



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

WYOMING

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

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 FY2025 Application / FY2023 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
Moir Lewis (she her) MCH Epidemiology Program Manager and SSDI Director moira.lewis@wyo.gov (307) 777-5769	Michelle Heinen (she her) Executive Director, Uplift (Wyoming Family Voices) mheinen@upliftwy.org (307) 274-8861

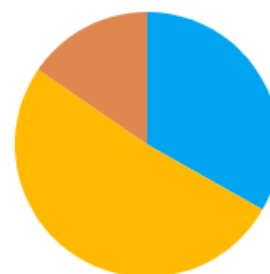
State Youth Leader
No Contact Information Provided

State Hotline: (800) 438-5795

Funding by Source

Source	FY 2023 Expenditures
■ Federal Allocation	\$1,178,697
■ State MCH Funds	\$1,827,582
■ Local MCH Funds	\$0
■ Other Funds	\$0
■ Program Income	\$548,009

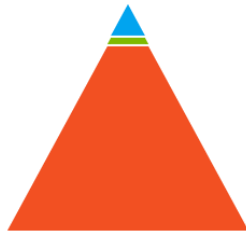
FY 2023 Expenditures



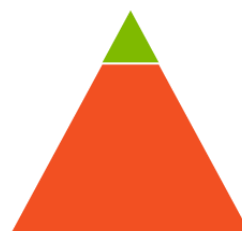
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$165,467	\$0
Enabling Services	\$34,435	\$555,737
Public Health Services and Systems	\$978,795	\$1,819,854

FY 2023 Expenditures
Federal



FY 2023 Expenditures
Non-Federal



Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	\$328,442
Infants < 1 Year	86.6%	\$1,443,189
Children 1 through 21 Years	86.1%	\$981,780
CSHCN (Subset of all infants and children)	88.3%	\$695,783
Others *	2.2%	\$30,683

FY 2023 Expenditures
Total: \$3,479,877



FY 2023 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 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, 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	Reporting Domain(s)
<p>Prevent Maternal Mortality</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: Number of women ages 18-44 enrolled in the My 307 Wellness App ○ ESM WWV.2: Percent of women ages 18-44 interacting with developed messaging in regard to the well-woman visit and its importance on the My 307 Wellness App ○ ESM WWV.3: Percentage of women, ages 14-44 who were enrolled to receive MCH funds for a cervical screen through the Wyoming Cancer Program and who received the cervical screen with MCH funds. ○ ESM WWV.4: Percentage of women, ages 14-44 who were denied coverage from other programs under the Wyoming Cancer Program for a cervical screen, and who received a cervical screen with MCH funds. ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV 	Women/Maternal Health
<p>Prevent Infant Mortality</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS <ul style="list-style-type: none"> ○ ESM SS.1: Percent of PRAMS moms who report having a home visit and report their baby sleeps on a separate approved sleep surface ○ ESM SS.2: Percent of PRAMS moms who report having a home visit and report their baby sleeps without soft objects or loose bedding <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Percent of women who smoke during pregnancy 	Perinatal/Infant Health
<p>Promote Healthy and Safe Children</p> <p>NPMs</p>	Child Health

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (Physical Activity, Formerly NPM 8.1) - PA-Child <ul style="list-style-type: none"> ESM PA-Child.1: Number of childcare providers receiving training and technical assistance on Wyoming Healthy Policies Toolkit ESM PA-Child.2: Percent of childcare providers receiving TA that implemented at least one physical activity policy Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> ESM MH.1: Percent of CSH Advisory Council members with lived experience ESM MH.2: Complete assessment of National Standards for Systems of Care for CYSHCN ESM MH.3: Develop an Action Plan based on results of National Standards Assessment 	
Promote Adolescent Motor Vehicle Safety NPMs <ul style="list-style-type: none"> Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent <ul style="list-style-type: none"> ESM IH-Adolescent.1: Percent of high schools providing Teens in the Driver's Seat (TDS) ESM IH-Adolescent.2: Percent of licensed drivers under the age of 18 with a completed agreement 	Adolescent Health
Prevent Adolescent Suicide SPMs <ul style="list-style-type: none"> SPM 4: Percent of Wyoming youth reporting increased youth/adult connectedness 	Adolescent Health
Improve Systems of Care for Children and Youth with Special Health Care Needs NPMs <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 (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> ESM MH.1: Percent of CSH Advisory Council members with lived experience ESM MH.2: Complete assessment of National Standards for Systems of Care for CYSHCN ESM MH.3: Develop an Action Plan based on results of National Standards Assessment 	Children with Special Health Care Needs
Strengthen MCH Workforce Capacity to Operationalize MCH Core Values SPMs	Cross-Cutting/Systems Building

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none">SPM 2: Percent of new WY MCH staff completing MCH orientation (including MCH Navigator self-assessment) within first 6 months	

Executive Summary

Program Overview

Maternal and Child Health (MCH) in Wyoming (WY): Overview, Role, Funding, and Partnerships

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's mission is to partner with communities and families to promote and advocate for optimal health and well-being, using a public health approach (mission updated in 2023).

