



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

WYOMING

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Wyoming

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

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SSDI Project Director	State Family Leader
Moira Lewis MCH Epidemiology Program Manager and SSDI Director moira.lewis@wyo.gov (307) 777-5769	Michelle Heinen Executive Director, Uplift (Wyoming Family Voices)

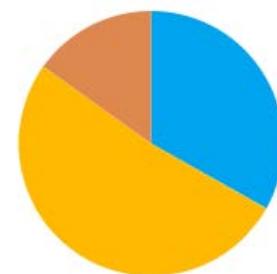
State Youth Leader
No Contact Information Provided

State Hotline: (800) 438-5795

Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$1,177,942
State MCH Funds	\$1,838,353
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$537,238

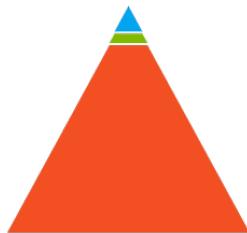
FY 2024 Expenditures



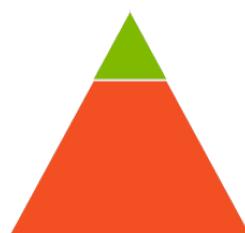
Funding by Service Level

Service Level	Federal	Non-Federal
■ Direct Services	\$133,470	\$3,395
■ Enabling Services	\$50,109	\$708,094
■ Public Health Services and Systems	\$994,363	\$1,664,102

FY 2024 Expenditures
Federal



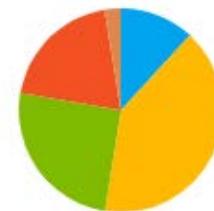
FY 2024 Expenditures
Non-Federal



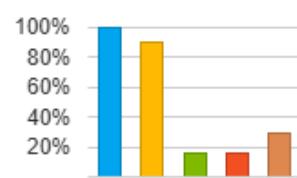
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
■ Pregnant Women	100.0%	\$407,239
■ Infants < 1 Year	90.2%	\$1,396,005
■ Children 1 through 21 Years	15.4%	\$868,379
■ CSHCN (Subset of all infants and children)	15.7%	\$676,770
■ Others *	28.7%	\$87,885

FY 2024 Expenditures
Total: \$3,436,278



FY 2024 Percentage Served



*Others— Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2025 Needs Assessment reporting cycle. All states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
Promote Individual and Family Self-Advocacy NPMs <ul style="list-style-type: none">● Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT<ul style="list-style-type: none">○ ESM MHT.1: Percent of schools implementing Sources of Strength	New	Adolescent Health
Lower Preventable Death and Disease in MCH Populations NPMs <ul style="list-style-type: none">● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV<ul style="list-style-type: none">○ ESM PPV.1: Number of educational meetings with telehealth providers on the postpartum care package	New	Women/Maternal Health
Promote Safe & Supportive Environments for MCH Populations NPMs <ul style="list-style-type: none">● A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding D) Percent of infants room-sharing with an adult during sleep - SS<ul style="list-style-type: none">○ ESM SS.1: Number of safe-sleep violations in licensed child-care facilities caring for 0-12-month-olds in the state○ ESM SS.2: Percent of PRAMS moms who report having a home visit and report their baby sleeps on a separate approved sleep surface○ ESM SS.3: Percent of PRAMS moms who report having a home visit and report their baby sleeps without soft objects or loose bedding	New	Perinatal/Infant Health
Promote Healthy Growth and Development	New	Child Health

