# 2023 - 2026
# Strategic Plan
# Update

Submitted

in accordance with

W.S. 28-1-115

Wyoming Department of Health

August 29th, 2025

# Contents

# Statutory Requirement

The Wyoming Department of Health (WDH) is required to submit a four (4) year strategic plan to the Governor, per W.S. 28-1-115(a), that will further and accomplish the health goals set out by W.S. 28-1-116(a)(iv). The strategic plan must include measures capable of tracking the Department's performance and describe the specific purpose, relative priority and public benefit of all supporting programs.

Per W.S. 28-1-115(c), the Department is required to submit an annual report to the Governor on the progress made in accomplishing these strategic objectives. This update meets this second requirement.

# Wyoming Department of Health Overview

## Mission

The mission of the WDH is to promote, protect, and enhance the health of all Wyoming residents. For the purpose of this Strategic Plan, WDH defines these terms specifically:

- **Promote**: Encourage healthy behaviors and develop healthier communities for all Wyoming residents.
- **Protect**: Maintain Wyoming's emergency response capability in the face of public health threats and reinforce Wyoming's rural health care infrastructure to ensure day-to-day access to cost- effective, quality care.
- **Enhance**: Provide quality and cost-effective health services and supports to vulnerable and at- risk groups.

## Organization

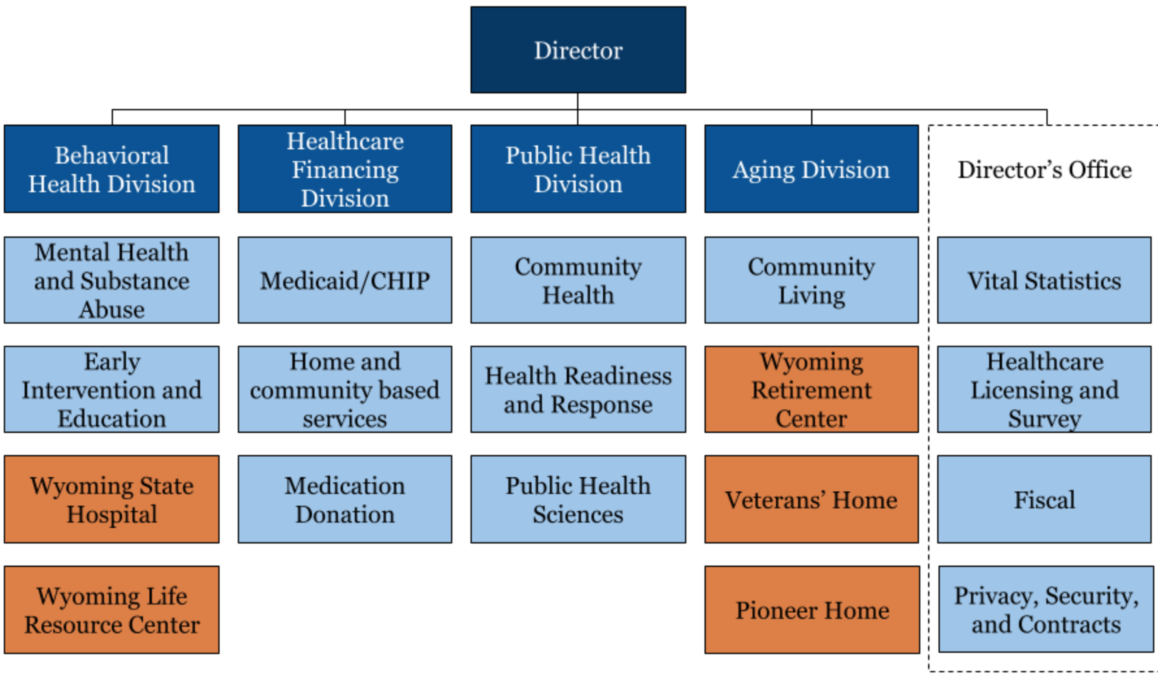
As shown in Figure 1, the Department has four operational divisions and is supported by administrative functions provided by the Director's Office. These divisions are:

- The **Division of Health Care Financing** includes the Medicaid program, Waiver Services, Pharmacy Services, and the Children's Health Insurance Program (CHIP).
- The **Behavioral Health Division** includes Mental Health and Substance Abuse Services, Early Intervention and Education, the Wyoming Life Resource Center, and the Wyoming State Hospital.
- The **Public Health Division** includes the State Health Officer, Community Health Section (to include field offices around the State for Public Health Nurses and the Women's, Infants' and Children's nutrition program), Health Readiness and Response Section, and the Public Health Sciences Section (to include the Wyoming Public Health Laboratory).
- The **Aging Division** includes Senior Services, the Veterans' Home of Wyoming, Wyoming Pioneer Home, and the Wyoming Retirement Center.
- The **Director's Office** includes the Fiscal Division, Public Information Officer, Office of Privacy, Security, Contracts and Rules, Vital Statistics Services, the Director's Unit for Policy, Research,

and Evaluation, and the Office of Health Care Licensing and Surveys.

