

**Maternal and Child
Health Services Title V
Block Grant**

Wisconsin

**FY 2025 Application/
FY 2023 Annual Report**

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I. General Requirements

I.A. Letter of Transmittal

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State of Wisconsin
Department of Health Services
Tony Evers, Governor
Kirsten L. Johnson, Secretary

June 26, 2024

Attn: MCH Block Grant
HRSA Grants Application Center
901 Russel Avenue – Suite 450
Gaithersburg, MD 20879

Dear MCH Block Grant Coordinator:

I am pleased to support the transmittal of the Wisconsin Maternal and Child Health Services Title V Block Grant application and annual report which is being submitted electronically via the Internet as requested in the HRSA application/annual report guidance.

We look forward to being notified when the award is made.

Programmatic questions can be directed to Katrina Heche, Wisconsin's Title V Block Grant Director and Maternal and Child Health Systems Coordinator at 608-504-1336 or Katrina.Heche@dhs.wisconsin.gov.

Sincerely,

Debra Standridge
Deputy Secretary

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www.dhs.wisconsin.gov

Protecting and promoting the health and safety of the people of Wisconsin

I.B. Face Sheet

The Face Sheet (Form SF424) is submitted electronically in the HRSA Electronic Handbooks (EHBs).

I.C. Assurances and Certifications

The State certifies assurances and certifications, as specified in Appendix 2 of the 2026 Title V Application/Annual Report Guidance, are maintained on file in the States' MCH program central office, and will be able to provide them at HRSA's request.

I.D. Table of Contents

This report follows the outline of the Table of Contents provided in the 2021 Title V application/Annual Report guidance.

II. MCH Block Grant Workflow

Please refer to figure 3 in the "Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms", OMB NO: 0915-0172; Expires: December 31, 2026.

III. Components of the Application/Annual Report

III.A. Executive Summary

III.A.1. Program Overview

The Wisconsin Title V program is housed within the Family Health Section of the Bureau of Community Health Promotion in the Division of Public Health, which is a part of the Wisconsin Department of Health Services. The Wisconsin Division of Public Health achieved national accreditation in 2018, an accomplishment that demonstrates Wisconsin's commitment to our mission of protecting and promoting the health and safety of people throughout the state.

The goal of Wisconsin's Title V program is to ensure that all families have access to a coordinated, integrated, and sustainable system of services and supports focused on health promotion and prevention. This is accomplished through collaboration with local and Tribal health agencies, community-based organizations, statewide organizations, and other partners, assuring quality health services are delivered to parents, children, and families. Title V funds are directed toward building systems that better coordinate and integrate services across programs and providers, while investing in community-based prevention, health promotion, and support services. Wisconsin also works with many maternal and child health-focused initiatives and programs beyond those funded by the Title V Block Grant, including: the Maternal, Infant, and Early Childhood Home Visiting program; the Maternal Health Innovations grant; the Title X Reproductive Health Family Planning program; Rape Prevention Education; the Adolescent Health program; the Pediatric Mental Health Care Access grant, and others.

The [United Health Foundation State Health Rankings](#) (2023) place Wisconsin 22nd overall and 34th for health outcomes. The two measures Wisconsin is faring the worst (both ranked 49th) relative to other states are low per capita public health funding and low birthweight racial gap. Other challenges highlighted in Wisconsin's rankings include residential segregation (ranked 48th), high prevalence of excessive drinking (47th), and a high prevalence of obesity (40th). Positive trends indicate a low prevalence of non-medical drug use, a high prevalence of high school completion, and a high voter participation rate.

Wisconsin ranked tenth in the nation for overall child well-being by the Annie E. Casey Foundation, based on the [2022 Kids Count Profile](#). However, this relatively high-ranking masks significant racial and ethnic disparities throughout the state, and progress has stalled on many indicators related to health, education, economic well-being, and family and community factors. Disparities in birth outcomes also persist. In 2020, [Wisconsin's Black infant mortality rate was 14.0 deaths per 1,000 live births](#), ranking second highest in the nation among the 35 states and District of Columbia reporting 2020 Black infant mortality rates.

The COVID-19 pandemic brought inequities in maternal and child health to the forefront. Health inequities are "systematic differences in the opportunities groups have to achieve optimal health, leading to unfair and avoidable differences in health outcomes" (Braveman, 2006; WHO, 2011). To disrupt these health inequities, Wisconsin identified State Performance Measures focusing on African American infant mortality prevention and representative participation to assure that populations experiencing the greatest health disparities have a voice in program planning and policy development. A newly identified State Performance Measure directly focused on increasing social connectivity has become critically important in the wake of the COVID-19 pandemic as well.

Wisconsin's 2021-2025 maternal and child health priority needs were determined based on findings of the 2020 MCH Needs Assessment:

- Advance Equity and Racial Justice
- Assure Access to Quality Health Services
- Cultivate Supportive Social Connections and Community Environment

- Enhance Identification, Access, and Support for Individuals with Special Health Care Needs and their Families
- Foster Positive Mental Health and Associated Factors
- Improve Perinatal Outcomes
- Promote Optimal Nutrition and Physical Activity



Key Wisconsin Characteristics

- Number of births: 60,032
- Ratio of black to white infant mortality: 2.8
- Percent of births covered by Medicaid: 34.1%
- Percent of children under 19 years old without health insurance: 6.5%
- Percent of children under 19 years old living below the federal poverty level: 12.7
- Percent of children under 5 years old living below the federal poverty level: 13.8%
- Percent of Wisconsinites living in rural areas: 32.9%

Activity Update

National Performance Measures (NPMs) and State Performance Measures (SPMs) are identified across six population domains to address the priority needs identified in the 2020 MCH Needs Assessment.

Women/Maternal

Annual Preventive Medical Visit (NPM 01): Only 73.1 percent of women in Wisconsin between 18 and 44 years old receive an annual preventive medical visit, according to 2019 Behavioral Risk Factor Surveillance System data. The Title V program works closely with the state's Title X team to support women establishing a medical home and getting an annual well-woman visit. Activities include promotion and education for patients and clinicians, addressing relevant health inequities, providing training and education opportunities for clinicians within the Reproductive Health and Family Planning network, and developing marketing and promotional tools for dissemination. This team collaborates closely with home visiting programs across the state to promote and disseminate information. Equity gaps are addressed through implementation of internal health equity initiatives and identifying best practices for data collection.

Infant/Perinatal

African American Infant Mortality Prevention (SPM 01): Infants born to non-Hispanic Black mothers are dying preventable deaths. The Maternal and Infant Mortality Prevention Unit within the Family Health Section is working to identify strategies related to community partnerships, collaboration, data capacity, and policy and systems changes. Collaboration with Medicaid supports efforts to strengthen the [Prenatal Care Coordination benefit](#) and integrate reimbursement for doula services. Local and Tribal health agencies are supported to make practice changes to advance health equity and enhance community engagement. Data from Fetal Infant Mortality Review, Maternal Mortality Review, [Pregnancy Risk Assessment Monitoring System](#), and other data sources inform this work.

