Budget information**

General fund expenditures	\$1,779,209
General fund revenues	\$1,540,536
Net annual cost to the general fund	\$238,673

## **Mission and philosophy**

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

## **Results of outcomes**

The July 2001 Veterans' Home of Wyoming Semi-Annual Quality Survey revealed an improvement in resident attitudes. The overall complaint level was 4 percent.

## **Strategic plan changes**

None

## **Wyoming Pioneer Home**

### **General information**

John R. (Jack) Tarter, superintendent  
Wyoming Care Centers

### **Agency contact**

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

307/864-3151

### **Year established and reorganized**

Established in 1947; reorganized in 1991

### **Statutory reference**

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

### **Number of authorized personnel**

30 full-time and 2 AWEC

### **Organizational structure**

Department of Health, Aging Division, Wyoming Pioneer Home

### **Clients served**

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

### **Budget information**

General fund expenditures	\$1,292,106
General fund revenues	\$563,217
Net annual cost to the general fund	\$728,889

## **Mission and philosophy**

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

## **Results of outcomes**

Comparison of the July 2001 and January 2002 Wyoming Pioneer Home Quality Surveys reveals improved resident attitudes. Poor responses increased from 0.3 percent to 1 percent; good responses decreased from 61.4 percent to 39 percent; and great responses increased from 38.3 percent to 60 percent. Overall, the complaint level increased from 0.3 percent to 1 percent.

The indigent medication program started at the Wyoming Pioneer Home for the benefit of the residents is showing an average monthly savings of \$7,221.51 during the 12-month period (July 2001 through June 2002) to the state and residents, with a total savings of \$368,642.39 since the inception.

## **Strategic plan changes**

None

## **Wyoming Retirement Center**

### ***General information***

John R. (Jack) Tarter, superintendent  
Wyoming Care Centers

### ***Agency contacts***

Patricia Fritz, B.S.N., R.N.C., N.H.A., facility manager  
890 Hwy. 20 South  
Basin, WY 82410  
wrc@state.wy.us

307/568-2431

### ***Year established and reorganized***

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

### ***Statutory reference***

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

### ***Number of authorized personnel***

79 full-time, 24 part-time

### ***Organizational structure***

Department of Health, Aging Division, Wyoming  
Retirement Center

### ***Clients served***

The institution is funded for 90 residents; 141 clients  
were served with 30,512 inpatient days of care and 93  
percent occupancy for FY 02.

### ***Budget information***

Special revenue fund expenditures	\$4,023,859
Special revenue fund revenues	\$3,772,733
Net annual cost-special revenue fund	\$251,126
General fund expenditures	\$146,641

## **Mission and philosophy**

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

## **Results of outcomes**

Revenues did not exceed expenditures.  
Average occupancy was 93 percent. The facility  
maintained Medicare, Department of Veterans  
Affairs and Medicaid certification.

## **Strategic plan changes**

Operating costs will be equal to or less than  
collected revenues; develop services or programs for  
underutilized portions of the building.

## **Wyoming State Hospital**

### ***General information***

Pablo Hernandez, M.D., administrator

### ***Agency contact***

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

307/789-3464, Ext. 354

### ***Year established***

Established in 1886 and reorganized in 1991

### ***Statutory references***

W.S. 9-2-2005

### ***Number of authorized personnel***

444 full-time, 9 part-time

### ***Organizational structure***

Department of Health, Mental Health Division,  
Wyoming State Hospital

### ***Clients served***

The people of Wyoming who require treatment for  
serious mental illness

### ***Budget information***

General funds	\$18,701,767
General funds market money	\$1,000,000
Federal funds	\$53,984
<b>Total</b>	<b>\$18,755,751</b>

## **Mission and philosophy**

The hospital's **mission statement** was  
revised this past year and is: "To improve the lives of  
those in Wyoming touched by mental illness."