The largest division in terms of expenditures is Healthcare Financing, followed in descending order by Behavioral Health, Public Health, Aging and the Director's Office.

**Figure 1:** WDH organizational chart




## Budget and expenditures

The Department's biennial budget, as established by House Enrolled Act 50 from the 2024 Budget Session, is shown in the first table below. The second table shows actual expenditures for the latest fiscal year (SFY2025).

**Table 1:** WDH 2025 - 2026 Biennial Budget

| Division | SGF | FF | OF | Total |
|---|---:|---:|---:|---:|
| Director's Office | $12,121,670 | $2,204,247 | $313,041 | $14,638,958 |
| Healthcare Financing | $647,703,917 | $915,273,823 | $95,079,378 | $1,658,057,118 |
| Public Health | $38,308,175 | $66,485,370 | $29,471,236 | $134,264,781 |
| Behavioral Health | $267,701,562 | $21,317,909 | $75,229,307 | $364,248,778 |
| Aging | $38,540,881 | $20,693,378 | $14,641,757 | $73,876,016 |
| **Total** | **$1,004,376,205** | **$1,025,974,727** | **$214,734,719** | **$2,245,085,651** |

**Table 2:** WDH SFY 2025 Expenditures

| Division | SGF | FF | OF | Total |
|---|---|---|---|---|
| Director's Office | $3,879,640 | $0 | $326,465 | $4,206,105 |
| Healthcare Financing | $337,214,852 | $478,722,199 | $70,040,932 | $885,977,983 |
| Public Health | $17,658,845 | $59,876,997 | $16,029,726 | $93,565,568 |
| Behavioral Health | $135,927,477 | $16,479,974 | $30,216,645 | $182,624,096 |
| Aging | $18,709,459 | $13,057,888 | $16,779,048 | $48,546,395 |
| **Total** | **$513,390,273** | **$568,137,058** | **$133,392,816** | **$1,214,920,147** |

# 1 Priority 1: An effective behavioral health continuum

Ensuring that the Department provides and procures behavioral health services for vulnerable populations in the most effective and appropriate way possible recognizes the importance of the continuum of care —from acute psychiatric services provided at the Wyoming State Hospital and other institutional settings, to step-down services provided in residential settings, to outpatient services in the community.

Ensuring that people are served in the most appropriate and least restrictive environment is not only best for the taxpayer, it also ensures compliance with important precedents like the federal *Olmstead v L.C.*, 527 US 581 decision and the State of Wyoming *Chris S.* legal settlement.

## 1.1 Support strong and focused community partners

The linchpin of this priority is supporting behavioral health centers in local communities, especially as they reprioritize the populations they serve as part of the Behavioral Health Redesign (BHR).

### 1.1.1 Initiative: Behavioral Health Redesign (BHR)

The BHR represents a seismic shift in how the State procures services from its network of behavioral health centers (BHCs) around the State. Building upon the work to define new priority populations in W.S. §35-1-613(a), the BHR aligns the Department's behavioral health funding in three major categories:

- Fixed payments, to support infrastructure and "keep the lights on and doors open";
- Service payments, paid in exchange for services provided, and leveraging other pay sources outside of the General Fund to the maximum extent possible;
- Outcomes payments, made to centers if they successfully help clients at high risk for institutionalization achieve social outcomes like being employed, being housed, and engaging in their treatment.

The measures the Department is using to track the implementation of the BHR follow:

- Implement new fixed contracts by July 1st, 2024

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| Y | Y | Y | Y | |

- Implement eligibility processing through the Medicaid system by July 1st, 2024

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| Y | Y | Y | Y | |

- Implement service-based payments through the Medicaid system by July 1st, 2024

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| Y | Y | Y | Y | |

- Implement outcomes payments by July 1st, 2024

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| Y | N | Y | Y | |

- Wyoming State Hospital Title 7 IP waitlist

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| 24 | 24 | 33 | 17 | |

- Wyoming State Hospital Title 25 waitlist

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| 21 | 21 | 18 | 14 | |

### 1.1.2 Initiative: Suicide prevention activities

Wyoming's suicide rate is one of the highest, if not the highest, in the United States —and it has continued to increase in an almost linear trend since 2005.

