

D. State Performance Measures

State Performance Measure 01: *Percent of eligible women enrolled in the Wisconsin Medicaid Family Planning Waiver during the year.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

| Annual Objective and Performance Data | 2003 | 2004 | 2005 | 2006 | 2007 |
|--|-------------|-------------|-------------|-------------|-------------|
| Annual Performance Objective | | | | 24.4 | 24 |
| Annual Indicator | | 17.3 | 22.7 | 22.2 | 21.1 |
| Numerator | | 55,515 | 64,059 | 62,935 | 59,799 |
| Denominator | | 320,422 | 282,070 | 282,970 | 282,970 |
| Is the Data Provisional or Final? | | | | Final | Final |
| | 2008 | 2009 | 2010 | 2011 | 2012 |
| Annual Performance Objective | 26 | 28.1 | 29 | 30 | 31 |

Notes - 2007

Source: 2007 enrollment data from Wisconsin Department of Health and Family Services, Division of Health Care Financing, Medicaid program data.

Data issue: These data represent a point in time and the number of women enrolled in the FPW as of 12/31/2007; therefore, the data are subject to fluctuations and there was a slight decrease in 2007 compared to 2006.

Notes - 2006

Source: 2006 enrollment data from Wisconsin Department of Health and Family Services, Division of Health Care Financing, Medicaid program data.

Data issue: These data represent a point in time and how many women were enrolled in the FPW as of 12/31/2006; therefore the data are subject to fluctuations and there was a slight decrease in 2006 compared to 2005.

Notes - 2005

Data source: 2005 enrollment data from Wisconsin Department of Health and Family Services, Division of Health Care Financing, Medicaid program data.

a. Last Year's Accomplishments

1. Outreach and Enrollment--Enabling Services--Women of reproductive age

2007 was the last year of Wisconsin's five year Medicaid Family Planning Waiver. Wisconsin family planning providers implemented national Medicaid Deficit Reduction Act (DRA) requirements to provide applicant documentation of identity and citizenship. These requirements suppressed enrollment due to the increased administrative complexities of enrollment. There was no indication that decreased enrollment was the result of ineligible applicants.

2. Milwaukee Adolescent Pregnancy Prevention Partnership--Enabling Services--Adolescents

The Milwaukee Adolescent Pregnancy Prevention Partnership (MAPPP) was established, through a competitive grant application process, to provide Medicaid Family Planning Waiver (FPW) outreach to and increased enrollment opportunities for sexually-active youth in Milwaukee who are at high risk of unintended pregnancy. The partnership involves coordination of outreach and reproductive health services among key community-based service organizations, which are positioned to reach and serve this population segment.

Table 4b, State Performance Measures Summary Sheet

| Activities | Pyramid Level of Service | | | |
|--|---------------------------------|-----------|------------|-----------|
| | DHC | ES | PBS | IB |
| 1. Outreach and Enrollment | | X | | |
| 2. Milwaukee Adolescent Pregnancy Prevention Partnership | | X | | |

b. Current Activities

1. Outreach and Enrollment--Enabling Services--Women of reproductive age

2008 is the first year of a 3-year renewal for Wisconsin's Family Planning Medicaid Waiver. Additional administrative requirements could further suppress enrollment. Real-time income verification requirements will require income documentation for the period 30 days prior to FPW application. This further increases the administrative complexity for enrollment. Increased outreach and enrollment activities have begun in Milwaukee which has approximately 15% of estimated statewide need.

2. Milwaukee Adolescent Pregnancy Prevention Partnership--Enabling Services--Adolescents

The MAPPP partnership of community-based organizations is focusing on the development and adoption of evidence-based, focus-group tested messages. These include messages for Medicaid FPW outreach and services, as well as for contraceptive services and supplies including emergency contraception in advance of actual need and dual protection to prevent unintended pregnancy and reduce the risk of sexually transmitted disease. A youth advisory group is used to improve the effectiveness of these messages.

c. Plan for the Coming Year

1. Outreach and Enrollment--Enabling Services--Women of reproductive age

2009 will be the second year of a 3-year renewal for Wisconsin's Family Planning Medicaid Waiver. Increased outreach will continue in Milwaukee. Continuing education and training will continue to increase outreach in the rest of Wisconsin's 72 counties, and to streamline the enrollment process at family planning clinics.

2. Milwaukee Adolescent Pregnancy Prevention Partnership--Enabling Services--Adolescents

The MAPPP initiative will focus on increased outreach (to increase actual Medicaid FPW enrollment): an increased level of outreach and community education with consistent messaging. Outreach will also be targeted to youth already enrolled in traditional Medicaid, emphasizing their right to obtain family planning services outside their assigned HMO, through any medical provider of their choice. Increased quality assurance for compliance with the emergency contraception and dual protection standards of care will be parallel priorities to assure quality reproductive health through Medicaid-supported services.

State Performance Measure 02: *Percent of Medicaid and BadgerCare recipients, ages 3-20, who received any dental service during the reporting year.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

| Annual Objective and Performance Data | 2003 | 2004 | 2005 | 2006 | 2007 |
|--|-------------|-------------|-------------|-------------|-------------|
| Annual Performance Objective | | | | 30.4 | 30.8 |
| Annual Indicator | | 30.2 | 30.2 | 25.8 | 22.4 |
| Numerator | | 72,012 | 72,012 | 51,414 | 90,164 |
| Denominator | | 238,459 | 238,459 | 199,164 | 403,190 |
| Is the Data Provisional or Final? | | | | Final | Final |
| | 2008 | 2009 | 2010 | 2011 | 2012 |
| Annual Performance Objective | 31 | 31.2 | 31.4 | 30 | 30 |

Notes - 2007

Data issue: These data are for the State Fiscal Year. The overall percentage of 22.4% in 2007 is slightly lower compared to 2006 and is statistically significant. We will monitor this performance measure for trend in subsequent years.

Notes - 2006

Data issue: These data are for the State Fiscal Year. The overall percentage of 25.8% in 2006 is slightly lower compared to 2005 and is statistically significant. We will monitor this performance measure for trend in subsequent years.

Notes - 2005

Data issue: Data for 2005 are not available from the Division of Health Care Financing until 2007.

a. Last Year's Accomplishments

1. Dental Sealant Program--Population-Based Services--Children--including CYSHCN

In 2006/08 21 community or school-based programs hosted 174 Seal-A-Smile (SAS) events. SAS screened 8,522 children, delivered sealants to 5,602 children. The program documented that 374 children with special health care needs were served. In addition to placing 15,287 sealants on permanent first molars, 6,724 children received topical fluoride treatments, 12,076 children received oral health education and 3,671 were referred for additional dental care. The SAS program average for sealant placement cost per child is \$21.92, however the cost per cavity averted, according to the Center for Disease Control and Prevention health economists is \$51.48. Nine of the 17 State GPR-funded dental access grantees provided direct service in school-based settings including Head Start, providing a wide range of preventive, and in some cases restorative treatment.

2. Maternal and Early Childhood Health--Population-Based Services--Pregnant women, mothers, infants

In 2006/07 310 primary care providers were trained in fluoride varnish placement, program protocols and implementation.

3. Clinical Services and Technical Assistance--Population-Based Services--Pregnant women, mothers, infants and children, including CYSHCN

State GPR funds 2 rural dental health clinics for services to low income families, including pregnant women, mothers, infants and children, including CYSHCN. CESA 11 services were provided in Turtle Lake, Menomonie, Chippewa Falls and Hayward four days per week with over 3,300 new patient visits in 2006/07. Marshfield Family Health Center has fixed sites in Ladysmith, Owen, and Chippewa Falls. During 2006/07, 8,141 total Medicaid patients (identified by payor type) were treated with 44% between the age of 3-20 years. The State Public Health Dental Hygienist monitors these grants.

4. Oral Health Surveillance--Infrastructure Building Services--Children including CYSHCN

In 2006/07 3 county oral health surveys were conducted, establishing baseline data.

Table 4b, State Performance Measures Summary Sheet

| Activities | Pyramid Level of Service | | | |
|---|--------------------------|----|-----|----|
| | DHC | ES | PBS | IB |
| 1. Dental Sealant Program | | | X | |
| 2. Maternal and Early Childhood Oral Health | | | X | |
| 3. Clinical Services and Technical Assistance | | | X | |
| 4. Oral Health Surveillance | | | | X |

b. Current Activities

1. Dental Sealant Program--Population-Based Services--Children, including CYSHCN

In 2007-08 there are 21 community or school-based programs as a result of the Wisconsin Seal-A-Smile program.

2. Maternal and Early Childhood Health--Population-Based Services--Pregnant women, mothers, infants

In 2007-08 over 325 primary care providers are being trained by Regional Oral Health Consultants and the State Public Health Dental Hygienist to integrate preventive oral health measures into healthcare practice.

3. Clinical Services and Technical Assistance--Population-Based Services--Pregnant women, mothers, infants, and children, including CYSHCN

State GPR funding supports comprehensive oral health care to underserved populations at the various clinics at Marquette University's School of Dentistry, two WI Technical Colleges, and two rural dental health clinics.

