

Wyoming
2010

Home Visiting Needs Assessment



Wyoming Department of Health
Community and Public Health
Division

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Background

A needs assessment is a systematic process for review of health issues facing a population, which leads to agreement on priorities and resource allocation. The overall purpose of the needs assessment process is to support rational, data-driven allocation of resources, identify high-need areas, support planning, improve coordination of services, and assess the gap between need, resources, and capacity. The needs assessment process is as important as the product that is generated.

Health outcomes can only be improved by determining the current needs of the population and then setting priorities. Priorities align programs, policies, and resources to address the most important issues in the state. This home visiting needs assessment has provided Wyoming with the opportunity to identify counties at risk, assess resources in those counties, and target home visiting programs to improve outcomes for those communities.

Statewide Data Report

Data were compiled in the data matrix provided (See Table 1).

Table 1: Statewide Data Report

State of Wyoming Data Report – Appendix A							
Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Premature Birth : Percent: # live births before 37 weeks/total # live births	State	10.54%	--	--	--	--	5 year average 2004-2008 from Wyoming Vital Statistics Services.
Low Birth Weight: Percent: # resident births less than 2500grams/ total # live births	State	8.68%	--	--	--	--	5 year average 2004-2008 from Wyoming Vital Statistics Services.
Infant Mortality: # infant deaths ages 0-1 years per 1,000 live births	State	7.52	--	--	--	--	5 year average 2004-2008 from Wyoming Vital Statistics Services.
Poverty: # residents below 100% of the federal poverty level (FPL)/total # residents	State	--	--	--	--	10.0%	5 year average 2004-2008 from the US Census Bureau Small Area Income and Poverty Estimates. Strengths: Income and poverty data from the American Community Survey, federal income tax returns, SNAP benefits data, Supplemental Security Income reciprocity, and the Bureau of Economic Analysis are combined to provide figures, which are more precise than any one data set alone Limitations: The estimates are not direct counts from enumerations or administrative records, nor direct estimates from sample surveys
Poverty: Free and Reduced Lunch (FRL): Percent: number of students eligible for FRL/total number of students	State	--	--	--	--	31.27%	Wyoming Department of Education 2005-2009 average. Strengths: Family income based program therefore accurate measure of students in need Limitations: Not all eligible students may apply for the program

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Crime: # reported crimes/ 1000 residents	State	--	--	--	--	29.72	Division of Criminal Investigation: Represents all ages. Crimes included are murder, rape, robbery, aggravated assault, burglary, larceny and motor vehicle theft. 2007-2009 average. Strengths: Consistent method of record keeping through Uniform Crime Reporting Limitations: Possible inconsistent reporting or classification differences between counties and types of law enforcement within counties
Crime: # crime arrests among children ages 0-17years/100,000 juveniles ages 0-17	State	--	--	--	--	2602.8	Division of Criminal Investigation 2007-2009 average. Rate for juveniles ages 0-19 years not available. Strengths: Consistent method of record keeping through Uniform Crime Reporting Limitations: Possible inconsistent reporting or classification differences between counties and types of law enforcement within counties
Domestic Violence: # of families enrolled in Head Start that received services for domestic violence	State	--	--	70	--	--	2007-08 Program Year; information only available at the state level.
Domestic Violence: # incidents of domestic violence/1,000 people	State	--	--	--	--	6.02	5 year rate 2005-2009 from the Crime in Wyoming Report, Office of the Wyoming Attorney General. Strengths: Consistent method of capturing reports of violence through Uniform Crime Reporting Limitations: These are reported events, not number of individuals; reports are based on arrests and not substantiated cases.

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
School Drop-Out Rates: Percent high school drop-outs grades 9-12	State	3.82%	--	--	--	--	Wyoming Department of Education: school year 2008-2009.
School Drop-Out Rates: Percent of School Drop-out Events for grades 9-12 per Department of Education formula ⁷	State	--	--	--	--	4.71%	Wyoming Department of Education: 3 year percentage 2007-2009. Strengths: Consistent method of data collection from local school districts Limitations: Possibility of inconsistent reporting or classification differences across local school districts
Substance Abuse: Prevalence rate: Binge alcohol use in past month in Wyoming adults ≥ 18 years of age	State	--	--	--	--	15.6%	5 year percentage 2003-2007, Behavioral Risk Factor Surveillance System (BRFSS). Binge drinking defined as 5 or more drinks on an occasion. Strengths: BRFSS annually conducts 4,000 - 8,000 telephone interviews; data are weighted by the Centers for Disease Control and Prevention to be representative of the entire Wyoming population Limitations: Data are self-reported and subject to recall and reporting bias; data collection is also limited to those with a landline
Substance Abuse - Prevention or Treatment: # of families enrolled in Head Start that received services for substance abuse	State	--	--	170	--	--	2007-08 program year information only available only at the state level.
Substance Abuse: Prevalence rate: Binge alcohol use in past month among Wyoming residents ≥ 12 years of age	State	--	--	--	25.34%	--	3 year percentage 2004-2006, SAMHSA.
Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Substance Abuse:							3 year percentage 2004-2006, SAMHSA.

Prevalence rate: Marijuana use in past month among Wyoming residents ≥ 12 years of age	State	--	--	--	6.31%	--	
Substance Abuse: Prevalence rate: Non-medical use of prescription drugs in the past year among Wyoming residents ≥ 12 years of age	State	--	--	--	5.29%	--	3 year percentage 2004-2006, SAMHSA. Data for use in past month was unavailable.
Substance Abuse: Prevalence rate: Use of illicit drugs, excluding marijuana, in past month among Wyoming residents ≥ 12 years of age	State	--	--	--	3.9%	--	3 year percentage 2004-2006, SAMHSA.
Unemployment: Percent: # unemployed and seeking work/total workforce	State	--	--	--	--	6.4%	Bureau of Labor Statistics, 2009. Strengths: Percent unemployment is calculated using multiple indicators for the most reliable estimate Limitations: Data are calculated from model-based estimates and are not direct counts
Child Maltreatment: Rate: Number of substantiated child abuse cases in children <18 years of age per 1000 children <18 years of age	State	--	3.99	--	--	--	4 year rate 2006-2009, Wyoming Department of Family Services. Rates by indicated/alternative response victim not available.

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Child Maltreatment by Type: Rate: Number of substantiated child abuse cases in children <18 years of age per 100,000 children <18 years of age	State	--	See Below	--	--	--	2006-2009 Wyoming DFS for number of cases, US Census for county population children 0-17 years of age. 4 year average reported for Medical Neglect, Neglect, and Physical, Psychological & Sexual Abuse types
Medical Neglect: Rate per 100,000 children <18 years of age	State	--	5.05	--	--	--	Includes cases only classified as Medical Neglect under Wyoming statute.
Neglect: Rate per 100,000 children <18 years of age	State	--	281.33	--	--	--	Includes cases classified as Neglect, Abandonment, Educational Neglect, Lack of Supervision and Malnutrition under Wyoming statute.
Other: Rate per 100,000 children <18 years of age	State	--	3.79	--	--	--	Includes cases classified as Other and Unknown under Wyoming statute. There were no Unknown substantiated cases of maltreatment.
Physical Abuse: Rate per 100,000 children aged <18 years	State	--	70.89	--	--	--	Includes cases classified as Abuse, Dangerous Act, Physical Abuse and Physical Injury under Wyoming statute.
Psychological Abuse: Rate per 100,000 children <18 years of age	State	--	6.80	--	--	--	Includes cases only classified as Emotional Abuse, Mental Injury, Psychological Abuse and Negligent Injury under Wyoming statute.
Sexual Abuse: Rate per 100,000 children <18 years of age	State	--	30.59	--	--	--	Includes cases only classified as Sexual Abuse under Wyoming statute.

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Other indicators of at risk prenatal, maternal, newborn, or child health							
Homeless Children: Percent: Number of school age homeless children/number of school children	State	--	--	--	--	0.80%	Wyoming Department of Education, 2006/07-2008/09 average. Strengths: Consistent method of data collection from local school districts Limitations: Possibility of inconsistent reporting or classification differences across local school districts
School Readiness: Percent of kindergarten students scoring proficient on 9 foundation areas	State	--	--	--	--	51.69%	2009, Wyoming Department of Education. Strengths: Consistent method of data collection from local school districts Limitations: Possibility of inconsistent reporting or classification differences across local school districts
Maternal Smoking: Percent of women reporting smoking during any trimester of pregnancy	State	24.15%	--	--	--	--	3 year average 2006-2008, Wyoming Vital Statistics Services.

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Uninsured: Percent of persons residing in Wyoming without health insurance	State	--	--	--	--	16.06%	<p>3 year average, 2005-2007, US Census Bureau Small Area Health Insurance Estimates.</p> <p>Strengths A statistical models is used to create the estimates. Health insurance coverage data from the Annual Social and Economic Supplement of the Current Population Survey, demographic population estimates, aggregated federal tax returns, SNAP benefits data, county business patterns, Medicaid and Children's Health Insurance Program (CHIP) participation records; and Census 2000 data are combined to provide estimates which are more precise than estimates from any one data set alone</p> <p>Limitations: The estimates are not direct counts from enumerations or administrative records, nor direct estimates from sample surveys.</p>
Uninsured: Percent of children at enrollment in Head Start with no health insurance	State			10.4%			2007-2008 Year for all Wyoming Head Start Programs.

Community

Unit Selected as Community

Because Wyoming is a rural/frontier state, the geographic unit selected to represent community for the state is county. Data are often available at the county level, while town or city level data are nonexistent. In addition, Wyoming's public health infrastructure, which relies heavily on Public Health Nursing (PHN), is set up on the county level with at least one PHN office in all of Wyoming's 23 counties.

Communities at Risk

County data were compiled for 15 separate indicators. These indicators included:

1. Homelessness - Percent: Number of school age homeless children/number of school children. Wyoming Department of Education, 2006/07-2008/09 average.
2. Unemployment - Percent: # unemployed and seeking work/total workforce. Bureau of Labor Statistics, 2009.
3. High School Drop Outs - Percent high school drop-outs grades 9-12. Wyoming Department of Education. School year 2008-2009.
4. Reported Crime – Rate: # reported crimes/ 1000 residents. Division of Criminal Investigation: Represents all ages. Crimes included are murder, rape, robbery, aggravated assault, burglary, larceny and motor vehicle theft. 2007-2009 average
5. Preterm Birth - Percent: # live births before 37 weeks/total # live births. 5 year average, 2004-2008, from Wyoming Vital Statistics Services.
6. Low Birth Weight - Percent: # resident births less than 2500grams/ total # live births. 5 year average, 2004-2008, from Wyoming Vital Statistics Services.
7. Infant Mortality – Rate: # infant deaths ages 0-1 years per 1,000 live births. 5 year average 2004-2008 from Wyoming Vital Statistics Services.
8. Poverty – Percent: # residents below 100% of the federal poverty level (FPL)/total # residents. 5 year average, 2004-2008, from the US Census Bureau Small Area Income and Poverty Estimates.
9. Binge Drinking - Prevalence rate: Binge alcohol use in past month in Wyoming adults ≥ 18 years of age. 5 year percentage, 2003-2007, BRFSS. Binge drinking defined as 5 or more drinks on an occasion.
10. School Readiness – Percent of kindergarten students scoring proficient on 9 foundation areas. 2009, Wyoming Department of Education.
11. Maternal Smoking - Percent of women reporting smoking during any trimester of pregnancy. 3 year average, 2006-2008, Wyoming Vital Statistics Services.
12. Uninsured – Percent of persons residing in Wyoming without health insurance. 3 year average, 2005-2007, US Census Bureau Small Area Health Insurance Estimates.
13. Free and Reduced Lunch - Percent: number of students eligible for FRL/total number of students. Wyoming Department of Education, 2005-2009 average.
14. Domestic Violence - Incidents of domestic violence/1,000 people. 5 year rate, 2005-2009, from the Crime in Wyoming Report, Office of the Wyoming Attorney General.
15. Substantiated Child Abuse - : Number of substantiated child abuse cases in children <18 years of age per 1000 children <18 years of age 4 year rate 2006-2009, Wyoming Department of Family Services.

For each indicator, a county was given a score of 1 if the county indicator was worse than the state, 0 if it was the same as the state, and -1 if the county indicator was better than the state. No statistical testing was used to determine differences, as the denominator data for many of the indicators were unavailable. The scores were compiled, and the seven counties with the highest final scores were used to determine the preliminary list of counties at risk. The results are shown in Table 2.

Partners were then asked the following questions about the seven counties at risk to provide additional information:

1. Are you aware of additional factors in any of these counties that would strengthen the case to name the county a community at risk?
2. Are you aware of current efforts by the county or by other organizations that address the indicators above? We are trying to find out counties we should not target because of current efforts already addressing these health and social risk factors.

A few partners provided qualitative information that confirmed the identification of the seven counties as communities at risk. No current efforts addressing the indicators were identified.

Table 2: County Scoring Matrix

County	Homelessness	Unemployment	Percent HS Drop-outs	Crime	Preterm Birth	Low Birth Weight	Infant Mortality	Poverty	Binge Drinking	School Readiness	Maternal Smoking	Uninsured	Free and Reduced Lunch	Domestic Violence	Substantiated Child Abuse	Score
Carbon	-1	1	-1	-1	1	1	1	1	0	1	1	1	1	1	1	8
Fremont	1	1	1	-1	1	1	1	1	-1	1	1	1	1	-1	-1	7
Campbell	1	-1	1	-1	1	1	1	-1	1	1	1	-1	-1	1	1	5
Sweetwater	-1	1	1	1	-1	1	1	-1	1	1	-1	1	-1	1	1	5
Albany	1	-1	-1	1	1	1	-1	1	1	1	-1	1	-1	1	-1	3
Natrona	1	1	1	1	-1	-1	-1	1	-1	-1	1	-1	1	1	1	3
Laramie	-1	1	1	1	0	1	-1	-1	1	1	-1	-1	1	1	-1	2
Sheridan	1	1	1	-1	1	-1	-1	-1	-1	-1	1	1	-1	-1	1	-1
Big Horn	-1	1	-1	-1	-1	-1	1	1	1	-1	-1	1	1	-1	-1	-3
Hot Springs	1	-1	-1	-1	-1	-1	-1	1	-1	1	1	-1	1	-1	1	-3
Weston	1	0	-1	-1	1	1	1	-1	-1	-1	1	-1	-1	-1	-1	-4
Niobrara	-1	-1	-1	-1	-1	-1	-1	1	-1	1	1	1	-1	-1	1	-5
Platte	-1	-1	-1	-1	1	1	-1	1	-1	-1	-1	1	-1	-1	1	-5
Sublette	-1	-1	-1	-1	1	1	-1	-1	1	-1	-1	1	-1	1	-1	-5
Uinta	-1	1	-1	-1	1	1	-1	-1	-1	-1	1	-1	1	-1	-1	-5
Washakie	-1	-1	1	-1	-1	-1	1	1	-1	-1	-1	-1	1	-1	1	-5
Goshen	-1	-1	-1	-1	-1	1	1	1	-1	-1	-1	-1	1	-1	-1	-7
Converse	-1	-1	-1	-1	-1	-1	-1	-1	1	1	-1	-1	-1	-1	1	-9
Johnson	-1	1	-1	-1	-1	-1	-1	-1	-1	1	-1	1	-1	-1	-1	-9
Teton	-1	1	-1	-1	-1	-1	-1	-1	1	-1	-1	1	-1	-1	-1	-9
Crook	-1	-1	-1	-1	-1	-1	-1	-1	-1	-1	1	1	-1	-1	-1	-11
Lincoln	-1	1	-1	-1	-1	-1	-1	-1	-1	-1	-1	1	-1	-1	-1	-11
Park	-1	-1	-1	-1	-1	-1	-1	1	-1	-1	-1	1	-1	-1	-1	-11

Data for Counties at Risk

Data for the seven identified counties at risk, including Carbon, Fremont, Campbell, Sweetwater, Albany, Natrona, and Laramie, were compiled into data matrices and are shown in Tables 3-9.

Table 3: Carbon County Data Report

Carbon County Data Report							
Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Premature Birth : Percent: # live births before 37 weeks/total # live births	Carbon County	10.8%	--	--	--	--	5 year average 2004-2008 from WY Vital Statistics Services
Low Birth Weight: Percent: # resident births less than 2500grams/ total # live births	Carbon County	9.45%	--	--	--	--	5 year average 2004-2008 from WY Vital Statistics Services.
Infant Mortality: # infant deaths ages 0-1 years per 1,000 live births	Carbon County	15.43	--	--	--	--	5 year average 2004-2008 from WY Vital Statistics Services.
Poverty: # residents below 100% of the federal poverty level (FPL)/total # residents	Carbon County	--	--	--	--	11.48%	5 year average 2004-2008 from the US Census Bureau Small Area Income and Poverty Estimates. Strengths: Income and poverty data from the American Community Survey, federal income tax returns, SNAP benefits data, Supplemental Security Income reciprocity, and the Bureau of Economic Analysis are combined to provide figures which are more precise than any one data set alone Limitations: The estimates are not direct counts from enumerations or administrative records, nor direct estimates from sample surveys
Poverty: Free and Reduced Lunch (FRL): Percent: number of students eligible for FRL/total number of students	Carbon County	--	--	--	--	33.92%	Wyoming Department of Education 2005-2009 average. Strengths: Family income based program therefore accurate measure of students in need Limitations: Not all eligible students may apply for the program

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Crime: # reported crimes/ 1000 residents	Carbon County	--	--	--	--	29.52	Division of Criminal Investigation: Represents all ages. Crimes included are murder, rape, robbery, aggravated assault, burglary, larceny and motor vehicle theft. 2007-2009 average Strengths: Consistent method of record keeping through Uniform Crime Reporting Limitations: Possible inconsistent reporting or classification differences between counties and types of law enforcement within counties
Crime: # crime arrests ages 0-17/100,000 juveniles 0-17	Carbon County	3746.6	--	--	--	--	Division of Criminal Investigation: 2007-2009 average Rate for juveniles ages 0-19 not available. Strengths: Consistent method of record keeping through Uniform Crime Reporting Limitations: Possible inconsistent reporting or classification differences between counties and types of law enforcement within counties
Domestic Violence: # incidents of domestic violence/1,000 people	Carbon County	--	--	--	--	8.85	5 year rate 2005-2009 from the Crime in Wyoming Report, Office of the Wyoming Attorney General. Strengths: Consistent method of capturing reports of violence through Uniform Crime Reporting Limitations: These are reported events, not number of individuals. Reports are based on arrests and not substantiated cases.
School Drop-Out Rates: Percent high school drop-outs grades 9-12	Carbon County	--	--	--	--	3.42%	Wyoming Department of Education 3 year average 2007-2009 Strengths: Consistent method of data collections from local school districts Limitations: Possible inconsistent reporting or classification differences across local school districts

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
School Drop-Out Rates: School Drop-out Events (percent) for grades 9-12 per Department of Ed formula	Carbon County	--	--	--	--	3.5%	Wyoming Department of Education. 3 year percentage. 2007-2009. Strengths: Consistent method of data collection from local school districts Limitations: Possibility of inconsistent reporting or classification differences across local school districts
Substance Abuse: Prevalence rate: Binge alcohol use in past month in Wyoming adults ≥ 18 years of age	Carbon County	--	--	--	--	15.6%	5 year percentage 2003-2007, BRFSS. Binge drinking defined as 5 or more drinks on an occasion. Strengths: BRFSS annually conducts 4,000 - 8,000 telephone interviews. Data are weighted by the Centers for Disease Control and Prevention to be representative of the entire Wyoming population. Limitations: Data are self-reported and subject to recall and reporting bias. Data collection is also limited to those with a landline
Substance Abuse: Prevalence rate: Binge alcohol use in past month among Wyoming residents ≥ 12 years of age	Judicial District 2	--	--	--	28.02%	--	3 year percentage 2004-2006, SAMHSA. Judicial district 2 shared with Albany county
Substance Abuse: Prevalence rate: Marijuana use in past month among Wyoming residents ≥ 12 years of age	Judicial District 2	--	--	--	8.91%	--	3 year percentage 2004-2006, SAMHSA. Judicial district 2 shared with Albany county

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Substance Abuse: Prevalence rate: Non-medical use of prescription drugs in the past year among Wyoming residents ≥ 12 years of age	Judicial District 2	--	--	--	5.68%	--	3 year percentage 2004-2006, SAMHSA. Judicial district 2 shared with Albany county Data for use in past month was unavailable.
Substance Abuse: Prevalence rate: Use of illicit drugs, excluding marijuana, in past month among Wyoming residents ≥ 12 years of age	Judicial District 2	--	--	--	3.68%	--	3 year percentage 2004-2006, SAMHSA. Judicial district 2 shared with Albany county
Unemployment: Percent: # unemployed and seeking work/total workforce	Carbon County	--	--	--	--	7.3%	Bureau of Labor Statistics, 2009. Strengths: Percent unemployment is calculated using multiple indicators for the most reliable estimate Limitations: Data are calculated from model-based estimates and are not direct counts
Child Maltreatment: Rate: Number of substantiated child abuse cases in children <18 years of age per 1000 children <18 years of age	Carbon County	--	5.45	--	--	--	4 year rate 2006-2009, Wyoming Department of Family Services. Rates by indicated/alternative response victim not available.

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Child Maltreatment by Type: Rate: Number of substantiated child abuse cases in children <18 years of age per 100,000 children <18 years of age	Carbon County	--	See Below	--	--	--	2006-2009 Wyoming DFS for number of cases, US Census for county population children 0-17 years of age. 4 year average reported for Medical Neglect, Neglect, and Physical, Psychological & Sexual Abuse types
Medical Neglect: Rate per 100,000 children <18 years of age	Carbon County	--	20.71	--	--	--	Includes cases only classified as Medical Neglect under Wyoming statute.
Neglect: Rate per 100,000 children <18 years of age	Carbon County	--	403.87	--	--	--	Includes cases classified as Neglect, Abandonment, Educational Neglect, Lack of Supervision and Malnutrition under Wyoming statute.
Other: Rate per 100,000 children <18 years of age	Carbon County	--	0	--	--	--	Includes cases classified as Other and Unknown under Wyoming statute. There were no Unknown substantiated cases of maltreatment.
Physical Abuse: Rate per 100,000 children aged <18 years	Carbon County	--	72.49	--	--	--	Includes cases classified as Abuse, Dangerous Act, Physical Abuse and Physical Injury under Wyoming statute.
Psychological Abuse: Rate per 100,000 children <18 years of age	Carbon County	--	0	--	--	--	Includes cases only classified as Emotional Abuse, Mental Injury, Psychological Abuse and Negligent Injury under Wyoming statute.
Sexual Abuse: Rate per 100,000 children <18 years of age	Carbon County	--	48.33	--	--	--	Includes cases only classified as Sexual Abuse under Wyoming statute.