High-Quality Perinatal Care (SPM 02): Wisconsin lacks a comprehensive, high-quality, regionalized perinatal care system that successfully engages women throughout the continuum of care, from preconception through the postpartum transition to ongoing well-woman care. The 2018-2019 Pregnancy Risk Assessment Monitoring System data show 54 percent of non-Hispanic white, 53 percent of Hispanic and non-Hispanic Black, and 58 percent of women of other races received a high-quality postpartum visit (high-quality: those who report receiving postpartum depression screening, tobacco use, and either contraceptive or birth spacing discussion on question 70 of the Wisconsin Pregnancy Risk Assessment Monitoring System). The Title V program continues to collaborate with partners including maternal psychiatric teleconsultation program [The Periscope Project](#) and [Moms Mental Health Initiative](#). Additional work is being done to support efforts to implement revised levels of perinatal care assessment for hospitals, and collaboration with Medicaid which strives to schedule postpartum visits before delivery.

Breastfeeding (NPM 04): Wisconsin's social and physical environment does not support all families to meet their human milk feeding goals, and disparities exist within breastfeeding initiation and duration. About 87.5 percent of Wisconsin infants are ever breastfed, yet only 31.3 percent are breastfed exclusively through six months (2019; National Immunization Survey). Wisconsin aims to address disparities within non-Hispanic Black and indigenous populations, focused on policy development, local interventions, and community partnership development. Statewide partners including [Coffective](#) and the [Wisconsin Association for Perinatal Care](#) focus on hospital practices to increase breastfeeding initiation rates and to support better coordination between clinical and community stakeholders. Additional partners include [Supporting Families Together Association](#) and the [African American Breastfeeding Network](#), who are advancing lactation support in childcare settings with a particular emphasis on Milwaukee.

Children

Developmental Screening (NPM 06): Only 38 percent of children in Wisconsin ages 10 through 35 months receive a developmental screening using a parent-completed tool (2018-2019 combined, [National Survey of Children's Health](#)). The [Wisconsin Medical Home Initiative](#) continues to offer virtual and in-person developmental screening training and technical assistance opportunities. Staff trained two large health systems in Northeast Wisconsin in partnership with [Help Me Grow First Five Fox Valley](#). Wisconsin's Title V program is working to forge and strengthen partnerships with local WIC and public health agencies to increase the number of children who are offered [CDC's Learn the Signs](#) developmental monitoring checklist, screen if there is a concern, and refer to appropriate services.

Physical Activity, 6 through 11 years (NPM 08.1): Too many children in Wisconsin are considered overweight (15.0%) or obese (13.7%) by Body Mass Index standards, which is a strong predictor of poor health outcomes throughout their lives. The Wisconsin Title V team successfully piloted a training and technical assistance opportunity for local and Tribal health agencies, empowering them to develop action plans unique to their local communities to address physical activity and nutrition concerns in children. The [University of Minnesota's School of Public Health](#), [healthTIDE Network](#), Wisconsin Title V staff, the [Wisconsin Department of Children and Families](#), and the [University of Wisconsin-Madison Extension](#) lead this work to encourage a constant feedback loop from participants to make their projects as effective as possible.

Adolescents

Adolescent Injury Hospitalization, 10 through 19 years (NPM 07.2) and Adolescent Well Visit (NPM 10): These two performance measures were removed beyond 2021, though much of the work continues under SPM 05.

Adolescent Mental Health (SPM 05): In Wisconsin, 27 percent of adolescents feel so sad or hopeless almost every day that they stop doing some usual activities according to the [Wisconsin Youth Risk Behavior Surveillance Survey](#). The Title V program supports [Providers and Teens Communicating for Health](#), a teen-delivered program that targets barriers that interfere with the ability of health care providers and teens to communicate effectively with one another about sensitive health topics. Local and Tribal health agencies work with local school districts, health care organizations, and community organizations to train adults and peers to recognize signs of mental distress, bolster protective factors, prevent bullying, and improve social-emotional learning. Local agencies also work to limit adolescent access to firearms and prescription medications. The [University of Wisconsin Division of Extension Institute for Health and Well-Being](#) provides training support and technical assistance to these local efforts. Partnership with the Wisconsin Department of Public Instruction supports the administration and dissemination of the [Youth Risk Behavior Survey](#) and [School Health Profiles](#). Title V staff also assist in the administration of some innovative models of mental health care, including the [Child Psychiatric Consultation Program](#), a provider teleconsultation program.

Children and Youth with Special Health Care Needs

Medical Home (NPM 11): Only 46.6 percent of children with special health care needs in Wisconsin receive medical care within the context of a medical home, defined as accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective (according to 2020-2021 National Survey of Children's Health data). The Title V program promotes the medical home using a common set of messages and tools for families and providers, promotes care coordination best practices such as a Shared Plan of Care with healthcare systems, and supports youth and family engagement and leadership – especially for families disproportionately impacted – at the individual, community, policy, and system levels.

Youth Health Transition (NPM 12): Only 34.6 percent of children with special health care needs in Wisconsin ages 12 through 17 receive the services and supports necessary to transition to adult health care, according to 2020-2021 National Survey of Children's Health data. To address this, the Wisconsin Title V program works to develop and disseminate consistent strategies and tools with common messaging and promote best practices in transition planning. Presentations and trainings are implemented, and technical assistance opportunities are available for key systems and professional associations. The Title V program also implements transition planning for youth with special health care needs and their families to have planned transitions to adult health care, care coordination and family supports, and an increasing reach to underserved populations.

Cross-Cutting/Systems Building

Social Connection (SPM 03): Due to environmental and social barriers, too many Wisconsinites are lacking meaningful social connection, which can lead to increased risk of adverse health outcomes. Social connections were one of the most common needs identified in the 2020 MCH Needs Assessment. According to 2022 data from the CDC's [Behavioral Risk Factor Surveillance System \(BRFSS\)](#), currently, 76.4 percent of adults report that they usually or always get the social and emotional support they need. In addition, 69.4 percent of adults report that they rarely or never feel socially isolated from others. According to the [2021 Wisconsin Youth Risk Behavior Survey](#), in Wisconsin, 60.8 percent of high school students agreed or strongly agreed that they belong at their school. Wisconsin's Title V program aims to incorporate work addressing social connection and access to informal and formal resources throughout the national and state performance measure strategies. Activities include offering social connection as a project option for local and Tribal health Tribal agencies to

address, providing expertise on social connections, continuing to review existing efforts, aligning with the work of other Wisconsin performance measure teams, and developing a tool to organize current and potential efforts by leveraging existing data sources.

Representative Participation (SPM 04): The Wisconsin Title V program does not consistently and effectively embed family, youth, and community member perspectives into programs, policies, and practices. Engaging the voice of communities – representative of Wisconsin's population – is the base of advancing any equitable work. To support Representative Participation, partnership with [Smith Research and Consulting](#) provides support to local and Tribal health agencies as they assess and support community member engagement. Best practices are developed and implemented for reporting data to stakeholders and the public, for advancing health equity and supporting staff competencies at the state and local levels related to the [Foundational Practices for Health Equity](#).