Providing technical assistance and oversight to Children's Health Alliance of Wisconsin, monitoring grant performance on HRSA funded Wisconsin Community-based System of Oral Health for Children and Youth with Special Health Care Needs.

4. Oral Health Surveillance--Infrastructure Building Services--Children including CYSHCN

A statewide "Make Your Smile Count" oral health survey of third grade students will be conducted with an additional baseline evaluative component of body mass index. Approximately 115 schools and 5,500 children will participate.

c. Plan for the Coming Year

1. Dental Sealant Program--Population-Based Services--Children, including CYSHCN

In 2009 we anticipate continued funding to at least 20 community and school-based programs through the GPR and HRSA funded Seal-A-Smile project.

2. Maternal and Early Childhood Health--Population-Based Services--Pregnant women, mothers, infants

The State Public Health Dental Hygienist will provide training to primary care providers to intergrate oral health measures into healthcare practice.

3. Clinical Services and Technical Assistance--Population -Based Services--Pregnant women, mothers, infants and children, including CYSHCN

State GPR will continue to fund two rural dental health clinics to provide preventive and restorative care to low income families. The Marshfield clinic in Chippewa Falls will be providing full range services to the developmentally disabled. In addition GPR will continue funding Marquette University access projects and two WI Technical Colleges for increased care to underserved populations.

Continue providing technical assistance to the 16 state funded dental access grantees. The target population for these grantees include pregnant women, infants, children, and CYSHCN.

Provide technical assistance as a primary collaborative partner to the Children's Health Alliance of Wisconsin on the HRSA funded Wisconsin Community-based System of Oral Health for Children and Youth with Special Health Care Needs.

State GPR will continue to fund 15 fluoride supplement projects and 17 school-based fluoride mouthrinse programs.

4. Oral Health Surveillance--Infrastructure Building Services--Children including CYSHCN

During the 2008-09 school year will prepare and conduct the second statewide "Healthy Smiles for a Healthy Head Start" oral health survey of Head Start/Early Head Start children.

State Performance Measure 03: *Percent of children, ages 6 months-5 years, who have age-appropriate social and emotional developmental levels.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

| Annual Objective and Performance Data | 2003 | 2004 | 2005 | 2006 | 2007 |
|--|-------------|-------------|-------------|-------------|-------------|
| Annual Performance Objective | | | | 24 | 83.2 |
| Annual Indicator | | | 22.2 | 82.9 | 94.3 |
| Numerator | | | 1,084 | 131 | 1,103 |
| Denominator | | | 4,876 | 158 | 1,170 |
| Is the Data Provisional or Final? | | | | Final | Final |
| | 2008 | 2009 | 2010 | 2011 | 2012 |
| Annual Performance Objective | 94.2 | 94.2 | 94.3 | 94.3 | 94.4 |

Notes - 2007

In mid-2006, SPHERE changed to a new reporting method for collection of the ASQ:SE results, therefore, results were under reported in 2006. The 2007 increase in numbers of ASQ: SE screening results reflects improved reporting of results, as well as increased interest by LHDs in providing this screening program for young children.

Notes - 2006

Data was transferred from SPHERE to new ASQ:SE screens but not all data came over as separate from the developmental screens. Thus data for 2006 of ASQ:SE screenings completed and results are under reported. SPHERE correction will collect sound data during 2007 and with more screening programs occurring throughout the state, more ASQ:SE screenings will be completed. It is expected that numbers reflecting age-appropriate social-emotional development of children ages 6 months to 5 years in the state will increase and better reflect progress in Wisconsin. The MCH program will monitor this situation and review the data indicating achievement for SPM#4.

Notes - 2005

Data Source: 2005 data from the Secure Public Health Electronic Reporting Environment (SPHERE). During 2005, data entry limitations did not allow an ability to distinguish child's developmental scores from social-emotional scores nor if the result of the testing was reported at age appropriate levels. About 22% of all clients, ages 6 months to 5 years, (or 1,084 of 4,876), received developmental assessments in 2005. This situation was corrected during the 2006 reporting period.

a. Last Year's Accomplishments

The performance measure relates to Wisconsin's Priority Need -- Mental Health and Mental Disorders, and is identified in Healthiest Wisconsin 2010, the state's public health plan.

1. Social-emotional screening of young children--Direct Health Care Services--Children, including CYSHCN

Home visiting programs to prevent child maltreatment include periodic screening of social emotional development using the Ages and Stages Questionnaire: Social Emotional. Also 11 counties and one tribe used MCH block grant funds to screen children using the ASQ: SE. Referral for additional assessment occurs if needed. All MCH-funded programs report results of developmental assessments in the SPHERE data system. For 2007, 1,170 (or 3%) of all children age 6 months through age 5 years who received MCH program services were reported as having an ASQ: SE screen. Of those receiving an ASQ: SE screen, 94% were reported at age appropriate social/emotional developmental levels. Sixty children who were identified with

concerns were reported as receiving some type of services for the concern and an additional 9 were enrolled in early intervention.

2. Education and training--Enabling Services--Children, including CYSHCN

The ASQ and ASQ: SE tools have been shown to have acceptable validity and reliability rates for use with diverse populations of families with young children. Under the leadership of the University of Wisconsin-Extension, a one day training program was held 5 times during 2007, once in each of the DPH regions to assure use of the tools as intended. In 2007, 400 persons were trained at the 5 UW-Extension sponsored trainings. In partnership with MCH, 4 training sessions were held in 2007 by staff from WI-Alliance for Infant Mental Health (WI-AIMH) to increase capacity to foster healthy child development. Total attendance at all sessions was 75 and 95.4% of attendees reported after completing the training that they would be using the materials in their programs to support parent's skills in promoting child development.

3. Medical Home Initiative--Enabling Services--CYSHCN

A Medical Home conference was held November 15, 2007 for primary practice physicians and their staff to encourage and foster continued spread of medical home. Workshops promoted the use of developmental screening in primary practice settings including social emotional development using the ASQ: SE.

4. Wisconsin Initiative for Infant Mental Health (WIIMH)--Infrastructure Building Services--Children, including CYSHCN

The MCH Program Advisory Committee continued to focus work in 2007 on three mental health interest areas. One of the three foci is infant and young child mental health. An Action Guide was developed as part of this work and will enable the MCH Program to identify the work of other partners and possibly track initiatives of those partners who are doing work in the area of Infant Mental Health.

5. Early Childhood Comprehensive Systems Plan--Infrastructure Building Services--Children, including CYSHCN

The Wisconsin ECCS plan began implementation activities in September 2006 and continues under the leadership of WI-AIMH. Many key state partners, including staff of the state MCH program, have contributed to the work to improve systems of services for young children including fostering healthy social-emotional development. A key focus area within this plan is health consultation for early care and education. During 2007, local infant mental health coalitions in Marathon and Rock counties piloted Infant Mental Health consultation services to staff of child care centers to improve child social emotional competence.

Table 4b, State Performance Measures Summary Sheet

| Activities | Pyramid Level of Service | | | |
|--|--------------------------|----|-----|----|
| | DHC | ES | PBS | IB |
| 1. Social-emotional screening of young children | X | | | |
| 2. Education and Training | | X | | |
| 3. Wisconsin Initiative for Infant Mental Health | | | | X |
| 4. Early Childhood Comprehensive Systems Plan | | | | X |

b. Current Activities

1. Social-emotional screening of young children--Direct Health Care Services--Children, including CYSHCN

During 2008, social emotional screenings at 11 DPH/MCH home visiting programs will be transferred on July 1, 2008 to the new DCF for ongoing management. Also, 11 LHDs and 1 tribe are using MCH funds for ASQ: SE screening programs.

2. Education and training--Enabling Services--Children, including CYSHCN

During 2008, under the leadership of the UW-Extension, seven all day ASQ and ASQ: SE tool training sessions will be held. A training program specifically to meet needs of public health staff is being piloted by staff of the Northern CYSHCN Regional Center.

3. Wisconsin Initiative for Infant Mental Health--Infrastructure Building Services--Children, including CYSHCN

In January 2008, WIIMH become part of Children's Service Society of Wisconsin under the umbrella of Children's Hospital of Milwaukee and is now known as the Wisconsin Alliance for Infant Mental Health (WI-AIMH). WI-AIMH continues to support the work of state and local organizations in their programs for infants, young children, and their families.

4. Early Childhood Comprehensive Systems Plan--Infrastructure Building Services--Children, including CYSHCN

Implementation of WI ECCS plan continues using a holistic approach to building systems that support a statewide network of child services in key ECCS areas. A grant reapplication will be submitted for the new grant cycle beginning 9/1/08.

c. Plan for the Coming Year

1. Social-emotional screening of young children--Direct Health Care Services--Children, including CYSHCN

The state Title V MCH program will continue to support social emotional screenings in LHD programs using MCH funds. MCH will continue to advocate for the use of the ASQ: SE tool to screen young children in the state for social-emotional competence.