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Other indicators of at risk prenatal, maternal, newborn, or child health							
Homeless Children: Percent: Number of school age homeless children/number of school children	Carbon County	--	--	--	--	0.38%	Wyoming Department of Education, 2006/07-2008/09 average Strengths: Consistent method of data collection from local school districts Limitations: Possibility of inconsistent reporting or classification differences across local school districts
School Readiness: Percent of kindergarten students scoring proficient on 9 foundation areas	Carbon County	--	--	--	--	47.73%	2009, Wyoming Department of Education. Strengths: Consistent method of data collection from local school districts Limitations: Possibility of inconsistent reporting or classification differences across local school districts
Maternal Smoking: Percent of women reporting smoking during any trimester of pregnancy	Carbon County	24.22%	--	--	--	--	3 year average 2006-2008, WY Vital Statistics Services.
Uninsured: Percent of persons residing in Wyoming without health insurance	Carbon County	--	--	--	--	17.02%	3 year average, 2005-2007, US Census Bureau Small Area Health Insurance Estimates. Strengths A statistical models is used to create the estimates. Health insurance coverage data from the Annual Social and Economic Supplement of the Current Population Survey, demographic population estimates, aggregated federal tax returns, SNAP benefits data, county business patterns, Medicaid and Children's Health Insurance Program (CHIP) participation records; and Census 2000 data are combined to provide estimates which are more precise than estimates from any one data set alone Limitations: The estimates are not direct counts from enumerations or administrative records, nor direct estimates from sample surveys.

Table 4: Fremont County Data Report

Fremont County Data Report

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Premature Birth : Percent: # live births before 37 weeks/total # live births	Fremont County	12.94%	--	--	--	--	5 year average 2004-2008 from WY Vital Statistics Services.
Low Birth Weight: Percent: # resident births less than 2500grams/ total # live births	Fremont County	9.38%	--	--	--	--	5 year average 2004-2008 from WY Vital Statistics Services.
Infant Mortality: # infant deaths ages 0-1 years per 1,000 live births	Fremont County	10.31	--	--	--	--	5 year average 2004-2008 from WY Vital Statistics Services.
Poverty: # residents below 100% of the federal poverty level (FPL)/total # residents	Fremont County	--	--	--	--	13.92%	5 year average 2004-2008 from the US Census Bureau Small Area Income and Poverty Estimates. Strengths: Income and poverty data from the American Community Survey, federal income tax returns, SNAP benefits data, Supplemental Security Income reciprocity, and the Bureau of Economic Analysis are combined to provide figures which are more precise than any one data set alone Limitations: The estimates are not direct counts from enumerations or administrative records, nor direct estimates from sample surveys
Poverty: Free and Reduced Lunch (FRL): Percent: number of students eligible for FRL/total number of students	Fremont County	--	--	--	--	46.10%	Wyoming Department of Education 2005-2009 average. Strengths: Family income based program therefore accurate measure of students in need Limitations: Not all eligible students may apply for the program
Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Crime: # reported crimes/ 1000	Fremont County	--	--	--	--	24.88	Division of Criminal Investigation: Represents all ages. Crimes included are murder, rape, robbery, aggravated assault,

residents							burglary, larceny and motor vehicle theft. 2007-2009 average Strengths: Consistent method of record keeping through Uniform Crime Reporting Limitations: Possible inconsistent reporting or classification differences between counties and types of law enforcement within counties
Crime: # crime arrests ages 0-17/100,000 juveniles 0-17	Fremont County	2307.4	--	--	--	--	Division of Criminal Investigation. 2007-2009 average Rate for juveniles ages 0-19 not available. Strengths: Consistent method of record keeping through Uniform Crime Reporting Limitations: Possible inconsistent reporting or classification differences between counties and types of law enforcement within counties
Domestic Violence: # incidents of domestic violence/1,000 people	Fremont County	--	--	--	--	5.69	5 year rate 2005-2009 from the Crime in Wyoming Report, Office of the Wyoming Attorney General. Strengths: Consistent method of capturing reports of violence through Uniform Crime Reporting Limitations: These are reported events not number of individuals. Reports are based on arrests and not substantiated cases.
School Drop-Out Rates: Percent high school drop-outs grades 9-12	Fremont County	--	--	--	--	6.03%	Wyoming Department of Education 3 year average 2007-2009 Strengths: Consistent method of data collections from local school districts Limitations: Possible inconsistent reporting or classification differences across local school districts

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
School Drop-Out Rates: School Drop-out Events (percent) for grades 9-12 per Department of Ed formula	Fremont County	--	--	--	--	6.05%	Wyoming Department of Education. 3 year percentage. 2007-2009. Strengths: Consistent method of data collection from local school districts Limitations: Possibility of inconsistent reporting or classification differences across local school districts
Substance Abuse: Prevalence rate: Binge alcohol use in past month in Wyoming adults ≥ 18 years of age	Fremont County	--	--	--	--	13.90%	5 year percentage 2003-2007, BRFSS. Binge drinking defined as 5 or more drinks on an occasion. Strengths: BRFSS annually conducts 4,000 - 8,000 telephone interviews. Data are weighted by the Centers for Disease Control and Prevention to be representative of the entire Wyoming population. Limitations: Data are self-reported and subject to recall and reporting bias. Data collection is also limited to those with a landline
Substance Abuse: Prevalence rate: Binge alcohol use in past month among Wyoming residents ≥ 12 years of age	Judicial District 9	--	--	--	24.92%	--	3 year percentage 2004-2006, SAMHSA. Judicial District 9 shared with Sublette & Teton counties
Substance Abuse: Prevalence rate: Marijuana use in past month among Wyoming residents ≥ 12 years of age	Judicial District 9	--	--	--	7.90%	--	3 year percentage 2004-2006, SAMHSA. Judicial District 9 shared with Sublette & Teton counties

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Substance Abuse: Prevalence rate: Non-medical use of prescription drugs in the past year among Wyoming residents ≥ 12 years of age	Judicial District 2	--	--	--	5.38%	--	3 year percentage 2004-2006, SAMHSA. Judicial District 9 shared with Sublette & Teton counties. Data for use in past month was unavailable.
Substance Abuse: Prevalence rate: Use of illicit drugs, excluding marijuana, in past month among Wyoming residents ≥ 12 years of age	Judicial District 2	--	--	--	4.31%	--	3 year percentage 2004-2006, SAMHSA. Judicial District 9 shared with Sublette & Teton counties.
Unemployment: Percent: # unemployed and seeking work/total workforce	Fremont County	--	--	--	--	7.8%	Bureau of Labor Statistics, 2009. Strengths: Percent unemployment is calculated using multiple indicators for the most reliable estimate Limitations: Data are calculated from model-based estimates and are not direct counts
Child Maltreatment: Rate: Number of substantiated child abuse cases in children <18 years of age per 1000 children <18 years of age	Fremont County	--	2.42	--	--	--	4 year rate 2006-2009, Wyoming Department of Family Services. Rates by indicated/alternative response victim not available.

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Child Maltreatment by Type: Rate: Number of substantiated child abuse cases in children <18 years of age per 100,000 children <18 years of age	Fremont County	--	See Below	--	--	--	2006-2009 Wyoming DFS for number of cases, US Census for county population children 0-17 years of age. 4 year average reported for Medical Neglect, Neglect, and Physical, Psychological & Sexual Abuse types
Medical Neglect: Rate per 100,000 children <18 years of age	Fremont County	--	6.39	--	--	--	Includes cases only classified as Medical Neglect under Wyoming statute.
Neglect: Rate per 100,000 children <18 years of age	Fremont County	--	185.39	--	--	--	Includes cases classified as Neglect, Abandonment, Educational Neglect, Lack of Supervision and Malnutrition under Wyoming statute.
Other: Rate per 100,000 children <18 years of age	Fremont County	--	3.84	--	--	--	Includes cases classified as Other and Unknown under Wyoming statute. There were no Unknown substantiated cases of maltreatment.
Physical Abuse: Rate per 100,000 children aged <18 years	Fremont County	--	28.13	--	--	--	Includes cases classified as Abuse, Dangerous Act, Physical Abuse and Physical Injury under Wyoming statute.
Psychological Abuse: Rate per 100,000 children <18 years of age	Fremont County	--	1.28	--	--	--	Includes cases only classified as Emotional Abuse, Mental Injury, Psychological Abuse and Negligent Injury under Wyoming statute.
Sexual Abuse: Rate per 100,000 children <18 years of age	Fremont County	--	16.62	--	--	--	Includes cases only classified as Sexual Abuse under Wyoming statute.

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Other indicators of at risk prenatal, maternal, newborn, or child health							
Homeless Children: Percent: Number of school age homeless children/number of school children	Fremont County	--	--	--	--	0.87%	Wyoming Department of Education, 2006/07-2008/09 average Strengths: Consistent method of data collection from local school districts Limitations: Possibility of inconsistent reporting or classification differences across local school districts
School Readiness: Percent of kindergarten students scoring proficient on 9 foundation areas	Fremont County	--	--	--	--	26.92%	2009, Wyoming Department of Education. Strengths: Consistent method of data collection from local school districts Limitations: Possibility of inconsistent reporting or classification differences across local school districts
Maternal Smoking: Percent of women reporting smoking during any trimester of pregnancy	Fremont County	31.29%	--	--	--	--	3 year average 2006-2008, WY Vital Statistics Services.
Uninsured: Percent of persons residing in Wyoming without health insurance	Fremont County	--	--	--	--	16.58%	3 year average, 2005-2007, US Census Bureau Small Area Health Insurance Estimates. Strengths A statistical models is used to create the estimates. Health insurance coverage data from the Annual Social and Economic Supplement of the Current Population Survey, demographic population estimates, aggregated federal tax returns, SNAP benefits data, county business patterns, Medicaid and Children's Health Insurance Program (CHIP) participation records; and Census 2000 data are combined to provide estimates which are more precise than estimates from any one data set alone Limitations: The estimates are not direct counts from enumerations or administrative records, nor direct estimates from sample surveys.

Table 5: Campbell County Data Report

Campbell County Data Report

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Premature Birth : Percent: # live births before 37 weeks/total # live births	Campbell County	11.34%	--	--	--	--	5 year average 2004-2008 from WY Vital Statistics Services.
Low Birth Weight: Percent: # resident births less than 2500grams/ total # live births	Campbell County	9.17%	--	--	--	--	5 year average 2004-2008 from WY Vital Statistics Services.
Infant Mortality: # infant deaths ages 0-1 years per 1,000 live births	Campbell County	7.72	--	--	--	--	5 year average 2004-2008 from WY Vital Statistics Services.
Poverty: # residents below 100% of the federal poverty level (FPL)/total # residents	Campbell County	--	--	--	--	6.68%	5 year average 2004-2008 from the US Census Bureau Small Area Income and Poverty Estimates. Strengths: Income and poverty data from the American Community Survey, federal income tax returns, SNAP benefits data, Supplemental Security Income reciprocity, and the Bureau of Economic Analysis are combined to provide figures which are more precise than any one data set alone Limitations: The estimates are not direct counts from enumerations or administrative records, nor direct estimates from sample surveys
Poverty: Free and Reduced Lunch (FRL): Percent: number of students eligible for FRL/total number of students	Campbell County	--	--	--	--	23.02%	Wyoming Department of Education 2005-2009 average. Strengths: Family income based program therefore accurate measure of students in need Limitations: Not all eligible students may apply for the program
Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Crime: # reported crimes/ 1000	Campbell County	--	--	--	--	28.99	Division of Criminal Investigation: Represents all ages. Crimes included are murder, rape, robbery, aggravated assault,

residents							burglary, larceny and motor vehicle theft. 2007-2009 average Strengths: Consistent method of record keeping through Uniform Crime Reporting Limitations: Possible inconsistent reporting or classification differences between counties and types of law enforcement within counties
Crime: # crime arrests ages 0-17/100,000 juveniles 0-17	Campbell County	3431.9	--	--	--	--	Division of Criminal Investigation. 2007-2009 average Rate for juveniles ages 0-19 not available. Strengths: Consistent method of record keeping through Uniform Crime Reporting Limitations: Possible inconsistent reporting or classification differences between counties and types of law enforcement within counties
Domestic Violence: # incidents of domestic violence/1,000 people	Campbell County	--	--	--	--	9.98	5 year rate 2005-2009 from the Crime in Wyoming Report, Office of the Wyoming Attorney General Strengths: Consistent method of capturing reports of violence through Uniform Crime Reporting Limitations: These are reported events not number of individuals. Reports are based on arrests and not substantiated cases.
School Drop-Out Rates: Percent high school drop-outs grades 9-12	Campbell County	--	--	--	--	4.96%	Wyoming Department of Education 3 year average 2007-2009 Strengths: Consistent method of data collections from local school districts Limitations: Possible inconsistent reporting or classification differences across local school districts

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
School Drop-Out Rates: School Drop-out Events (percent) for grades 9-12 per Department of Ed formula	Campbell County	--	--	--	--	2.38%	Wyoming Department of Education. 3 year percentage. 2007-2009. Strengths: Consistent method of data collection from local school districts Limitations: Possibility of inconsistent reporting or classification differences across local school districts
Substance Abuse: Prevalence rate: Binge alcohol use in past month in Wyoming adults ≥ 18 years of age	Campbell County	--	--	--	--	17.80%	5 year percentage 2003-2007, BRFSS. Binge drinking defined as 5 or more drinks on an occasion. Strengths: BRFSS annually conducts 4,000 - 8,000 telephone interviews. Data are weighted by the Centers for Disease Control and Prevention to be representative of the entire Wyoming population. Limitations: Data are self-reported and subject to recall and reporting bias. Data collection is also limited to those with a landline
Substance Abuse: Prevalence rate: Binge alcohol use in past month among Wyoming residents ≥ 12 years of age	Judicial District 6	--	--	--	27.42%	--	3 year percentage 2004-2006, SAMHSA. In Judicial District 6 with Crook & Weston Counties
Substance Abuse: Prevalence rate: Marijuana use in past month among Wyoming residents ≥ 12 years of age	Judicial District 6	--	--	--	5.90%	--	3 year percentage 2004-2006, SAMHSA. In Judicial District 6 with Crook & Weston Counties

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Substance Abuse: Prevalence rate: Non-medical use of prescription drugs in the past year among Wyoming residents ≥ 12 years of age	Judicial District 6	--	--	--	5.13%	--	3 year percentage 2004-2006, SAMHSA. In Judicial District 6 with Crook & Weston Counties Data for use in past month was unavailable.
Substance Abuse: Prevalence rate: Use of illicit drugs, excluding marijuana, in past month among Wyoming residents ≥ 12 years of age	Judicial District 6	--	--	--	3.50%	--	3 year percentage 2004-2006, SAMHSA. In Judicial District 6 with Crook & Weston Counties
Unemployment: Percent: # unemployed and seeking work/total workforce	Campbell County	--	--	--	--	5.3%	Bureau of Labor Statistics, 2009. Strengths: Percent unemployment is calculated using multiple indicators for the most reliable estimate Limitations: Data are calculated from model-based estimates and are not direct counts
Child Maltreatment: Rate: Number of substantiated child abuse cases in children <18 years of age per 1000 children <18 years of age	Campbell County	--	3.97	--	--	--	4 year rate 2006-2009, Wyoming Department of Family Services. Rates by indicated/alternative response victim not available.

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Child Maltreatment by Type: Rate: Number of substantiated child abuse cases in children <18 years of age per 100,000 children <18 years of age	Campbell County	--	See Below	--	--	--	2006-2009 Wyoming DFS for number of cases, US Census for county population children 0-17 years of age. 4 year average reported for Medical Neglect, Neglect, and Physical, Psychological & Sexual Abuse types
Medical Neglect: Rate per 100,000 children <18 years of age	Campbell County	--	2.17	--	--	--	Includes cases only classified as Medical Neglect under Wyoming statute.
Neglect: Rate per 100,000 children <18 years of age	Campbell County	--	310.72	--	--	--	Includes cases classified as Neglect, Abandonment, Educational Neglect, Lack of Supervision and Malnutrition under Wyoming statute.
Other: Rate per 100,000 children <18 years of age	Campbell County	--	2.17	--	--	--	Includes cases classified as Other and Unknown under Wyoming statute. There were no Unknown substantiated cases of maltreatment.
Physical Abuse: Rate per 100,000 children aged <18 years	Campbell County	--	37.89	--	--	--	Includes cases classified as Abuse, Dangerous Act, Physical Abuse and Physical Injury under Wyoming statute.
Psychological Abuse: Rate per 100,000 children <18 years of age	Campbell County	--	5.41	--	--	--	Includes cases only classified as Emotional Abuse, Mental Injury, Psychological Abuse and Negligent Injury under Wyoming statute.
Sexual Abuse: Rate per 100,000 children <18 years of age	Campbell County	--	38.98	--	--	--	Includes cases only classified as Sexual Abuse under Wyoming statute.

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Other indicators of at risk prenatal, maternal, newborn, or child health							
Homeless Children: Percent: Number of school age homeless children/number of school children	Campbell County	--	--	--	--	0.86%	Wyoming Department of Education, 2006/07-2008/09 average Strengths: Consistent method of data collection from local school districts Limitations: Possibility of inconsistent reporting or classification differences across local school districts
School Readiness: Percent of kindergarten students scoring proficient on 9 foundation areas	Campbell County	--	--	--	--	42.31%	2009, Wyoming Department of Education. Strengths: Consistent method of data collection from local school districts Limitations: Possibility of inconsistent reporting or classification differences across local school districts
Maternal Smoking: Percent of women reporting smoking during any trimester of pregnancy	Campbell County	35.24%	--	--	--	--	3 year average 2006-2008, WY Vital Statistics Services.
Uninsured: Percent of persons residing in Wyoming without health insurance	Campbell County	--	--	--	--	12.33%	3 year average, 2005-2007, US Census Bureau Small Area Health Insurance Estimates. Strengths A statistical models is used to create the estimates. Health insurance coverage data from the Annual Social and Economic Supplement of the Current Population Survey, demographic population estimates, aggregated federal tax returns, SNAP benefits data, county business patterns, Medicaid and Children's Health Insurance Program (CHIP) participation records; and Census 2000 data are combined to provide estimates which are more precise than estimates from any one data set alone Limitations: The estimates are not direct counts from enumerations or administrative records, nor direct estimates from sample surveys.

Table 6: Sweetwater County Data Report

Sweetwater County Data Report

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Premature Birth : Percent: # live births before 37 weeks/total # live births	Sweetwater County	10.12%	--	--	--	--	5 year average 2004-2008 from WY Vital Statistics Services.
Low Birth Weight: Percent: # resident births less than 2500grams/ total # live births	Sweetwater County	9.32%	--	--	--	--	5 year average 2004-2008 from WY Vital Statistics Services.
Infant Mortality: # infant deaths ages 0-1 years per 1,000 live births	Sweetwater County	9.46	--	--	--	--	5 year average 2004-2008 from WY Vital Statistics Services.
Poverty: # residents below 100% of the federal poverty level (FPL)/total # residents	Sweetwater County	--	--	--	--	7.28%	5 year average 2004-2008 from the US Census Bureau Small Area Income and Poverty Estimates. Strengths: Income and poverty data from the American Community Survey, federal income tax returns, SNAP benefits data, Supplemental Security Income reciprocity, and the Bureau of Economic Analysis are combined to provide figures which are more precise than any one data set alone Limitations: The estimates are not direct counts from enumerations or administrative records, nor direct estimates from sample surveys
Poverty: Free and Reduced Lunch (FRL): Percent: number of students eligible for FRL/total number of students	Sweetwater County	--	--	--	--	24.66%	Wyoming Department of Education 2005-2009 average. Strengths: Family income based program therefore accurate measure of students in need Limitations: Not all eligible students may apply for the program
Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Crime: # reported crimes/ 1000	Sweetwater County	--	--	--	--	36.78	Division of Criminal Investigation: Represents all ages. Crimes included are murder, rape, robbery, aggravated assault,

residents							burglary, larceny and motor vehicle theft. 2007-2009 average Strengths: Consistent method of record keeping through Uniform Crime Reporting Limitations: Possible inconsistent reporting or classification differences between counties and types of law enforcement within counties
Crime: # crime arrests ages 0-17/100,000 juveniles 0-17	Sweetwater County	3064.5	--	--	--	--	Division of Criminal Investigation. 2007-2009 average Rate for juveniles ages 0-19 not available. Strengths: Consistent method of record keeping through Uniform Crime Reporting Limitations: Possible inconsistent reporting or classification differences between counties and types of law enforcement within counties
Domestic Violence: # incidents of domestic violence/1,000 people	Sweetwater County	--	--	--	--	8.97	5 year rate 2005-2009 from the Crime in Wyoming Report, Office of the Wyoming Attorney General. Strengths: Consistent method of capturing reports of violence through Uniform Crime Reporting Limitations: These are reported events not number of individuals. Reports are based on arrests and not substantiated cases.
School Drop-Out Rates: Percent high school drop-outs grades 9-12	Sweetwater County	--	--	--	--	5.64%	Wyoming Department of Education 3 year average 2007-2009 Strengths: Consistent method of data collections from local school districts Limitations: Possible inconsistent reporting or classification differences across local school districts

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
School Drop-Out Rates: School Drop-out Events (percent) for grades 9-12 per Department of Ed formula	Sweetwater County	--	--	--	--	5.64%	Wyoming Department of Education. 3 year percentage. 2007-2009. Strengths: Consistent method of data collection from local school districts Limitations: Possibility of inconsistent reporting or classification differences across local school districts
Substance Abuse: Prevalence rate: Binge alcohol use in past month in Wyoming adults ≥ 18 years of age	Sweetwater County	--	--	--	--	19.30%	5 year percentage 2003-2007, BRFSS. Binge drinking defined as 5 or more drinks on an occasion. Strengths: BRFSS annually conducts 4,000 - 8,000 telephone interviews. Data are weighted by the Centers for Disease Control and Prevention to be representative of the entire Wyoming population. Limitations: Data are self-reported and subject to recall and reporting bias. Data collection is also limited to those with a landline
Substance Abuse: Prevalence rate: Binge alcohol use in past month among Wyoming residents ≥ 12 years of age	Judicial District 3	--	--	--	26.53%	--	3 year percentage 2004-2006, SAMHSA. Judicial District #3 is shared with Lincoln & Uinta counties.
Substance Abuse: Prevalence rate: Marijuana use in past month among Wyoming residents ≥ 12 years of age	Judicial District 3	--	--	--	5.98%	--	3 year percentage 2004-2006, SAMHSA. Judicial District #3 is shared with Lincoln & Uinta counties.