III.A.2. How Federal Title V Funds Complement State-Supported MCH Efforts

Wisconsin's federal Title V funding directly supports areas identified in the overall [State Health Assessment](#) and [State Health Improvement Plan](#) and serves to enhance the state-funded public health infrastructure. For example, both state funds and Title V funds support the Well Badger Resource Center, a one-stop hotline and web portal designed to connect families to local and state resources, according to their needs. In addition, the Title V-funded regional centers for children and youth with special health care systems fill a key role in directly supporting families of these children by proactively connecting them to relevant state and local resources and building their knowledge and skills in how to effectively interact with health care systems.

Approximately 25% of Wisconsin's Title V program funds are subcontracted to local and tribal health agencies, where they support public health workforce and systems building activities, enhancing the capacity of local agencies to respond to the unique needs of infants, children, adolescents, and pregnant and parenting individuals. Another 35% of Wisconsin's Title V award is subcontracted to other key systems building efforts and that serve to integrate health and social services, to support the dissemination of best practices and to advance quality improvement efforts among the institutions that serve Wisconsin's families, including childcare centers, health systems such as birth hospitals, schools, law enforcement agencies, home visiting providers, WIC sites, and others. Some examples include improving hospital practices to support breastfeeding initiation and prevent maternal hypertension, and empowering schools and after-school programs to promote physical activity and mental well-being.

Title V funds, along with state and local match, fund key staff at the state level who support the coordination and enhancement of state programs, such as the newborn screening program (to assure appropriate referral to follow-up services), lead program (to coordinate home-based lead abatement), oral health program (to promote policy change for improved access to preventive dentistry), and the behavioral health/opioid harm prevention program (to assure the availability of appropriate services for adolescents and pregnant people.)

During a recent state biennial budget cycle, Title V program staff successfully advocated for the creation of a new unit – the Maternal and Infant Mortality Prevention Unit – within the Family Health Section. Unit staff are funded through state general purpose revenue, and staff contribute directly to Title V programmatic work – especially regarding SPM 01, SPM 02, and the Title V Priority Need **Advance Equity and Racial Justice**. This unit also relies on Title V-funded infrastructure and staff to successfully reach its objectives.

The Title V program employs several full-time epidemiologists, who regularly analyze state vital records data to inform policy and practice strategies and support the management and analysis of other key surveillance systems, including the Pregnancy Risk Assessment Monitoring System (PRAMS), Maternal Mortality Review, Birth Defects Registry, Youth Risk Behavior Survey, and hospitalization data. Over the last several years, Title V dollars have also been invested in targeted oversamples of priority populations (such as Native American birthing people in the PRAMS) to enhance the availability of data to inform Maternal and Child Health programming.

Perhaps most importantly, Title V-funded staff are instrumental in training and mentoring the next generation of public health workforce. The Wisconsin Title V program has precepted Title V interns every summer for the last five years, regularly hosts fellows from a variety of fellowships, and regularly provide high-quality internship placements for undergraduate and Master of Public Health Students, including those enrolled in the University of Wisconsin-Milwaukee Maternal and Child Health graduate certificate program.

III.A.3. MCH Success Story

The MCH Summit is held every other year and attendance is a required activity for all local and Tribal health agencies and Title V grantees working to support children and youth with special health care needs. Wisconsin's Title V program partnered with the [Wisconsin Association for Perinatal Care](#) to provide two virtual sessions in 2024. Event information was shared using [an MCH Summit page](#) on their website that included registration information, agendas, and recordings. Summit participants were able to earn continuing education credits for nursing, continuing medical education, certified health education specialist, and social work. The free continuing education credits were appreciated by the 180 participants who took advantage of this offering.

The first session on March 15, 2023 focused on Perinatal Mental Health, prioritizing equity and lifting the voices of people from Black, Indigenous, and other people of color. Keynotes from partners representing [The Periscope Project](#), [Moms Mental Health Initiative](#), and [Wisconsin Lactation](#) kicked off the event. The Periscope Project presented *Addressing Perinatal Mental Illness through a Statewide Physician Access Program*. Sarah Bloomquist of Moms Mental Health Initiative and Molly Peterson of Wisconsin Lactation presented *Working with Perinatal Mental Health Clients*, sharing how lactation services can be provided to clients with perinatal mood and anxiety disorders. Breakout sessions on how perinatal mental health was impacting community based organizational partners included the [State Adolescent Health Resource Center](#), [Us 2 Behavioral Health Care](#), [Roots4Change](#), and [African American Breastfeeding Network](#).

A variety of Title V partners are invited to all MCH Summits, including home visitors, prenatal care coordination providers, statewide technical assistance providers, University of Wisconsin faculty, and grantees of the American Rescue Plan Act. Over 300 participants joined live with many more viewing the recording afterwards. This was a record number of attendees, the result of wide distribution of the event's promotional materials.

The second MCH Summit session, "The Impact of Maternal and Child Health on the Next Generation" was held on October 25, 2023. Beverly Hutcherson, a biologist specializing in epigenetics and public health, presented, 'Epigenetics: The Biological Perspective on Current Maternal Health Outcomes,' providing a baseline of knowledge on the topic while focusing on the African American population. One participant shared that the session was "Truly informative and realistic information pertaining to black experiences! As a black woman, I felt more empowered for someone to state the truth!" Candi Cornelius, a member of the Oneida and Menominee Nations, presented 'Indigenous People and Epigenetics,' outlining how historical trauma in the Indigenous community continues to impact health and wellness. One participant shared that "The historical education provided was heartbreaking, however, it made me think differently when considering what generations of individuals endure and how that impacts future generations of people."

In the second half of the session, a panel discussion focused on how special populations are impacted and included [Parents Reaching Out](#), the [PATCH \(Providers and Teens Communicating for Health\) Program](#) and [Wisconsin Home Visiting Program](#). Nearly 400 participants registered with 280 joining live. Those that did not join live were able to view recordings of both sessions until the end of the year.

III.B. Overview of the State

The Wisconsin Title V program is administered by the Family Health Section, in the Bureau of Community Health Promotion. This bureau resides within the Division of Public Health, which is part of the Wisconsin Department of Health Services. The Wisconsin Department of Health Services has a simple but powerful vision: **Everyone Living Their Best Life**. This is accomplished through the Title V program's mission to **protect and promote the health and safety of all the people of Wisconsin**. Building sustainable systems that enable equitable access to health services and that improve health outcomes for mothers, children, and families are fundamental building blocks in this mission and are critical to accomplish this vision.