<p>NPMs</p> <ul style="list-style-type: none"> Percent of children, ages 0 through 11, whose households were food sufficient in the past year - FS <ul style="list-style-type: none"> ESM FS.1: Number of partnership meetings with stakeholders involved in food sufficiency work 		
<p>Improve Access to Quality Systems of Care</p> <p>NPMs</p> <ul style="list-style-type: none"> Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <ul style="list-style-type: none"> ESM MH.1: Percent of Medicaid enrollees, 0-17 years, accessing services at FQHCs, and other health care clinics that are certified PCMHs ESM MH.2: Percent of CSH Advisory Council members with lived experience ESM MH.3: Develop an Action Plan based on results of National Standards Assessment 	New	Child Health, Children with Special Health Care Needs
<p>Promote Family Thriving and Resilience</p> <p>SPMs</p> <ul style="list-style-type: none"> SPM 1: Percent of caregivers who completed the Parent Enablement Instrument (PEI) with a score greater than 4 <ul style="list-style-type: none"> SPM ESM 1.1: Percent of home visiting enrollments of the expected caseload capacity 	New	Cross-Cutting/Systems Building
<p>Improve Family & Community Engagement</p> <p>SPMs</p> <ul style="list-style-type: none"> SPM 2: Average composite score reported by Family Leaders, out of the max score that could be reported in the "Impact" domain of the FESAT <ul style="list-style-type: none"> SPM ESM 2.1: Percent of family leaders actively engaging in Family Voices/MCH work 	New	Cross-Cutting/Systems Building

Executive Summary

Program Overview

Maternal and Child Health (MCH) in Wyoming (WY): Program Overview

Introduction and Overview

The MCH Services Title V Block Grant is managed by the MCH Unit (WY MCH) within the Community Health Section (CHS) and Public Health Division (PHD) of the Wyoming Department of Health (WDH). WY MCH's programs are structured according to the population domains they serve: women and infants, children, including children and youth with special health care needs (CYSHCN), and youth and young adults.

WY MCH receives approximately \$1.2 million in federal Title V funding annually. WY MCH has ten (10) full-time staff and one staff member who works half-time with MCH and half-time with WIC. The MCH Epidemiology Program (MCH Epi) has two (2.25) MCH epidemiologists. With state matching and other federal funds, programs serve Wyoming's estimated 238,176 households (July 2024 estimate, United States [U.S.] Census).

WY MCH works closely with both state and county staff in all 23 counties to assure access to community-level MCH services, including joint implementation of the Hand in Hand home visiting program in all counties. WY MCH partners with the MCH Epi, other programs and divisions within WDH, such as the Rural and Frontier Health Unit, the Community Prevention Unit (CPU), which focuses on substance use, tobacco prevention, and injury and violence prevention, Cancer and Chronic Disease Prevention Unit, Immunization Unit, Public Health Nursing (PHN) Unit, Women, Infants, and Children (WIC) Unit, Healthcare Financing Division (Medicaid), and the Behavioral Health Division (BHD), as well as other state agencies and statewide partners, such as the Wyoming Department of Education (WDE), Department of Family Services (DFS), Department of Workforce Services (DWS), and the University of Wyoming (UW).

WY MCH also oversees \$2,375,591 in state and other funds (i.e., newborn screening [NBS] program fees) required to meet the 1989 Maintenance of Effort (MOE). A majority of state funds allocated to WY MCH support the delivery of home visitation.

WY MCH and MCH Epi currently receive and administer federal funding from the Personal Responsibility Education Program (PREP), Pediatric Mental Health Care Access (PMHCA), State Systems Development Initiative (SSDI), Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASEMM), Statewide Perinatal Quality Collaboratives (PQC), and Pregnancy Risk Assessment Monitoring System (PRAMS). WY MCH does not manage Wyoming's Title X and Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grants; however, WY MCH staff work closely with the grantees.