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Substance Abuse: Prevalence rate: Non-medical use of prescription drugs in the past year among Wyoming residents ≥ 12 years of age	Judicial District 3	--	--	--	5.25%	--	3 year percentage 2004-2006, SAMHSA. Judicial District #3 is shared with Lincoln & Uinta counties. Data for use in past month was unavailable.
Substance Abuse: Prevalence rate: Use of illicit drugs, excluding marijuana, in past month among Wyoming residents ≥ 12 years of age	Judicial District 3	--	--	--	4.20%	--	3 year percentage 2004-2006, SAMHSA. Judicial District #3 is shared with Lincoln & Uinta counties.
Unemployment: Percent: # unemployed and seeking work/total workforce	Sweetwater County	--	--	--	--	6.5%	Bureau of Labor Statistics, 2009. Strengths: Percent unemployment is calculated using multiple indicators for the most reliable estimate Limitations: Data are calculated from model-based estimates and are not direct counts
Child Maltreatment: Rate: Number of substantiated child abuse cases in children <18 years of age per 1000 children <18 years of age	Sweetwater County	--	6.31	--	--	--	4 year rate 2006-2009, Wyoming Department of Family Services. Rates by indicated/alternative response victim not available.

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Child Maltreatment by Type: Rate: Number of substantiated child abuse cases in children <18 years of age per 100,000 children <18 years of age	Sweetwater County	--	See Below	--	--	--	2006-2009 Wyoming DFS for number of cases, US Census for county population children 0-17 years of age. 4 year average reported for Medical Neglect, Neglect, and Physical, Psychological & Sexual Abuse types
Medical Neglect: Rate per 100,000 children <18 years of age	Sweetwater County	--	3.45	--	--	--	Includes cases only classified as Medical Neglect under Wyoming statute.
Neglect: Rate per 100,000 children <18 years of age	Sweetwater County	--	443.85	--	--	--	Includes cases classified as Neglect, Abandonment, Educational Neglect, Lack of Supervision and Malnutrition under Wyoming statute.
Other: Rate per 100,000 children <18 years of age	Sweetwater County	--	5.75	--	--	--	Includes cases classified as Other and Unknown under Wyoming statute. There were no Unknown substantiated cases of maltreatment.
Physical Abuse: Rate per 100,000 children aged <18 years	Sweetwater County	--	127.64	--	--	--	Includes cases classified as Abuse, Dangerous Act, Physical Abuse and Physical Injury under Wyoming statute.
Psychological Abuse: Rate per 100,000 children <18 years of age	Sweetwater County	--	6.90	--	--	--	Includes cases only classified as Emotional Abuse, Mental Injury, Psychological Abuse and Negligent Injury under Wyoming statute.
Sexual Abuse: Rate per 100,000 children <18 years of age	Sweetwater County	--	43.70	--	--	--	Includes cases only classified as Sexual Abuse under Wyoming statute.

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Other indicators of at risk prenatal, maternal, newborn, or child health							
Homeless Children: Percent: Number of school age homeless children/number of school children	Sweetwater County	--	--	--	--	0.62%	Wyoming Department of Education, 2006/07-2008/09 average Strengths: Consistent method of data collection from local school districts Limitations: Possibility of inconsistent reporting or classification differences across local school districts
School Readiness: Percent of kindergarten students scoring proficient on 9 foundation areas	Sweetwater County	--	--	--	--	51.66%	2009, Wyoming Department of Education. Strengths: Consistent method of data collection from local school districts Limitations: Possibility of inconsistent reporting or classification differences across local school districts
Maternal Smoking: Percent of women reporting smoking during any trimester of pregnancy	Sweetwater County	22.31%	--	--	--	--	3 year average 2006-2008, WY Vital Statistics Services.
Uninsured: Percent of persons residing in Wyoming without health insurance	Sweetwater County	--	--	--	--	16.39%	3 year average, 2005-2007, US Census Bureau Small Area Health Insurance Estimates. Strengths A statistical models is used to create the estimates. Health insurance coverage data from the Annual Social and Economic Supplement of the Current Population Survey, demographic population estimates, aggregated federal tax returns, SNAP benefits data, county business patterns, Medicaid and Children's Health Insurance Program (CHIP) participation records; and Census 2000 data are combined to provide estimates which are more precise than estimates from any one data set alone Limitations: The estimates are not direct counts from enumerations or administrative records, nor direct estimates from sample surveys.

Table 7: Albany County Data Report

Albany County Data Report

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Premature Birth : Percent: # live births before 37 weeks/total # live births	Albany County	11.2%	--	--	--	--	5 year average 2004-2008 from WY Vital Statistics Services.
Low Birth Weight: Percent: # resident births less than 2500grams/ total # live births	Albany County	10.37%	--	--	--	--	5 year average 2004-2008 from WY Vital Statistics Services.
Infant Mortality: # infant deaths ages 0-1 years per 1,000 live births	Albany County	6.85	--	--	--	--	5 year average 2004-2008 from WY Vital Statistics Services.
Poverty: # residents below 100% of the federal poverty level (FPL)/total # residents	Albany County	--	--	--	--	16.4%	5 year average 2004-2008 from the US Census Bureau Small Area Income and Poverty Estimates. Strengths: Income and poverty data from the American Community Survey, federal income tax returns, SNAP benefits data, Supplemental Security Income reciprocity, and the Bureau of Economic Analysis are combined to provide figures which are more precise than any one data set alone Limitations: The estimates are not direct counts from enumerations or administrative records, nor direct estimates from sample surveys
Poverty: Free and Reduced Lunch (FRL): Percent: number of students eligible for FRL/total number of students	Albany County	--	--	--	--	27.66%	Wyoming Department of Education 2005-2009 average. Strengths: Family income based program therefore accurate measure of students in need Limitations: Not all eligible students may apply for the program
Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Crime: # reported crimes/ 1000	Albany County	--	--	--	--	31.49	Division of Criminal Investigation: Represents all ages. Crimes included are murder, rape, robbery, aggravated assault,

residents							burglary, larceny and motor vehicle theft. 2007-2009 average Strengths: Consistent method of record keeping through Uniform Crime Reporting Limitations: Possible inconsistent reporting or classification differences between counties and types of law enforcement within counties
Crime: # crime arrests ages 0-17/100,000 juveniles 0-17	Albany County	1394.1	--	--	--	--	Division of Criminal Investigation. 2007-2009 average Rate for juveniles ages 0-19 not available. Strengths: Consistent method of record keeping through Uniform Crime Reporting Limitations: Possible inconsistent reporting or classification differences between counties and types of law enforcement within counties
Domestic Violence: # incidents of domestic violence/1,000 people	Albany County	--	--	--	--	7.11	5 year rate 2005-2009 from the Crime in Wyoming Report, Office of the Wyoming Attorney General Strengths: Consistent method of capturing reports of violence through Uniform Crime Reporting Limitations: These are reported events not number of individuals. Reports are based on arrests and not substantiated cases.
School Drop-Out Rates: Percent high school drop-outs grades 9-12	Albany County	--	--	--	--	2.36%	Wyoming Department of Education 3 year average 2007-2009 Strengths: Consistent method of data collections from local school districts Limitations: Possible inconsistent reporting or classification differences across local school districts

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
School Drop-Out Rates: School Drop-out Events (percent) for grades 9-12 per Department of Ed formula	Albany County	--	--	--	--	2.38%	Wyoming Department of Education. 3 year percentage. 2007-2009. Strengths: Consistent method of data collection from local school districts Limitations: Possibility of inconsistent reporting or classification differences across local school districts
Substance Abuse: Prevalence rate: Binge alcohol use in past month in Wyoming adults ≥ 18 years of age	Albany County	--	--	--	--	17.6%	5 year percentage 2003-2007, BRFSS. Binge drinking defined as 5 or more drinks on an occasion. Strengths: BRFSS annually conducts 4,000 - 8,000 telephone interviews. Data are weighted by the Centers for Disease Control and Prevention to be representative of the entire Wyoming population. Limitations: Data are self-reported and subject to recall and reporting bias. Data collection is also limited to those with a landline
Substance Abuse: Prevalence rate: Binge alcohol use in past month among Wyoming residents ≥ 12 years of age	Judicial District 2	--	--	--	28.4%	--	3 year percentage 2004-2006, SAMHSA. Judicial district 2 shared with Carbon County.
Substance Abuse: Prevalence rate: Marijuana use in past month among Wyoming residents ≥ 12 years of age	Judicial District 2	--	--	--	8.91%	--	3 year percentage 2004-2006, SAMHSA. Judicial district 2 shared with Carbon County

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Substance Abuse: Prevalence rate: Non-medical use of prescription drugs in the past year among Wyoming residents ≥ 12 years of age	Judicial District 2	--	--	--	5.68%	--	3 year percentage 2004-2006, SAMHSA. Judicial district 2 shared with Carbon County Data for use in past month was unavailable.
Substance Abuse: Prevalence rate: Use of illicit drugs, excluding marijuana, in past month among Wyoming residents ≥ 12 years of age	Judicial District 2	--	--	--	4.4%	--	3 year percentage 2004-2006, SAMHSA. Judicial district 2 shared with Carbon County
Unemployment: Percent: # unemployed and seeking work/total workforce	Albany County	--	--	--	--	4.1%	Bureau of Labor Statistics, 2009. Strengths: Percent unemployment is calculated using multiple indicators for the most reliable estimate Limitations: Data are calculated from model-based estimates and are not direct counts
Child Maltreatment: Rate: Number of substantiated child abuse cases in children <18 years of age per 1000 children <18 years of age	Albany County	--	0.91	--	--	--	4 year rate 2006-2009, Wyoming Department of Family Services. Rates by indicated/alternative response victim not available.

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Child Maltreatment by Type: Rate: Number of substantiated child abuse cases in children <18 years of age per 100,000 children <18 years of age	Albany County	--	See Below	--	--	--	2006-2009 Wyoming DFS for number of cases, US Census for county population children 0-17 years of age. 4 year average reported for Medical Neglect, Neglect, and Physical, Psychological & Sexual Abuse types
Medical Neglect: Rate per 100,000 children <18 years of age	Albany County	--	2.33	--	--	--	Includes cases only classified as Medical Neglect under Wyoming statute.
Neglect: Rate per 100,000 children <18 years of age	Albany County	--	69.76	--	--	--	Includes cases classified as Neglect, Abandonment, Educational Neglect, Lack of Supervision and Malnutrition under Wyoming statute.
Other: Rate per 100,000 children <18 years of age	Albany County	--	0	--	--	--	Includes cases classified as Other and Unknown under Wyoming statute. There were no Unknown substantiated cases of maltreatment.
Physical Abuse: Rate per 100,000 children aged <18 years	Albany County	--	11.63	--	--	--	Includes cases classified as Abuse, Dangerous Act, Physical Abuse and Physical Injury under Wyoming statute.
Psychological Abuse: Rate per 100,000 children <18 years of age	Albany County	--	0	--	--	--	Includes cases only classified as Emotional Abuse, Mental Injury, Psychological Abuse and Negligent Injury under Wyoming statute.
Sexual Abuse: Rate per 100,000 children <18 years of age	Albany County	--	6.98	--	--	--	Includes cases only classified as Sexual Abuse under Wyoming statute.

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Other indicators of at risk prenatal, maternal, newborn, or child health							
Homeless Children: Percent: Number of school age homeless children/number of school children	Albany County	--	--	--	--	0.85%	Wyoming Department of Education, 2006/07-2008/09 average Strengths: Consistent method of data collection from local school districts Limitations: Possibility of inconsistent reporting or classification differences across local school districts
School Readiness: Percent of kindergarten students scoring proficient on 9 foundation areas	Albany County	--	--	--	--	48.32%	2009, Wyoming Department of Education. Strengths: Consistent method of data collection from local school districts Limitations: Possibility of inconsistent reporting or classification differences across local school districts
Maternal Smoking: Percent of women reporting smoking during any trimester of pregnancy	Albany County	21.37%	--	--	--	--	3 year average 2006-2008, WY Vital Statistics Services.
Uninsured: Percent of persons residing in Wyoming without health insurance	Albany County	--	--	--	--	22.81%	3 year average, 2005-2007, US Census Bureau Small Area Health Insurance Estimates. Strengths A statistical models is used to create the estimates. Health insurance coverage data from the Annual Social and Economic Supplement of the Current Population Survey, demographic population estimates, aggregated federal tax returns, SNAP benefits data, county business patterns, Medicaid and Children's Health Insurance Program (CHIP) participation records; and Census 2000 data are combined to provide estimates which are more precise than estimates from any one data set alone Limitations: The estimates are not direct counts from enumerations or administrative records, nor direct estimates from sample surveys.

Table 8: Natrona County Data Report

Natrona County Data Report

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Premature Birth : Percent: # live births before 37 weeks/total # live births	Natrona County	10.03%	--	--	--	--	5 year average 2004-2008 from WY Vital Statistics Services.
Low Birth Weight: Percent: # resident births less than 2500grams/ total # live births	Natrona County	8.04%	--	--	--	--	5 year average 2004-2008 from WY Vital Statistics Services.
Infant Mortality: # infant deaths ages 0-1 years per 1,000 live births	Natrona County	7.15	--	--	--	--	5 year average 2004-2008 from WY Vital Statistics Services.
Poverty: # residents below 100% of the federal poverty level (FPL)/total # residents	Natrona County	--	--	--	--	10.36%	5 year average 2004-2008 from the US Census Bureau Small Area Income and Poverty Estimates. Strengths: Income and poverty data from the American Community Survey, federal income tax returns, SNAP benefits data, Supplemental Security Income reciprocity, and the Bureau of Economic Analysis are combined to provide figures which are more precise than any one data set alone Limitations: The estimates are not direct counts from enumerations or administrative records, nor direct estimates from sample surveys
Poverty: Free and Reduced Lunch (FRL): Percent: number of students eligible for FRL/total number of students	Natrona County	--	--	--	--	32.32%	Wyoming Department of Education 2005-2009 average. Strengths: Family income based program therefore accurate measure of students in need Limitations: Not all eligible students may apply for the program
Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Crime: # reported crimes/ 1000	Natrona County	--	--	--	--	43.26	Division of Criminal Investigation: Represents all ages. Crimes included are murder, rape, robbery, aggravated assault,

residents							burglary, larceny and motor vehicle theft. 2007-2009 average Strengths: Consistent method of record keeping through Uniform Crime Reporting Limitations: Possible inconsistent reporting or classification differences between counties and types of law enforcement within counties
Crime: # crime arrests ages 0-17/100,000 juveniles 0-17	Natrona County	4099.8	--	--	--	--	Division of Criminal Investigation. 2007-2009 average Rate for juveniles ages 0-19 not available. Strengths: Consistent method of record keeping through Uniform Crime Reporting Limitations: Possible inconsistent reporting or classification differences between counties and types of law enforcement within counties
Domestic Violence: # incidents of domestic violence/1,000 people	Natrona County	--	--	--	--	6.70	5 year rate 2005-2009 from the Crime in Wyoming Report, Office of the Wyoming Attorney General Strengths: Consistent method of capturing reports of violence through Uniform Crime Reporting Limitations: These are reported events not number of individuals. Reports are based on arrests and not substantiated cases.
School Drop-Out Rates: Percent high school drop-outs grades 9-12	Natrona County	--	--	--	--	7.35%	Wyoming Department of Education 3 year average 2007-2009 Strengths: Consistent method of data collections from local school districts Limitations: Possible inconsistent reporting or classification differences across local school districts

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
School Drop-Out Rates: School Drop-out Events (percent) for grades 9-12 per Department of Ed formula	Natrona County	--	--	--	--	7.28%	Wyoming Department of Education. 3 year percentage. 2007-2009. Strengths: Consistent method of data collection from local school districts Limitations: Possibility of inconsistent reporting or classification differences across local school districts
Substance Abuse: Prevalence rate: Binge alcohol use in past month in Wyoming adults ≥ 18 years of age	Natrona County	--	--	--	--	15.00%	5 year percentage 2003-2007, BRFSS. Binge drinking defined as 5 or more drinks on an occasion. Strengths: BRFSS annually conducts 4,000 - 8,000 telephone interviews. Data are weighted by the Centers for Disease Control and Prevention to be representative of the entire Wyoming population. Limitations: Data are self-reported and subject to recall and reporting bias. Data collection is also limited to those with a landline
Substance Abuse: Prevalence rate: Binge alcohol use in past month among Wyoming residents ≥ 12 years of age	Judicial District 7	--	--	--	24.42%	--	3 year percentage 2004-2006, SAMHSA. Natrona is the only county is District # 7.
Substance Abuse: Prevalence rate: Marijuana use in past month among Wyoming residents ≥ 12 years of age	Judicial District 7	--	--	--	7.13%	--	3 year percentage 2004-2006, SAMHSA. Natrona is the only county is District # 7.

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Substance Abuse: Prevalence rate: Non-medical use of prescription drugs in the past year among Wyoming residents ≥ 12 years of age	Judicial District 7	--	--	--	5.73%	--	3 year percentage 2004-2006, SAMHSA. Natrona is the only county is District # 7. Data for use in past month was unavailable.
Substance Abuse: Prevalence rate: Use of illicit drugs, excluding marijuana, in past month among Wyoming residents ≥ 12 years of age	Judicial District 7	--	--	--	3.92%	--	3 year percentage 2004-2006, SAMHSA. Natrona is the only county is District # 7.
Unemployment: Percent: # unemployed and seeking work/total workforce	Natrona County	--	--	--	--	6.6%	Bureau of Labor Statistics, 2009. Strengths: Percent unemployment is calculated using multiple indicators for the most reliable estimate Limitations: Data are calculated from model-based estimates and are not direct counts
Child Maltreatment: Rate: Number of substantiated child abuse cases in children <18 years of age per 1000 children <18 years of age	Natrona County	--	6.08	--	--	--	4 year rate 2006-2009, Wyoming Department of Family Services. Rates by indicated/alternative response victim not available.

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Child Maltreatment by Type: Rate: Number of substantiated child abuse cases in children <18 years of age per 100,000 children <18 years of age	Natrona County	--	See Below	--	--	--	2006-2009 Wyoming DFS for number of cases, US Census for county population children 0-17 years of age. 4 year average reported for Medical Neglect, Neglect, and Physical, Psychological & Sexual Abuse types
Medical Neglect: Rate per 100,000 children <18 years of age	Natrona County	--	8.48	--	--	--	Includes cases only classified as Medical Neglect under Wyoming statute.
Neglect: Rate per 100,000 children <18 years of age	Natrona County	--	474.07	--	--	--	Includes cases classified as Neglect, Abandonment, Educational Neglect, Lack of Supervision and Malnutrition under Wyoming statute.
Other: Rate per 100,000 children <18 years of age	Natrona County	--	2.83	--	--	--	Includes cases classified as Other and Unknown under Wyoming statute. There were no Unknown substantiated cases of maltreatment.
Physical Abuse: Rate per 100,000 children aged <18 years	Natrona County	--	48.75	--	--	--	Includes cases classified as Abuse, Dangerous Act, Physical Abuse and Physical Injury under Wyoming statute.
Psychological Abuse: Rate per 100,000 children <18 years of age	Natrona County	--	12.01	--	--	--	Includes cases only classified as Emotional Abuse, Mental Injury, Psychological Abuse and Negligent Injury under Wyoming statute.
Sexual Abuse: Rate per 100,000 children <18 years of age	Natrona County	--	61.47	--	--	--	Includes cases only classified as Sexual Abuse under Wyoming statute.

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Other indicators of at risk prenatal, maternal, newborn, or child health							
Homeless Children: Percent: Number of school age homeless children/number of school children	Natrona County	--	--	--	--	1.81%	Wyoming Department of Education, 2006/07-2008/09 average Strengths: Consistent method of data collection from local school districts Limitations: Possibility of inconsistent reporting or classification differences across local school districts
School Readiness: Percent of kindergarten students scoring proficient on 9 foundation areas	Natrona County	--	--	--	--	59.63%	2009, Wyoming Department of Education Strengths: Consistent method of data collection from local school districts Limitations: Possibility of inconsistent reporting or classification differences across local school districts
Maternal Smoking: Percent of women reporting smoking during any trimester of pregnancy	Natrona County	29.96%	--	--	--	--	3 year average 2006-2008, WY Vital Statistics Services
Uninsured: Percent of persons residing in Wyoming without health insurance	Natrona County	--	--	--	--	13.36%	3 year average, 2005-2007, US Census Bureau Small Area Health Insurance Estimates. Strengths A statistical models is used to create the estimates. Health insurance coverage data from the Annual Social and Economic Supplement of the Current Population Survey, demographic population estimates, aggregated federal tax returns, SNAP benefits data, county business patterns, Medicaid and Children's Health Insurance Program (CHIP) participation records; and Census 2000 data are combined to provide estimates which are more precise than estimates from any one data set alone Limitations: The estimates are not direct counts from enumerations or administrative records, nor direct estimates from sample surveys.