The goal of Wisconsin's Title V program is to ensure that all families in Wisconsin have access to a coordinated, integrated, and sustainable system of services and supports focused on health promotion and prevention. The Title V program funds all local and Tribal health agencies in Wisconsin as well as community-based organizations, statewide organizations, and other partners to provide and/or ensure quality health services are delivered to mothers, children, and families in Wisconsin. Title V funds are directed towards building systems that better coordinate and integrate services across programs and providers, while investing in community-based prevention, health promotion, developmental support services, and the delivery of consistent information to families.

State Description

This section is considered optional according to current Block Grant Guidance. Wisconsin is not reporting on this in the 2023 Report/2025 Application. See previous submission for details.

State Title V Program

For information regarding Wisconsin's Title V program purpose and design, please see section State Title V Program Purpose and Design.

Health Care Delivery System



Population Description

The [US Census Bureau](#) estimates Wisconsin's 2020 population to be 5,893,718, an increase of 3.5% since the 2010

Census. Wisconsin's population is spread across 72 counties and is served by 87 locally controlled local health departments and 11 Tribal health agencies. Although Wisconsin is perceived as a predominantly rural state, it is becoming increasingly urbanized, with fewer than 30% of the population living in rural counties.

According to the [2016-2020 American Community 5-Year Estimates](#), females constitute an estimated 50.2% of the population, and females of reproductive age (15-44 years) make up approximately 18.7% of the population. Approximately 21.9% of Wisconsinites are under 18 years old, and around 16.9% are 65 years or older. The median age is 39.6 years, slightly higher than the national average of 38.6 years.

[2020 US Census data](#) estimates 94.9% of the population self-identifies as one race, and 6.1% self-identifies as two or more races. Of the total estimated population, 80.4% identified as white only, 6.4% identified as Black only, and 3.0% identified as Asian only. Of the total estimated population, 7.6% were of Hispanic ethnicity. In 2020, 65.6% of non-Hispanic Blacks and 34.2% of Hispanics in Wisconsin lived in Milwaukee County.

Wisconsin is home to 11 federally recognized Tribes and approximately [117,368 individuals who identify as American Indian/Alaska Native](#) either alone or in combination with other races in 2021. According to the [Young Center for Anabaptist and Pietist Studies](#) at Elizabethtown College in Pennsylvania, Wisconsin has the fourth largest Amish/Mennonite population in the country, estimated at 24,105 individuals in 2022. [Wisconsin is above the national average for high school graduation, though slightly below the national average for higher education](#). In Wisconsin, 92.6% of the population ages 25 years and older have a high school education or higher (compared with 88.5% in the US), and 30.8% of this age group has received a bachelor's degree or higher (compared with 32.9% nationally).

[The Wisconsin Department of Workforce Development](#) estimated Wisconsin's unemployment rate in November of 2022 at 2.6%, lower than the national average of 3.4%, and a 30-year Wisconsin high of 9.2% in January 2010. Counties with the highest unemployment rates in Wisconsin include Menominee (4.8%), Iron (4.6%), Adams (4.5%), Bayfield (4.1%), and Forest (4.1%), all of which are either in the northern, or more rural parts of the state. The cities of Racine (4.4%), Beloit (4.3%), and Milwaukee (4.2%) topped the list of city unemployment rates (not seasonally adjusted); these rates represent a decrease from 2021, when the rates in those cities were 6.4%, 6.0%, and 6.5%, respectively. Unemployment overall decreased in 2022 as businesses continued to recover from the COVID-19 pandemic.

In 2021, the [US Census Bureau](#) estimated the median household income in Wisconsin to be \$69,021. Approximately 11.6% of the population had income in the past 12 months below the Federal Poverty Level. Birth data for 2021 indicate that out of 61,814 live births to women residing in Wisconsin, 34.8% were covered by Medicaid, and 23.6% benefited from WIC during pregnancy.

Health Services Infrastructure

According to the [Wisconsin Primary Health Care Association](#), there are [19 Federally Qualified Health Centers](#) with more than 200 service locations that serve over 300,000 people across the state. Wisconsin is also home to [17 accountable care organizations](#) that provide care under a "medical home like" model and [98 free and charitable clinics](#) that can provide primary care, dental care, behavioral health, women's health, health education, pharmaceuticals and support services to people who are uninsured and economically disadvantaged. The [U.S. Bureau of Labor Statistics](#) shows that there are currently 480 Obstetricians and Gynecologists and 510 pediatricians employed in Wisconsin.

Wisconsin is home to four children's hospitals and several hospitals that offer maternity and birthing services. According to the [2022 Wisconsin Report](#) from the [CDC's national survey of Maternity Practices in Infant Nutrition and Care](#), there are 86 birthing hospitals in Wisconsin. Wisconsin received an overall total score of 82 out of 100, scoring the highest in the feeding education (96) and immediate postpartum care (88) domains. The [2023 March of Dimes Report](#) for Wisconsin found:

- The number of birthing hospitals decreased 2.2% from 2019 to 2020.

- A total of 1,826 babies were born in maternity care deserts (3.0% of all births).
- Four percent of babies were born to women who live in rural counties, while only 0.9% of maternity care providers practice in rural counties.
- Wisconsin has 15.3% of counties that are defined as maternity care deserts, compared to 32.6% in the U.S.
- There were 3.1% of women that had no birthing hospital within 30 minutes, compared to 9.7% in the U.S.
- There were 10.9% of birthing people that received no or inadequate prenatal care, compared to 14.8% in the U.S.

Financing of Services

[BadgerCare Plus](#) is Wisconsin's Program for Title XIX (Medicaid) and Title XXI State Children's Health Insurance Plan providing health insurance coverage for all children up to age 19, pregnant women with incomes up to 300% of the Federal Poverty Level, and parents, caretaker relatives, and other adults with qualifying incomes below 100% of the Federal Poverty Level. BadgerCare Plus covers services for children such as preventive care, vision care, prescription drugs, hospital services and speech and physical therapy. It also covers pregnancy-related services such as labor and delivery, nurse midwifery services, dental care, and mental health services. High-risk pregnant people receiving Medicaid and BadgerCare Plus may also be eligible for Prenatal Care Coordination benefits, which include services such as help with access to care, personal support, health education, and help finding needed services in their community. BadgerCare Plus for adults covers services such as case management, dental care, family planning, hospice care, inpatient/outpatient hospital services, mental health treatment, optical services, physician services, prescription drugs, and many others.

Medicaid Unwinding: The Consolidated Appropriations Act of 2023, delinked the Families First Coronavirus Response Act (FFCRA)'s, Medicaid continuous enrollment condition, from the COVID-19 Public Health Emergency. As a result, the Medicaid continuous enrollment condition ended on March 31, 2023. Beginning April 1, 2023, states began to resume normal operations, including restarting full Medicaid and CHIP eligibility renewals and terminations of coverage for individuals who are no longer eligible.