WY MCH receives approximately \$1.2 million in federal Title V funding annually and employs nine full-time staff who are supported by two full-time WDH MCH epidemiologists. Title V funds, state matching funds, and other federal funding support programming for an estimated population of 584,057 (July 2023 estimate, United States [U.S.] Census) spanning 97,813 square miles.

Wyoming is a rural and frontier state with 23 counties. The Wind River Indian Reservation, located near the center of the state, within the boundaries of Fremont County, is home to two federally recognized tribes, the Eastern Shoshone and Northern Arapaho. Wyoming lacks Level III facilities for both neonatal and maternal levels of care and lacks sufficient specialty care. This requires families, especially those with special health care needs, to travel long distances for health care, miss work for appointments, and potentially coordinate care for children left at home.

WY MCH and MCH Epi work closely with both state and county staff in all 23 counties to assure access to community-level MCH services, including genetics clinics in three counties; home visiting in all counties; and care coordination services for CYSHCN, high-risk pregnant people, and high-risk infants in all counties. WY MCH partners with the MCH Epidemiology Program (MCH Epi), other programs and divisions within WDH, such as Rural and Frontier Health Unit, 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), Women, Infants, and Children (WIC) Unit, Wyoming Injury and Violence Prevention Program (WIVPP), Healthcare Financing Division (Medicaid), and the Behavioral Health Division (BHD), as well as other state agencies and statewide partners, such as the Department of Education (WDE), Department of Family Services (DFS), Department of Workforce Services (DWS), the University of Wyoming (UW), and Wyoming Health Council (WHC) (the agency that administers the Title X grant).

WY MCH and PHN jointly receive Temporary Assistance for Needy Families (TANF) funding from Wyoming DFS to support the implementation of the PHN "Hand in Hand" Infant Home Visitation Program. WY MCH also oversees \$2,375,591 in state and other funds (i.e., newborn screening [NBS] program fees) which are required to meet the 1989 Maintenance of Effort (MOE). A majority of state funds allocated to WY MCH support the delivery of home visitation and CYSHCN care coordination services by PHN or local health departments in all 23 counties. In addition, PHN addresses other Title V priorities within their communities through this joint agreement.

WY MCH currently receives and administers federal funding from the Personal Responsibility Education Program (PREP), Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASEMM), Statewide Perinatal Quality Collaboratives (PQC), Pediatric Mental Healthcare Access (PMHCA). MCH Epi receives and administers the State Systems Development Initiative (SSDI) and Pregnancy Risk Assessment Monitoring System (PRAMS). WY MCH formerly administered federal funding from the Rape Prevention and Education (RPE) grant and the sexual violence set-aside of the Preventive Health and Health Services Block Grant (PHHSBG) but has transitioned these grants to the WIVPP at the start of the 2024 RPE grant cycle. 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.

Federal Fiscal Year (FFY)21-FFY25 Needs Assessment Process

WY MCH based its needs assessment on the six-step Peterson and Alexander Needs Assessment Process and the John M. Bryson strategic planning process. The stages, which spanned November 2018 through August 2020, were: start-up planning, operational planning, data, needs analysis, program and policy development, and resource allocation. In consultation with the MCH Epi Program, WY MCH utilized qualitative and quantitative data from WDH's State Health Assessment, the MCH partner survey, the National Survey of Children's Health (NSCH), Vital Statistics Services (VSS), and PRAMS in the development of National Outcome Measures (NOM) and National Performance Measure (NPM) data dashboards. WY MCH involved a steering committee made up of WDH, government personnel, and community members, and involved MCH stakeholder Priority Action Teams (PATs), in early decisions to identify priorities and strategies. Other resources included feasibility assessments and activity prioritization tools. A public input survey following the initial strategy selection provided further community feedback to refine plans specific to communities.

Examination of WY MCH data helped drive the chosen priorities. High rates of adolescent suicide and motor vehicle accident rates, especially compared to U.S. rates, highlighted the need to focus more on teen driving safety, as well as strengthening adolescent preventive care, especially in providing mental health services. Maternal Mortality Review helped to drive the work on promoting well-woman visits and preventive care, again with a focus on improving mental health services for women of reproductive age. PRAMS data demonstrated that improvements in safe sleep environments could be made, given that a leading cause of death of post-neonatal infants in Wyoming is sudden unexpected infant death (SUID). Examination of the NSCH showed that Wyoming is most lacking in the CYSHCN coordinated care component of receiving care in a medical home. While NSCH showed rates of physical activity among children were better in Wyoming compared to the U.S., increasing trends in childhood obesity indicated the need to continue to focus on physical activity promotion.