2. Education and training--Enabling Services--Children, including CYSHCN

In cooperation with UW-Extension and other public health programs, the Title V MCH Program will continue in 2009 to ensure training is available to assure intended use of the ASQ and ASQ: SE tools are occurring. However due to retirement of UW-Extension training staff, only two ASQ and ASQ: SE trainings will be scheduled for home visiting staff during 2009.

3. Wisconsin Initiative for Infant Mental Health--Infrastructure Building Services--Children, including CYSHCN

The Infant and Mental Health DHFS Leadership Team workgroup continues to meet and collaborate to promote the efforts that advance infant mental health, promote knowledge and practice, and provide training to assure best practice. A subset of this workgroup will address the policy, billing, and training issues to allow providers to bill and obtain reimbursement for infant mental health interventions. This leadership team has produced the document entitled The 2007 Annual Report and Fact Sheet for the Dept. Infant Mental Health Leadership Team, which supports the Governor Doyle's Kid First agenda.

4. Early Childhood Comprehensive Systems Plan--Infrastructure Building Services--Children, including CYSHCN

Wisconsin will reapply for an ECCS grant to support implementation activities beyond August 31, 2008. Work will continue under the Wisconsin Early Childhood Collaborating Partners (WECCP) toward implementation of strategies to improve systems of services for young children including fostering healthy social-emotional development. Strong leadership in this partnership is provided by the Director of Wisconsin Alliance for Infant Mental Health and is coordinated with MCH program activities for young children and their families.

State Performance Measure 04: *Rate per 1,000 of substantiated reports of child maltreatment to Wisconsin children, ages 0 - 17, during the year.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

| Annual Objective and Performance Data | 2003 | 2004 | 2005 | 2006 | 2007 |
|--|-------------|-------------|-------------|-------------|-------------|
| Annual Performance Objective | | | | 6 | 6 |
| Annual Indicator | 5.7 | 6.1 | 6.0 | 5.5 | 5.5 |
| Numerator | 7,994 | 8,600 | 8,148 | 7,485 | 7,485 |
| Denominator | 1,402,633 | 1,413,635 | 1,360,112 | 1,357,139 | 1,357,139 |
| Is the Data Provisional or Final? | | | | Final | Final |
| | 2008 | 2009 | 2010 | 2011 | 2012 |
| Annual Performance Objective | 6 | 6 | 6 | 6 | 6 |

Notes - 2007

Data issue: Data for 2007 are not available from the Division of Children and Family Services until 2009.

Source: Wisconsin Department of Health and Family Services, Division of Children and Family Services, Office of Program Evaluation and Planning, Wisconsin Child Abuse and Neglect Report, 2006 Data.

Notes - 2006

Source: Wisconsin Department of Health and Family Services, Division of Children and Family Services, Office of Program Evaluation and Planning, Wisconsin Child Abuse and Neglect Report, 2006 Data.

Notes - 2005

Source: Wisconsin Department of Health and Family Services, Division of Children and Family Services, Office of Program Evaluation, Wisconsin Child Abuse and Neglect Report, 2005.

a. Last Year's Accomplishments

The performance measure relates to Wisconsin's Priority Need -- Intentional and Unintentional Injuries and Violence, and is identified in Healthiest Wisconsin 2010, the state's public health plan.

1. Family Foundations Home Visiting--Enabling Services--Infants and Young Children to age three years and their families

Home visiting programs for Prevention of Child Abuse and Neglect known as Family Foundations, funded by general purpose revenue under Wisconsin 1997 Act 293, continued in its 9th year providing comprehensive home visiting program services at 10 sites in the state. During 2007, 356 families received home visiting services. An additional 172 families determined at-risk for child maltreatment received informal planning and purchase of services to address needs causing concerns for child well-being. The home visiting program was transferred to the newly created Department of Children and Families with the passage of Governor Doyle's 07-09 budget.

2. Milwaukee Comprehensive Home Visiting, Empowering Families of Milwaukee--Enabling Services--Pregnant women, Infants and Young Children to age five years and their families

Empowering Families of Milwaukee home visiting program operation continued through 2007 under the leadership of the City of Milwaukee Health Department. Program manager position was vacant from August 2007 and filled in December. Contracts were implemented with five community-based organizations to provide home visiting services to work with public health nurses. An initial program evaluation 18-month report was released by DHFS evaluators that described program implementation. During 2007, 593 women were referred, and 226 (38%) were pregnant and 367 (62%) were parenting. The home visiting program was administratively transferred to the newly created Department of Children and Families with the passage of Governor Doyle's 07-09 budget.

3. Milwaukee County Home Visiting Training Program--Enabling Services--Pregnant women, infants, and Young Children and their families

Throughout 2007 a training contract with UW-Extension was in place to enhance skills and abilities for staff working in programs in Milwaukee County providing services to families of young children. Significant support was offered to the staff development of the Empowering Families of Milwaukee home visiting program. A total of 357 staff from 37 community-based organizations and health departments attended a variety of trainings supporting emerging and advanced skills of home visitors.

4. Prevention of Shaken Baby Syndrome--Population-Based Services--Pregnant women, infants, and Young Children and their families

During 2007, the MCH program continued activities to support messages of prevention of Shaken Baby Syndrome to new parents in programs at birthing hospitals, county departments, home visiting and prenatal/postpartum case management programs, and maternity homes.

Table 4b, State Performance Measures Summary Sheet

| Activities | Pyramid Level of Service | | | |
|---|--------------------------|----|-----|----|
| | DHC | ES | PBS | IB |
| 1. Family Foundations Home Visiting | | X | | |
| 2. Milwaukee Comprehensive Home Visiting - Empowering Families of Milwaukee | | X | | |
| 3. Milwaukee County Home Visiting Training Program | | X | | |
| 4. Prevention of Shaken Baby Syndrome | | | X | |
| 5. Increase Surveillance Capabilities for Child Maltreatment | | | | X |

b. Current Activities

1. Family Foundations Home Visiting--Enabling Services--Infants and Young Children to age 3 years and their families

Family Foundations home visiting continues at 10 sites and expansion did not occur. The program is transferred to the DCF as of July 1, 2008 and the State Title V MCH is assisting in the transition of the program.

2. Milwaukee Comprehensive Home Visiting, Empowering Families of Milwaukee--Enabling Services--Pregnant women, infants, and Young Children to age 5 years and their families

MHD with its community partners continues to provide home visiting services for at-risk families. The program is transferred to the DCF as of July 1, 2008 and the State Title V MCH is assisting in the transition of the program.

3. Milwaukee County Home Visiting Training Program--Enabling Services--Pregnant women, infants, and Young Children and their families

Training contract with UW-Extension Milwaukee Co. for programs working with families of young children continues in 2008 with a plan for sessions on smoking cessation and prevention.

4. Prevention of Shaken Baby Syndrome--Population-Based Services--Pregnant women, infants, and Young Children and their families

WI MCH program continues to maintain involvement in implementation requirements.

5. Increase surveillance capabilities for child maltreatment--Infrastructure Building Services--Pregnant women, infants, children and their families

The program continues to evaluate appropriate surveillance strategies for child maltreatment.

c. Plan for the Coming Year

1. Family Foundations Home Visiting and Empowering Families of Milwaukee--Enabling Services--Infants and Young Children and their families

These two programs will move to the new Department of Children and Families (DCF) on July 1, 2008. The MCH program will seek to coordinate activities with these programs once they are in the new department. Training for these programs will also be transferred to DCF.

2. Increase surveillance capabilities for child maltreatment--Infrastructure Building--Infants and Young Children and their families

Staff will continue to evaluate existing surveillance systems and consider new methods of collecting or linking data with the intent of forming a surveillance system for child maltreatment or analysis protocols for use on existing datasets. This will be done to the extent possible with the prevention programs for child maltreatment housed in DCF.

State Performance Measure 05: *Percent of children who receive coordinated, ongoing comprehensive care within a medical home.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

| Annual Objective and Performance Data | 2003 | 2004 | 2005 | 2006 | 2007 |
|--|-------------|-------------|-------------|-------------|-------------|
| Annual Performance Objective | | | | 52 | 52.5 |
| Annual Indicator | 51.2 | 51.2 | 51.2 | 52.5 | 52.5 |
| Numerator | 679,854 | 679,854 | 679,854 | 694,021 | 694,021 |
| Denominator | 1,327,839 | 1,327,839 | 1,327,839 | 1,321,945 | 1,321,945 |
| Is the Data Provisional or Final? | | | | Final | Final |
| | 2008 | 2009 | 2010 | 2011 | 2012 |
| Annual Performance Objective | 53 | 53.5 | 55 | 56 | 58 |

Notes - 2007

Data issue: These are Wisconsin-specific weighted data from the National Survey of Children's Health, National Center for Health Statistics, Centers for Disease Control and Prevention.