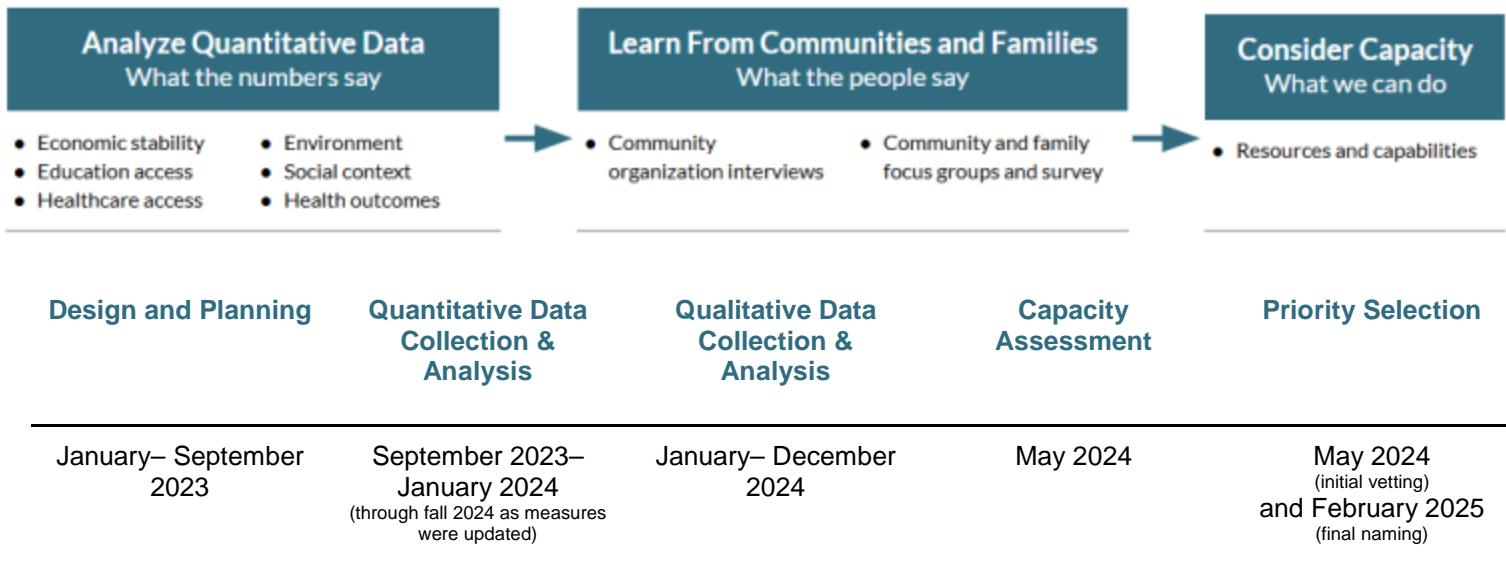
FFY26-30 Needs Assessment Framework and Process

WY MCH based its needs assessment on the social-ecological model, which recognizes the interconnectedness between individuals, their social networks, and the broader community context.

This approach considers how community factors influence the health and well-being of MCH populations. As such, our quantitative data included measures related to community health factors, as categorized by HealthyPeople 2030.

The assessment process integrated quantitative and qualitative data that factored in health status as well as social and economic factors. A brief illustration of the process follows:

The process spanned from January 2023 to February 2025. The timeline is broken down on the next page.



----- MCH Steering Committee (SC) Engagement -----
June 2023–February 2025

WY MCH utilized quantitative data from common sources, such as the National Survey of Children's Health (NSCH) and Vital Statistics Services (VSS). For a full list, please see the Needs Assessment Data Table Appendix.

FFY26-30 Summary of Needs Assessment Findings

The assessment highlighted several bright spots and opportunities for improvement.

Economic Stability: Fewer households in Wyoming experience concentrated disadvantage, and more children have caregivers working full-time than nationally. However, Wyoming ranks poorly for wage disparities between men and women. Additionally, about one-third of children do not always have enough nutritious food to eat, and qualitative data supported access to basic needs (e.g., food, housing) as a concern.

Education Access & Quality: Positively, most young children demonstrate school readiness, and Wyoming's 4th-grade students rank highly for reading and math compared to students nationally. Gaps exist in early childhood education (ECE) and care availability and cost, especially in rural communities. Qualitative data underscored childcare as a fundamental need for families. Opportunities also exist to improve high school graduation and bachelor's degree attainment.