TABLE 9: LARAMIE COUNTY DATA REPORT

Laramie County Data Report

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Premature Birth : Percent: # live births before 37 weeks/total # live births	Laramie County	10.54%	--	--	--	--	5 year average 2004-2008 from WY Vital Statistics Services
Low Birth Weight: Percent: # resident births less than 2500grams/ total # live births	Laramie County	9.50%	--	--	--	--	5 year average 2004-2008 from WY Vital Statistics Services
Infant Mortality: # infant deaths ages 0-1 years per 1,000 live births	Laramie County	7.45	--	--	--	--	5 year average 2004-2008 from WY Vital Statistics Services
Poverty: # residents below 100% of the federal poverty level (FPL)/total # residents	Laramie County	--	--	--	--	9.5%	5 year average 2004-2008 from the US Census Bureau Small Area Income and Poverty Estimates Strengths: Income and poverty data from the American Community Survey, federal income tax returns, SNAP benefits data, Supplemental Security Income reciprocity, and the Bureau of Economic Analysis are combined to provide figures which are more precise than any one data set alone Limitations: The estimates are not direct counts from enumerations or administrative records, nor direct estimates from sample surveys
Poverty: Free and Reduced Lunch (FRL): Percent: number of students eligible for FRL/total number of students	Laramie County	--	--	--	--	33.51%	Wyoming Department of Education 2005-2009 average. Strengths: Family income based program therefore accurate measure of students in need Limitations: Not all eligible students may apply for the program
Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Crime: # reported crimes/ 1000	Laramie County	--	--	--	--	36.75	Division of Criminal Investigation: Represents all ages. Crimes included are murder, rape, robbery, aggravated assault,

residents							burglary, larceny and motor vehicle theft. 2007-2009 average Strengths: Consistent method of record keeping through Uniform Crime Reporting Limitations: Possible inconsistent reporting or classification differences between counties and types of law enforcement within counties
Crime: # crime arrests ages 0-17/100,000 juveniles 0-17	Laramie County	3527.3	--	--	--	--	Division of Criminal Investigation. 2007-2009 average Rate for juveniles ages 0-19 not available. Strengths: Consistent method of record keeping through Uniform Crime Reporting Limitations: Possible inconsistent reporting or classification differences between counties and types of law enforcement within counties
Domestic Violence: # incidents of domestic violence/1,000 people	Laramie County	--	--	--	--	.11	5 year rate 2005-2009 from the Crime in Wyoming Report, Office of the Wyoming Attorney General Strengths: Consistent method of capturing reports of violence through Uniform Crime Reporting Limitations: These are reported events not number of individuals. Reports are based on arrests and not substantiated cases.
School Drop-Out Rates: Percent high school drop-outs grades 9-12	Laramie County	--	--	--	--	5.77%	Wyoming Department of Education 3 year average 2007-2009 Strengths: Consistent method of data collections from local school districts Limitations: Possible inconsistent reporting or classification differences across local school districts

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
School Drop-Out Rates: School Drop-out Events (percent) for grades 9-12 per Department of Ed formula	Laramie County	--	--	--	--	5.78%	Wyoming Department of Education. 3 year percentage. 2007-2009. Strengths: Consistent method of data collection from local school districts Limitations: Possibility of inconsistent reporting or classification differences across local school districts
Substance Abuse: Prevalence rate: Binge alcohol use in past month in Wyoming adults ≥ 18 years of age	Laramie County	--	--	--	--	16.1%	5 year percentage 2003-2007, BRFSS. Binge drinking defined as 5 or more drinks on an occasion. Strengths: BRFSS annually conducts 4,000 - 8,000 telephone interviews. Data are weighted by the Centers for Disease Control and Prevention to be representative of the entire Wyoming population. Limitations: Data are self-reported and subject to recall and reporting bias. Data collection is also limited to those with a landline
Substance Abuse: Prevalence rate: Binge alcohol use in past month among Wyoming residents ≥ 12 years of age	Judicial District 1	--	--	--	24.89%	--	3 year percentage 2004-2006, SAMHSA. Laramie is the only county is District # 1.
Substance Abuse: Prevalence rate: Marijuana use in past month among Wyoming residents ≥ 12 years of age	Judicial District 1	--	--	--	5.47%	--	3 year percentage 2004-2006, SAMHSA. Laramie is the only county is District # 1.

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Substance Abuse: Prevalence rate: Non-medical use of prescription drugs in the past year among Wyoming residents ≥ 12 years of age	Judicial District 1	--	--	--	5.38%	--	3 year percentage 2004-2006, SAMHSA. 3 year percentage 2004-2006, SAMHSA. Laramie is the only county in District # 1. Data for use in past month was unavailable.
Substance Abuse: Prevalence rate: Use of illicit drugs, excluding marijuana, in past month among Wyoming residents ≥ 12 years of age	Judicial District 1	--	--	--	3.68%	--	3 year percentage 2004-2006, SAMHSA. 3 year percentage 2004-2006, SAMHSA. Laramie is the only county in District # 1.
Unemployment: Percent: # unemployed and seeking work/total workforce	Laramie County	--	--	--	--	6.5%	Bureau of Labor Statistics, 2009. Strengths: Percent unemployment is calculated using multiple indicators for the most reliable estimate Limitations: Data are calculated from model-based estimates and are not direct counts
Child Maltreatment: Rate: Number of substantiated child abuse cases in children <18 years of age per 1000 children <18 years of age	Laramie County	--	3.07	--	--	--	4 year rate 2006-2009, Wyoming Department of Family Services. Rates by indicated/alternative response victim not available.

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Child Maltreatment by Type: Rate: Number of substantiated child abuse cases in children <18 years of age per 100,000 children <18 years of age	Laramie County	--	See Below	--	--	--	2006-2009 Wyoming DFS for number of cases, US Census for county population children 0-17 years of age. 4 year average reported for Medical Neglect, Neglect, and Physical, Psychological & Sexual Abuse types
Medical Neglect: Rate per 100,000 children <18 years of age	Laramie County	--	3.54	--	--	--	Includes cases only classified as Medical Neglect under Wyoming statute.
Neglect: Rate per 100,000 children <18 years of age	Laramie County	--	249.08	--	--	--	Includes cases classified as Neglect, Abandonment, Educational Neglect, Lack of Supervision and Malnutrition under Wyoming statute.
Other: Rate per 100,000 children <18 years of age	Laramie County	--	2.36	--	--	--	Includes cases classified as Other and Unknown under Wyoming statute. There were no Unknown substantiated cases of maltreatment.
Physical Abuse: Rate per 100,000 children aged <18 years	Laramie County	--	33.64	--	--	--	Includes cases classified as Abuse, Dangerous Act, Physical Abuse and Physical Injury under Wyoming statute.
Psychological Abuse: Rate per 100,000 children <18 years of age	Laramie County	--	2.36	--	--	--	Includes cases only classified as Emotional Abuse, Mental Injury, Psychological Abuse and Negligent Injury under Wyoming statute.
Sexual Abuse: Rate per 100,000 children <18 years of age	Laramie County	--	15.94	--	--	--	Includes cases only classified as Sexual Abuse under Wyoming statute.

Indicator	Community Defined	Title V	CAPTA	Head Start	SAMHSA	Other	Comments
Other indicators of at risk prenatal, maternal, newborn, or child health							
Homeless Children: Percent: Number of school age homeless children/number of school children	Laramie County	--	--	--	--	0.70%	Wyoming Department of Education, 2006/07-2008/09 average Strengths: Consistent method of data collection from local school districts Limitations: Possibility of inconsistent reporting or classification differences across local school districts
School Readiness: Percent of kindergarten students scoring proficient on 9 foundation areas	Laramie County	--	--	--	--	50.72%	2009, Wyoming Department of Education Strengths: Consistent method of data collection from local school districts Limitations: Possibility of inconsistent reporting or classification differences across local school districts
Maternal Smoking: Percent of women reporting smoking during any trimester of pregnancy	Laramie County	19.03%	--	--	--	--	3 year average 2006-2008, WY Vital Statistics Services
Uninsured: Percent of persons residing in Wyoming without health insurance	Laramie County	--	--	--	--	13.64%	3 year average, 2005-2007, US Census Bureau Small Area Health Insurance Estimates. Strengths A statistical models is used to create the estimates. Health insurance coverage data from the Annual Social and Economic Supplement of the Current Population Survey, demographic population estimates, aggregated federal tax returns, SNAP benefits data, county business patterns, Medicaid and Children's Health Insurance Program (CHIP) participation records; and Census 2000 data are combined to provide estimates which are more precise than estimates from any one data set alone Limitations: The estimates are not direct counts from enumerations or administrative records, nor direct estimates from sample surveys.

Existing Home Visiting Programs in At Risk Counties

Nurse Home Visitation Program: Best Beginnings for Wyoming Babies (BB) and Nurse Family Partnership (NFP)

The Home Visiting Program for Pregnant and Parenting Families, which includes the Best Beginnings for Wyoming Babies (BB) and Nurse Family Partnership (NFP) programs, provides perinatal support through local PHN offices.

How this Service is Meeting the Needs of Families

Best Beginnings for Wyoming Babies (BB) is a system-based model that is loosely based on the Healthy Baby Initiative. It is not research-based, and it does not have a curriculum to follow, as in the NFP model. Services include pregnancy education and health promotion including prenatal classes; smoking cessation support and referral; home visits prenatally and postpartum by public health nurses; breastfeeding education and support by nurses and/or Certified Lactation Counselors; parenting classes; assistance in completing application for services; and referrals to appropriate resources available in the community. BB services do not have a financial eligibility requirement.

BB coordinators are available in each county public nurse office for enrolling pregnant women into BB and referring to other services within the MFH continuum of care. Services for enrollment include NFP, Maternal High Risk, Newborn Intensive Care and Reproductive Health programs. BB provides care coordination and client-driven perinatal services, education and referral for any pregnant or postpartum woman. Evaluation of BB perinatal nurse home visiting services is being planned with MFH, state PHN supervisors, and the Community and Public Health Division (CPHD) Epidemiology Section to help determine the efficacy of this program.

The Nurse Family Partnership (NFP) is the nurse home visitation model developed from randomized, controlled trials conducted by Dr. David Olds beginning in the early 1970s in Elmyra, New York. Nurse home visitation to pregnant first time mothers consistently documented improved prenatal health, fewer childhood injuries, fewer subsequent pregnancies, increased intervals between births, increased maternal employment and improved school readiness.

A home visitation bill was passed into law in 2000 mandating home visitation services be available for all eligible Wyoming pregnant women. After a pilot project was conducted in several counties, beginning in 1997, training of nurses to expand the NFP program into all 23 counties began in 2000. Wyoming was the first state to offer NFP statewide, but found the model to be less effective in rural communities than in urban settings. Therefore, counties have recently been given the option of discontinuing the program, as staff training and other factors were identified as creating barriers to model fidelity.

Currently, there are twelve counties (approximately half of the state) offering NFP for their first time pregnant mothers. One other county, Lincoln, is pursuing the implementation of NFP in the near future. All of the top seven high-risk counties in Wyoming (Carbon, Fremont, Campbell, Sweetwater, Albany, Natrona and Laramie) will continue to offer NFP services. Other counties that will continue NFP services include Crook, Goshen, Park, Platte, and Uinta.

NFP in Wyoming targets Temporary Assistance to Needy Families (TANF) eligible teens who are high risk, as determined by the BB program risk assessment. Specific goals of NFP are improvement of maternal and child health, reduction in substance use during pregnancy, improved birth outcomes, maternal self-sufficiency, child maltreatment reduction, early literacy/school readiness, and reduction of domestic violence.

There were 386 Wyoming families served statewide during calendar year (CY) 2009. Based on 3,970 TANF-eligible births during CY 2009, the National Services Office for NFP suggests 397 first time mothers would be likely to enroll in NFP.

Using that formula, 97% of eligible Wyoming families were enrolled in NFP, with an average caseload at any given time of 238 families (see Appendix A for individual at risk county data).

The NFP model does not specifically address substance abuse treatment or counseling, however, nurse home visitors refer clients to other providers as needed. The goals of reduction in smoking during pregnancy, improved maternal and infant health, and improved birth outcomes are addressed in the program.

Service Delivery Gaps

While NFP is an excellent intervention for first time mothers, gaps in services do exist. County offices are in need of staff and supervision to serve all of those who can benefit from NFP. There is also a need to increase the population base of low-income, first time pregnant women served to meet NFP goals. Some counties, for various reasons such as low number of first-time pregnant mothers, funding, staffing capacity, or the availability of competing programs, have opted out of continuing to provide NFP. Inability to continue to fund trained nurses has resulted in some counties not replacing MCH nurses after they have retired or left employment for other reasons. In those cases, neighboring county public health nurse offices have increased their percentage of full time equivalents (FTE) focused on providing NFP services. Struggles with developing and maintaining strong referral systems have also impacted the success of NFP in some counties.

There is a need for evidenced-based home visitation services to be available for all low-income and/or at-risk pregnant women, not only for first time pregnant mothers. For instance, if BB could be strengthened with more evidenced-based components or curriculum, Maternal and Family Health (MFH) and public health nurses could use BB to expand home visitation service to all low-income and/or at-risk families, as well as to first time mothers.

Another difficulty is that in some Wyoming counties, turf issues have arisen between existing home visitation programs. These issues center on helping families access the programs which will best meet their needs, even when, in some cases, home visitors who can best meet a family's needs are not employed by the county in which the family lives. For example, family needs and/or risk factors should drive referrals to specific home visiting programs, not funding or need to build caseloads. Additionally, non-home visitation case management models could be encouraged to make referrals to appropriate home visitation models whenever possible to help abate problems with maintaining and developing referral systems.

Some counties have a very effective referral system in place that includes local and out of state hospitals, local and out of state providers, the Women, Infants, and Children (WIC) program, and other community entities. However, other counties may not have a complete referral system, and in those counties, there may be fewer pregnant women referred to the BB program. In those cases, pregnant women and their families who are in need of out-of-state tertiary care support may not have the financial support to travel for needed services.

Parents as Teachers

How this Service is Meeting the Needs of Families

Parents as Teachers (PAT) is an evidence-based parent education and family support program serving families throughout pregnancy until their child enters kindergarten. The PAT Born to Learn model provides families with home visits by certified parent educators as a primary intervention, and is adaptable to the needs of diverse families, cultures, and special populations. It is funded through private, as well as public, sources.

In addition to home visiting, Born to Learn offers other program services, including: group meetings; developmental, health, hearing, and vision screenings; and linkages with community resources. The program targets the following outcomes: increased parent knowledge of early childhood development and improved parenting practices; early detection of developmental delays and health issues; prevention of child abuse and neglect; and increased child school readiness and school success.

Nationally, PAT is a resource for other organizations and for professionals serving children and families within the early childhood development and education continuum. The organization equips early childhood entities and professionals with information and tools relevant to parents, families, and children, especially those in vulnerable circumstances. In Wyoming, PAT collaborates with other entities that select the Born to Learn model to implement with their target populations. PAT provides the model, staff training, implementation methodology, and advice on adaptations and problems if they arise, such as dealing with difficult parents.

Wyoming's PAT collaborates with some school districts and some Even Start and Head Start programs, as well as with NOWCAP, which provides services statewide to individuals with developmental disabilities and brain injuries. PAT also partners with Parents Helping Parents of Wyoming, Inc, a private, non-profit organization, whose mission is to help families become more active in their children's learning and education and to serve and support children with and without disabilities through advocacy, education, and referral. Wyoming's PAT also partners with the Parent Education Network (PEN), and Wyoming's Parent Information and Resource Center (PIRC).

In addition to four of the at-risk counties identified in the Home Visiting Needs Assessment (Fremont, Campbell, Natrona, and Laramie), the Born to Learn model is currently implemented in nine of Wyoming's other counties (Big Horn, Platte, Park, Lincoln, Washakie, Goshen, Teton, Johnson, and Sheridan). Although all PAT services are provided in the four at-risk communities, these programs place a particular emphasis on school readiness and the general health of children and families.

The following data, provided by the Wyoming Parents as Teachers office, were extracted from annual progress reports submitted to Wyoming PAT by each of the entities that deliver the model. Data supplied in annual progress reports varies by entity.

Fremont County's PAT program serves the towns of Riverton, Hudson, and Lander. Parents Helping Parents of WY, Inc. delivers the PAT model. Twenty-eight children, 17 families, and seven pregnant women (includes only PIC/PEN clients) are recipients of the Born to Learn model in this county.

In Campbell County, Even Start delivers the Born to Learn model, as does Child Development Services of Campbell County. Ninety families and 102 children are recipients of the model in this county.

PAT collaborates with Parents Helping Parents of WY Inc, the Laramie County School District Grad Program, and Cheyenne Even Start in Laramie County. Seventeen pregnant women (includes only PIC/PEN clients), 244 children, and 156 families are recipients of the Born to Learn model in this county.

In Natrona County, 145 children and 115 families receive the Born to Learn model through PAT's collaboration with Early Head Start.

Eligibility to receive PAT services is dependent upon the entity delivering the services. For example, the models attached to Head Start and Early Start rely on means testing. Stand-alone Born to Learn programs have open enrollment. The Born to Learn model attached to school districts each has its own, unique eligibility requirements.

In addition to the recipients identified by at-risk county above, PAT, through the Born to Learn model, serves 286 children, 192 families, and 11 pregnant women (includes only PIC/PEN clients) in Wyoming. Depending upon the focus of the partner program (Head Start, Even Start, Parents Helping Parents of Wyoming, Inc., school district) 13%-42% of eligible persons in the state are served by the PAT model.

Service Delivery Gaps

The greatest gap in PAT services centers on the diverse eligibility requirements of the various programs that deliver the model. For example, some providers offer services only to families qualifying under specific provider criteria, to children meeting a specific age range, to residents of specific towns, or to first time mothers. Expanding eligibility to include all of the people who need services and to encompass more geographic areas would help fill this gap.

Head Start

How this Service is Meeting the Needs of Families

Head Start is a national program that promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social, and other services to enrolled children and families. This comprehensive program addresses health, nutrition, mental health, social/emotional wellbeing and literacy/school readiness. Specific services provided by Head Start are: individualized learning programs; inclusion of children with special needs; literacy activities; medical, dental, vision, and hearing screening and treatment; nutrition services; health education; mental health screening and referrals; assistance in establishing a medical and dental home; links to community resources; family goal setting; parent leadership opportunities and education programs; and advocacy skills. The target population is low income children three to five years of age.

Children of families who meet 100% of federal poverty guidelines are eligible for Head Start in Wyoming. Children in foster care or who are homeless are automatically eligible. Up to 10% of total enrollment of over-income children is allowed if the families have high needs.

Head Start programs are offered in all seven at-risk counties, with children enrolled in Head Start receiving home visits annually. Specific county data included in this needs assessment are provided from Head Start reports prepared by county coordinators and were extracted from these reports by the Wyoming Head Start Association. Data provided in reports are not consistent among counties, are not collected systematically, and are provided for 2009.

In Carbon County, a total of 154 children were enrolled in Head Start. Demographic data on these children and families and the percentage of eligible persons served are not available. A minimum of four home visits is conducted annually.

Fremont County served a total of 71 children. Fifty of those enrolled were White, 1 was Black, 9 were Hispanic, and 10 were American Indian. Data on the percentage of eligible persons served are not available. A minimum of three home visits is conducted annually.

In Campbell County, the program conducts a minimum of four home visits annually. The county provided services to 68 children. Forty-three of those served were White, 16 Hispanic, and 9 other race/ethnicity. Data on the percentage of eligible persons served are not available.

Head Start in Sweetwater County served 133 children, 83 of whom were White, 1 American Indian, 1 Asian, and 48 other race/ethnicity. Data on the percentage of eligible persons served are not available. A minimum of four home visits is conducted annually.

Albany County's Head Start program served 92 children, 58 were White, 2 were Black, 2 were American Indian, 4 were Asian, 23 were Hispanic, and 4 were other race/ethnicity. Twenty-eight percent of eligible persons were served by the program. A minimum of four home visits is conducted annually.

The Natrona County Head Start program served 184 children. Of the total recipients, 108 were White, 11 Black, 34 Hispanic, 4 American Indian, and 16 other race/ethnicity. Data on the percentage of eligible persons served are not available.

Laramie County's program provides a minimum of four annual home visits. Of the 295 recipients of the program, 186 were White, 10 were Black, 34 were Hispanic, 1 was Asian, 10 were American Indian, and 84 were other race/ethnicity. An estimated 51% of the total number of eligible persons was served.

On a statewide basis, Head Start and Early Head Start programs enrolled 2,387 people during the 2007-2008 school year (2,323 of these were children).¹ There were 221 participants with funded enrollment in home-based programs, and 386 in combination programs.¹ Of the children enrolled, 84% were 3-5 years old and 25% had a disability—the majority were speech and/or language impairment.² Statewide demographics for both Head Start and Early Head Start are provided as follows:

- 596 of total enrollees were of Hispanic or Latino origin
 - 364 were American Indian or Alaska Native
 - 40 were Asian
 - 28 were Black or African American
 - 12 were Native Hawaiian or other Pacific Islander
 - 1398 were White
 - 152 were Bi-Racial or Multi-Racial
 - 10 were Other
 - 383 were Unspecified

At enrollment- (2007):

- 2,081 children (of 2,323) had health insurance
- 1,133 were enrolled in Medicaid/EPSTD
- 68 were enrolled in SCHIP
- 562 were enrolled in SCHIP/Medicaid

Service Delivery Gaps

The greatest obstacle faced by Wyoming's Head Start is that many eligible families are not served because of a lack of funding. For example, of the approximately 7,355 children 0 to 5 years of age living in poverty, 5,032 are unable to access Head Start programs due to limited funding.²

The Head Start Needs Assessment identifies homelessness as the area of greatest need for Wyoming Head Start. Some communities in Wyoming lack shelters or agencies to address homelessness. Other communities have local agencies; however, the local Head Start programs have identified barriers to successful collaboration with these agencies.³

Other areas of concern include the lack of a Department of Family Services (DFS) office in Lovell (this requires families travel to access services) and limited translation services available for the Spanish speaking population.³

Over the course of the 2007-2008 program year, the number of children without health insurance decreased from 242 to 143 (total 2,323 children)¹, while at the end of the 2007-2008 program year, 90% of children had health insurance and were up to date on primary and preventive health care tests and examinations. At that time, it was determined 95% were up to date on all immunizations.

Early Head Start

How this Service is Meeting the Needs of Families

Early Head Start (EHS) is a federally funded community-based program for low-income families with pregnant women and infants and toddlers through the age of three years. The EHS mission is:

- to promote healthy prenatal outcomes for pregnant women
- to enhance the development of very young children
- to promote healthy family functioning

EHS evolved out of Head Start's history of providing services to infants and toddlers through Parent Child Centers, Comprehensive Child Development Centers (CCDPs), and Migrant Head Start programs. Each Early Head Start program is responsible for determining its own eligibility criteria. Family income is one key factor in determining eligibility.

EHS is comprehensive and includes health, nutrition, mental health, social/emotional components, and literacy/school readiness. Specific services provided by EHS are: early childhood education; parent education and involvement; health and mental health education, including pre-natal; nutritional education; and family support. The program's goals are to reduce child maltreatment, maternal and child health improvement, and early literacy/school readiness. Programs include intensive work between the home visitor and the child's parent, as well as group socializations, such as classroom visits and field trips, twice monthly.