The hospital's **vision statement**: "To be a  
leader in providing high quality psychiatric care  
that anticipates and responds to the changing needs  
of the persons we serve. To empower persons with  
mental illness and their families to achieve the highest  
quality of life. To demonstrate the efficient use of  
resources to achieve measurable outcomes."

## Results of outcomes

The hospital and its staff, during the last year accomplished: maintenance of adult inpatient psychiatric services with 332 admissions in FY 02; maintenance of forensic inpatient psychiatric services with 120 admissions in FY 02; maintenance of adolescent inpatient psychiatric services with 46 admissions in FY02; expansion of community-based forensic evaluations with 23 performed in FY02; expansion of community-based alternatives to care with beds being available in Lander, Evanston and Basin: (5a) total bed days utilized at Basin community based, supervised apartments under the auspices of Washakie Mental Health Services, 2,190 available and 1,867 used; (5b) total bed days utilized at WINDS Program (Lander), 2,190 available and 1,506 used; (5c) total bed days utilized at Freedom Residential House (on the grounds of the Wyoming State Hospital which was changed to adult services in September of 2001), 2,424 available and 2,228 used; (5d) total bed days utilized at Cherokee House (joint collaboration with Mountain Regional Services, Inc. in Evanston which was opened in April, 2002), 552 available and 412 used; (5e) expansion of Deferred Admissions Program at the Wyoming State Hospital (on and off campus) with 475 admissions being diverted from hospitalization in FY02 (5f) Expansion of inpatient acute services for inmates from the Department of Corrections with 13 discharges being completed in FY 02; and (5g) maintenance of effort in collection of self-generated funds equaling \$1,004,133 in FY 02.

## Strategic plan changes

The Wyoming State Hospital was surveyed by CARF (Rehabilitation Accreditation Commission) in November of 1999 and received notification in January 2000 of a three-year accreditation. Two additional programs, Co-Occurring Disorders (mental illness and substance abuse) and Deferred Admissions were added to this accreditation. The Wyoming State Hospital will maintain CARF accreditation of programs, with the next scheduled survey scheduled for October /November 2002. The current plan is to add two new programs at that time, namely Assertive Community Treatment (ACT) and Prevention for the Elderly.

## **Wyoming State Training School**

### ***General information***

Robert T. Clabby, II, superintendent

### ***Agency contact***

Cliff Mikesell, deputy superintendent  
8204 Wyoming Highway 789  
Lander, WY 82520  
wstslan@state.wy.us

307/335-6752

### ***Year established and reorganized***

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

### ***Statutory references***

W.S. 35-1-611 through 627, 21-2-701 through 705, 9-2-2005, 25-5-101 through 25-5-134, 9-1-204 and 208, 35-2-101 and 9-2-106(d); Federal - P.L. 101-508 Section 1915(c).

### ***Authorized personnel***

473 full-time, one part-time

### ***Organization structure***

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

### ***Clients served***

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

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

### ***Budget information***

General funds	\$19,733,888
Revenue generated from ICFMR	\$ 9,668,438

## Mission and philosophy

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

The Wyoming State Training School pursues its mission with the belief\* that: life in the community is a basic human right, not a privilege to be earned; each individual has a right to participate in normal every day life; each individual can grow and develop; all individuals and employees should be treated with dignity; individual autonomy should only be subject to state intrusion to the absolute minimal extent necessary to receive appropriate supports and services; an individual's rights should be cherished, valued, protected, and actively promoted; services should be provided in a manner which meets the needs of the individual, regardless of funding eligibility or participation in any particular government program; and individuals, parents, and guardians should play an active and meaningful role in the development and implementation of appropriate supports and services in accordance with the individual's Individual Program Plan (IPP).

\*The basic beliefs expressed are referenced in Weston et.al. Civil Action Number C90-0004, Article II, Section 2.02, Principles, pages 9 and 10.

## Results of outcomes

Refer to Department of Health strategic plan and Department of Health strategic plan evaluation.

## Strategic plan changes

Refer to the Department of Health strategic plan evaluation.

## Department of Health organization chart