Notes - 2006

Data issue: These are Wisconsin-specific weighted data from the National Survey of Children's Health, National Center for Health Statistics, Centers for Disease Control and Prevention.

Notes - 2005

Data issue: These are Wisconsin-specific weighted data from the National Survey of Children's Health, National Center for Health Statistics, Centers for Disease Control and Prevention.

a. Last Year's Accomplishments

1. Out-of-Home Placements--Infrastructure Building Activities--Children

The Wisconsin Medicaid program implemented BadgerCare Plus on February 1, 2008 that extends coverage to parents with children in out of home placement who are working on a reunification plan and to 18 to 21 year olds who age out of the foster care system. Additional funds to promote screening and medical home concepts for children were not funded. MCH staff continues to participate in the implementation of the ABCD Screening Academy work plan to improve Medicaid policies that promote developmental screening by the primary care provider.

2. Comprehensive Home Visiting--Enabling Services--Infants and Children

Home visiting programs statewide continued to assure access of enrolled infants to primary preventive health care services provided by a primary care physician and are required to capture data including medical home status in SPHERE. The home visiting programs were transferred to the newly created Department of Children and Families with the passage of Governor Doyle's 07-09 budget. This may impact the ability of the MCH program to continue to implement reporting of this measure by the home visiting sites. An MOU has been developed.

3. Early Childhood Comprehensive Systems--Population-Based Services--Young Children

Wisconsin Early Childhood Collaborating Partner's (WECCP) Action Team worked to implement components of the ECCS grant with the formation of the Healthy Children workgroup. A Medical Home Summit was conducted on November 15, 2007 with over 140 participants representing physicians, nurses, social workers, Birth-3, early educators, public health, administrators, parents and youth with special needs. Other participants joined by web cast for the morning plenary on Medical Home and then participated in facilitated regional meetings by teleconference. Approximately 72 early childhood professionals viewed the opening and keynote presentations of the Medical Home Summit and identified multiple ways to support families in having a medical home. Attendees were encouraged to utilize the Wisconsin Medical Home toolkit (www.wimedicalhometoolkit.aap.org) which was updated and includes information on developmental screening. In April 2007, the CYSHCN Program in collaboration with the WIAAP and WAFP conducted an e-mail survey to assess the baseline level of developmental screening occurring in primary care practices in Wisconsin and to compare this with national data. The survey was sent to 1,772 physicians with 173 respondents; 31% (54) were pediatricians and 67% (117) were family physicians. Over half of providers who responded always/almost always use clinical impression alone (without the use of a screening tool or checklist) to assess developmental status. About 20% of Wisconsin providers always or almost always use the Denver Developmental Screen as their preferred screening tool while 37% sometimes use the Denver. Among providers nearly 74% (96 of 130 responses) report never using the Ages and Stages questionnaire (ASQ); 90% (117 of 130 responses) never use the Parents Evaluation of Developmental Status (PEDS). Based on the results of the survey, it is clear that there are gaps between current clinical practice and best practices as recommended in the AAP 2006 Policy statement. Implementation strategies developed by the ECCS Planning Team include disseminating a checklist of traits of a medical home for young children to doctors and parents educating early childhood providers about the concepts of medical home and screening recommendations.

4. Early Hearing Detection and Intervention (EHDI)--Infrastructure Building Activities--Newborns

Wisconsin Sound Beginnings (WSB), the early hearing detection and intervention program, is one of eight states selected to participate in the MCHB funded National Initiative for Child Health Quality's (NICHQ) EHDI and Medical Home Learning Collaborative (LC). Two regional Learning

Sessions including border state EHDl programs were held. WSB continues to recruit primary care providers to join the Chapter AAP EHDl Champion to participate in community EHDl improvement teams to improve linkages between population based screening program and the child's Medical Home. The framework established as part of Wisconsin's Congenital Disorders Program and WE-TRAC, the EHDl web-based real time data system, assisted this effort.

Table 4b, State Performance Measures Summary Sheet

| Activities | Pyramid Level of Service | | | |
|---|--------------------------|----|-----|----|
| | DHC | ES | PBS | IB |
| 1. Comprehensive Home Visiting | | X | | |
| 2. Early Childhood Comprehensive Systems | | | | X |
| 3. Early Hearing Detection and Intervention | | | | X |
| 4. Reproductive Health and Prenatal Care Coordination | | X | | |
| 5. Patient-at-Risk | | | | X |
| 6. Oral Health | | | | X |
| 7. Early Screening | | | | X |

b. Current Activities

1. Comprehensive Home Visiting--Enabling Services--Infants and Children

The program transfers to the DCF as of July 1, 2008 and MCH is assisting in transition.

2. Early Childhood Comprehensive Systems--Population-Based Services--Young Children

Implementation strategies developed by the ECCS continue to consider impact on promoting Medical Home.

3. Early Hearing Detection and Intervention (EHDl)--Infrastructure Building Activities--Newborns

WSB continues its participation in the NICHQ EHDl. Lessons learned are improving linkages with Medical Home.

4. Reproductive Health and Prenatal Care Coordination--Enabling Services--Infants

PNCC providers match mothers with primary providers for prenatal care, postpartum, and inter-conception care and identify medical homes for the baby.

5. Early Screening--Infrastructure Building Activities--Infants and Children

Lessons learned from participation in the EHDl Learning Collaborative that support the role of Medical Home are shared with EHDl partners.

6. Oral Health--Infrastructure Building Activities--Children

The medical home concept is being applied to the concept of a dental home despite the lack of dental providers.

7. Patient-at-Risk--Infrastructure Building Activities--Children

A pilot of the Patient-At-Risk system is scheduled for rollout July 1, 2008. This web-based structure allows health care and EMS providers and planners to access health information and attend to medical needs of CYSHCN in an emergency situation.

c. Plan for the Coming Year

The concepts of Medical Home will be integrated into their framework as highlighted by the following activities:

1. Reproductive Health and Prenatal Care Coordination--Enabling Services--Infants

The MCH program will continue to promote PNCC as a comprehensive program for prenatal, postpartum and interconceptional care with a goal of including a focus on establishing medical homes for mothers and infants.

2. Early Screening--Infrastructure Building Activities--Infants and Children

Lessons learned from participation in the EHDI Learning Collaborative that support the role of Medical Home will be shared with EHDI partners through a series of regional forums, articles and other education materials directed to health care providers. Quality Improvements (QI) steps such as both written and verbal communication of screening results to the primary care provider prior to hospital discharge, inclusion of screening results in the electronic medical record/hospital discharge summary, and scheduled follow-up prior to discharge will be integrated into the WSB Program QI documents and recently was awarded a 3-year grant by the MCHB to enhance this work. The Congenital Disorders Program will continue to promote the concepts of medical home and care planning through its contracts with the Program's contracted diagnostic/treatment sites. In addition, Wisconsin is one of 18 states along with Puerto Rico and the District of Columbia selected by National Academy for State Health Policy (NASHP) to participate in a national consortium to improve early identification of young children with developmental problems.

3. Oral Health--Infrastructure Building Activities--Children and CYSHCN

A recent HRSA grant will assist the state oral health program with case management programs targeting CYSHCN and training using licensed dental hygienists. In addition planning continues to support dental homes for all children.

4. Patient-at-Risk--Infrastructure Building Activities--Children

The Title V, MCH Program will continue involvement with activities to implement the Patient-At-Risk new web-based system. This program will be owned and managed by a consortia of hospitals that receive MCH funding to serve CYSHCN.

5. Early Childhood Comprehensive Systems--Population-Based Services--Young Children

A continuing ECCS grant will be written to support components including screening of young children and the promotion of medical home.

State Performance Measure 06: *Percent of children less than 12 years of age who receive one physical exam a year.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data

| | 2003 | 2004 | 2005 | 2006 | 2007 |
|-----------------------------------|---------|---------|---------|---------|-------------|
| Annual Performance Objective | 79.5 | 80 | 80.5 | 81 | 81.5 |
| Annual Indicator | 72.6 | 75.7 | 83.0 | 77.1 | 77.1 |
| Numerator | 617,000 | 618,000 | 677,000 | 641,000 | 641,000 |
| Denominator | 850,000 | 816,000 | 816,000 | 831,000 | 831,000 |
| Is the Data Provisional or Final? | | | | Final | Provisional |
| | 2008 | 2009 | 2010 | 2011 | 2012 |
| Annual Performance Objective | 81.5 | 81.5 | 81.5 | 81.5 | 81.5 |

Notes - 2007

Data issue: Data for 2007 will not be available from the Bureau of Health Information and Policy until 2009.

Notes - 2006

Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Family Health Survey, 2006. Madison, Wisconsin, 2008. The annual Wisconsin Family Health Survey is a random digit dial telephone survey that collects and reports information about health status, problems, insurance status, and use of health services among Wisconsin residents.

Numerator: Weighted data. Denominator: Weighted data.