In addition to the Behavioral Health Redesign, the Department aims to stabilize and begin to decrease this trend by investing in both county-level prevention activities and the newly-established 988 Suicide Lifeline. The metrics for these community-level programs are shown below.

- Wyoming suicide rate, per 100,000 people[1]

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| 25 | 26.7 | 28.2 | | |

- 988 - Average speed to answer (seconds)

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| 15 | 12.4 | 10.8 | 16.7 | |

- 988 - Percent of calls answered in-state

[1] Note: Crude rate, not age-adjusted. CY25 data not yet available.

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| 90% | 82% | 90% | 90% | |

## 1.2 Operate efficient and effective WDH facilities as a regional health system

On the other side of the behavioral health continuum are the State-operated safety-net institutions. Ensuring that they work together to serve clients in the most appropriate setting —per the "one campus, long streets" vision articulated by the 2015 Facilities Task Force —is a major objective.

### 1.2.1 Initiative: Coordinate physical plant maintenance requirements across WDH facilities

- Implement Department-wide preventive maintenance and capital planning system by July 1st, 2024

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| 100% | 30% | 53% | 65% | |

### 1.2.2 Improve nursing-related vacancy rates

- WDH Facilities - Nurse vacancy rate

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| 20% | 64% | 44% | 62% | |

- WDH Facilities - CNA and direct service professional vacancy rate

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| 20% | 52% | 47% | 38% | |

# 2 Priority 2: Capable core public health functions

The second major priority of this Department is to strengthen its core public health functions, to include laboratory operations, epidemiology, immunization, public health nursing, and public health readiness and response.

## 2.1 Maintain capabilities and operations at Wyoming Public Health Laboratory

- Percent of diagnostic laboratory samples meeting target Turnaround Time (TAT)

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| 90% | 96% | 99% | 99% | |

- Percent of chemical laboratory samples meeting target Turnaround Time (TAT)[2]

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| 90% | 38% | 52% | 96% | |

## 2.2 Improve childhood vaccination rates

- Child coverage rates for the standard seven vaccine series

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| 80% | 62% | 62% | 62% | |

## 2.3 Conduct timely infectious disease case and outbreak investigation

- Average number of days between disease report and patient interview

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| 3 days | 3.1 | 3.2 | 3.1 | |

## 2.4 Improve capabilities and operations of Public Health Nursing

- Reduce Public Health Nursing vacancy rates

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| 15% | 28% | 18% | 13% | |

[2] Note: The current system is incapable of collecting this information. A sampling shows 0% of samples met TAT due to infrastructure failure and referencing all samples to NMS . The new CTP system will be online during SFY2025.

## 2.5 Maintain capabilities and operations of public health readiness

- Assembly time, in minutes, for the Response Coordination Team

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| 60 | 15 | 15 | 9 | |

# 3 Priority 3: Robust health provider infrastructure

The third priority of this plan is to improve Wyoming's health provider infrastructure, with three main areas of focus: Emergency Medical Services (EMS), long-term home- and community-based care, and primary care providers.

## 3.1 Help develop and support a comprehensive EMS and trauma system capable of treating time-sensitive conditions

- Average time, in minutes, for an ambulance to arrive on scene (rural)

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| 30 | 11:02 | 12:03 | 6.4 | |

- Average time, in minutes, for an ambulance to arrive on scene (urban)

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| 9 | 6:37 | 9:48 | 7.5 | |

- Number of EMS personnel who have responded to a call as a member of a licensed service

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| 2600 | 2549 | 2667 | 2448 | |

## 3.2 Promote appropriate choice and cost-effectiveness in long-term care

- Percent of Medicaid long-term care members in home- and community-based services

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| 67% | 63% | 65% | 66% | |

## 3.3 Improve access to physicians and practitioners

### 3.3.1 Improve recruitment and retention of health care practitioners

- Percent of Wyoming counties that are Primary Care Health Professional Shortage Areas

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| 83% | 87% | 87% | 87% | |

### 3.3.2 Improve Medicaid participation rates among priority providers

- Statewide Medicaid primary care providers per 100,000 residents

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| 400 | 384 | 395 | 408 | |

- Statewide Medicaid dentists per 100,000 residents

| Target | SFY2023 | SFY2024 | SFY2025 | SFY2026 |
|---|---|---|---|---|
| 72 | 67 | 58 | 58 | |