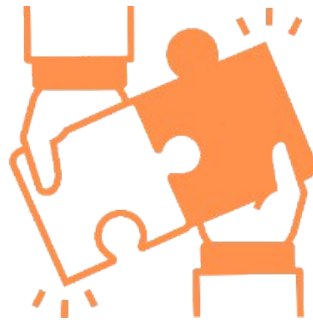
In Wisconsin, Medicaid Unwinding began in June of 2023. All members were assigned a month when they should renew. If they miss that month, they have a 90-day period to do a late renewal online and avoid a gap in coverage if they're eligible. Approximately two months before a person's renewal is due, Medicaid will determine if they have current/updated information on file for a person. If they do, and the person still meets all conditions to receive benefits, Medicaid will send a letter informing a person that their benefits will be renewed. This is called an "administrative renewal."

With the goal of keeping children covered, Wisconsin's Medicaid program made several changes to the administrative renewals process in 2023 both to comply with late-breaking federal guidance and to make the system more efficient. This included shifting from assessing information at the household level to looking at individual eligibility during this process. The change made to the administrative renewals process to evaluate eligibility at the individual level was especially beneficial to kids, as they can qualify for coverage even when their parents don't. Additionally, Wisconsin used its new process for the first time for members scheduled to renew in December. The state saw the administrative renewal rate climb from a low of 8% in the early months of the unwinding to 27.5% with the recent changes. For additional information on Medicaid Unwinding in Wisconsin see: [Medicaid Renewal Data: 2023 Summary](#).

As of December 2023, there were 1,046,986 [Wisconsinites enrolled in BadgerCare Plus](#) statewide, approximately an 11% decrease from December of 2022. Medicaid unwinding began in June of 2023 which was and continues to be the main factor contributing to decreased enrollment in Medicaid. According to the [Wisconsin Department of Health Services Website](#), from April 2023 to May 2024 there have been approximately 380,000 individuals who have lost coverage during

unwinding. Of these 380,000, it is estimated that 63% lost coverage due to procedural reasons and 37% lost coverage due to a change in eligibility. Their data also shows that coverage has ended for approximately 12% of children who were enrolled when the Unwinding began. This figure is consistent with decrease in overall enrollment thus far in the Unwinding period. Wisconsin's Medicaid population has shrunk 18 percent during unwinding, the 13th sharpest percentage decline among states, [according to an analysis](#) by the health policy research firm KFF.

Of those that still were enrolled in BadgerCare Plus as of December of 2023, 135,011 were parents/caretakers, 25,319 were pregnant women, and 327,754 were children. According to [KFF](#), an independent source for health policy research, polling, and news, Wisconsin remains one of 10 states that has not adopted [Medicaid Expansion](#). In March 2023, Governor Tony Evers introduced his biennial budget proposal for State Fiscal Years 2023-2025 which included allocations for Medicaid expansion and accounts for additional federal Medicaid matching funds due to the American Rescue Plan Act incentive for states to newly adopt expansion. However, the Wisconsin Legislature's Joint Finance Committee voted to remove Medicaid expansion funding from the budget proposal in May 2023.



Collaborative work with other Federal, State, and Non-governmental Partners

Wisconsin's Title V program invests in strong health systems through partnerships with several nonprofit agencies and all 96 local and Tribal health departments. Local and Tribal health departments choose at least one at least one of six Grants and Contracting (GAC) objectives: Breastfeeding Support, Developmental Screening, Adolescent Well-Being, Health Equity and Community Engagement, Perinatal Mental Health, and Physical Activity and Nutrition; areas that align with Wisconsin's selected performance measures and strategies. Local health departments and private clinics are also supported to serve as dual protection service sites. Dual protection is the use of condoms to reduce the risk of sexually transmitted disease (STD) exposure and a contraceptive method to reduce the likelihood of unintended pregnancy. Dual protection service sites are an essential component of comprehensive family planning services and are a reproductive health standard of care. These dual protection sites also refer their patients to primary care and expand their available services. Review the full block grant submission for a comprehensive view of the collaborative work occurring with community, local, state, and federal partners.

Medicaid

The Wisconsin Title V program is an active partner to Wisconsin Medicaid in their efforts to improve access and quality of perinatal care. Title V staff have consulted on the proposals to extend Medicaid coverage beyond 60 days postpartum. They have also been closely involved with a redesign of the [prenatal care coordination benefit](#) (PNCC); a Wisconsin-specific benefit created through a state waiver that connects pregnant people to medical, social, and educational services to improve birth outcomes. Title V has provided a critical bridge between Medicaid and community providers to inform the future of this benefit and to provide education and skill-building resources. More information on Wisconsin Title V's relationship with Medicaid can be found in the following section.

Tribal health agencies

The Wisconsin Title V program funds all Tribal health agencies in the state to promote maternal and child health systems building activities in their jurisdictions and to improve care coordination for the children and youth with special health care needs that they serve. In addition, Title V has partnered with Tribal leadership to improve the availability of data for Native American maternal and child populations. In 2023, Wisconsin's Title V program is supporting an oversample of Native American birthing people in Wisconsin in the Pregnancy Risk Assessment Monitoring System – a repeat of a 2020 oversample which yielded the first population health data for these communities in Wisconsin.

Mortality Review

Wisconsin's Title V program is closely linked with Child Death Review, Fetal and Infant Mortality Review, and Maternal Mortality Review efforts in Wisconsin. Wisconsin Title V funds [Children's Health Alliance of Wisconsin](#), the local recipient of the Sudden Unexpected Infant Death Registry grant, to provide technical assistance to local child and fetal/infant death review teams. Title V staff also sit on the statewide Child Death Review State Advisory Council and work with local health departments to identify actionable recommendations based on reviewed cases. For many years, Wisconsin Title V staff implemented the state's maternal mortality team; however, thanks to financial and technical support from the CDC, Wisconsin now has dedicated staff to convene the Wisconsin Maternal Mortality Review Team. Nonetheless, Title V leaders, including the MCH epidemiology CDC assignee to Wisconsin, attend mortality review meetings and actively work to integrate recommendations into the Title V State Action Plan.

Maternal, Infant, Early Childhood Home Visiting program

The Title V program has a close collaboration with the Maternal, Infant, and Early Childhood Home Visiting grant funded [Family Foundations Home Visiting programs](#) across Wisconsin. A home visiting nurse consultant liaises between the Department of Health Service's Title V program and the Department of Children and Families Home Visiting program, providing consultation to support alignment of the action plans and measures within the two programs. In her unique role, this nurse consultant works to align home visiting program materials and standards with Title V program priorities and promotes innovation in both programs. It is also the responsibility of the nurse consultant to facilitate coordination and implementation of activities between departments. In 2022, the Title V program and the Home Visiting program signed an updated Memorandum of Understanding affirming their ongoing partnership. This Memorandum of Understanding establishes a formal collaboration between the Title V program and Wisconsin Home Visiting programs to provide ongoing educational resources and coordination among early childhood service providers.

Healthy Early Collaborative

The [Healthy Early Collaborative](#) is a team of over 90 multi-sector partners devoted to advancing equitable eating and physical activity opportunities for children and families in Wisconsin through policy, systems, and environmental changes. The Collaborative is further described in the Child Report/Application narratives for NPM 08.1 (physical activity).