Notes - 2005

Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Family Health Survey, 2005. Madison, Wisconsin, 2007. The annual Wisconsin Family Health Survey is a random digit dial telephone survey that collects and reports information about health status, problems, insurance status, and use of health services among Wisconsin residents.

Numerator: Weighted data. Denominator: Weighted data.

Data issues: We did not revise subsequent year's objectives; the data reflect random fluctuations.

a. Last Year's Accomplishments

The performance measure relates to Wisconsin's Priority Need - Access to Primary and Preventive Health Services, and is identified in Healthiest Wisconsin 2010, the state's public health plan. Special access issues exist for those living in rural communities, seasonal and migrant workers, persons with special health care needs, the uninsured and underinsured, homeless persons and low income members of racial or cultural minority groups.

1. Comprehensive Well-Child Exams--Direct Health Care Services--Children, including CYSHCN

The annual health exam activity is a direct health care service for children under age 21, including children with special health care needs. The target groups for services funded by the Title V block grant are children who are uninsured or underinsured. MCH provided funds to 12 LHDs in 2007 for well-child exams for children under age 21 years, including those with special health care needs. As reported for 2007 contracts in SPHERE, 1,160 unduplicated clients aged 0-12 years were reported as receiving physical exams, which is about half of the number provided in previous years. In 2007 only 77.2% of children under age 12 years accessed at least one physical exam which is a decline from 83% during 2005 and 2006. A requirement to provide documentation of citizenship may have impacted access to health services.

2. Governor's BadgerCare Plus Initiative--Enabling Services--Pregnant women, mothers, infants, and children, including CYSHCN

Legislation to implement BadgerCare Plus was passed in September 2007 in the SFY 07-09 budget and the program began enrolling families on February 1, 2008. It is a new program for children under 19 year of age and their families in Wisconsin who need and want health insurance regardless of income. All children under 19 years old --at all income levels-- can enroll in BadgerCare Plus if they don't have access to health insurance.

3. "Covering Kids" Program Funded by the Robert Wood Johnson (RWJ) Foundation--Enabling Services--Pregnant women, mothers, infants, and children, including CYSHCN

"Covering Kids" Program, funded by WI Medicaid through 2006, continued its involvement in an advisory capacity for Medicaid outreach grants. Wisconsin Covering Kids has engaged in several key outreach activities in cooperation with several of the CYSHCN Regional Centers. Challenged during 2006 with verification of citizenship resulted in dramatic reduction in family Medicaid caseload. Overall family Medicaid enrollment declined from 541,749 in December 2005 to 540,432 in December 2006. With continued funds for Covering Kids and building coalition

activities to improve outreach as BadgerCare Plus is implemented, it is expected that Medicaid enrollment will increase.

Table 4b, State Performance Measures Summary Sheet

| Activities | Pyramid Level of Service | | | |
|--|--------------------------|----|-----|----|
| | DHC | ES | PBS | IB |
| 1. Comprehensive Well-Child Exams | X | | | |
| 2. Governor's BadgerCare Plus Initiative | | X | | |
| 3. "Covering Kids" Program | | X | | |

b. Current Activities

1. Comprehensive Well-Child Exams--Direct Health Care Services--Children, including CYSHCN

For 2008 consolidated contracts, 12 LHDs again submitted objectives to provide or assure access to primary preventive exams.

2. Governor's BadgerCare Plus Initiative--Enabling Services--Pregnant women, mothers, infants and children, including CYSHCN

Legislation to implement BadgerCare Plus was passed in the 07-09 budget and implemented effective February 1, 2008. This should improve prospects for preventive services including health and oral exams all children in the state.

3. "Covering Kids" Program--Enabling Services--Pregnant women, mothers, infants and children, including CYSHCN

Wisconsin "Covering Kids and Families" Program continues with funding grants from both state Medical Schools and from dollars from DHCF. Activities include support for coalitions to increase outreach for uninsured children and their families and to enroll them in state supported health insurance programs, such as BadgerCare.

c. Plan for the Coming Year

1. Comprehensive Well-Child Exams--Direct Health Care Services--Children, including CYSHCN

Title V MCH/CYSHCN Program remains committed to improving access to health care so that primary, preventive health care is available to young children. The Title V MCH/CYSHCN Program will continue to provide funds through the consolidated contract process promoting primary, preventive health care to young children who are uninsured or underinsured. Since the LHDs use these funds according to general program guidelines and to address local identified needs, the impact of MCH funds supporting a provision of primary, preventive health care will be gap filling.

2. Governor's BadgerCare Plus Initiative--Enabling Services--Pregnant women, mothers, infants, and children, including CYSHCN

The Title V MCH/CYSHCN Program will continue to provide assistance to Governor Doyle's planned expansion to the Wisconsin BadgerCare Program that is to provide an opportunity for health insurance for all children in the state. The MCH program will have an opportunity to outreach to pregnant women, mothers, infants, children, children and youth with special health care needs, and their families to improve access to health care coverage and connect to community programs enrolling families. This should increase access to primary preventive health exams.

3. Support the "Covering Kids" Program--Enabling Services--Pregnant women, mothers, infants, and children, including CYSHCN

In cooperation with UW-Extension, the Title V MCH/CYSHCN Program will continue to provide support for state and local coalitions, funded through 2010. These activities will assist children and their families to access mechanisms such as BadgerCare Plus if legislated to pay for primary preventive health exams. With continued funds for Covering Kids and building coalition activities to improve outreach as BadgerCare Plus is implemented, it is expected that Medicaid enrollment will increase.

State Performance Measure 07: *Percent of women who use tobacco during pregnancy.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

| Annual Objective and Performance Data | 2003 | 2004 | 2005 | 2006 | 2007 |
|--|-------------|-------------|-------------|-------------|-------------|
| Annual Performance Objective | 15.6 | 15.2 | 15 | 14.5 | 14 |
| Annual Indicator | 14.0 | 14.0 | 13.4 | 14.9 | 14.9 |
| Numerator | 9,769 | 9,812 | 9,503 | 10,715 | 10,715 |
| Denominator | 69,942 | 70,012 | 70,719 | 72,114 | 72,114 |
| Is the Data Provisional or Final? | | | | Final | Provisional |
| | 2008 | 2009 | 2010 | 2011 | 2012 |
| Annual Performance Objective | 13.5 | 13 | 12.5 | 12 | 12 |

Notes - 2007

Data issue: Data for 2007 will not be available from the Bureau of Health Information and Policy until 2009.

Notes - 2006

Data issue: Data for 2007 are not available from the Bureau of Health Information and Policy until 2008.

Source: There were 70,302 births in Wisconsin in 2006. Birth certificate data indicate that 61,399 reported they did not smoke during pregnancy; 10,715 reported smoking, and there were 188 missing. Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. Wisconsin Interactive Statistics on Health (WISH), <http://dhfs.wisconsin.gov/wish>, Birth Counts Module, accessed 02/22/2008.

Notes - 2005

Source: There were 70,934 births in Wisconsin in 2005. Birth certificate data indicate that 61,216 reported they did not smoke during pregnancy; 9,503 reported smoking, and there were 215 missing. Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. Wisconsin Interactive Statistics on Health (WISH), <http://dhfs.wisconsin.gov/wish>, Birth Counts Module, accessed 02/22/2007.

a. Last Year's Accomplishments

Relates to Priority Need #7--Smoking and Tobacco Use. In 2006, birth certificate data indicated 14.9% of Wisconsin women smoked during pregnancy, a slight increase from 2005 when 13.4% indicated they smoked during pregnancy (the most recent data for the U.S. for 2005 for the 36 unrevised [1989 birth certificate] reporting areas was 10.7%).

1. Title V Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants

The Title V Program funded 31 LHDs totaling 35 objectives addressing a variety of perinatal-related issues.

As reported for 2007 in SPHERE, of those women who received a prenatal assessment utilizing both Title V funds and Medicaid PNCC, 48% reported smoking before pregnancy, 31% reported smoking during pregnancy, and 19% reported decreasing smoking during pregnancy. Other SPHERE data show of the women whose smoking changed during pregnancy and were followed, 78% reported maintenance of non smoking status and 35% reported exposure to secondhand smoke.

2. First Breath--Enabling Services--Pregnant women, mothers, and infants

The Title V Program continued its First Breath Prenatal Smoking Cessation Program partnership with the Wisconsin Women's Health Foundation (WWHF). In 2007, 1,513 women were enrolled. Preliminary analysis of quit outcomes indicates the abstinence rate remained at 36% with 1,394 women having quit smoking since the program's inception. At a Medicaid cost savings of \$1,274 per quitter, this represents a \$1,775,956 cost savings to the health care system.