Healthcare Access & Quality: Wyoming's rural nature poses challenges to the healthcare environment, resulting in provider and care shortages that affect MCH populations. Bright spots include a majority of CYSHCN having a regular source of sick care, receiving family-centered care, and being able to get needed referrals. Timeliness of ambulance services and hospital emergency department pediatric-readiness advancements were also bright spots. Improvement opportunities exist for child insurance coverage rates, access to maternity and pediatric care, systems of care for CYSHCN, and access to mental health and substance use services.

Neighborhood & Built Environment: Overall, Wyoming's built environment promotes health and safety for Wyoming families. Air quality is among the best in the nation, and serious water system violations are rare. Parents report feeling safe in their neighborhoods, and more Wyoming children have access to neighborhood amenities (parks, community centers, libraries) than children nationally. There are opportunities to improve access to safe places for exercise, community fluoridated water systems, and broadband access, and related gaps.

Social & Community Context: Fewer youth (16-19) in Wyoming are disconnected from school or work settings compared to youth nationally, and 9 in 10 youth have a trusted adult they can rely on. Fewer Wyoming children in foster care experience instability compared to nationally. Parents and families in Wyoming report being supported and demonstrating resilience. However, more Wyoming children experience two or more adverse childhood experiences (ACEs) and bullying than children nationally. Opportunity to reduce violence against children, youth, and intimate partners exists.

Health Status of MCH Populations: Positively, most pregnant women received prenatal care and attended postpartum checkups. Breastfeeding initiation is high, and most infants are placed to sleep on their backs. Childhood injury rates are lower than national, and most children receive their combined 7-vaccine series by 24 months old. Children in Wyoming are also more physically active than their peers nationally, and 8 in 10 children had a preventive dental visit in the past year. Births to teens have declined significantly, and the gap between the state and the U.S. on this measure is closing. Additionally, about 9 in 10 adolescents ages 12-17 received needed mental health treatment or counseling.

Opportunities exist to prevent maternal mortality and severe maternal morbidity (SMM), reduce low-risk cesarean-section deliveries, and address postpartum depression (PPD). Improvements could be made in the effective use of contraception and in reducing unintended pregnancies. Preventing infant and child mortality and low birth weight (LBW) infants are also important opportunities for action. Common health conditions for CYSHCN in Wyoming include asthma, allergies, anxiety, and depression. Teen suicide and motor vehicle incidents contribute to Wyoming's higher-than-national death rate for 10 to 19-year-olds. Finally, data show the need to reduce adolescent alcohol use and vaping and to increase adolescent human papillomavirus (HPV) vaccine coverage to prevent HPV-related diseases in adulthood.

FFY26-30 Synopsis of Five-Year State Action Plan (SAP)

Examination of assessment data helped drive the chosen priorities and national performance measures (NPMs). The full assessment crosswalks the priorities and NPMs and provides more detailed explanations of the priorities.

Because WY MCH's priorities are broader now than in the past cycles, there is more opportunity to streamline strategies to address more than one priority and/or collaborate across population domains. The bolded priority(ies) under each domain represents the primary priority(ies) that the domain addresses, as listed in the SAP below, we outline a high-level overview of the performance measures, priorities, and anticipated strategies for each domain, even if they go beyond the primary priority.

Women/Maternal Health – Postpartum Visits NPM

Strategies in this domain are expected to affect two priorities: **lowering preventable death and disease**, and improving access to quality systems of care. Anticipated strategies include: ongoing maternal death reviews and recommendations, collaboration with birthing hospitals and the Wyoming Perinatal Quality Collaborative (WyPQC), and new strategies to enhance access or reduce barriers to quality postpartum care, such as telehealth and perinatal workforce strategies.