Several guidelines and eligibility requirements are in place for EHS programs in Wyoming. More than 90% of the children enrolled must meet income guidelines and up to ten percent of the enrollment in each program must be available to children with disabilities. Homeless children, children in foster care, and children enrolled in TANF or SSI are automatically eligible.²

EHS programs are offered in Campbell, Natrona, and Laramie Counties, with three center-based programs available for tribes on the Wind River Reservation. Specific county data included are provided from EHS reports prepared by county coordinators and were extracted from these reports by the Wyoming Head Start Association. Data provided varies among counties and are provided for 2009.

In Campbell County, the program conducts weekly home visits, with a minimum of 44 visits per home per year. Of program recipients, 40 were White, 8 were multi-racial, 1 was American Indian, and 5 were unspecified race/ethnicity. A total of 52 children and two pregnant women were served during 2009. (Note: There is a reporting inconsistency between total number served and number of program recipients.) Data on the percentage of eligible persons served are not available.

The Natrona County EHS program provided weekly home visits for 30 children, with a minimum of 44 visits per year. Group socializations and 23 home visits per year were provided for eight children, and classroom learning experience and four visits per year were provided for 16 children. Of those program recipients, 67 were White, 3 Black, 7 Hispanic, 3 American Indian, and 5 other, for a total of 84 children and seven pregnant women served during 2009. (Note: There is a reporting inconsistency between total number served and number of program recipients.) Data on the percentage of eligible persons served are not available.

Laramie County's EHS provides weekly home visits to families, with a minimum of 44 visits per year. Of program recipients, 58 are White, 2 are Black, 4 are Asian, 3 are American Indian, and 22 other, for a total of 78 children and 11 pregnant women served during 2009. An estimated 51% of the total number of eligible persons was served.

On a statewide basis, during the 2007-2008 program year, 64 pregnant women and 375 children two years of age and under received services from Early Head Start.² Eight of the women enrolled were under 18 years of age.¹ In the 2007-2008 program year, six of the 64 pregnant women enrolled in Early Head Start did not have health insurance¹ Total, statewide enrollment in the EHS home based program during 2007-2008 was 221.

Service Delivery Gaps

The greatest obstacle faced by Wyoming's EHS is that a high need exists for additional services, but funding precludes meeting this need.

Even Start

How this Service is Meeting the Needs of Families

Even Start teaches literacy to low-income families at five centers around the state. The Wyoming Community College Commission and Wyoming Department of Education oversee the program.⁴ Authorized through the Literacy Involves Families Together (LIFT) Act of 2000 and the No Child Left Behind Act of 2001, Even Start is an education program for low-income families designed to improve the academic achievement of young children and their parents, especially in the area of reading. Even Start offers promise for helping to break the cycle of poverty and low literacy by combining four core components:

- Early childhood education
- Adult literacy (adult basic and secondary-level education and/or instruction for English language learners)
- Parenting education
- Interactive literacy activities between parents and their children

Even Start supports family literacy services for parents with low literacy skills or limited English proficiency and their children, primarily birth through seven years of age. It contains three goals:

- To help parents improve their literacy or basic educational skills
- To help parents become full partners in educating their children
- To assist children in reaching their full potential as learners

Wyoming is home to five Even Start centers. They are located in Cheyenne (Laramie County), Gillette (Campbell County), Casper (Natrona County), Torrington (Goshen County), and Worland (Washakie County), which includes three of the seven at risk counties. The centers are supported by a combination of state and federal funds. The Wyoming Community College Commission, in partnership with the Wyoming Department of Education, administers the program. Four of the centers, (Cheyenne, Casper, Torrington and Worland), are affiliated with the non-profit organization, NOWCAP of Wyoming. Gillette Even Start is closely associated with the Campbell County School District, which uses the Parents as Teachers (PAT) model.

All of the following data were supplied by the Wyoming Department of Education (WDE) and were derived from reports prepared by Wyoming's school districts.

School Districts (2008-9)

Home visiting is provided through **Even Start** in the following school districts by county:

Even Start	Number of children served
Natrona County	45
Campbell County	43
Laramie County	98
TOTAL	186

Due to limited federal funding, Wyoming supports additional children in the state through state funding:

Even Start Services in all Counties by age:

0-12 months: 14

13 months to 2 years, 11 months: 72

3 years to 4 years, 11 months: 80

5 years to 8 years, 11 months: 89

TOTAL 255

The following school districts provide home visiting unrelated to Even Start, but as a primary service. The home visiting services are supported by state funds. Lincoln County uses the PAT home visiting model.

District	Children served
Lincoln County	85
Fremont	25 (lost funding since grant ended)

Fremont, one of the highest risk counties, did provide home visiting services through a Healthy and Safe Schools grant; however, that grant has now expired. The school districts in the county want to continue the home visiting programs because this geographic area contains an underserved population with high needs. Children in Fremont County have the lowest scores on standardized assessments, highest dropout and lowest graduation rates in the state. The following scores were reported for kindergarten students; data have not been released to the public.

County	# K students	% Readiness Proficient	% Content Ready	% Socially ready
Albany	327	48.32	46.79	48.01
Campbell	686	42.31	36.75	39.97
Carbon	221	47.73	43.64	46.36
Fremont	536	26.92	22.06	27.29
Laramie	1184	50.72	47.59	48.01
Sweetwater	663	51.66	46.07	50.15

Service Delivery Gaps

Gaps in Even Start home visiting include the lack of a continuum of support for home visiting from birth through five, resulting in children and families dropping in and out of the program based on funding and availability. Further, because data collection on the part of school districts on services provided to teen parents is not required by statute, less than a handful of school districts provide any support services. One district provides support for one year only. Teen parents are an increasing population in some counties; this population traditionally has a high dropout rate.

In addition, while the Child Development Services (CDS Early Intervention) provides its services primarily through preschools, some children birth through the age of five years are primarily served through home visits. In most cases, however, CDS does not appear to be using an evidence-based model, with the exception being Campbell County, where the PAT model is used. Therapists generally provide the services to the child for intervention, but may not provide support to reach targeted outcomes in other areas.

Collaboration with Other Needs Assessments

MFH formed the Home Visiting Task Force (HVTF), which is composed of entities that play a primary role in utilizing data about and/or providing relevant services to the defined at-risk groups. HVTF members are: Wyoming Department of Health (WDH) Mental Health and Substance Abuse Services Division, WDH Maternal and Family Health (MFH), Community and Public Health Epidemiology Section, DFS, Wyoming Head Start State Collaboration Office, Wyoming Head Start Association, the Early Childhood State Advisory Council established under the Head Start Act, the Wyoming Department of Education, PAT, PHN, and Wyoming's NFP program.

HVTF members provided descriptions of their available data and home visiting programs. By participating in the HVTF, entities agreed to ensure their strategic plans and communitywide needs assessments are coordinated to the extent possible. They provided their own needs assessments to the HVTF for review and incorporation of pertinent information into the home visiting needs assessment.

Maternal and Child Health Needs Assessment

Every five years, the WDH's MFH Section, as the state's Title V agency, is required to conduct and submit a formal assessment of needs of our state's maternal and child health (MCH) population and of the capacity to address those needs. The results of this assessment determine the scope of MFH's work for the next five years. The two goals for the 2011-2015 needs assessment were to improve health outcomes and to strengthen partnerships between MFH and other organizations that address the health of the MCH population.

MFH focused on a life course perspective throughout the needs assessment process. The life course perspective emphasizes the long-term impact early life events and exposures have on health. It also highlights the interplay of biological, behavioral, psychological, and social protective/risk factors that contribute to health outcomes across the span of a person's life.⁵ Data from this MCH Needs Assessment have been incorporated into this home visiting needs assessment.

Child Abuse Prevention and Treatment Act (CAPTA)

Wyoming's DFS administers the Title II CAPTA. As identified in a statewide needs assessment, Wyoming's child welfare goals focus on improving front-end services and safely keeping children and families in their homes while incorporating the Child and Family Services Review (CFSR) outcomes and performance measures. Specific goals, objectives, and measures of progress, which may address at-risk counties identified in the home visiting needs assessment, will be

developed during the CFSR/PIP approval process and are being incorporated into Child and Family Services Review (CFSR) outcomes and performance measures and taken into consideration in the development of the home visiting state plan.

Head Start Needs Assessment

The Wyoming Head Start State Collaboration Office Needs Assessment is a document that compiles and analyzes survey results from Head Start offices around the state. The 2009 report reflects the results of nine surveys from local offices. Survey questions address the strength of collaboration among local Head Start programs and other organizations, as well as the challenges associated with collaboration. Outside collaboration is assessed for 10 topic areas: Health Care, Services for Children Experiencing Homelessness, Welfare and Child Welfare, Child Care, Family Literacy Services, Services for Children with Disabilities, Community Services, Partnerships with Local Education Agencies, Head Start Transition and Alignment with K-12, and Professional Development. This report was helpful for identifying areas where available services and collaboration were weak.

Services*Training* Officers*Prosecutors (STOP) Violence Against Women

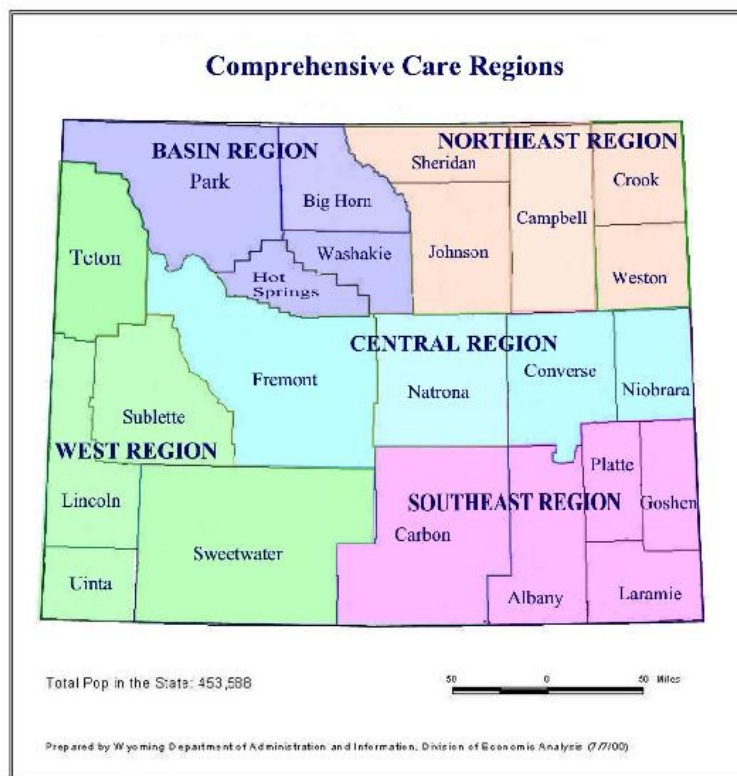
STOP is administered by the Wyoming Attorney General's Office, Division of Victims Services (DVS). To prepare a needs assessment and identify strategies to address needs, a survey was conducted related to the needs of victims of violence. An implementation plan has been prepared to address needs identified through the survey. Future needs assessment results from STOP will be shared with members of the HVTF.

State Capacity for Providing Mental Health and Substance Abuse Treatment

Services in Counties at Risk

Services for Wyoming citizens needing substance use disorder and/or mental health services are provided through a network of community mental health and/or substance abuse centers (CMH/SAC's) located in each of the 23 counties in Wyoming. Contracts with the CMH/SAC's contain an outlining of priority populations, which include: adults who have severe and persistent mental illness (SPMI), children with severe emotional disturbance (SED), combat veterans, persons receiving Title 14 funding, persons on probation or parole, and persons charged with child endangerment, abuse or neglect for mental health services. Priority populations for substance abuse include: pregnant intravenous drug users, pregnant women, IV drug users, women with dependent children, combat veterans, persons receiving services under Title 14 funding, persons on probation or parole, and persons charged with child endangerment, abuse, or neglect.

Several CMH/SACs provide only mental health services, while others provide only substance use disorder services. Through legislated mandate, MHSASD has developed five regions to better provide the full continuum of core and specialized services to the state.



Mental Health Services – Direct core services, which are available in each county for mental health, include: clinical assessment; individual outpatient therapy; day treatment; group and family therapy; case management; group case management; rehabilitative services; and medication services. Specialty mental health services, which are provided in addition to core services, may include: day treatment, early intervention services, life skills training, quality of life flexible funding including transportation and respite, education and employment services, and recreational/socialization services. Residential services may include: supported independence projects, independent housing with staff support, supported apartments, semi-supervised housing, early intervention services, transitional housing, group home, intensive residential treatment, and emergency housing. Indirect services may include: emergency services, consultation and outreach services, and suicide prevention services.

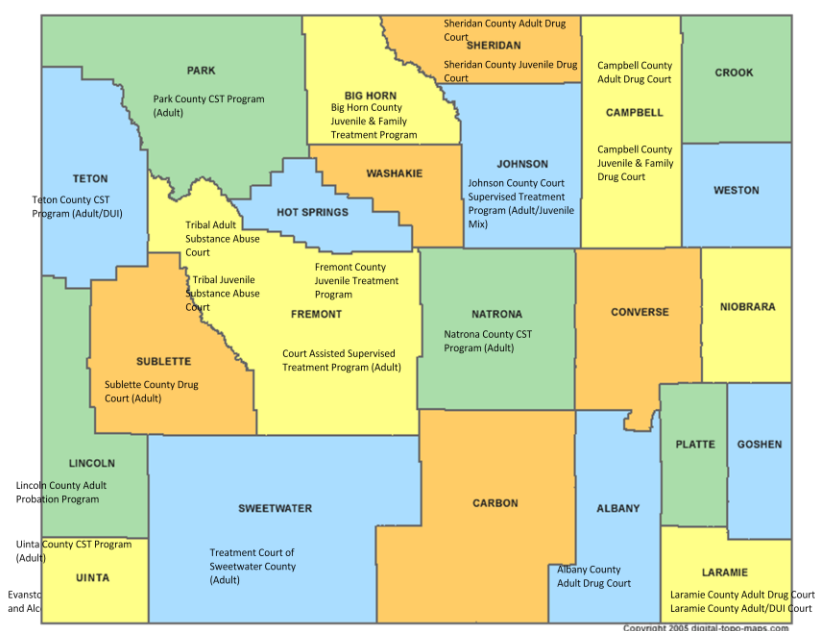
Specialized mental health services designed for the highest need clients are being developed and implemented in all five regions. These services include: crisis stabilization programs, group homes, supported independence programs, and day treatment opportunities.

Substance Abuse Services - Core direct services available in each county include clinical assessment, individual and group therapy, case management, psychiatric/medication management services, and outpatient or intensive outpatient

substance abuse treatment. Specialty services also available are quality of life flexible funding for clients' needs including transportation. The array of residential services includes: residential treatment services, which include adolescent, adults, pregnant women and/or women with children; co-occurring disorder residential treatment; social detoxification; and medically managed detoxification. Indirect services include: client engagement, consultation and education, and outreach services. (See Appendix B for each at risk county profile.)

At the present time there are 21 drugs courts in Wyoming receiving funding from the Department of Health' MHSASD. In addition, there are 12 adult/Driving Under the Influence (DUI) hybrid programs, one adult program, five juvenile programs, two juvenile/adult joint programs, and one DUI program that provide substance abuse services as part of their programs. Of these 21 programs, one is an adult Tribal program and one a juvenile Tribal program. From October 1, 2008 through March 2010, there have been 1,017 individual persons served by at least one Court Supervised Treatment Program (CST Program). Of these individuals, there were 817 adults and 200 juveniles served.

Below is a map of CST programs across the state. Court Supervised Treatment is not viewed as a duplication of services because the requirements to access CST are not available to non- adjudicated persons in the location.



The Children's Mental Health Waiver is a WDH Medicaid program available in each of the 23 Wyoming counties, and began in fiscal year 2007. The Waiver provides individualized services and support based on unique strengths and needs of children and youth with serious emotional disturbances and their families.

The program has the following goals and objectives:

- 1) Keep youth with serious emotional disturbances who need mental health treatment in their home communities with their parents/families involved in all aspect of their treatment thereby preventing custody relinquishment
- 2) Strengthen families' skills to support the physical, emotional, social and educational needs of their children
- 3) Provide non-clinical mental health support services as a part of the overall children's mental health system of care
- 4) Reduce, and in some cases prevent, the length of psychiatric hospital stays

The waiver program serves children and youth who meet the following criteria:

- Are between the ages of 4-20
- Meet the definition of serious emotional disturbance
- Meet at least one of the Medicaid criteria for inpatient psychiatric hospitalization
- Have a CASII composite score of 20-27 (between ages of 6-20)
- Have a DSM Axis 1 or ICD diagnosis
- For whom social and emotional assessment information (ages 4 & 5) provided
- Are financially eligible for Medicaid based on *their own resources*

The Waiver offers family care coordination, child and family training, and respite. Family Care Coordination is a service that advocates to support youth and family utilizing the Children's Mental Health Waiver to the fullest benefit possible. Child and Family Training/Support are services that train youth, family members, neighbors, and friends or companions specifically identified by the family care team in the Individual Service Plan who support and enhance the overall services goals for the participant. There are unlimited possibilities as to what activities are included in this service category. Respite is a service that has been approved for the Waiver, but certified providers are not yet available. The maximum number of units allowed per plan will be 1664, which is approximately 14 hours per week.

Currently, 109 children statewide are receiving Children's Mental Health Waiver services. For the high-risk counties, the number of clients being served by the Waiver is: Fremont (5 children), Carbon (6 children), Albany (4 children), Laramie (31 children), Natrona (27 children), and Sweetwater (1 child).

Statewide Service Gaps

Statewide gaps have been identified through the (MHSASD) Gaps Analysis Report dated September 3, 2010, produced by I.D.E.A. Consulting, Nancy M. Callahan, Ph.D. and the MHSASD.

Gaps include delivering more types and hours of services to children with a Serious Emotional Disturbance (SED) and adults with a Serious and Persistent Mental Illness (SPMI). The GAPS Analysis provides data regarding the limited number of hours for children with SED. These are the highest-need children and youth in the Wyoming system, yet they received an average of 26.49 hours of service per year. Clearly, children and youth would benefit from intensive treatment services, supportive services for the family, and a collaborative multiagency approach. Services in need of further development include expanding Case Management services by hiring consumers as Peer Specialists, youth as Peer Mentors, and additional family members as Parent Partners. Specific gaps of service include services for children, transitional aged youth (ages 16-25), enhanced low income housing, transitional housing for substance abuse clients, and additional social and medical detox services in all regions of the state.

The population served by the Waiver has several needs that are not currently being addressed:

- access to respite services
- access to step-down services, such as a lower level of residential treatment (a lower level of treatment than a psychiatric residential treatment placement) or day treatment
- access to crisis intervention teams to help stabilize children in the community without having to subject them to long lengths of acute or residential stays

Each of the at-risk county narratives provides information regarding any duplication of services, although in most cases there is no duplication of state funded programs.

Collaboration Among Existing Home Visitation Programs

To initiate this needs assessment, a Home Visiting Task Force (HVTF) was created. The HVTF discussed the application and the home visiting needs assessment process. HVTF members provided descriptions of their available data and home visiting programs to identify data gaps. By participating in the HVTF, entities agreed to ensure their strategic plans and communitywide needs assessments are coordinated to the extent possible with this application. They provided their own needs assessments to the HVTF for review and incorporation of pertinent information into the home visiting needs assessment. Entities represented on the HVTF actively participated in the home visiting needs assessment process, ensuring effective and efficient collaboration.

Summary

Statewide data were readily available from a variety of sources. Where specified data were not available, alternate data sources were described, including strengths and limitations. These data were also collected at the county level to assist in the identification of communities at risk.

Wyoming defined the geographic unit for community as county. To identify counties at risk, data were compiled for 15 separate indicators, and counties were scored as doing better than, equal to, or worse than the state for each indicator. Each county was then given an aggregate score for all 15 indicators. Seven of Wyoming's 23 counties were identified as counties at risk as their overall scores were worse than that of the state. The counties with the highest scores are assumed to be most at risk. The identified counties at risk include Carbon, Fremont, Campbell, Sweetwater, Albany, Natrona, and Laramie Counties.

A data report was completed for each of the seven identified counties at risk. Some data were harder to collect at the county level. For example, substance abuse data from the Substance Abuse and Mental Health Services Administration were available by judicial district rather than by county. However, most judicial districts were divided by county lines, allowing values for judicial districts to be assigned to counties. In addition, Head Start data were not readily available by county. Most of the Head Start programs in Wyoming serve several counties, and these programs lack the data infrastructure needed to provide adequate data for this needs assessment.

Carbon County received the highest score and was therefore identified as the county with the most risk. This county had the highest infant mortality rate in the state (15.4 per 1,000) and nearly 12% of Carbon County residents live below the federal poverty level. Partners confirmed the challenges faced in this county. Family Planning services occur sporadically and in only one city in the county. There is no Early Head Start program. In outlying areas of the county, the Women, Infants, and Children (WIC) program visits once every three months; if a client misses her appointment and cannot get to another site, she has no WIC benefits for three months. People from outlying parts of the county must travel 60 miles one way to see a physician; this becomes a significant problem for those with no transportation.

Fremont County, where the Wind River Indian Reservation is located, had the next highest risk score. More than 6% of children in this county drop out of high school, and 13.9% of its residents live in poverty. Fremont has the second highest percentage of preterm births (12.9%) in the state, and the second highest percentage of women who smoke during pregnancy (31.3%).

Campbell County, located in the northeast corner of the state, had the third highest risk. Binge drinking is an issue in this county with 17.8% of adult residents reporting consuming five or more drinks on one occasion at least once in the past 30 days. Campbell County has the highest rate of domestic violence in the state with 9.98 incidents per 1,000 people and the highest rate of maternal smoking with 35.2% of women smoking during pregnancy.

Sweetwater County was listed as the county with the fourth highest risk. Domestic violence rates in the county are the second highest in the state with 8.97 incidents per 1,000 people. Sweetwater County has the second highest rate of reported crime with 36.8 incidents per 1,000. Binge drinking is also a problem with 19.3% of people reporting at least once incident of binge drinking in the past 30 days.

Albany County is the location of the only four year university in the state, the University of Wyoming. The percentage of low birth weight births in the county is the third highest in the state (10.4%), and 11.2% of infants are born preterm. Albany County has the highest percentage of people living in poverty (16.4%) and the second highest percentage of uninsured people (22.8%).