3. Women and Tobacco Team (WATT)--Enabling Services--Pregnant women, mothers, infants

The focus of this group is on tobacco use and cessation among women of reproductive age. The group designed a 31-question survey on tobacco use practices among clinicians of women of reproductive age, specifically to Wisconsin family planning providers, advanced practice nurses with an OB/GYN specialty and licensed OB/GYNs. 215 of 746 surveys were returned (30% response rate). Key findings from the survey indicate that while many clinicians ask about tobacco use, advise women to quit, and assess their willingness to quit, few clinicians assist with the quit attempt or actively arrange follow-up support, including referrals to the Wisconsin Tobacco Quit Line. While many clinicians feel it is their role to help patients quit tobacco use, confidence in their ability to be effective is lacking. Just over half of clinicians indicated they received tobacco cessation training -- even fewer received training specific to women. Additionally, patients are infrequently advised on the dangers of secondhand smoke -- only a third of clinicians felt they were knowledgeable about secondhand smoke and its effects. The detailed report, titled "Report on Wisconsin Survey of Clinicians on Tobacco Use Practices for Women of Reproductive Age," is completed and accessible at www.wwhf.org.

4. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

Through the Medicaid PNCC program and the MCH-funded perinatal care coordination program women who are high risk for adverse pregnancy outcomes are receiving comprehensive, strength based individual care in the prenatal period and postpartum. One of the many focuses of care is tobacco use and cessation. Once identified the participants of the program are referred to the First Breath Program, for individual, strength based assistance with decreasing tobacco use. In SFY 2007, 582 women were reported as having made a change in tobacco use during the prenatal and postpartum period and 76% of women served by these programs reported not smoking in the postpartum period.

5. Preconception Service--Enabling Services--Pregnant women, mothers, infants

Both the Infant Death Center of Wisconsin (IDC) and WAPC had preconception initiatives with a smoking cessation focus. IDC distributed culturally sensitive brochures on preconception, and a preconception curriculum and power point presentation were developed for middle school students. WAPC developed preconception tool kits for clinical practitioners.

Table 4b, State Performance Measures Summary Sheet

| Activities | Pyramid Level of Service | | | |
|--|--------------------------|----|-----|----|
| | DHC | ES | PBS | IB |
| 1. Title V Funded Perinatal Services | | X | | |
| 2. First Breath | | X | | |
| 3. Women and Tobacco Team (WATT) | | X | | |
| 4. Prenatal Care Coordination (PNCC) | | X | | |
| 5. Infant Death Center of WI/WAPC Statewide Programs to Improve Infant Health and Reduce Disparities | | X | | |

b. Current Activities

1. Title V Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants

The Title V Program funded 38 LHDs totaling 43 objectives addressing a variety of perinatal-related issues.

2. First Breath--Enabling Services--Pregnant women, mothers, infants

For CY 2008, 102 First Breath sites are participating in the program and 324 women have been enrolled.

3. Women and Tobacco Team (WATT)--Enabling Services--Pregnant women, mothers, infants

WATT continues to look for opportunities to share the survey results through local and state partnerships.

4. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

PNCC continues to include smoking cessation services to prenatal and postpartum women.

5. Preconception Services--Enabling Services--Pregnant women, mothers, infants

IDC continues to facilitate a safe sleep/smoking cessation workgroup for a coalition of representatives from Milwaukee hospitals. WAPC has a preconception committee working on a survey for healthcare providers about preconception practices including smoking cessation and has released the preconception tool kit for use in clinics.

c. Plan for the Coming Year

1. Title V Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants

Due to the complex nature of smoking during pregnancy, this topic will continue to be a priority for the Title V Program. Title V funds will continue to be provided to the local level that encourage and support agencies to incorporate and provide services and counseling to women who use tobacco during pregnancy.

2. First Breath--Enabling Services--Pregnant women, mothers, infants

The Title V Program will continue as a partner to accomplish the goals of the First Breath Program. This partnership will focus on the following needs: invigorate and motivate participating clinicians; compete with other health care needs for limited clinician time; address clinical challenges (i.e. the risk for post-delivery relapse, unsupportive significant others, willingness to cut down but not quit, untruthful self-report, and failure to implement the agreed-to quit plan); and identify sustainable funding. First Breath will also work to increase enrollment within existing sites, expand to reach incarcerated women and continue expansion efforts in Southeastern Wisconsin.

3. Women and Tobacco Team (WATT)--Enabling Services--Pregnant women, mothers, infants

The work of this team will continue, to include utilizing the results of the survey for clinicians on the smoking practices for women of reproductive age to determine what the priority areas are for provider continuing education and to determine other strategies to address the needs of clinicians.

4. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

The Medicaid PNCC program will continue to support individual comprehensive strength based services, to women during the prenatal and postpartum period. Education sessions for the Great Beginnings Start Before Birth curriculum will continue to be provided by region throughout the

state. Strategies will be developed and implemented through regional PNCC provider groups and SPHERE user groups, and Regional Forums to promote data collection to identify key outcomes. Strategies will be developed through regional Healthy Baby Action Teams to identify and reduce disparities.

5. Preconception Services--Enabling Services--Pregnant women, mothers, infants

The Infant Death Center of Wisconsin will continue to disseminate preconception/interconception brochures that focus on women's health, including smoking cessation. The safe sleep/smoking cessation workgroup will continue to work with the community on education for creating smoke free environments. The WAPC Preconception Committee will develop an education plan for clinical providers on preconception health that includes a smoking cessation focus.

State Performance Measure 08: *Percent of children, ages 2-4, who are obese or overweight at or above the 95th percentile.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

| Annual Objective and Performance Data | 2003 | 2004 | 2005 | 2006 | 2007 |
|--|-------------|-------------|-------------|-------------|-------------|
| Annual Performance Objective | 11 | 10.8 | 12 | 12.1 | 11.8 |
| Annual Indicator | 13.0 | 13.3 | 12.9 | 13.0 | 13.1 |
| Numerator | 6,537 | 6,893 | 6,648 | 6,717 | 6,764 |
| Denominator | 50,284 | 51,825 | 51,410 | 51,667 | 51,636 |
| Is the Data Provisional or Final? | | | | Final | Final |
| | 2008 | 2009 | 2010 | 2011 | 2012 |
| Annual Performance Objective | 11.6 | 11.6 | 11.5 | 11.5 | 11.4 |

Notes - 2007

Source: 2007 Pediatric Nutrition Surveillance System (PedNSS), Centers for Disease Control and Prevention.

Notes - 2006

Source: 2006 Pediatric Nutrition Surveillance System (PedNSS), Centers for Disease Control and Prevention.

Notes - 2005

Source: 2005 Pediatric Nutrition Surveillance System (PedNSS).

a. Last Year's Accomplishments

1. Increased Knowledge of Healthy Behaviors--Enabling Services--Children over the age of 2, including CYSHCN and their families

Through performance based contracting (PBC), 21 LHDs worked to create environments that promote healthy eating, physical activity and a healthy weight. The activities are linked to Healthiest Wisconsin 2010, the Nutrition and Physical Activity State Plan and local community health improvement plans. Many provided educational programs and opportunities in a variety of settings including: child care, worksite, schools, and community. One LHD sponsored a health promotion class for 70 students. Another distributed "Just Keep Moving" brochures to highlight opportunities for physical activity in the community. One tribal health department sponsored a "Team Up to Defeat Diabetes" conference for enrolled families, a "Heart Healthy" event where families learned about portion control, blood sugars, blood pressure and tobacco cessation and another event to help families think about hidden sugars and calories in beverages.

2. Community Campaigns--Population-Based Services--Children over the age of 2, including CYSHCN and their families

Through the PBC system, LHDs promoted nutrition and physical activity in their community through campaigns. These included a Fun Walk/Run with 72 participants, a Choosing Low-fat Milk Campaign, Safe Routes to School, Turn off TV Week, and community walking programs. One community fitness challenge with 41 groups participating identified that 50% of the participants self-reported an increase in physical activity as a result of the campaign.

3. Needs Assessments and Plans--Infrastructure Building Services--Children over the age of 2, including CYSHCN and their families

Through PBC, LHDs improved the nutrition and physical activity environment in their communities. Strategies implemented included community planning, walkability/bikeability surveys, fruit and vegetable audits, FIT WIC assessments, Safe Routes to School, starting school breakfast programs in 13 schools, school staff wellness, school wellness policies, community assessments, worksite wellness, breastfeeding support at work, work with farmers' markets to increase participation, and childcare curriculum. One LHD worked with several schools to improve their nutrition and physical activity environments. Some of the changes included: a summer nutrition education program, development of a nature trail with a Vita course for students, staff and parents, development of a walking program for students and parents, development of a Safer Routes to School Program, and walking program for students with theme walks. Another LHD worked with the Milwaukee Public School and 50% (104 schools) completed a nutrition and physical activity school assessment and action plan.

4. Nutrition and Physical Activity Coalitions--Population-Based Services--Children over the age of 2, including CYSHCN and their families

Partnerships are vital to preventing and managing overweight. There are 47 local coalitions who focused efforts on obesity prevention in 2007.

Key partnerships that were developed by the LHDs included: the nutrition and physical activity coalitions, schools, worksites, local hospitals, farmers and farmers market managers, UW-Extension, Master Gardeners and Preservers, economic development corporation, WIC, childcare centers, city planner, faith-based organizations, parent groups, YMCA, and minority organizations.