Wisconsin Department of Public Instruction

The Title V program partners with the Student Services Prevention and Wellness team at the Wisconsin Department of Public Instruction to build data capacity and increase participation in the [Youth Risk Behavior Survey](#) and [School Health Profiles](#), both of which provide vital information about Wisconsin's young people at the state and local level. Title V also works closely with the Department of Public Instruction team on cross cutting efforts to support adolescent health, including policy efforts, funding opportunities and programmatic alignment.

Embolden WI

This organization was formerly known as the Wisconsin Alliance for Women's Health. Wisconsin's Title V program continues to collaborate closely with the [Embolden WI](#) project known as the [Providers and Teens Communicating for Health](#)

[\(PATCH\)](#) program. This program trains and empowers youth to be health educators and advocates.

Wisconsin Perinatal Quality Collaborative

The Wisconsin Title V program supports health care quality collaboratives with both financial and technical assistance resources including the [Wisconsin Perinatal Quality Collaborative](#), made up of health systems in Wisconsin serving pregnant and postpartum persons. Title V staff and data systems help to inform priorities for quality improvement efforts. The Wisconsin Perinatal Quality Collaborative is also Wisconsin's lead agency for the implementation of the [Alliance for Innovation on Maternal Health](#) (Also known as AIM) bundles to prevent maternal death.

Wisconsin Collaborative for Healthcare Quality

Title V staff participate in the [Wisconsin Collaborative for Healthcare Quality](#), a member-driven organization comprising health systems, medical practices, and dental practices. The Collaborative compiles data from its members to benchmark performance, set improvement goals and monitor progress toward quality improvement on specific topics. The Collaborative also receives some Title V funding and has been working to improve practice and data on developmental screening and preventive visits for adolescents, in alignment with Title V priorities.

Coffective

Wisconsin partners with the national organization [Coffective](#) to help convene birth hospitals and provide technical assistance with implementing [Baby-Friendly hospital practices](#). The Title V program supports these quality collaboratives, a strategic investment in partnerships with private healthcare providers. Coffective also provides coaching to local health departments, focusing on opportunities to improve care coordination systems and collaborative efforts.

Newborn Screening program and Birth Defects Surveillance and Prevention program

The Wisconsin Title V program supports the state's [Newborn Screening program](#) and [Birth Defects Surveillance and Prevention program](#). The Newborn Screening program collects revenue from a portion of the blood card fee and federal funds from the Early Hearing Detection and Intervention grant to assure that all newborns have access to appropriate and timely screening and referral to services. The Wisconsin Newborn Screening program partners with the Wisconsin [State Lab of Hygiene](#) for blood screening and follow up. The City of Milwaukee Health Department provides additional blood screening follow up, as needed, and hearing screening follow up for the southeastern region of the state. The Newborn Screening program also contracts with [Wisconsin Screening Hearts in Newborns](#) (SHINE) for educating health care providers, improving access to screening and diagnostic technology, and overseeing a statewide Critical Congenital Heart Disease (CCHD) screening and data collection. The hearing screening program, [Wisconsin Sound Beginnings](#), works to ensure that all families have equal access to a seamless system of early continuous hearing screening, skilled and timely diagnostics, and quality interventions to enable children with a hearing difference to thrive.

The Birth Defects Surveillance and Prevention program leverages state revenue to oversee and maintain the Wisconsin Birth Defects Registry (WBDR) and [Council on Birth Defects Prevention and Surveillance](#). WBDR is mandated by Wisconsin statute to collect demographic, diagnostic, and identifying information on children from birth to two years of age who are born with specified birth defects. Physicians and pediatric specialty clinics are mandated reporters, while hospitals may report. The Council members are appointed and include a diverse group of experts who make recommendations to DHS regarding the registry and are responsible for coordinating with the Early Intervention Interagency Coordinating Council (Wisconsin Governor's Birth to 3 Program Interagency Coordinating Council).

System of Care for Mothers, Children, and Families

This section is considered optional according to current Block Grant Guidance. Wisconsin is not reporting on this in the 2023 Report/2025 Application. See previous submission for details.

System of Services for Children and Youth with Special Health Care Needs

This section is considered optional according to current Block Grant Guidance. Wisconsin is not reporting on this in the 2023 Report/2025 Application. See previous submission for details.

Relationship with Medicaid

Wisconsin's Title V program has close working relationships with several state agencies which are critical to facilitate systems and policy change. Wisconsin's Medicaid program provides health care coverage to over one million residents through access to [28 different programs](#) that reach pregnant people, children, people with disabilities, adults, and seniors. Medicaid covers health care services, including hospital, physician, dental, behavioral health, and long-term care. Members receive coverage through fee-for-service or managed care systems.

Wisconsin has partially expanded eligibility for Medicaid, however it does not receive additional federal funds available through the Affordable Care Act. Wisconsin's Title V Program and the Division of Medicaid Services convene quarterly to enhance programming efforts and support a framework valuing in-depth discussion of topics including Maternal Mortality Review, Prenatal Care Coordination, Healthy Birth Outcomes, and Obstetric Medical Home.

The Wisconsin Title V program is an active partner to Wisconsin Medicaid in their efforts to improve access and quality of perinatal care. Title V staff have consulted on the proposals to extend Medicaid coverage beyond 60 days postpartum. They have also been closely involved with a redesign of the prenatal care coordination benefit; a Wisconsin-specific benefit created through a state waiver that connects pregnant people to medical, social, and educational services to improve birth outcomes. Title V has provided a critical bridge between Medicaid and community providers to inform the future of this benefit and to provide education and skill-building resources.

Wisconsin's Title V team strives to cultivate a strong relationship with the Wisconsin Medicaid team, particularly when it comes to data. The Title V program has incorporated discussions and focus on Medicaid Core Set Measures into the developmental screening work being implemented by local and Tribal health agencies across the state. More details can be found in the Child Report section of this narrative. Additionally, in 2025 Needs Assessment planning and implementation, the Title V program has incorporated data collection that will include Medicaid enrollment status of community members providing their input.

In late 2023, the Title V director consulted closely with Medicaid to provide guidance on barriers, best practices, and opportunities in an effort to make revisions to the childcare coordination benefit. Aiming to complement and continue the benefits offered under prenatal care coordination, this Wisconsin-specific Medicaid benefit is available to birthing parents 60+ days post-delivery and their children up to age two in the City of Racine and age seven in Milwaukee County.

At the time of this block grant submission, the Title V director is collaborating with Division of Medicaid Services, the Office of Policy and Budget, and the Office of the Secretary to develop and propose MCH-specific budget recommendations for the governor's biennial budget proposal.