Perinatal/Infant Health – Safe Sleep NPM

Strategies in this domain are expected to affect two priorities: lowering preventable death and disease, and **promoting safe and supportive environments**. Anticipated strategies include: ongoing and new strategies and partnerships to support families and caregivers' ability to practice safe sleep with infants, collaboration with birthing hospitals and the WyPQC, and continued data and analysis projects to better understand infant death risk factors and safe sleep patterns.

Child Health – Food Sufficiency NPM

Strategies in this domain are expected to affect three priorities: promoting safe and supportive environments, promoting family thriving and resilience, and **promoting healthy growth and development**. Anticipated strategies include: new strategies and partnerships to increase awareness of nutrition access programs, support or promote school meal programs, promote or improve access to nutritious foods, and workforce development and partnerships-building to effectively address food sufficiency in the child population.

Adolescent Health – Mental Health Treatment NPM

Strategies in this domain are expected to affect five priorities: lowering preventable death and disease, **promoting individual and family self-advocacy**, promoting family thriving and resilience, promoting healthy growth and development, and improving family and community engagement. Anticipated strategies include: developing resources for parents and other adults as they support youth with mental health needs, working with CYSHCN to improve care coordination for CYSHCN with behavioral and mental health needs, and ongoing adolescent suicide prevention and postvention efforts.

CYSHCN – Medical Home NPM

Strategies in this domain are expected to affect three priorities: promoting individual and family self-advocacy, **improving access to quality systems of care**, and improving family and community engagement. Anticipated strategies include: deepening our partnership with Medicaid to address medical home access across Title V and Medicaid/Children's Health Insurance Programs (CHIP), working with Medicaid to identify and address other system and administrative improvements, partnering with adolescent health to improve care coordination for CYSHCN with behavioral and mental health needs, engaging families in ongoing efforts, and new data and analysis projects to use oversampled NSCH data to further identify opportunities for improvements in CYSHCN systems of care.

Cross-Cutting – NPMs not required

Strategies in this domain are expected to affect four priorities: promoting safe and supportive environments, **promoting family thriving and resilience**, promoting healthy growth and development, and **improving family and community engagement**. Anticipated strategies include: ongoing implementation of the home visiting program and strengthening support and technical assistance (TA) to PHN MCH nurses delivering home visiting services, developing and strengthening partnerships to improve childcare availability and supply-based strategies, strengthening family leader partnerships and collaboration, and strengthening Tribal relationships.

Role of Title V in Supporting and Assuring Comprehensive, Coordinated, and Family-Centered Services

Title V collaborates within state systems to ensure these services for families, including CYSHCN. This often involves partnerships with Wyoming Medicaid. WY MCH looks for ongoing opportunities to engage with healthcare systems, providers, and professional associations to support and promote these services.

Approach to Engagement

In working to integrate individuals and families' experiences and perspectives, WY MCH co-created a Community and Family Engagement Guiding Document in partnership with the Wyoming Family Voices (FV) Affiliate and a network of family leaders and Young Adult Council members. The document details our commitment to the principles and practices across population domains. We also continue to contract with Wyoming FV for ongoing family engagement activities. Under the new priorities, we expect to elevate engagement so we can develop new strategies and strengthen existing strategies.

Program Evaluation Efforts

Since we are at the onset of the FFY26-30 cycle, WY MCH will establish an updated strategy map and performance framework to guide our program monitoring and evaluation efforts. This will include working with MCH Epi to identify and develop evidence-based/informed (EB/I) strategy measures (ESMs) to ensure our focus is on EB/I practices. We will also consult with MCH Epi on additional evaluation needs to identify the best design and process for such evaluation.

How Federal Title V Funds Complement State-Supported MCH Efforts

How Title V Funds Complement State-Supported Efforts

WY MCH receives an annual Title V award of approximately \$1.2 million to complement its \$2,375,591 in state MOE/match and Trust & Agency funds. Title V funds provide WDH with the workforce capacity, expertise, and infrastructure to address MCH priority needs:

- Title V partially or fully funds nine MCH staff.
- Title V MOE partially or fully funds four MCH staff (including the Title V and CYSHCN Directors), partially funds two MCH epidemiologists, and funds two PHN MCH state staff.
- Title V funds enable staff capacity to develop, implement, and evaluate strategies within each domain.