In many examples the work funded by MCH and through the above partnerships has been able to leverage addition grant funds, in-kind services, and support.

Table 4b, State Performance Measures Summary Sheet

| Activities | Pyramid Level of Service | | | |
|---|--------------------------|----|-----|----|
| | DHC | ES | PBS | IB |
| 1. Increase Knowledge of Healthy Behaviors | | X | | |
| 2. Community Campaigns | | | X | |
| 3. Needs Assessments and Plans | | | | X |
| 4. Nutrition and Physical Activity Coalitions | | | X | |

b. Current Activities

1. Increased Knowledge of Healthy Behaviors--Enabling Services--Children over the age of 2, including CYSHCN and their families

Through performance based contracting (PBC), 29 LHDs are creating environments that promote breastfeeding, healthy eating, physical activity and a healthy weight in all sectors. The activities are linked to Healthiest Wisconsin 2010 and the Nutrition and Physical Activity State Plan.

2. Community Campaigns--Population-Based Services--Children over the age of 2, including CYSHCN and their families

Through the PBC system, LHDs are promoting nutrition and physical activity in their community. These include a Fun Walk/Run, Safe Routes to School, Turn off TV Week, and WE CAN.

3. Needs Assessments and Plans--Infrastructure Building Services--Children over the age of 2, including CYSHCN and their families

Through PBC, LHDs are improving the nutrition and physical activity environment and building the infrastructure. Strategies include: walkability surveys, childcare environment assessments, Safe Routes to School, school wellness, community assessments, worksite wellness, work with farmers markets, and childcare curriculum.

4. Nutrition and Physical Activity Coalitions--Population-Based Services--Children over the age of 2, including CYSHCN and their families

Partnerships are vital to preventing obesity. There are 48 local coalitions who currently focus on nutrition, physical activity and obesity prevention.

c. Plan for the Coming Year

1. Increased Knowledge of Healthy Behaviors--Enabling Services--Children over the age of 2, including CYSHCN and their families

Through the performance based contracting system, LHD will be encouraged to choose a template objective that provides focused effort related to obesity prevention through increased breastfeeding, increased fruit and vegetable consumption, increased physical activity, decreased television time, decreased sugar-sweetened beverage consumption and decreased consumption of high energy dense foods. These activities will be linked to the Healthiest Wisconsin 2010 and the Wisconsin Nutrition and Physical Activity State Plan to prevent obesity and related chronic diseases.

2. Community Campaigns--Population-Based Services--Children over the age of 2, including CYSHCN and their families

Community-wide campaigns (such as Safe Routes to School, TV Turn Off Week, Governor's Challenge) may be planned as part of the work of LHDs, coalitions, and community-based organizations to implement the Wisconsin Nutrition and Physical Activity State Plan. Community-wide campaigns are implemented in conjunction with other strategies (such as policy change, environmental change or education) to increase the impact of the campaign.

3. Needs Assessments and Plans--Infrastructure Building Services--Children over the age of 2, including CYSHCN and their families

The Wisconsin Partnership for Activity and Nutrition (WI PAN) and the Nutrition and Physical Activity Program plans to develop resources to assist LHD, coalitions and community organizations to implement evidence-based strategies to prevent overweight and obesity, work with schools to apply for the Governor's School Health Award, implement a childcare intervention, and promote the Worksite Kit and Safe Routes to School. The Program and WI PAN will continue to promote the use of the State Plan as a "blueprint" for activities to prevent and manage overweight among children and their families.

4. Nutrition and Physical Activity Coalitions--Population-Based Services--Children over the age of 2, including CYSHCN and their families

State and community partnerships are vital to preventing and managing childhood overweight. There are ~48 local coalitions who will focus on preventing overweight, improving nutrition, and increasing physical activity. The coalitions focus on a variety of issues related to childhood overweight including family meals, being active as a family, safe neighborhoods, access to

healthy food as well as food security and hunger. An annual survey will be conducted to capture current capacity to implement interventions, identify training and resource needs and highlight successes.

Key partners include: the WIC Program, MCH Programs, DPI programs (Team Nutrition), the Child and Adult Care Feeding Program, Department of Transportation, Department of Agriculture, UW-Extension, Minority Health Program, local health departments, and community coalitions.

State Performance Measure 09: *Ratio of the black infant mortality rate to the white infant mortality rate.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

| Annual Objective and Performance Data | 2003 | 2004 | 2005 | 2006 | 2007 |
|--|-------------|-------------|-------------|-------------|-------------|
| Annual Performance Objective | 2.5 | 2.4 | 2.4 | 3.7 | 2.9 |
| Annual Indicator | 2.9 | 4.3 | 2.7 | 3.5 | 3.5 |
| Numerator | 15.3 | 19.2 | 15 | 17.2 | 17.2 |
| Denominator | 5.3 | 4.5 | 5.6 | 4.9 | 4.9 |
| Is the Data Provisional or Final? | | | | Final | Provisional |
| | 2008 | 2009 | 2010 | 2011 | 2012 |
| Annual Performance Objective | 2.9 | 2.8 | 2.8 | 2.7 | 2.7 |

Notes - 2007

Data issue: Data for 2007 will not be available from the Bureau of Health Information and Policy until 2009.

Notes - 2006

Data issue: Data for 2006 are not available from the Bureau of Health Information and Policy until 2008.

We revised our objectives to reflect the white infant mortality rate of 2004 which was 4.5/1000 and a random fluctuation, therefore, the disparity ratio for 2004 was significantly greater than other years.

Notes - 2005

Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH), <http://dhfs.wisconsin.gov/wish/> Infant Mortality Module, accessed 04/12/07.

a. Last Year's Accomplishments

The Healthy Birth Outcomes: Eliminating Racial and Ethnic Disparities initiative remains one of the Department of Health and Family Services (DHFS) highest priorities. See www.dhfs.wisconsin.gov/healthybirths/ for a comprehensive overview of the initiative. Highlights of accomplishments are provided below.

1. Communication and Outreach--Population-Based Services--Pregnant women, mothers, and infants

The Statewide Advisory Committee was convened in March, August, and November as a primary effort to engage the community in creating meaningful strategies and effective implementation.

A Town Hall meeting was held on June 25, 2007 in Racine with over 100 participants.

A Request for Applications was released for conducting focus groups in Beloit, Kenosha, Madison, Milwaukee, and Racine. ABCs for Healthy Babies is the project conducting concept and message testing among African American women, fathers, and grandmothers. The project has had a very positive response to their recruitment efforts. See

www.dhfs.wisconsin.gov/healthybirths/ for a description and recruitment materials. The Communication and Outreach Workgroup provided guidance on the social marketing RFA.

2. Evidence Based Practices--Enabling Services--Pregnant women, mothers, and infants

Smoking cessation services for pregnant women of color in southern and southeastern Wisconsin was provided via First Breath expansion.

Empowering Families of Milwaukee received monitoring and technical assistance.

Collaboration occurred with the Milwaukee Family Services Integration on fatherhood initiative and priority services for pregnant women in Wisconsin's Welfare to Work program.

Maternal and Child Health staff participated on the Medicaid Program's Pay for Performance (P4P) Workgroup on Birth Outcomes.

Evidence-based Practices Workgroup selected the following topics for a literature search: Breastfeeding; Prevention of SUID--safe sleep (co-sleeping, back to sleep, smoke, etc.); Community Health Worker/ Doula/ Home-Visiting; Preconception/interconception care (including unplanned pregnancy and family planning; use of multivitamins with folic acid); UTI detection and treatment; STI detection and treatment (Group B strep; gonorrhea, Chlamydia, etc.); Perinatal mental health/depression screening and treatment; Domestic Violence screening and treatment; and tracking previous poor birth outcomes (LBW/premature baby or infant death).

3. Data Monitoring and Evaluation--Infrastructure Building Services--Pregnant women, mothers, and infants

The Data Workgroup developed selected population and program indicators to track progress in eliminating racial and ethnic disparities in birth outcomes.

An Evaluation Plan was finalized for Empowering Families of Milwaukee Program, in conjunction with the City of Milwaukee Health Department and other academic partners.

Presentations at national, state, and local forums were provided to disseminate data to professionals and community members and seek ideas and information.

Technical assistance and data was provided to Madison/Dane County as they investigate the decline in African American infant mortality.

4. Policy and Funding--Infrastructure Building Services--Pregnant women, mothers, and infants

The MCH Chief Medical Officer and State Health Officer presented data on racial and ethnic disparities in birth outcomes to the Oversight Committee of the Wisconsin Partnership Program. Program Director and DHFS Policy Analyst provided assistance to the author of a White Paper for UW Partnership Program's special funding initiative on birth outcomes.

The State Health Officer was named to Medicaid P4P Steering Committee and meets regularly with the Medicaid Director.

The State Assemblyman and State Senator from Racine secured \$250,000 state general purpose revenue funds per year, allocated to the DHFS for the reduction of fetal and infant mortality, and to be awarded to the city of Racine Health Department for program of services, using evidence-based practices, including home visiting.