The Title V program works closely with the [Division of Medicaid Services'](#) Bureau of Children's Services that oversees the

community support-based waiver programs such as [Birth to 3 program](#), the [Children's Long-Term Support \(CLTS\) program](#), [Children's Community Options Program \(CCOP\)](#), and [Katie Beckett Medicaid](#). The [Wisconsin Wayfinder](#) program was a two-year collaboration between the Title V program and Division for Medicaid Services utilizing ARPA dollars to elevate an already existing system of information and referral resources for children and youth with special health care needs, their families and the providers that serve them. See more on Wisconsin Wayfinder in the Annual CYSHCN Report of this submission. The Title V CYSHCN Director and other Title V staff participate in various quarterly and monthly meetings with staff from the Division of Medicaid Services such as the Complex Medical Care Collaborative, CLTS Council meetings, the Governor's Birth to 3 Program Interagency Coordinating Council, the Children Come First Advisory Committee, CLTS and Birth to 3 Teleconferences, and Wisconsin Wayfinder meetings.

The Department of Health Services received federal [approval](#) to renew the Children's Long-Term Support program. The [CMS-approved waivers are effective Jan 1, 2022 through Dec 31, 2026](#) and require renewal every five years.

MCH Emergency Planning and Preparedness

For information regarding Wisconsin's MCH Emergency Planning and Preparedness, please see section titled MCH Emergency Planning and Preparedness.

III.C. Needs Assessment FY 2025 Application/FY 2023 Annual Report Update

The 2020 MCH Needs Assessment was completed prior to the development of both the COVID-19 pandemic and the increase in governmental systems recognizing racism as a major public health concern and topic of public health urgency, and as a result, may not accurately reflect current health concerns of Wisconsin residents. Despite this, the Title V program's review and categorization of over 500 unique needs assessment themes did identify and intentionally address equity, racial justice, as well as access to quality health services – themes that permeate these emerging health concerns in Wisconsin.

In 2022, the Wisconsin Title V program sought the input of both community members and agencies serving maternal and child health populations in Wisconsin to inform ongoing needs assessment activities. Many of the themes identified in the initial 2020 MCH Needs Assessment were reflected in the ongoing needs assessment activities, though some were further emphasized likely as a result of the COVID-19 pandemic. Themes identified included social connection and mental health support in communities, social determinants of health (including affordable housing, public transportation, well-paying jobs, and pedestrian infrastructure), parental and caregiver supports (including childcare, peer support groups, and educational classes and programming), accessibility and availability of quality healthcare (with an emphasis on children and youth with special healthcare needs, diverse and representative providers, and a need for a variety of supports for birthing persons, accessibility and availability of healthy food and physical activity, and substance misuse and the accessibility and availability of supports and services, including harm reduction methods.

The upcoming results of the 2025 MCH Needs Assessment will likely bring a variety of updates to each of the five population health domains.

Process Description for Needs Assessment Update



Goals, Framework, Methodology

Planning for the 2025 MCH Needs Assessment kicked off in August 2023 when the Title V director assembled a group of three core leaders to form the Title V Needs Assessment Project Manager team – the Title V Evaluator and Epidemiologist (Mary Kusch), Health Equity Coordinator (Julia Norton), and MCH Unit Supervisor (Nikki Ripp). With guidance from the Title V director, this team began planning for the upcoming assessment that will inform Wisconsin's priorities and performance measures for the 2026-2030 block grant cycle.

To ensure the design and implementation of the 2025 MCH Needs Assessment is rooted in principles of health equity, staff that can speak to the needs of diverse communities throughout the entire planning process including staff with personal and professional ties to Black/African American, Alaska Native/American Indian, Latine, LBGTQIA2S+, and parents of children and youth with special health care needs communities were intentionally chosen to join the steering committee. Steering committee members are primarily programmatic staff who have never worked on a needs assessment of any scale prior to this cycle. While onboarding new staff to this work was a challenge, the team is excited about having a group of diverse voices that haven't been heard in previous needs assessment planning years.

The health equity coordinator and the Title V evaluator and epidemiologist kicked off needs assessment planning meetings in September of 2023 by evaluating who had provided feedback during the 2020 MCH Needs Assessment and identifying populations to prioritize input from in the 2025 MCH Needs Assessment. While many Wisconsin residents were reached in the 2020 MCH Needs Assessment, 92% of those participants were middle-aged, affluent White women. To make a more concentrated effort to hear from underserved and underrepresented communities across the state, the following communities identified and prioritized when planning surveys, outreach, and communications related to the 2025 MCH Needs Assessment: Amish/Mennonite/Plain; migrant (moving from one place to another for work); refugee (fleeing persecution or conflict from my home country);immigrant; farmworker; active military member; military veteran;

grandparents raising grandchildren; new parents; teen parents; foster parents; parents with a disability or special healthcare needs; parents with substance use management needs; youth with substance use management needs; breastfeeding or chestfeeding people; LGBTQIA2S+; those with interpersonal, domestic, or sexual violence experiences; those with housing instability unhoused experiences.

After generating a robust list of communities to engage with, the planning team carried out an asset mapping project by identifying local organizations in each of the five public health regions of Wisconsin that work with the aforementioned populations. The Title V needs assessment steering committee obtained organizations' contact information to be able to share opportunities to engage in the upcoming needs assessment activities. Of the 260 local organizations the team identified, many had already partnered with the Title V program on other projects, including with the Maternal and Infant Mortality Prevention team, the Children and Youth with Special Health Care Needs unit, and the Adolescent Well-Being project team.

In March of 2024, the Title V Needs Assessment Steering Committee hosted a public forum and invited all 260 organizations that could speak on behalf of the populations being targeted this cycle. This planning forum was designed for public stakeholders to offer their feedback on a drafted needs assessment community survey. A total of 85 attendees represented 56 organizations during the daytime and evening public forums. Communities were asked to share their thoughts on word choice and language of survey questions, response options, and structure of the survey, with their suggested changes being implemented afterward.

Another public forum will be hosted in June of 2024 for organizations with continued interest in needs assessment involvement and partnership. This forum will be an opportunity to share the timeline, discuss the plan for data collection efforts through the summer, and communicate ways to sign up to receive mailed surveys and focus group materials. Tips and tricks for hosting focus groups will also be shared, and a guest speaker will share recommendations on how to facilitate effective dialogue using health equity principles. The 2025 Needs Assessment launches publicly on July 10, 2024.