Title V provides for distinct staff in the following leadership roles: CYSHCN Director/CYSHCN Program Manager/Child Health Program (CHP) Manager, Women and Infant Health Program (WIHP) Manager, and Youth and Young Adult Health Program (YAYAHP) Manager. Staff members partially funded by Title V blend their work with other state and federally funded activities that enhance MCH work, such as newborn screening, PREP, and ERASEMM. WY MCH has also leveraged Title-V funded staff to obtain other grants, which have led to the hiring of a WyPQC coordinator, funded through the PQC grant.

Title V also supports a contractor who provides direct consultation to WY MCH for SAP implementation, ongoing coaching, performance management support, and leadership development.

Federal Title V funds primarily support strategic leadership, infrastructure, and systems coordination across all MCH domains, while state match and MOE dollars fund enabling services, such as home visiting services through the PHNs in all 23 counties.

WY MCH's Title V-funded specialty genetics services and gap-filling CYSHCN services directly benefit from the Title V-provided staff, leadership, and infrastructure. Title V funds further enable WY MCH to leverage partnerships critical to Title V activities. Recent and ongoing contractors and subrecipients include the University of Colorado for genetics clinic specialists, Uplift (Wyoming's Family Voices affiliate) for family engagement and family leadership development, the University of Wyoming for healthy policies toolkit training for childcare organizations and telehealth network activities, community based organizations (CBO) that address women and infant health priorities in their communities, and Sources of Strength (SOS) training activities to support school-level implementation.

MCH Success Story

Success Stories

Nurse Certification in Perinatal Mental Health

During the needs assessment interviews, the MCH public health nurses expressed a need to grow their knowledge and skills related to perinatal mental health to better serve their home visiting clients. In March 2024, the WIHP began using state MOE and other federal funds to partner with Postpartum Support International (PSI) to fund perinatal mental health training and certification for interested nurses. The Perinatal Mental Health Certification (PMH-C) Program recognizes individuals who possess the competency required to help mothers, fathers, and families experiencing perinatal mood and anxiety disorders in the perinatal period.

As of December 2024, 7 out of 23 counties had at least one nurse trained, and more nurses continue to sign up for the training and certification exams. The funding opportunity has now expanded to Community Prevention Specialists, who focus on substance use and suicide prevention at the local level. Leveraging MOE and other federal funds will allow us to build important competencies in health and prevention professionals that directly align with ongoing needs in Wyoming, as the Maternal Mortality Review Committee (MMRC) report for 2018-2020 cases highlighted maternal mental health as a large contributor to preventable maternal deaths.

Child Health Funding Opportunity

WY MCH has an existing priority of increasing regular physical activity in children ages 1-11. In the Spring of 2024, WY MCH issued a Child Health Request for Applications (RFA) to support organizations in providing accessible and engaging physical activity opportunities for children. Applicants could apply for funding in three key areas: materials to support indoor and outdoor physical activity, projects or initiatives that promote physical activity, and professional development for physical education teachers.

Through this effort, WY MCH purchased indoor and outdoor toys, exercise equipment, playground equipment, and materials for outdoor green spaces, for distribution to community-based organizations and childcare providers across the state. Applicants requested nearly \$1 million in funding. In FFY24, WY MCH awarded over \$143,000 to 41 organizations in 13 counties across the state.

Additionally, WY MCH contracted with the UW Kinesiology Department to provide statewide training and education for physical education teachers in FFY25. This professional development initiative will use a holistic approach to impact youth physical activity behaviors, incorporating before- and after-school programming, physical education curriculum, personal and social development of youth, and physical education practices that support the needs of students with disabilities.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Wyoming

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2024.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.