Natrona County is located in the central part of the state and is the second most populous county. This county has the highest percentage of high school dropouts (7.35%) and the highest reported crime rate (43.26 per 1,000 people). Nearly one-third (29.96%) of pregnant women in Natrona County smoked during pregnancy. Child abuse is also an issue in this county with 5.1 cases of substantiated child abuse per 1,000 children under the age of 18 years.

Laramie County, where the state capital is located, is the most populous county in the state. Nearly 6% of high school students drop out of school, and the reported crime rate is the third highest in the state (36.8 incidents per 1,000 people). One third of Laramie County students participate in the free and reduced lunch program. Domestic violence is a problem in the county with 7.1 incidents per 1,000 people.

There are gaps in services that are common to both home visitation and mental health and substance abuse, and others that are specific to one service delivery system. The common gaps include the need for funding for more services; low income housing options; the rate of homelessness; access to care for rural and frontier families; translation and culturally sensitive materials; and transportation services.

Home visitation service needs include researching other evidence-based home visitation models to be implemented; staffing, training and supervision challenges; and “turf” issues between home visiting agencies within counties determined to be at highest risk, including referral patterns. Additionally, there are often large geographical distances to travel to access services; isolated living conditions; a dearth of useful databases to gather Wyoming-specific data; and the need to standardize eligibility guidelines within agencies.

Many counties list similar needs for their mental health and substance abuse treatment services, such as the development of day treatment for adults with mental illness; local residential substance abuse treatment; crisis stabilization and day treatment; emergency service expansion; employment and rehabilitative services; supported employment services; and opportunities for recreational and socialization services for mentally ill citizens. Subsequent to these needs, there are long waiting lists for services in many counties.

Specific needs include prevention and intervention services targeting the college student population; timely client assessments to assist those in need to enter treatment; and co-occurring residential programs for those with both substance use disorders and mental illness. The population served by the Waiver has several needs that are not currently being addressed: access to respite services, access to step-down services, such as a lower level of residential treatment (a lower level of treatment than a psychiatric residential treatment placement) or day treatment, and access

to crisis intervention teams to help stabilize children in the community without having to subject them to long lengths of acute or residential stays.

Populations at highest risk have been identified as frontier, rural families with mental illness, including children; substance abusers; persons with physical and cognitive disabilities; transitional aged youth; American Indians; and migrants/undocumented individuals. The highest-need children and youth in the Wyoming system are identified as those who are diagnosed with a Serious Emotional Disturbance (SED).

Meeting with partners and collaborating to develop the State Plan will assist Maternal and Family Health Section in creating an Action Plan to address the needs that have been identified. The next step in this State Plan is to bring all partners together to discuss options.

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Appendix A

TABLE 10: CARBON COUNTY

NFP Yearly Data	2008	2009		National NFP
Who provides NFP Coordinator/supervision? <i>(Local Coordinator/County Manager/Regional Coordinator)</i> <i>Sue Smith, R.N.</i>				N/A
List your NFP Home Visitors and the % of FTE designated for NFP specifically. Sue Smith 10% Nancy Cyr 80% Chantel Packard 10%		Sue Smith ~ 10% Nancy Cyr ~ 80% Chantel Packard ~ 10%		N/A
What is your locally designated NFP caseload target?		16		N/A
Are we reaching our target population? Demographic characteristics of clients at program intake <i>(Client Characteristics Report - Table 1)</i>				
	N = 15	N = 12		N/A
Age:				
* <15 years	0.00%	0.00%		2.71%
* 15-19 years	53.33%	50.00%		53.95%
*20-29 years	40.00%	50.00%		39.08%
*30+ years	6.67%	0.00%		4.26%
Unmarried	84.62%	66.67%		87.76%
Race/Ethnicity				
* American Indian/Native				3.04%

NFP Yearly Data	2008	2009		National NFP
American	0.00%	18.18%		
* Black/African American	0.0%	0.00%		28.89%
* Asian/Pacific Islander	0.0%	0.00%		1.63%
* White Non-Hispanic	84.62%	45.45%		31.66%
* Hispanic/Latina	15.38%	36.36%		29.15%
* Multiracial/Other	0.0%	0.0%		5.63 %
Education				
* With HS diploma/GED at intake	46.15%	66.67%		51.19%
* Median grade completed for those w/o HS diploma/GED at intake	10	10		10
* Enrolled in school at intake	38.46%	33.33%		42.78%
Economic Factors				
* Median household income	\$25,000.00	\$21,250.00		\$13,500.00
* Unemployed at intake	46.15%	63.64%		69.30%
Government Assistance Use				
* WIC	69.23%	66.67%		70.76%
* Medicaid	84.62%	58.33%		71.37%
* Food Stamps	23.08%	0.00%		21.11%
* TANF/(WY. POWER program)	46.15%	25.00%		8.15%
First time mothers	100.00%	100.00%		99.54%
Number of Families served <i>(Implementing Agency Caseload Profile Report - Figure 2: Number of Families Served By Year)</i>	25	25		N/A
Total completed Visits & Attempted visits	297	336		

NFP Yearly Data	2008	2009		National NFP
<i>(Client visits Report : Table 8 - Number of Visits Last Year and Table 9 – Number of Visits Year to Date.)</i>				N/A
Referrals to other Providers- (Gov. assistance, Crisis Intervention, Mental Health/Substance, Health care, Developmental Ref. Education, Other) <i>(Service Linkages Report - Table 1: Referrals to Other Services and Distribution By Category-Last Calendar Year)</i>	27	58		N/A
Miles traveled on visits including cost of travel <i>(CIS mileage report)</i>	674 miles @ \$.50 ~ \$337.00	609 miles @ \$.50 ~ \$304.50		N/A
Number of referrals for NFP - <i>(Client Enrollment Report - Table 2)</i>	19	111		N/A
Maternal Outcomes				
Graduates from NFP program: <i>(QST - Table 1: Current Quarter - add up all four quarters)</i>	2	4		
Change in Maternal Smoking during pregnancy: <i>(QST - Table 15) Cumulative data</i>	-25	-22		-15
Premature Birth <i>(QST- Table 17a)Cumulative data</i>	9.4% (9)	8.8 (9)		9.7 (6568)
Low Birth Weight (LBW) <i>(QST- Table 18a) Cumulative data</i>	10.9 (11)	11.1 (12)		9.3 (6395)
Education Status over time for clients <u>without</u> HS Diploma/GED at Intake - <u>12 months postpartum</u>: <i>(QST- Table 26a) Cumulative data</i>				
* Still in school	30.8% (4)	37.5% (6)		32.0%(2924)
* Completed HS diploma/GED-				

NFP Yearly Data	2008	2009		National NFP
no further ed	0.0% (0)	0% (0)		20.1%(1833)
* enrolled in post HS ED	23.1% (3)	25% (4)		9.0% (824)
Education Status over time for clients <u>without</u> HS Diploma/GED at Intake - 24 months postpartum: <i>(QST- Table 26b) Cumulative data</i>				
* Still in school	18.2% (2)	23.1% (3)		20.3 (1634)
* Completed HS diploma/GED, no further ed	63.6% (7)	53.8% (7)		28.8 (2323)
* enrolled in post HS ED	0% (0)	0% (0)		14.0%(1128)
Education status over time for clients <u>with</u> HS Diploma/GED at Intake - Education beyond high school at 24 months postpartum: <i>(QST- Table 27) Cumulative data</i>				
Workforce participation over time among clients 17 yrs. and younger at intake: (QST-Table 28) Cumulative data				
* 12 months postpartum	80% (4)	66.7 % (4)		32.7%(1829)
* 18 months postpartum	80% (4)	66.7 % (4)		39.0%(1983)
* 24 months postpartum	80% (4)	66.7 % (4)		42.6%(2086)
Workforce participation over time among clients 18 yrs. and older at intake: (QST-Table 28) Cumulative data				
* 12 months postpartum	58.3% (14)	57.7% (15)		51.0%(6944)
* 18 months postpartum	54.2% (13)	53.8 % (14)		53.4%(6481)
* 24 months postpartum	54.2% (13)	56.0 % (14)		56.4%(6964)

NFP Yearly Data	2008	2009		National NFP
Married over time - Intake to 24 months (<i>Maternal Outcome Report-Table 12) Cumulative data</i>)	N= 29 44.8%	N = 31 41.9%		33.4%
Child Outcomes				
Occurrence of Breastfeeding				
* Birth	79% (57)	83% (68)		75.5%(322929)
* 6 months Postpartum	23% (31)	19% (37)		27.5%(6144)
* 12 Months Postpartum	14% (28)	13% (31)		15.9% (2471)
Infants current with Immunizations: (<i>QST- Table 20) Cumulative data (24 months)</i>)	100% (8)	100% (11)		91.3%(6481)
Percentile breakdown of Language scores for toddlers: (<i>QST-Table 21) Cumulative data (age 21 months) report percentage >=10%</i>)	10-25 7.7%(2) 25-50 42.3%(11) 51-75% 23.1 (6) .75 19.2% (5)	10-25 % : 7.1% (2) 26-50% : 39.3% (11) 51-75% : 25.0% (7) >75% : 17.9% (5)		10-25 : 17.9% 26-50 : 26.3% 51-75 : 23.3% >75 : 22.2%
Infant development - Ages & Stages (<i>QST-Table 22) Cumulative data (age 20 months) % Assessed or May Need Further Evaluation</i>)	Assessed: 62.5% (5) Further Eval.: 20% (1)	Assessed: 63.6% (7) Further Eval: 42.9% (3)		75.7% (6534)) 15.7% (1026)
Infant Social Development - Ages & Stages-Social and Emotional: (<i>QST Table 23) Cumulative data (age 24 months) % Assessed or May Need Further Evaluation</i>)	Assessed: 87.5% (4) Further Eval: 0.0% (0)	Assessed: 90.9%(10) Further Eval.: 0.0% (0)		61.8% (5343) 5.1% (274)
Use of Public Assistance Programs (<i>Maternal Outcomes Report Table 13) cumulative data</i>)				
WIC				
Intake	57.5%	58.3%		73.1%

NFP Yearly Data	2008	2009		National NFP
6 months postpartum	77.1%	80.0%		88.8%
12 months postpartum	73.2%	75.0%		84.79%
18 months postpartum	54.5%	51.4%		77.3%
24 months postpartum	41.4%	45.5%		71.4%
Medicaid use (mother) ##				
Intake	76.7%	75.0%		66.6%
6 months postpartum	70.8%	67.3%		72.6%
12 months postpartum	70.7%	65.9%		65.5%
18 months postpartum	57.6%	54.3%		62.6%
24 months postpartum	48.3%	48.5%		60.5%
Food Stamps				
Intake	11.7%	10.6%		17.8%
6 months postpartum	27.1%	29.1%		31.3%
12 months postpartum	22.0%	22.7%		32.5%
18 months postpartum	27.3%	25.7%		34.2%
24 months postpartum	20.7%	24.2%		33.7%
TANF (Power Program)				
Intake	17.5%	18.2%		6.4%
6 months postpartum	2.1%	9.1%		14.4%
12 months postpartum	0.0%	0.0%		14.0%
18 months postpartum	0.0%	0.0%		14.3%
24 months postpartum	0.0%	0.0%		13.6%

TABLE 11: FREMONT COUNTY

NFP Yearly Data	2008	2009	National NFP
Who provides NFP Coordinator/supervision? <i>(Local Coordinator/County Manager/Regional Coordinator)</i>	Karen Meyer	Karen Meyer	N/A
List your NFP Home Visitors and the % of FTE designated for NFP specifically.	Jan Hubenka .75 Jamie Cardine .25 Kelly Conroy .50 Donna Hays .50 Teresa Nirider .50	Jan Hubenka .75 Jamie Cardine .25 Kelly Conroy .50 Donna Hays .50 Teresa Nirider .50	N/A
What is your locally designated NFP caseload target?	44	46	
Are we reaching our target population? Demographic characteristics of clients at program intake <i>(Client Characteristics Report - Table 1)</i>	N= 22	N=29	
Age:			
* <15 years	0.0%	0.0%	2.71 %
* 15-19 years	59.09%	79.31%	53.95 %
*20-29 years	40.91%	20.69%	39.08 %
*30+ years	0.0%	0.0%	4.26 %
Unmarried	90.0%	88.0%	87.76 %
Race/Ethnicity			
* American Indian/Native American	30.0 %	40.0%	3.04 %
* Black/African American	0.0 %	4.0%	28.89 %
* Asian/Pacific Islander	0.0 %	0.0%	1.63 %
* White Non-Hispanic	60.%	44.0%	31.66 %

NFP Yearly Data	2008	2009		National NFP
* Hispanic/Latina	5.0 %	4.0%		29.15 %
* Multiracial/Other	5 .0%	8.0%		5.63 %
Education				
* With HS diploma/GED at intake	55.0%	48.0%		
* Median grade completed for those w/o HS diploma/GED at intake	10	10.5		
* Enrolled in school at intake	50.0%	52.0%		51.19
Economic Factors				
* Median household income	\$7,500.00	\$9,000.00		\$13,500.00
* Unemployed at intake	55.0%	56.52%		69.30%
Government Assistance Use				
* WIC	60.0%	64.0%		70.76%
* Medicaid	70.0%	84.0%		71.37%
* Food Stamps	20.0%	16.0%		21.11%
* TANF/(WY. POWER program)	10.0%	8.0%		8.15%
First time mothers (table 1 client characteristics)	95.0%	100.0%		99.54%
Number of Families served (Implementing Agency Caseload Profile Report - Figure 2: Number of Families Served By Year)	52	61		
Total completed Visits & Attempted visits (Client visits Report : Table 8 - Number of Visits Last Year and Table 9 – Number of Visits Year to Date.)	601	630		

NFP Yearly Data	2008	2009		National NFP
Referrals to other Providers- (Gov. assistance, Crisis Intervention, Mental Health/Substance, Health care, Developmental Ref. Education, Other) <i>(Service Linkages Report - Table 1: Referrals to Other Services and Distribution By Category- Last Calendar Year)</i>	282	294		
Miles traveled on visits including cost of travel <i>(CIS mileage report)</i>	9729 miles \$2432.25 (.25/mile)	11,368 miles \$2842.00 (.25/mile)		
Number of referrals for NFP - <i>(Client Enrollment Report - Table 2)</i>	103	123		
Maternal Outcomes				
Graduates from NFP program: <i>(QST - Table 1: Current Quarter - add up all four quarters)</i>	3	4		
Change in Maternal Smoking during pregnancy: <i>(QST - Table 15) Cumulative data</i>	-38%	-35%		
Premature Birth <i>(QST- Table 17a)Cumulative data</i>	9.7%	8.9%		
Low Birth Weight (LBW) <i>(QST- Table 18a) Cumulative data</i>	7.1%	6.5%		
Education Status over time for clients <u>without</u> HS Diploma/GED at Intake - <u>12 months postpartum</u>: <i>(QST- Table 26a) Cumulative data</i>				
* Still in school	52.9%	57.1%		
* Completed HS diploma/GED- no further ed	11.8%	14.3%		
* enrolled in post HS ED	11.8%	9.5%		

NFP Yearly Data	2008	2009		National NFP
Education Status over time for clients <u>without</u> HS Diploma/GED at Intake - 24 months postpartum: <i>(QST- Table 26b) Cumulative data</i>				
* Still in school	21.4%	29.4%		
* Completed HS diploma/GED, no further ed	7.1%	5.9%		
* enrolled in post HS ED	7.1%	5.9%		
Education status over time for clients <u>with</u> HS Diploma/GED at Intake - Education beyond high school at 24 months postpartum: <i>(QST- Table 27) Cumulative data</i>				
	12.5%	12.0%		
Workforce participation over time among clients 17 yrs. and younger at intake: <i>(QST-Table 28) Cumulative data</i>				
* 12 months postpartum	43.8 %	44.4%		
* 18 months postpartum	35.7 %	37.5%		
* 24 months postpartum	57.1 %	56.3%		
Workforce participation over time among clients 18 yrs. and older at intake: <i>(QST-Table 29) Cumulative data</i>				
* 12 months postpartum	51.9 %	53.1%		
* 18 months postpartum	53.6 %	51.5%		
* 24 months postpartum	50.0 %	51.7%		
Married over time - Intake to 24 months <i>(Maternal Outcome Report- Table 12) Cumulative data</i>	26.8%	26.1%		33.4%
Child Outcomes				
Occurrence of Breastfeeding				

NFP Yearly Data	2008	2009		National NFP
(QST-Table 19)				
* Birth	87.7%	87.8%		
* 6 months Postpartum	27.3%	25.6%		
* 12 Months Postpartum	12.5%	14.7%		
Infants current with Immunizations: <i>(QST- Table 20) Cumulative data (24 months)</i>	87.5%	85.0%		
Percentile breakdown of Language scores for toddlers: <i>(QST-Table 21)</i> <i>Cumulative data (age 21 months)</i> <i>report percentage >=10%</i>	7.0% >10% 27.9% 26-50% 25.6% 51-75% 35.3% >75%	12.0% >10% 28.0% 26-50% 24.0% 51-75% 24.0% >75%		
Infant development - Ages & Stages <i>(QST-Table 22) Cumulative data (age 20 months) % Assessed or May Need Further Evaluation</i>	88.9% assessed 6.3% need further evaluation	74.1% assessed 5.0% need further evaluation		
Infant Social Development - Ages & Stages-Social and Emotional: <i>(QST Table 23) Cumulative data (age 24 months)</i> <i>% Assessed or May Need Further Evaluation</i>	77.8% assessed 0% need further evaluation	66.7% assessed 0% need further evaluation		
Use of Public Assistance Programs <i>(Maternal Outcomes Report Table 13)</i> <i>cumulative data</i>				
WIC				
Intake	66.2%	65.4%		73.1%
6 months postpartum	76.5%	77.6%		88.8%
12 months postpartum	74.7%	76.3%		84.7%
18 months postpartum	68.5%	67.7%		77.3%

NFP Yearly Data	2008	2009	National NFP
24 months postpartum	57.1%	57.4%	71.4%
Medicaid use (mother) ##			
Intake	73.0%	74.1%	66.6%
6 months postpartum	79.1%	76.8%	72.6%
12 months postpartum	81.0%	76.3%	65.5%
18 months postpartum	68.5%	64.5%	62.6%
24 months postpartum	71.4%	72.3%	60.5%
Food Stamps			
Intake	12.7%	13.2%	17.8%
6 months postpartum	26.1%	25.6%	31.3%
12 months postpartum	30.4%	33.3%	32.5%
18 months postpartum	24.1%	27.4%	34.2%
24 months postpartum	26.2%	25.5%	33.7%
TANF (Power Program)			
Intake	8.4%	8.6%	6.4%
6 months postpartum	14.8%	13.6%	14.4%
12 months postpartum	30.4%	12.9%	14.0%
18 months postpartum	24.1%	4.8%	14.3%
24 months postpartum	26.2%	8.5%	13.6%

TABLE 12: CAMPBELL COUNTY

NFP Yearly Data	2008	2009	National NFP
Who provides NFP Coordinator/supervision? (Local Coordinator/County Manager/Regional Coordinator)	Jane Bradberry, RN	Jane Bradberry, RN	N/A

NFP Yearly Data	2008	2009		National NFP
List your NFP Home Visitors and the % of FTE designated for NFP specifically.	♦ Reba Linblom, RN 40% ♦ Joli Carr, RN 30%	♦ Reba Lindblom, RN 40% ♦ Joli Carr, RN 30% ♦ Amber Grubb, RN 15%		N/A
What is your locally designated NFP caseload target?	49 per state 14-per county FTE	49 per state 17 per county FTE		
Are we reaching our target population? Demographic characteristics of clients at program intake <i>(Client Characteristics Report - Table 1)</i>	N=6	N=8		
Age:				
* <15 years	0	12.50%		
* 15-19 years	100%	75%		
*20-29 years	0	12.50%		
*30+ years	0	0		
Unmarried	83.33%	100%		
Race/Ethnicity				
* American Indian/Native American	0	16.67%		
* Black/African American	0	0		
* Asian/Pacific Islander	0	0		
* White Non-Hispanic	83.33%	50%		
* Hispanic/Latina	16.67%	33.33%		
* Multiracial/Other	0	0		
Education				

NFP Yearly Data	2008	2009		National NFP
* With HS diploma/GED at intake	33.33%	33.33%		
* Median grade completed for those w/o HS diploma/GED at intake	10.5	8.5		
* Enrolled in school at intake	50%	50%		
Economic Factors				
* Median household income	\$45,000	\$7,500		
* Unemployed at intake	33.33%	83.33%		
Government Assistance Use				
* WIC	50%	83.33%		
* Medicaid	66.67%	50%		
* Food Stamps	0	0		
* TANF/(WY. POWER program)	33.33%	83.33%		
First time mothers	100%	100%		
Number of Families served (Implementing Agency Caseload Profile Report - Figure 2: Number of Families Served By Year)	17	13		
Total completed Visits & Attempted visits (Client visits Report : Table 8 - Number of Visits Last Year and Table 9 – Number of Visits Year to Date.)	115	77		
Referrals to other Providers- (Gov. assistance, Crisis Intervention, Mental Health/Substance, Health care, Developmental Ref. Education, Other) (Service Linkages Report - Table 1: Referrals to Other Services and Distribution By Category- Last Calendar Year)	39	37		
Miles traveled on visits including cost of travel (CIS mileage report)	951			

NFP Yearly Data	2008	2009		National NFP
		530		
Number of referrals for NFP - <i>(Client Enrollment Report - Table 2)</i>	32	32		
Maternal Outcomes				
Graduates from NFP program: <i>(QST - Table 1: Current Quarter - add up all four quarters)</i>	3	0		
Change in Maternal Smoking during pregnancy: <i>(QST - Table 15) Cumulative data</i>	0	0		
Premature Birth <i>(QST- Table 17a) Cumulative data</i>	2.5%	4.8%		
Low Birth Weight (LBW) <i>(QST- Table 18a) Cumulative data</i>	6.3%	8.3%		
Education Status over time for clients <u>without</u> HS Diploma/GED at Intake - <u>12 months postpartum</u>: <i>(QST- Table 26a) Cumulative data</i>				
* Still in school	40%	40%		
* Completed HS diploma/GED- no further ed	30%	30%		
* enrolled in post HS ED	10%	10%		
Education Status over time for clients <u>without</u> HS Diploma/GED at Intake - <u>24 months postpartum</u>: <i>(QST- Table 26b) Cumulative data</i>				
* Still in school	20%	20%		
* Completed HS diploma/GED, no further ed	60%	60%		