Wyoming's identified population needs are outlined below, along with measures and strategies.

FFY21-FFY25 Priorities and FFY25 Proposed Strategies and Evaluation

Below are WY MCH's seven priorities for FFY21-FFY25, along with key examples of related strategies and performance measures for FFY25.

1 - Promote healthy and safe children

Key strategies will include continuing to expand outreach to additional childcare facilities and before and after school programs in policy development and implementation related to physical activity, developing further partnerships and collaborations on childhood physical activity and obesity prevention efforts, supporting state-level expansion of early childhood mental health services, continuing involvement in statewide childhood blood lead surveillance and prevention efforts, building on Bright Futures work with ongoing Toolkit distribution. CHP has offered funding to communities and childcare facilities to purchase items that will aid in outdoor or indoor physical activity. Measures will include the percentage of children ages 6-11 who are active at least one hour per day and Evidence-Based or -Informed Strategy Measures (ESMs): the number of providers receiving training and technical assistance (TA) on the Wyoming Healthy Policies Toolkit and the percentage that implement a physical activity policy.

2 - Improve systems of care for CYSHCN

Key strategies will include developing a comprehensive baseline understanding of needs, gaps, and opportunities to improve WY MCH efforts to serve the CYSHCN populations. In FFY25, the CYSHCN Program will move deeper into planning and implementation to improve its strategic direction and better serve CYSHCN. Measures will include the percentage of children ages 0-17 with a medical home and other ESMs that support our efforts to align our action plan with national standards and the *Blueprint*.

3 - Prevent maternal mortality

Key strategies will include the promotion of preventive annual visits in partnership with the Wyoming Cancer Program (WCP), continuing a joint Utah-Wyoming maternal mortality review committee (MMRC), which supports Wyoming-specific protocols and recommendations; offering funding opportunities to communities working to prevent maternal mortality and further developing capacity and infrastructure for the Wyoming Perinatal Quality Collaborative (WyPQC). Measures will include the percentage of women ages 18-44 with a preventive medical visit in the last year and ESMs the percentage of women who receive services under the WCP partnership.

4 - Prevent infant mortality

Key strategies will include continuing to provide education and resources on safe sleep and tobacco cessation through home visiting, including PHNs, and Parents as Teachers. This includes providing safe sleep resources and Quikits to home-visiting programs as tools to give pregnant/postpartum people. The Women & Infant Health Program (WIHP) will continue offering funding opportunities to communities working to prevent infant mortality, and expanding and maintaining the WyPQC. To prevent infant mortality related to stillbirths, Wyoming has started programming around fetal movement monitoring in the third trimester. Measures will include the percentage of infants placed to sleep on their backs, on a separate approved sleep surface, without soft objects or loose bedding, and the percentage of people who smoke during pregnancy.

5 - Promote adolescent motor vehicle safety

Key strategies are shifting to the development and promotion of an online parent-teen driver agreement for new teen drivers. Measures will include the rate of hospitalization for non-fatal injury per 100,000 adolescents ages 10-19 and the percentage of teen drivers with a completed parent-teen driver agreement.

6 - Prevent adolescent suicide

Key strategies will include partnering with Community Prevention programs to expand and implement Sources of Strength (SOS) in Wyoming middle and high schools, suicide postvention training and protocol development in Wyoming schools, and administration of a young adult survey that further informs efforts to reach and address behavioral health issues and risk factors for young adults ages 18-24. Measures will include the percentage of Wyoming youth reporting increased youth-adult connectedness.

7 - Strengthen MCH workforce capacity to operationalize MCH core values

Key strategies will include goal setting and professional development centered on WY MCH core values: being data-driven, strengthening engagement, operationalizing health equity, taking a life-course perspective, and prioritizing systems-level approaches. WY MCH will strive to develop and maintain a diverse workforce and a culture of belonging and inclusion. Staff professional development opportunities will strengthen competencies and skills, promote and integrate core values across all MCH domains and state priority needs, and continue work to understand and leverage individual and team strengths. WY MCH will further align our workforce development efforts with the PHD strategic plan and workforce development efforts. The primary measure will be the percentage of new WY MCH staff completing MCH orientation (including MCH Navigator self-assessment) within their first six months.

Approach to Eliminating Health Inequities and Integrating Lived Experience

WY MCH works to embed equity practices and principles across all domains. This includes staff participation in relevant training, but it doesn't stop there. WY MCH and Epi staff are expected and encouraged to then apply training and embody our commitment to health equity. We have undergone a health equity assessment to identify core activities we can undertake to advance equity in our leadership, workforce, community collaborations, and systems building. WY MCH is working to ensure equity in our hiring processes, funding opportunities, data collection and dissemination, and community and family engagement.