The Policy and Funding Workgroup plan to develop a set of recommendations after considering the findings from the White Paper for the University of Wisconsin Partnership Program's special funding initiative for eliminating racial and ethnic disparities in birth outcomes.

Efforts to seek funding for community health workers/doulas continued.

Table 4b, State Performance Measures Summary Sheet

| Activities | Pyramid Level of Service | | | |
|-----------------------------------|--------------------------|----|-----|----|
| | DHC | ES | PBS | IB |
| 1. Communication and Outreach | | | X | |
| 2. Evidence Based Practices | | X | | |
| 3. Data Monitoring and Evaluation | | | | X |
| 4. Policy and Funding | | | | X |

b. Current Activities

1. Communication and Outreach--Population-Based Services--Pregnant women, mothers, and infants

The 2008-2011 Framework for Action has been revised.

The third annual Town Hall meeting was held in June 2008 in Madison.

Guidance is provided to ABCs for Healthy Babies social marketing project.

Three Statewide Advisory Committee meetings will be held.

2. Evidence Based Practices--Enabling Services--Pregnant women, mothers, and infants

First Breath expansion continues.

Collaboration with the Milwaukee Family Services Integration continues.

The Evidence-based Practices Workgroup is researching selected topics.

Participation continues on Medicaid P4P Birth Outcomes Workgroup.

3. Data Monitoring and Evaluation--Infrastructure Building Services--Pregnant women, mothers, and infants

The Data Workgroup will report on measurable indicators to track progress.

Technical assistance for Empowering Families of Milwaukee continues.

4. Policy and Funding--Infrastructure Building Services--Pregnant women, mothers, and infants

The Policy and Funding Workgroup is preparing potential recommendations, such as a Children's Zone, a Community Health Improvement Trust, and Public Health Partnership Plan.

The State Health Officer has regular status updates with the DHFS Secretary.

Efforts of the UW Partnership Program on funding for a special initiative on birth outcomes are supported. The State Health Officer and MCH Chief Medical Officer will attend the invitation-only Wingspread Conference on Infant Mortality.

c. Plan for the Coming Year

1. Communication and Outreach--Population-Based Services--Pregnant women, mothers, and infants

Three Statewide Advisory Committee meetings will be held in 2009.

A Town Hall meeting will be held in June of 2009.

Workgroup recommendations will be presented to full committee.

Findings from focus groups will be disseminated and incorporated into social marketing efforts.

2. Evidence Based Practices--Enabling Services--Pregnant women, mothers, and infants

Ongoing monitoring and technical assistance to the MCH statewide projects will continue.

We will produce and disseminate reports and informational materials on recommended selected topics from Evidence-based Practices Workgroup.

The Empowering Families of Milwaukee Home Visiting Program will transition to the new Department of Children and Families.

Collaboration will occur with the ECCS Program to expand evidence-based and best practices to eliminate racial and ethnic health disparities among vulnerable children ages 0-8.

The City of Racine Health Department will receive technical assistance on their program of reducing fetal and infant deaths.

Collaboration will continue with the Milwaukee Family Services Integration and fatherhood efforts.

We will support the continuation of the Milwaukee FIMR Program and explore expansion to other counties.

Will participate in efforts to address the lack of Medicaid obstetric services in Kenosha.

3. Data Monitoring and Evaluation--Infrastructure Building Services--Pregnant women, mothers, and infants

The Data Workgroup, with the Statewide Advisory Committee will finalize population and program-based indicators and develop community indicators to track progress on eliminating racial and ethnic disparities in birth outcomes.

A fact sheet on evidence based practices will be produced and disseminated.

We will partner with Madison/Dane County Public Health Department and the UW as they investigate the improvement of infant mortality rates among African Americans in Madison and Dane County.

Presentations will be provided at national, state, and local forums to disseminate data to professionals and community members and seek ideas and information.

The City of Racine Health Department will receive monitoring and technical assistance as they evaluate their program efforts.

4. Policy and Funding--Infrastructure Building Services--Pregnant women, mothers, and infants

Medicaid Pay for Performance efforts for birth outcomes will be tracked.

We will collaborate with the UW Partnership on funding for a special initiative on birth outcomes.

Implementation of Policy and Funding Workgroup recommendations will begin.

We will continue, with partners, to seek other public and private funds to implement Framework for Action strategies.

State Performance Measure 10: *Death rate per 100,000 among youth, ages 15-19, due to motor vehicle crashes.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data

| | 2003 | 2004 | 2005 | 2006 | 2007 |
|-----------------------------------|---------|---------|---------|---------|-------------|
| Annual Performance Objective | 21.5 | 21 | 20.5 | 20.5 | 20 |
| Annual Indicator | 28.8 | 23.5 | 25.7 | 24.5 | 24.5 |
| Numerator | 118 | 96 | 105 | 99 | 99 |
| Denominator | 409,420 | 409,081 | 409,101 | 404,777 | 404,777 |
| Is the Data Provisional or Final? | | | | Final | Provisional |
| | 2008 | 2009 | 2010 | 2011 | 2012 |
| Annual Performance Objective | 20 | 19.5 | 19 | 19 | 19 |

Notes - 2007

Data issue: Data for 2007 will not be available from the Bureau of Health Information and Policy until 2009.

Notes - 2006

Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH), <http://dhfs.wisconsin.gov/wish/> Mortality Module, accessed 04/29/08.

Notes - 2005

Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH), <http://dhfs.wisconsin.gov/wish/> Mortality Module, accessed 05/11/07.

a. Last Year's Accomplishments

1. Educational Activities--Enabling Services--Adolescents

We continued our collaborations with DPI, DOT, Children's Health Alliance of Wisconsin, and Safe Kids to promote the message of motor vehicle safety for teens. Several LHDs selected activities in their communities to address motor vehicle safety in this age group

2. Legislation--Population-Based Services--Adolescents

Support for appropriate legislation and enforcement of existing legislation continued to be a strong method of impacting this performance measure.

3. Local Needs Assessments--Infrastructure Building Services--Adolescents

The Injury Prevention Program provided motor vehicle crash data to agencies and the general public. Injury WISH modules are inclusive of motor vehicle related information for hospitalizations, deaths, and emergency department visits.

4. Injury Coordinating Committee (ICC)--Infrastructure Building Services--Adolescents

The Injury Prevention Coordinating Committee continued to explore ways to address the concerns regarding teen driving, and strategies to address these concerns.

Table 4b, State Performance Measures Summary Sheet

| Activities | Pyramid Level of Service | | | |
|--|--------------------------|----|-----|----|
| | DHC | ES | PBS | IB |
| 1. Educational Activities | | X | | |
| 2. Legislation | | | X | |
| 3. Local Needs Assessments | | | | X |
| 4. Injury Coordinating Committee (ICC) | | | | X |

b. Current Activities

1. Educational Activities--Enabling Services--Adolescents

In order to decrease the incidence of deaths due to motor vehicle crashes, education will continue. Collaborations between DPI, DOT, DHFS (MCH Programs and Substance Abuse) will continue to develop. We will continue to work locally to implement programs that address motor vehicle safety and injury prevention.

2. Legislation--Population-Based Services--Adolescents

We will support appropriate legislation and promote the enforcement of existing legislation. One key way is working with injury prevention partners to disseminate injury briefs on key policies to reduce the motor vehicle injury burden in WI.

3. Local Needs Assessments--Infrastructure Building Services--Adolescents

We work with LHDs and other agencies to obtain data on motor vehicle related statistics in teens in their community. Injury WISH modules are inclusive of motor vehicle related information for hospitalizations, deaths, and emergency department visits. Ongoing education and outreach to promote the availability of this query system and other data resources will be conducted. We are also working with DOT to have better access to CODES data.

4. Injury Coordinating Committee (ICC)--Infrastructure Building Services--Adolescents

As the ICC plans a restructuring, we will look for ways to better incorporate teen driving safety in our goals.

c. Plan for the Coming Year

1. Educational Activities--Enabling Services--Adolescents

Collaboration with organizations such as Safe Kids, DOT, and DPI will continue and additional partners will be identified. The Title V Program will promote intervention strategies to address teen driving at the local level and provide necessary data and information for these activities.

2. Legislation and Policy Changes--Population-Based Services--Adolescents

The potential for additional legislation and policy changes will be evaluated. The Title V Program will partner with other organizations to disseminate information on the benefit and need of this legislation.

3. Local Needs Assessments--Infrastructure Building Services--Adolescents

Staff will continue to work with local agencies to provide county-specific data and technical support. The Injury Prevention Program and DOT will continue making motor vehicle crash data

more accessible to agencies and the general public. We will continue work with CODES data started in 2008.

4. Injury Coordinating Committee (ICC)--Infrastructure Building Services--Adolescents

The Injury Coordinating Committee his group will be used to steer activities around teen driving and motor vehicle safety around the state.