NFP Yearly Data	2008	2009		National NFP
* enrolled in post HS ED	10%	10%		
Education status over time for clients with HS Diploma/GED at Intake - Education beyond high school at 24 months postpartum: (QST- Table 27) Cumulative data	10%	10%		
Workforce participation over time among clients 17 yrs. and younger at intake: (QST-Table 28) Cumulative data				
* 12 months postpartum	37.5%	37.5%		
* 18 months postpartum	25%	25%		
* 24 months postpartum	28.6%	28.6%		
Workforce participation over time among clients 18 yrs. and older at intake: (QST-Table 28) Cumulative data				
* 12 months postpartum	69.2%	69.2%		
* 18 months postpartum	76.9%	76.9%		
* 24 months postpartum	71.4%	71.4%		
Married over time - Intake to 24 months (Maternal Outcome Report- Table 12) Cumulative data	38.1%	38.1%		
Child Outcomes				
Occurrence of Breastfeeding				
* Birth	89.4%	88.2%		
* 6 months Postpartum	15.8%	17.5%		
* 12 Months Postpartum	12.5%	12.5%		
Infants current with Immunizations: (QST- Table 20) Cumulative data (24 months)	100%	100%		

NFP Yearly Data	2008	2009		National NFP
Percentile breakdown of Language scores for toddlers: (QST-Table 21) <i>Cumulative data (age 21 months) report percentage >=10%</i>	93.3%	93.3%		
Infant development - Ages & Stages (QST-Table 22) <i>Cumulative data (age 20 months) % Assessed or May Need Further Evaluation</i>	72.7%	72.7%		
Infant Social Development - Ages & Stages-Social and Emotional: (QST Table 23) <i>Cumulative data (age 24 months) % Assessed or May Need Further Evaluation</i>	97.7%	97.7%		
Use of Public Assistance Programs (Maternal Outcomes Report Table 13) <i>cumulative data</i>				
WIC				
Intake	76.1%	76.5%		
6 months postpartum	80.4%	81.6%		
12 months postpartum	60.0%	61.3%		
18 months postpartum	52.0%	52.0%		
24 months postpartum	42.9%	42.9%		
Medicaid use (mother) ##				
Intake	81.5%	79.6%		
6 months postpartum	71.7%	71.4%		
12 months postpartum	53.5%	51.6%		
18 months postpartum	44.0%	44.0%		
24 months postpartum	42.9%	42.9%		
Food Stamps				
Intake	6.5%	6.1%		
6 months postpartum	13.0%	12.2%		

NFP Yearly Data	2008	2009		National NFP
12 months postpartum	6.7%	6.5%		
18 months postpartum	8.0%	8.0%		
24 months postpartum	9.5%	9.5%		
TANF (Power Program)				
Intake	4.3%	9.2%		
6 months postpartum	8.7%	10.2%		
12 months postpartum	3.3%	3.2%		
18 months postpartum	4.0%	4.0%		
24 months postpartum	4.8%	4.8%		

TABLE 13: SWEETWATER COUNTY

NFP Yearly Data	2008	2009		National NFP
Who provides NFP Coordinator/supervision? (Local Coordinator/County Manager/Regional Coordinator)	Jean Brunz, RN	Jean Brunz, RN		N/A
List your NFP Home Visitors and the % of FTE designated for NFP specifically. (approximate)	Carolyn Darlington, RN 35% Teresa Weyer, RN 35% Jean Brunz, RN 20%	Carolyn Darlington, RN 35% Teresa Weyer, RN 35% Jean Brunz, RN 20%		N/A
What is your locally designated NFP caseload target?	Around 25	Around 25		

NFP Yearly Data	2008	2009		National NFP
Are we reaching our target population? Demographic characteristics of clients at program intake (Client Characteristics Report - Table 1)	N= 15	N=6		
Age:				
* <15 years	0%	0%		2.71%
* 15-19 years	46.67%	66.67%		53.95%
* 20-29 years	46.67%	33.34%		39.08%
* 30+ years	6.67%	0%		4.26%
Unmarried	80.00%	83.33%		87.76%
Race/Ethnicity				
* American Indian/Native American	0%	0%		3.04%
* Black/African American	0%	0%		28.89%
* Asian/Pacific Islander	6.67%	0%		1.63%
* White Non-Hispanic	53.33%	100%		31.66%
* Hispanic/Latina	33.33%	0%		29.15%
* Multiracial/Other	6.67%	0%		5.63%
Education				
* With HS diploma/GED at intake	46.67%	83.33%		51.19%
* Median grade completed for those w/o HS diploma/GED at intake	10.50	10.00		10.00
* Enrolled in school at intake	46.67%	0%		42.78%
Economic Factors				

NFP Yearly Data	2008	2009		National NFP
* Median household income	\$25,000.00	\$0.00		\$13,500.00
* Unemployed at intake	60%	100%		69.30%
Government Assistance Use				
* WIC	60%	50%		70.76%
* Medicaid	73.33%	83.33%		71.37%
* Food Stamps	0%	0%		21.11%
* TANF/(WY. POWER program)	0%	0%		8.15%
First time mothers	100%	100%		99.54%
Number of Families served <i>(Implementing Agency Caseload Profile Report - Figure 2: Number of Families Served By Year)</i>	32	23		
Total completed Visits & Attempted visits <i>(Client visits Report : Table 8 - Number of Visits Last Year and Table 9 – Number of Visits Year to Date.)</i>	330 completed 45 attempted	198 completed 18 attempted		
Referrals to other Providers- (Gov. assistance, Crisis Intervention, Mental Health/Substance, Health care, Developmental Ref. Education, Other) <i>(Service Linkages Report - Table 1: Referrals to Other Services and Distribution By Category-Last Calendar Year)</i>	63	43		
Miles traveled on visits including cost of travel <i>(CIS mileage report)</i>	2431 miles at 58.5 cents a mile. \$1422.13	2225 miles at 55 cents a mile. \$1223.75		
Number of referrals for NFP -	37	34		

NFP Yearly Data	2008	2009		National NFP
<i>(Client Enrollment Report - Table 2)</i>				
Maternal Outcomes				
Graduates from NFP program: <i>(QST - Table 1: Current Quarter - add up all four quarters)</i>	3	3		
Change in Maternal Smoking during pregnancy: <i>(QST - Table 15) Cumulative data</i>	-19%	-20%		-15% 2008 -15% 2009
Premature Birth <i>(QST- Table 17a) Cumulative data</i>	9.5%	9.1%		9.7% 2008 9.7% 2009
Low Birth Weight (LBW) <i>(QST- Table 18a) Cumulative data</i>	7.4%	7.1%		10.6% 2008 9.3% 2009
Education Status over time for clients <u>without</u> HS Diploma/GED at Intake - <u>12</u> months postpartum: <i>(QST- Table 26a) Cumulative data</i>				
* Still in school	28.6%	26.7%		32.1% 2008 32.3% 2009
* Completed HS diploma/GED- no further ed	21.4%	20%		20.1% 2008 19.8% 2009
* enrolled in post HS ED	7.1%	6.7%		9% 2008/9% 2009
Education Status over time for clients <u>without</u> HS Diploma/GED at Intake - <u>24</u> months postpartum: <i>(QST- Table 26b) Cumulative data</i>				
* Still in school	28.6%	26.7%		20.4% 2008 20.2% 2009
* Completed HS diploma/GED, no further ed	28.6%	26.7%		20.4% 2008 28.8% 2009

NFP Yearly Data	2008	2009		National NFP
* enrolled in post HS ED	7.1%	6.7%		13.8% 2008 14.1% 2009
Education status over time for clients <u>with</u> HS Diploma/GED at Intake - <u>Education beyond high school at 24 months postpartum: (QST- Table 27) Cumulative data</u>	5.9%	5.3%		22.8% 2008 22.9% 2009
Workforce participation over time among clients 17 yrs. and younger at intake: (QST- Table 28) Cumulative data				
* 12 months postpartum	50%	50%		32.8% 2008 32.6% 2009
* 18 months postpartum	42.9%	42.9%		29.5% 2008 38.7% 2009
* 24 months postpartum	50%	50%		43.4% 2008 42.5% 2009
Workforce participation over time among clients 18 yrs. and older at intake: (QST- Table 29) Cumulative data				
* 12 months postpartum	53.8%	50%		51.1% 2008 50.8% 2009
* 18 months postpartum	33.3%	31%		53.7% 2008 53.3% 2009
* 24 months postpartum	43.5%	46.2%		56.7% 2008 56.4% 2009
Married over time - Intake to 24 months (Maternal Outcome Report- Table 12) Cumulative data	30.6% to 55.2%	31.6% to 56.3%		22.4% to 34.4% 08 21.9% to 33.4% 09
Child Outcomes				

NFP Yearly Data	2008	2009		National NFP
Occurrence of Breastfeeding				
* Birth	85%	86%		76% 08/77% 09
* 6 months Postpartum	29%	29%		27% 08/27% 09
* 12 Months Postpartum	6%	8%		16% 08/16% 09
Infants current with Immunizations: (QST- Table 20) Cumulative data (24 months)	100%	100%		91.7% 2008 91.1% 2009
Percentile breakdown of Language scores for toddlers: (QST-Table 21) Cumulative data (age 21 months) report percentage less than 10%	17.9% (less than 10 th percentile)	17.2% (less than 10 th percentile)		01.5% 08 10.3% 09 (NFP objective 25% or less)
Infant development - Ages & Stages (QST-Table 22) Cumulative data (age 20 months) % Assessed or May Need Further Evaluation	100% assessed 18.2%	100% assessed 21.4%		15.3% 2008 15.9% 2009
Infant Social Development - Ages & Stages-Social and Emotional: (QST Table 23) Cumulative data (age 24 months) % Assessed or May Need Further Evaluation	90.9% assessed 10%	92.9% assessed 7.7%		5.7% 2008 4.9% 2009
Use of Public Assistance Programs (Maternal Outcomes Report Table 13) cumulative data				
WIC				
Intake	50.9%	50.6%		75.1% 2008 73.1% 2009
6 months postpartum	76.8%	75.6%		87.7% 2008 88.8% 2009
12 months postpartum	65%	66.2%		82.8% 2008 84.7% 2009
18 months postpartum	65.8%	65%		74.8% 2008

NFP Yearly Data	2008	2009		National NFP
				77.3% 2009
24 months postpartum	58.1%	55.9%		68.9% 2008 71.4% 2009
Medicaid use (mother) ##				
Intake	71.3%	71.9%		77.7% 2008 66.6% 2009
6 months postpartum	70.7%	70%		76.3% 2008 72.6% 2009
12 months postpartum	58.3%	58.5%		73.1% 2008 65.5% 2009
18 months postpartum	71.1%	70%		69.1%2008 62.6%2009
24 months postpartum	58.1%	52.9%		69.8% 2008 60.5% 2009
Food Stamps				
Intake	5.8%	5.6%		17.7% 2008 17.8% 2009
6 months postpartum	18.3%	16.7%		29.4% 2008 31.3% 2009
12 months postpartum	16.7%	15.4%		30.7% 2008 32.5% 2009
18 months postpartum	10.5%	10%		32.3% 2008 34.2% 2009
24 months postpartum	16.1%	14.7%		31.8% 2008 33.7% 2009
TANF (Power Program)				
Intake	4.1%	3.9%		6.1% 2008 6.4% 2009
6 months postpartum	4.9%	4.4%		13.8% 2008 14.4% 2009

NFP Yearly Data	2008	2009		National NFP
12 months postpartum	3.3%	3.1%		13.6% 2008 14% 2009
18 months postpartum	2.6%	2.5%		13.8% 2008 14.3% 2009
24 months postpartum	3.2%	2.9%		13.1% 2008 13.6% 2009

TABLE 14: ALBANY COUNTY

NFP Yearly Data	2008	2009	National NFP
Who provides NFP Coordinator/supervision? (Local Coordinator/County Manager/Regional Coordinator)	Sue Smith, R.N.		N/A
List your NFP Home Visitors and the % of FTE designated for NFP specifically.		Linda Valenti : 50 % Karol Hodges : 50 %	N/A
What is your locally designated NFP caseload target?		12	
Are we reaching our target population? Demographic characteristics of clients at program intake (Client Characteristics Report - Table 1)	N = 15	N = 21	
Age:			
* <15 years	0 %	0 %	2.71 %
* 15-19 years	60 %	19.05 %	53.95 %
* 20-29 years	33.33 %	66.66 %	39.08 %
* 30+ years	6.67 %	14.29 %	4.26 %
Unmarried	90.00 %	63.16 %	87.76 %
Race/Ethnicity			
* American Indian/Native American	10.00 %	0.00 %	3.04 %
* Black/African American	10.00 %	0.00 %	28.89 %
* Asian/Pacific Islander	0.00 %	0.00 %	1.63 %
* White Non-Hispanic	40.00 %	78.95 %	31.66 %

NFP Yearly Data	2008	2009		National NFP
* Hispanic/Latina	40.00 %	10.53 %		29.15 %
* Multiracial/Other	0.00 %	10.53 %		5.63 %
Education				
* With HS diploma/GED at intake	60.00%	84.21 %		51.19 %
* Median grade completed for those w/o HS diploma/GED at intake	10.50	10.00		10.00
* Enrolled in school at intake	70.00%	84.21 %		42.78 %
Economic Factors				
* Median household income	4,500.00	13,500.00		13,500.00
* Unemployed at intake	20.00%	36.84 %		69.30 %
Government Assistance Use				
* WIC	100.00 %	68.42 %		70.76 %
* Medicaid	80.00%	73.68 %		71.37 %
* Food Stamps	40.00%	26.32 %		21.11 %
* TANF/(WY. POWER program)	20.00%	15.79 %		8.15 %
First time mothers	90.00 %	100 %		99.54 %
Number of Families served (Implementing Agency Caseload Profile Report - Figure 2: Number of Families Served By Year)	30	31		N/A
Total completed Visits & Attempted visits (Client visits Report : Table 8 - Number of Visits Last Year and Table 9 – Number of Visits Year to Date.)	244	207		N/A

NFP Yearly Data	2008	2009	National NFP
Referrals to other Providers- (Gov. assistance, Crisis Intervention, Mental Health/Substance, Health care, Developmental Ref. Education, Other) <i>(Service Linkages Report - Table 1: Referrals to Other Services and Distribution By Category- Last Calendar Year)</i>	111	158	N/A
Miles traveled on visits including cost of travel <i>(CIS mileage report)</i>	1101 miles @ \$.50 ~ \$550.50	720 miles @ \$.50 ~ \$360.00	N/A
Number of referrals for NFP - <i>(Client Enrollment Report - Table 2)</i>	8	203	N/A
Maternal Outcomes			
Graduates from NFP program: <i>(QST - Table 1: Current Quarter - add up all four quarters)</i>	2	0	N/A
Change in Maternal Smoking during pregnancy: <i>(QST - Table 15) Cumulative data</i>	-44	-44	-15
Premature Birth <i>(QST- Table 17a) Cumulative data</i>	18.5 (15)	17.9 % (15)	9.7%(6568)
Low Birth Weight (LBW) <i>(QST- Table 18a) Cumulative data</i>	9.9% (8)	9.5 % (8)	9.3%(6395)
Education Status over time for clients <u>without</u> HS Diploma/GED at Intake - <u>12 months postpartum:</u> <i>(QST- Table 26a) Cumulative data</i>			
* Still in school	0% (0)	0% (0)	32.0%(2924)
* Completed HS diploma/GED- no further ed	33.3% (2)	33.3% (2)	20.1%(1833)
* enrolled in post HS ED	50.0% (3)	50% (3)	9.0% (824)

NFP Yearly Data	2008	2009		National NFP
Education Status over time for clients <u>without</u> HS Diploma/GED at Intake - <u>24 months postpartum</u>: (QST- Table 26b) Cumulative data				
* Still in school	0% (0)	0% (0)		20.3%(1634)
* Completed HS diploma/GED, no further ed	100% (2)	100% (2)		28.8%(2323)
* enrolled in post HS ED	0% (0)	0% (0)		14.0%(1128)
Education status over time for clients <u>with</u> HS Diploma/GED at Intake - <u>Education beyond high school at 24 months postpartum</u>: (QST- Table 27) Cumulative data				
	25% (1)	25% (1)		23.0%(2041)
Workforce participation over time among clients 17 yrs. and younger at intake: (QST-Table 28) Cumulative data				
* 12 months postpartum	100% (3)	100 % (3)		32.7%(1829)
* 18 months postpartum	0% (0)	0 % (0)		39.0%(1983)
* 24 months postpartum	100% (1)	100 % (1)		42.6%(2086)
Workforce participation over time among clients 18 yrs. and older at intake: (QST-Table 28) Cumulative data				
* 12 months postpartum	30.0% (3)	30 % (3)		51.0%(6944)
* 18 months postpartum	70.0% (7)	70 % (7)		53.4%(6481)
* 24 months postpartum	71.4% (5)	71.4 % (5)		56.4%(6964)

NFP Yearly Data	2008	2009	National NFP
Married over time - Intake to 24 months (<i>Maternal Outcome Report- Table 12</i>) <i>Cumulative data</i>	N= 8 37.5%	N = 8 37.5%	33.4%
Child Outcomes			
Occurrence of Breastfeeding			
* Birth	86% (58)	89% (62)	77%
* 6 months Postpartum	58% (33)	53% (36)	27%
* 12 Months Postpartum	19.0% (21)	21% (24)	16%
Infants current with Immunizations: (<i>QST- Table 20</i>) <i>Cumulative data (24 months)</i>	100% (1)	100 % (1)	91.3%
Percentile breakdown of Language scores for toddlers: (<i>QST-Table 21</i>) <i>Cumulative data (age 21 months)</i> <i>report percentage >=10%</i>	10-25 0% (0) 26-50 30% (3) 51-75 20% (2) >75 50% (5)	10-25 % : (0) 0 % 26-50% : (3) 30 % 51-75 % : (2) 20 % >75 % : (5) 50 %	10-25 17.9% 26-50 26.3% 51-75 23.3% >75 22.2%
Infant development - Ages & Stages (<i>QST-Table 22</i>) <i>Cumulative data (age 20 months)</i> % Assessed or May Need Further Evaluation	Assessed: 20% (1) Further Eval.: 0% (0)	Assessed – 1 (20 %) Further – 0 (0%)	75.7% 15.7%
Infant Social Development - Ages & Stages-Social and Emotional: (<i>QST Table 23</i>) <i>Cumulative data (age 24 months)</i> % Assessed or May Need Further Evaluation	Assessed: 20.0% (1) Further Eval.: 0% (0)	Assessed – 1 (20%) Further – 0 (0%)	61.8% 5.1%
Use of Public Assistance Programs (<i>Maternal Outcomes Report Table 13</i>) <i>cumulative data</i>			

NFP Yearly Data	2008	2009	National NFP
WIC			
Intake	76.3	75.2%	73.1%
6 months postpartum	78.9	81.0%	88.8%
12 months postpartum	90.5	88.5%	84.7%
18 months postpartum	69.2	71.4 %	77.3%
24 months postpartum	62.5	62.5%	71.4%
Medicaid use (mother) ##			
Intake	83.5	82.1 %	66.6%
6 months postpartum	57.9	54.8 %	72.6%
12 months postpartum	61.9	61.5 %	65.5%
18 months postpartum	69.2	64.3 %	62.6%
24 months postpartum	50.0	50.0 %	60.5%
Food Stamps			
Intake	23.7	23.9 %	17.8%
6 months postpartum	26.3	26.2 %	31.3%
12 months postpartum	28.6	26.9 %	32.5%
18 months postpartum	23.1	28.6 %	34.2%
24 months postpartum	37.5	37.5 %	33.7%
TANF (Power Program)			
Intake	7.2	9.4 %	6.4%
6 months postpartum	5.3	4.8 %	14.4%
12 months postpartum	4.8	3.8 %	14.0%
18 months postpartum	0.0	0 %	14.3%
24 months postpartum	0.0	0 %13.6%	

TABLE 15: NATRONA COUNTY

NFP Yearly Data	2008	2009	National NFP
Who provides NFP Coordinator/supervision? (Local Coordinator/County Manager/Regional Coordinator)	Linda Hopper	Lori Saunders 11%	N/A
List your NFP Home Visitors and the % of FTE designated for NFP specifically.	J Albright 23% B Dunlap 37% W Matson .1% L Saunders 17% S Depaolo 24%	J Albright 15% B Dunlap 36% W Matson 16% M Madariaga 12%	N/A
What is your locally designated NFP caseload target?	100	60	
Are we reaching our target population? Demographic characteristics of clients at program intake (Client Characteristics Report - Table 1)	N=32	N=61	
Age:			
* <15 years	6.45%	0%	
* 15-19 years	51.61%	57.38%	
* 20-29 years	38.71%	36.07%	
* 30+ years	3.23%	6.56%	
Unmarried	82%	85%	
Race/Ethnicity			
* American Indian/Native American	0%	2.08%	
* Black/African American	4.17%	0%	
* Asian/Pacific Islander	4.17%	2.08%	

NFP Yearly Data	2008	2009		National NFP
* White Non-Hispanic	75%	89.58%		
* Hispanic/Latina	16.67%	2.08%		
* Multiracial/Other	0%	4.17%		
Education				
* With HS diploma/GED at intake	33.33%	66.67%		
* Median grade completed for those w/o HS diploma/GED at intake	10	10		
* Enrolled in school at intake	45.83%	39.58%		
Economic Factors				
* Median household income	\$17500	\$17500		
* Unemployed at intake	62.50%	60.42%		
Government Assistance Use				
* WIC	55%	53%		
* Medicaid	38%	62%		
* Food Stamps	3%	4%		
* TANF/(WY. POWER program)	14%	17%		
First time mothers	100%	100%		
Number of Families served (Implementing Agency Caseload Profile Report - Figure 2: Number of Families Served By Year)	84	101		
Total completed Visits & Attempted visits (Client visits Report : Table 8 - Number of Visits Last Year and Table 9 – Number of Visits Year to Date.)	896/73	784/53		