In working to center and integrate lived experience in our work, 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. This details our commitment to the principles and practices outlined in the document across population domains. We also continue to contract with Wyoming FV for ongoing family engagement activities.

How Federal Title V Funds Complement State-Supported MCH 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 match 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 direct assistance formerly funded an MCH senior epidemiology advisor assigned by the Centers for Disease Control and Prevention (CDC). Starting in FFY25, we anticipate this will resume as we have been matched with another assignee.
- Title V funds enable staff capacity to develop, implement, and evaluate strategies within each domain.
 - The grant provides for distinct staff in the following leadership roles: CYSHCN Director/CYSHCN Program Manager/Child Health Program Manager, Women and Infant Health Program (WIHP) Manager, and Youth and Young Adult Health Program (YAYAHP) Manager.
 - The grant provides for a workforce development/strategic planning contractor who utilizes StrengthsFinder assessments to maximize WY MCH's effectiveness and provides direct consultation and support to WY MCH with strategic plan implementation through ongoing coaching, performance management support, and leadership development.
- In Wyoming, all 23 counties have state-match-funded MCH Public Health Nurses (PHNs) who provide home nursing, CYSHCN care coordination, and other MCH services in alignment with community and Title V priorities. Through Title V, WY MCH provides infrastructure and dedicated staff to support and train PHNs and build local capacity to implement MCH work.

Staff members partially funded by Title V blend their work with other state- and federally-funded activities that enhance MCH work, such as newborn genetic screening, PREP, and ERASEMM.

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 a Youth Council Coordinator; 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. WY MCH has also hired a WyPQC coordinator, to be funded through the PQC grant. In addition, we are continuing our relationship with the existing workforce development/strategic planning contractor, Lolina, Inc.

MCH Success Story

Women and Infant Health Community Funding Opportunity

In October 2022, the WIHP updated its funding opportunity process and templates to increase equity and make it easier for smaller rural organizations without grant writers to apply. By January 2023, the applications were released and advertised, with an emphasis on small rural organizations. By September 2023, three organizations were awarded funds for projects ranging from improving infant safe sleep to increasing annual visits and pregnant/postpartum tobacco cessation. Hoskinson Health and Wellness Clinic is one awardee whose project encourages infant safe sleep practices for parents of infants 0-12 months residing in Wyoming through health communication. The program improves healthcare access and social support via an established health coalition and disseminates infant safe sleep information through multiple means, such as books and checklists distributed to parents during pediatric healthcare clinic visits; clinic waiting room video streaming; online information and checklists on their website; and social media outlets. WIHP received feedback from the community on how simple it was to apply and how easy it was to work with the WIHP during the contracting process. The WIHP plans to issue funding opportunities each January to address WIHP NPMs. The second release occurred in January 2024.

Sources of Strength Implementation to Address Adolescent Suicide

Since 2021, YAYAHP has been collaborating with WIVPP to support existing youth suicide prevention efforts, namely existing community implementation of SOS, a best practice youth suicide prevention project designed to increase help-seeking behaviors and promote connectedness between and among peers and caring adults. YAYAHP was able to address a funding structure barrier that makes it difficult for WIVPP to support statewide implementations of programs. YAYAHP uses Title V funds to host SOS Training for Trainers (T4Ts) open to all community prevention specialists and school staff in the state. WIVPP-funded local affiliates use their budgets to support travel to the T4T and local implementation. This model maximizes available resources and increases access to the SOS T4T by removing cost and geographic barriers.

Data Success: Young Adult Survey

The YAYAHP and the MCH Epi program worked with the CPU to update a young adult (ages 18-29) survey. The prior version of the survey, managed by CPU, was focused on substance use and suicide prevention. MCH saw an opportunity to expand the survey with Title V and SSDI funds and MCH expertise. The updated 2022 survey included questions aligned with Title V NPMs including motor vehicle safety, mental and sexual health, healthcare transition, and healthcare access, as well as an extensive demographic section that includes questions assessing social determinants of health. The survey fills a critical data gap for young adults, as well as providing some data to inform activities for younger teens. An assigned Association of Maternal and Child Health Programs (AMCHP) Graduate Student Epidemiology Program (GSEP) intern completed a health equity analysis project in 2023, identifying young adult parents experiencing housing insecurity as a priority population for suicide prevention activities. This population would not have been identified through existing data sources. Title V and SSDI funding will support survey administration biennially, providing key surveillance data for program planning, implementation, and evaluation.

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 2023.

[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.