NFP Yearly Data	2008	2009		National NFP
Referrals to other Providers- (Gov. assistance, Crisis Intervention, Mental Health/Substance, Health care, Developmental Ref. Education, Other) <i>(Service Linkages Report - Table 1: Referrals to Other Services and Distribution By Category- Last Calendar Year)</i>	292	240		
Miles traveled on visits including cost of travel <i>(CIS mileage report)</i>	6344/\$1586	4999/\$1249.75		
Number of referrals for NFP - <i>(Client Enrollment Report - Table 2)</i>	83	155		
Maternal Outcomes Last Quarter Only				
Graduates from NFP program: <i>(QST - Table 1: Current Quarter - add up all four quarters)</i>		1		
Change in Maternal Smoking during pregnancy: <i>(QST - Table 15) Cumulative data</i>		12		
Premature Birth <i>(QST- Table 17a)Cumulative data</i>		14		
Low Birth Weight (LBW) <i>(QST- Table 18a) Cumulative data</i>		14		
Education Status over time for clients <u>without</u> HS Diploma/GED at Intake - <u>12 months postpartum:</u> <i>(QST- Table 26a) Cumulative data</i>		Intake 50% 12 Months 35%		
* Still in school		50%		

NFP Yearly Data	2008	2009		National NFP
* Completed HS diploma/GED- no further ed		50%		
* enrolled in post HS ED		0%		
Education Status over time for clients without HS Diploma/GED at Intake - 24 months postpartum: <i>(QST- Table 26b) Cumulative data</i>				
* Still in school		20.7%/29.6%		
* Completed HS diploma/GED, no further ed		79.3%/79.2%		
* enrolled in post HS ED				
Education status over time for clients with HS Diploma/GED at Intake - Education beyond high school at 24 months postpartum: (QST- Table 27) <i>Cumulative data</i>				
		20.8%		
Workforce participation over time among clients 17 yrs. and younger at intake: (QST-Table 28) Cumulative data		16.7%		
* 12 months postpartum		6.7%		
* 18 months postpartum		50%		
* 24 months postpartum		60%		
Workforce participation over time among clients 18 yrs. and older at intake: (QST-Table 28) Cumulative data		63.9%		
* 12 months postpartum		60.5%		
* 18 months postpartum		61.8%		
* 24 months postpartum		61.3%		

NFP Yearly Data	2008	2009		National NFP
Married over time - Intake to 24 months (<i>Maternal Outcome Report- Table 12</i>) <i>Cumulative data</i>		Intake 15.4% 6m 26% 12m 31.4% 18m 34.8% 24m 39%		
Child Outcomes				
Occurrence of Breastfeeding				
* Birth		84.5%		
* 6 months Postpartum		24.4%		
* 12 Months Postpartum		10.2%		
Infants current with Immunizations: (<i>QST- Table 20</i>) <i>Cumulative data (24 months)</i>		100%		
Percentile breakdown of Language scores for toddlers: (<i>QST-Table 21</i>) <i>Cumulative data (age 21 months)</i> <i>report percentage >=10%</i>		Do not have information		
Infant development - Ages & Stages (<i>QST-Table 22</i>) <i>Cumulative data (age 20 months)</i> <i>% Assessed or May Need Further Evaluation</i>		Do not have information		
Infant Social Development - Ages & Stages-Social and Emotional: (<i>QST Table 23</i>) <i>Cumulative data (age 24 months)</i> <i>% Assessed or May Need Further Evaluation</i>		Do not have information		
Use of Public Assistance Programs (<i>Maternal Outcomes Report Table 13</i>) <i>cumulative data</i>				
WIC				
Intake		60.6%		
6 months postpartum		72.8%		

NFP Yearly Data	2008	2009		National NFP
12 months postpartum		65.4%		
18 months postpartum		40%		
24 months postpartum		48.8%		
Medicaid use (mother) ##				
Intake		56.7%		
6 months postpartum		55.3%		
12 months postpartum		43.6%		
18 months postpartum		41.8%		
24 months postpartum		53.7%		
Food Stamps				
Intake		5.2%		
6 months postpartum		17.5%		
12 months postpartum		17.9%		
18 months postpartum		10.9%		
24 months postpartum		9.8%		
TANF (Power Program)				
Intake		38.1%		
6 months postpartum		30.7%		
12 months postpartum		25.6%		
18 months postpartum		25.5%		
24 months postpartum		26.8%		

TABLE 16: LARAMIE COUNTY

NFP Yearly Data	2008	2009	National NFP
Who provides NFP Coordinator/supervision? (Local Coordinator/County Manager/Regional Coordinator)	Sue Smith, R.N.		N/A
List your NFP Home Visitors and the % of FTE designated for NFP specifically.		Alicia Smith: 70% Monette McKee: 50% Jennifer Wilhelm : Resigned (was 50%)	N/A
What is your locally designated NFP caseload target?	Was 30, but 20 since agency	is more reasonable lost trained NFP	for now nurse.
Are we reaching our target population? Demographic characteristics of clients at program intake (Client Characteristics Report - Table 1)	N= 16	N= 10	
Age:			
* <15 years	0 %	0 %	2.71 %
* 15-19 years	50 %	70 %	53.95 %
*20-29 years	50 %	30 %	39.08 %
*30+ years	0 %	0 %	4.26 %
Unmarried	92.31 %	90.00 %	87.76 %
Race/Ethnicity			
* American Indian/Native American	0 %	0 %	3.04 %
* Black/African American	0 %	0 %	28.89 %
* Asian/Pacific Islander	0 %	0 %	1.63 %

NFP Yearly Data	2008	2009		National NFP
* White Non-Hispanic	84.62 %	80.00 %		31.66 %
* Hispanic/Latina	15.38 %	10.00		29.15 %
* Multiracial/Other	0 %	10.00 %		5.63 %
Education				
* With HS diploma/GED at intake	61.54 %	50.00 %		51.19 %
* Median grade completed for those w/o HS diploma/GED at intake	11.00	11.00		10.00
* Enrolled in school at intake	38.46 %	50.00 %		42.78 %
Economic Factors				
* Median household income	9,000.00	17,500.00		13,500.00
* Unemployed at intake	61.64 %	50.00 %		69.30 %
Government Assistance Use				
* WIC	69.23 %	60.00 %		70.76 %
* Medicaid	69.23 %	70.00 %		71.37 %
* Food Stamps	7.69 %	20.00 %		21.11 %
* TANF/(WY. POWER program)	38.46 %	20.00 %		8.15 %
First time mothers	100.00 %	100.00 %		99.54 %
Number of Families served (Implementing Agency Caseload Profile Report - Figure 2: Number of Families Served By Year)	23	22		N/A
Total completed Visits & Attempted visits (Client visits Report : Table 8 - Number of Visits Last Year and Table 9 – Number of Visits Year to Date.)	181	229		N/A

NFP Yearly Data	2008	2009	National NFP
Referrals to other Providers- (Gov. assistance, Crisis Intervention, Mental Health/Substance, Health care, Developmental Ref. Education, Other) <i>(Service Linkages Report - Table 1: Referrals to Other Services and Distribution By Category- Last Calendar Year)</i>	230	256	N/A
Miles traveled on visits including cost of travel <i>(CIS mileage report)</i>	1630 miles @ \$.50 ~ \$815.00	2807 miles @ \$.50 ~ \$1,403.50	N/A
Number of referrals for NFP - <i>(Client Enrollment Report - Table 2)</i>	148	88	N/A
Maternal Outcomes			
Graduates from NFP program: <i>(QST - Table 1: Current Quarter - add up all four quarters)</i>	0	2	N/A
Change in Maternal Smoking during pregnancy: <i>(QST - Table 15) Cumulative data</i>	Relative Change -31	Relative Change -28	-15
Premature Birth <i>(QST- Table 17a)Cumulative data</i>	10.6% (11)	10.1% (11)	9.7%(6568)
Low Birth Weight (LBW) <i>(QST- Table 18a) Cumulative data</i>	11.4% (12)	11.8% (13)	9.3%(6395)
Education Status over time for clients <u>without</u> HS Diploma/GED at Intake - <u>12 months postpartum</u>: <i>(QST- Table 26a) Cumulative data</i>			
* Still in school	40% (2)	33.3% (2)	32.3%(2924)
* Completed HS diploma/GED- no further ed	0% (0)	0% (0)	22.4%(33)
* enrolled in post HS ED	0% (0)	0% (0)	9.0% (719)

NFP Yearly Data	2008	2009	National NFP
Education Status over time for clients <u>without</u> HS Diploma/GED at Intake - <u>24 months postpartum</u>: (QST- Table 26b) Cumulative data			
* Still in school	50.0% (2)	40% (2)	20.3%(1634)
* Completed HS diploma/GED, no further ed	0% (0)	0% (0)	28.8%(2323)
* enrolled in post HS ED	0% (0)	0% (0)	14.0%(1128)
Education status over time for clients <u>with</u> HS Diploma/GED at Intake - <u>Education beyond high school at 24 months postpartum</u>: (QST- Table 27) Cumulative data	100% (2)	66.7% (2)	23% (2041))
Workforce participation over time among clients 17 yrs. and younger at intake: (QST-Table 28) Cumulative data			
* 12 months postpartum	25% (1)	25% (1)	32.7%(1829)
* 18 months postpartum	0% (0)	0% (0)	39.0%(1983)
* 24 months postpartum	0% (0)	0% (0)	42.6%(2086)
Workforce participation over time among clients 18 yrs. and older at intake: (QST-Table 28) Cumulative data			
* 12 months postpartum	50% (2)	50% (3)	51.0%(6944))
* 18 months postpartum	75% (3)	66.7% (4)	53.4%(6481)
* 24 months postpartum	75% (3)	50% (3)	56.4%(6964)
Married over time - Intake to 24 months (Maternal Outcome Report- Table 12) Cumulative data	N= 7 57.1%	N = 9 66.7%	33.4 %
Child Outcomes			
Occurrence of Breastfeeding			

NFP Yearly Data	2008	2009	National NFP
* Birth	82% (55)	83% (65)	77%
* 6 months Postpartum	31% (26)	29% (31)	27%
* 12 Months Postpartum	14% (14)	20% (20)	16%
Infants current with Immunizations: <i>(QST- Table 20) Cumulative data (24 months)</i>	0% (0)	100% (2)	91.1%(7050)
Percentile breakdown of Language scores for toddlers: <i>(QST-Table 21) Cumulative data (age 21 months) report percentage >=10%</i>	10-25 0% (0) 26-50 0% (0) 51-75 50% (2) >75 50% (2)	10-25 0% (0) 26-50 0% (0) 51-75 60% (3) >75 40% (3)	10-25 17.9% 26-50 26.3% 51-75 23.3% >75 22.2%
Infant development - Ages & Stages <i>(QST-Table 22) Cumulative data (age 20 months) % Assessed or May Need Further Evaluation</i>	Assessed: 0% (0) Further Eval.: 0% (0)	Assessed: 100 % (2) Further Eval. (0)	Assessed: 75.7% Further Eval.: 15.7%
Infant Social Development - Ages & Stages-Social and Emotional: <i>(QST Table 23) Cumulative data (age 24 months) % Assessed or May Need Further Evaluation</i>	Assessed: 0% (0) Further Eval.: 0% (0)	Assessed: 100 % (2) Further Eval. (0)	Assessed: 61.8% Further Eval.: 5.1%
Use of Public Assistance Programs <i>(Maternal Outcomes Report Table 13) cumulative data</i>			
WIC			
Intake	63.9%	63.7 %	73.1%
6 months postpartum	86.8%	86.0 %	88.8%
12 months postpartum	89.5%	90.5 %	84.7%
18 months postpartum	88.9%	90.9 %	77.3%
24 months postpartum	85.7%	66.7 %	71.4%

NFP Yearly Data	2008	2009		National NFP
Medicaid use (mother) ##				
Intake	80.3%	79.6 %		66.6%
6 months postpartum	65.8%	67.4 %		72.6%
12 months postpartum	68.4%	71.4 %		65.5%
18 months postpartum	55.6%	54.5 %		62.6%
24 months postpartum	71.4%	55.6 %		60.5%
Food Stamps				
Intake	10.9%	11.5 %		17.8%
6 months postpartum	26.3%	25.6 %		31.3%
12 months postpartum	31.6%	33.3 %		32.5%
18 months postpartum	22.2%	36.4 %		34.2%
24 months postpartum	28.6%	22.2 %		33.7%
TANF (Power Program)				
Intake	15.6%	15.9 %		6.4%
6 months postpartum	5.3%	7.0 %		14.4%
12 months postpartum	10.5%	9.5 %		14.0%
18 months postpartum	0.0%	0%		14.3%
24 months postpartum	0.0%	0 %		13.6%

Appendix B

Carbon County

Services in Carbon County are primarily provided by Carbon County Counseling Center (CCCC) located in Rawlins with a satellite office in Saratoga. A smaller town, Baggs, is also located within Carbon County. The Wyoming State Penitentiary is sited in Rawlins, and those persons who relocate there to follow an inmate impact the population needing mental health and substance abuse services locally. Carbon County covers 7,896 square miles of Wyoming.

Substance Abuse Services - CCCC provides client assessment, outpatient and intensive outpatient treatment, group therapy, case management and medication management.

Mental Health Services - CCCC provides the full array of core services except day treatment. Specialized services include: rehabilitative services, emergency services and recreational/socialization services. CCCC also provides crisis stabilization services through the evidence-based practice, Assertive Community Treatment (ACT). This program delivers needed services to consumers in crisis through an integrated community team.

Service Gaps

Substance Abuse Services - Gaps in this county are the availability of local substance abuse residential treatment and transitional housing and social and medically managed detoxification services.

Mental Health Services - Identified gaps in this at-risk county include the availability of a wider array of mental health housing opportunities and low income housing and the development of day treatment for adults with mental illness. CCCC provides services to eight persons in its group home, but more group home access is needed. A tremendous gap in this county is the need for services for transitional aged youth and older adults.

Fremont County

State funded services in this at-risk county are provided through the following agencies: Fremont Counseling Services is the identified community mental health/substance abuse center and has offices in Lander and Riverton; Fremont County Alcohol Crisis Center provides both social detox services and transitional housing; Sho-Rap provides transitional housing services for the Shoshoni and Arapahoe Native American tribes; Wind River Health Care provides services to the homeless population through the federal PATH grant and is one of three federally qualified health centers (FQHC) in Wyoming.

Although at first glance there may seem to be a broad spectrum of services available to residents in the county, the immense size of the county and the great need for services for persons living on the Wind River Indian Reservation make this area extremely at-risk. The area of Fremont County is 9,183 square miles, and the Wind River Indian Reservation is 38% of that area, or 3,471 square miles.

Substance Abuse Services – Client assessment, outpatient and intensive outpatient treatment, group therapy, case management, medication management, and social detox. Transitional housing in Fremont County is available in Riverton at the Mountain View Transitions Program located in a newly refurbished motel. It provides 12 beds, and the Sho-Rap House provides eight beds.

Mental Health Services - Fremont Counseling Services provides the full range of core services, except for day treatment. Specialty services provided by Fremont Counseling Services include rehabilitative services, employment and emergency services, and recreational and socialization services.

Service Gaps

Substance Abuse Services – Culturally sensitive substance abuse treatment services are widely needed in Fremont County. There is no local residential substance abuse treatment available in the county, and this remains a need. Although there are currently 20 beds for transitional housing available in Fremont County, there a need remains for this type of housing in Lander and for more beds on the Wind River Indian Reservation.

Mental Health Services - Services directed at impacting older adults and transitional aged youth have not been widely developed. Creating more housing opportunities for low income persons is needed. Transportation services are needed due to the size and population of the county. Crisis Stabilization and day treatment is also an identified gap in Fremont County.

Campbell County

Campbell County is located in a 4,796 square mile area in north central Wyoming. The identified community mental health/substance abuse center in this county is Behavioral Health of Campbell County, which is offered at Campbell County Memorial Hospital. Additionally, extensive adolescent treatment services are provided through state funding to the Yes House (Youth Emergency Services, Inc.). YES House provides 10 programs from prevention (mentoring, after-school and summer programs), to adolescent social detox services, intervention (Crisis Shelter), intensive out-patient (day treatment), and a residential treatment program.

Substance abuse services available in Campbell County include: client assessment, outpatient and intensive outpatient treatment, group therapy, case management, and medication management. Services for adolescents include day treatment, residential treatment and social detox services at the Yes House mentioned above.

All of the core mental health services available in Campbell County are provided by Behavioral Health Services, but only emergency services from the specialty array of mental health services are provided. Children's mental health services are available through the Children's Mental Health Waiver Services.

Service Gaps

Substance Abuse Services - There is little availability of social detox beds in the county and no transitional housing for clients returning to the area from residential substance abuse treatment. Additional low income housing remains a gap in the system in Campbell County.

Mental Health Services – Because the only specialty services offered by the local CMH/SA Center are emergency services, there remains a need for employment and rehabilitative services, supported employment services, and opportunities for recreational and socialization services for mentally ill citizens.

Sweetwater County

Sweetwater County makes up largest area in Wyoming with 10,425 square miles. Southwest Counseling Center (SWCC) is the identified community mental health/substance abuse center and provides a wide array of services to Rock Springs and Green River, as well as offering residential substance abuse services to any client across the state.

Substance abuse services include all the core services and residential treatment for women and women with children. Specialty services include social detox beds and transitional living apartments for clients who have completed treatment.

Mental health services include all the core services with the exception of day treatment services. Specialty services include the complete array of services, as well as the provision of supported apartments and a supported independence program.

Service Gaps

Substance Abuse Services – Although SWCC has created more capacity for treatment there remains a waiting list for intensive outpatient services for men and women, and women’s and children’s residential treatment beds (62 total beds, including 4 transitional beds). Low income housing is limited in Sweetwater County and needs to be further developed.

Mental Health Services – There is a great need for low income housing for persons with mental illness as well as day treatment opportunities in this at-risk county. Outreach and services for older adults and transitional aged youth are also badly needed here.

Albany County

Albany County covers 4,272 square miles in the southeast section of Wyoming.

Peak Wellness Center provides services to this at-risk county as a satellite office separate from the Laramie County office. This agency also provides services in three other southeast region Wyoming counties: Goshen, Laramie, and Platte. The University of Wyoming (UW) provides both degrees for social workers and counseling professionals, and has a student mental health clinic within the Counselor Education Department. The Office of Student Affairs also provides short-term substance abuse counseling and mental health services to UW students and their families.

Substance Abuse Services - The Albany County office of Peak Wellness Center provides client assessment, outpatient and intensive outpatient substance abuse treatment services, medication management, and case management.

Mental Health Services - Core mental health services provided in Albany County include all services except for day treatment. Specialized services include a group home, as well as supported apartments.

Service Gaps

Mental Health Services -Services for older adults, day treatment for those with mental illness, employment service enhancement, and social and recreational opportunities are identified gaps in this county. Services for older adults are also limited in the area.

Substance Abuse Services – Expansion of more outpatient treatment and intensive outpatient treatment opportunities would benefit those persons seeking treatment. As the University of Wyoming is located in Albany County, services, including prevention and intervention, which target the college student population could be enhanced.

Natrona County

Natrona County is centrally located in Wyoming and covers 5,340 square miles. Services for citizens in Natrona County are provided through two state contracted agencies. Central Wyoming Counseling Center (CWCC) is the CMH/SA Center; the Self Help Center also provides substance abuse services through House Bill 308 funding.

Substance Abuse Services - CWCC recently expanded its substance abuse treatment services to include a large residential treatment center having the enhanced capacity to serve women with children, adults of both genders, and adolescent treatment. There are a total of 85 beds available to the populations mentioned above. This program accepts clients from throughout the state. The full continuum of substance abuse treatment services is available at CWCC, including client assessment, individual and group therapy, intensive outpatient program, case management, and medication management. Specialty substance abuse services include social detox. The Self Help Center provides outpatient substance abuse treatment and case management services as well as treatment to the residents of Turning Point and McKinley House for men and women who are victims and perpetrators of domestic violence and have a substance use disorder.

Additional services for the homeless in Natrona County are available from the federal Path Grant. The Projects for Assistance in Transition from Homelessness (PATH) program is designed to support the delivery of eligible services to persons who are homeless and have serious mental illnesses. Through May 2010, 229 people were served using PATH funds statewide. There is an anticipation of an increase in persons served as the PATH sites have increased to four; Peak Wellness—Cheyenne; Volunteers of America—Sheridan; Wind River Health Systems—Riverton; and Natrona County Community Action—Casper.

Mental Health Services – Core services are provided across the continuum of care. The only specialized services provided by CWCC are employment services.

Service Gaps

Substance Abuse – Although the full continuum of services is available in Natrona County, the need for timely client assessments would assist those in need to enter treatment.

Mental Health – As the second most populous county in Wyoming, there is a great need for services for co-occurring mental health and substance abuse clients in Natrona County. There remains a need for services to older adults, transitional housing development, emergency services, recreational/socialization services, and rehabilitative services for the residents of this county.

Laramie County

Laramie County is the location of the state capitol, Cheyenne, and covers 2,686 square miles of the southeast corner of the state.

Both mental health and substance abuse services are provided by Peak Wellness Center (PWC) as the identified community mental health/substance abuse center. Limited additional substance abuse outpatient treatment services are provided by Cheyenne Regional Medical Center's behavioral health department, and the state funds a woman's

outpatient substance abuse program at Pathfinder. This small agency also provides a men's intensive outpatient and client assessment, including clients from the Laramie County Detention Center.

Substance Abuse Services – The full continuum of residential substance abuse treatment programs are available in Laramie County through PWC's men's residential program, Transitions Residential Program, and Chrysalis House. Its women's and women with children's residential program located in Pine Bluffs, . These two programs provide a total of 33 residential beds, and have 12 transitional beds available as well. Additionally, Laramie County has the only residential co-occurring program in the state. PWC also offers outpatient and intensive outpatient substance abuse treatment, which includes case management, client assessment, and medication management.

Mental Health Services - The full array of core and specialty services are available in Laramie County through PWC, including day treatment. Specialty services include early intervention, rehabilitation, and employment services, recreational/socialization services, and emergency services. PWC is also the recipient for the federal PATH grant targeting those with mental illness who are homeless or in imminent danger of homelessness. The Projects for Assistance in Transition from Homelessness (PATH) program is designed to support the delivery of eligible services to persons who are homeless and have serious mental illnesses. Through May 2010, 229 people were served using PATH funds. An increase in persons served is anticipated because the number of PATH sites has increased to four: PWC—Cheyenne; Volunteers of America—Sheridan; Wind River Health Systems—Riverton; Natrona County Community Action—Casper.

Service Gaps

Substance Abuse Services – Although this county has the only co-occurring residential program for those with substance use disorder and mental illness, the program is very small and there remains a need to expand it.

Mental Health Services -There remains a need for the development of more group home and transitional living programs, as well as for opportunities for low income housing for those with mental illness. Outreach and services to older adults and transitional age youth also need to be enhanced in this at-risk county.