Data Sources Utilized to Inform the Needs Assessment Process

During the fall of 2023, the Title V evaluator and epidemiologist began to compile a variety of existing data sources that could be utilized to assess the health and well-being of families in communities across Wisconsin. During the initial review process, specific attention was paid to include measures that captured various social determinants of health that impact health outcomes for families across the state. This included measures of economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context. Various other types of measures were reviewed as well, including demographics, health status and outcomes, and systems of power, privilege, and oppression. After the initial review process, the following data sources were identified:

- American Community Survey (U.S. Census Data)
- Behavioral Risk Factor Surveillance System
- CDC mPINC
- CDC WISQARS
- CDC WONDER
- March of Dimes
- National Immunization Survey
- National Survey of Children's Health (NSCH)
- [Wisconsin Perinatal Period of Risk Reports](#)
- Pregnancy Risk Assessment Monitoring System
- SAMHSA National Survey on Drug Use and Health

- U.S. Department of Agriculture, Household Food Security Report
- U.S. Department of Education
- U.S. Environmental Protection Agency
- WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)
- Wisconsin Hospital Discharge Data
- Wisconsin STD Program
- Wisconsin Vital Statistics
- Youth Risk Behavior Survey

Once the initial set of data sources and applicable measures were identified, the Title V epidemiologist and evaluator presented the information to the larger Needs Assessment Steering Committee and facilitated a conversation around the choice of measures, including if any should be added or removed as well as which measures the team would like to see broken down by various demographics (such as race and ethnicity, socioeconomic status, and public health region in the state). It was essential to the approach to include the larger team in this conversation as they bring diverse perspectives with their personal and professional ties to a variety of communities that are most impacted by the efforts of the Title V program. This existing data compilation will be used as supportive information to enhance understanding of what is gathered from communities in real-time surveys and focus groups.

Quantitative and Qualitative Methods

The Needs Assessment Steering Committee identified a variety of primary and secondary data sources to support the needs assessment process with the following: 1) assessing the strengths and needs of the MCH population in each of the five identified population health domains; 2) MCH program capacity; and 3) supportive partnerships and collaborations. For primary data collection the team will be utilizing a community-focused survey, an organizational-focused survey, and offering community leaders the opportunity to host focus groups in the summer of 2024. The community-focused survey will be translated into Spanish and Hmong in order to meet the needs of non-English speaking communities and increase the potential in receiving responses from a wider variety of community members.

The Needs Assessment Steering Committee team held a series of conversations around the best use of secondary data sources in the needs assessment process and future selection of priorities. The team discussed the benefits and limitations of secondary data sources, including methods, who was and was not represented in the data, the current political and social climate, and how these contexts can influence this data. As a result, the Needs Assessment Steering Committee decided it was essential to center the voice and experiences of Wisconsin community members from real-time, primary data collection, and secondary data sources will offer support to the priorities that are identified in the primary data collection methods.



Interface between the collection of needs assessment data, the finalization of the state’s Title V priority needs, and the development of the state’s Action Plan.

Once all aspects of the needs assessment data collection process are complete, the Needs Assessment Steering Committee will work towards identifying priority needs and developing Wisconsin’s Action Plan for 2026-2030. Because the needs assessment process is intentionally rooted in principles of health equity, the team will be prioritizing the responses, needs, and experiences of community members with an emphasis on those that are most impacted by the health inequities addressed by the Title V program. There may be opportunities to weigh the data according to demographics with the greatest need for their responses to come through. The team will be looking for areas of alignment between community needs and organizational priorities in order to maximize the potential for positive impact in the next cycle. Once priority needs are identified, the team is planning to reach back out to communities and organizations that participated in the needs assessment process to ensure that the priorities selected resonate with them. Once priorities are finalized, the Wisconsin Title V team will choose national and state performance measures, develop the strategic plan, and create actionable and

measurable strategies beyond what is collected by the national and state performance measures.

Community Conversations

In addition to the secondary data sources that were compiled, the team is also working with HealthTIDE, Title V's technical assistance provider for physical activity and nutrition, to include data from their community conversations in 2022-2023 in collaboration with partners across the state. These conversations were carried out as a part of National Performance Measure 8.1 to increase physical activity in children ages six to eleven as well as Representative Participation State Performance Measure 04 to engage voices of communities to advance equitable work. The purpose of the community conversations was to elevate the voices of Black, Indigenous, and Latino Wisconsin parents and caregivers to better understand how to support health, wellness, and well-being of underserved families. Many themes pertaining to raising healthy children emerged beyond physical activity and nutrition.

Findings from African American Breastfeeding Network's conversations demonstrated that mental health is a priority for Black parents and caregivers, community connection is vital to the health and wellbeing of Black families, Black parents and caregivers are overworked and under-resourced, and ongoing systemic racism contributes to stress and other health-related issues. A few of the findings from the Wisconsin Tribal and Indigenous conversations held by the Greater Lakes Inter-Tribal Council found that both within and beyond nutrition and physical activities needs, cultural is a vital part of wellness, having resources to provide for children is essential, access to self-care opportunities is a major need, and eating indigenous foods is highly valued but access to these foods is low. Themes from the conversations held with Latino families demonstrated that there is a need for more culturally responsive programming for physical activity and nutrition options and mental health support needs, and systemic racism and stigma regarding immigration status is pervasive and a barrier to children and parents achieving optimal health.

III.C.1.b. Findings

The 2020 MCH Needs Assessment for the Wisconsin Title V program utilized multiple data sources including [CDC Wonder](#), [Vital Records](#), [Wisconsin's Interactive Statistics on Health](#), Hospital Discharge data, Pregnancy Risk Assessment Monitoring System (PRAMS), [American Community Survey](#), [Wisconsin Sexually Transmitted Diseases program](#), [Behavioral Risk Factor Surveillance System](#) survey, [Youth Risk Behavior Surveillance System](#) survey, [National Survey for Children's Health](#) and [National Immunization Survey for Children](#) to identify the following priority needs:

- Advance equity and racial justice
- Assure access to quality health services
- Cultivate supportive social connections and community environments
- Enhance identification, access, and support for individuals with special health care needs and their families
- Improve perinatal outcomes
- Foster positive mental health and associated factors
- Promote optimal nutrition and physical activity

III.C.1.b.i. MCH Population Health and Wellbeing

The [United Health Foundation State Health Rankings](#) (2023) place Wisconsin 22nd overall and 34th for health outcomes. The two measures Wisconsin's faring the worst (both ranked 49th relative to other states) are low per capita public health funding and low birthweight racial gap. Other challenges highlighted in Wisconsin's rankings include residential segregation (ranked 48th), high prevalence of excessive drinking (47th), and a high prevalence of obesity (40th). Positive trends indicate a low prevalence of non-medical drug use, a high prevalence of high school completion, and a high voter participation rate.

The [Annie E. Casey Foundation Kids Count Data Center](#) (2023 Data Book) ranks Wisconsin 10th out of all states for overall child well-being, a [composite rank](#) based-on ranks for economic well-being (10th), education (7th), health (16th), family and community factors (18th). The data is from 2021.

According to the [Kids Count](#) Data Book economic well-being 13% of children in Wisconsin are growing up in poverty and 23% whose parents lack secure employment. The two lower ranking categories for Wisconsin are the health category and family and community factors. Data included in the health category are as follows: low birth weight babies 7.7%, children without health insurance 4%, 27 child and teen deaths per 100,000, child and teens (ages 10-17) that are overweight or obese 31%. Looking at the data within the family and community category includes children in single parent families 32%,

children in families where the household head lacks a high school diploma 8%, children living in high poverty areas 6%, and and 10 teen births per 1,000.

Wisconsin [vital records data](#) shows there were 60,032 births in the state in 2022 and 64% of births were by persons ages 25 to 34 years old. Among births in Wisconsin during the 2020–2022 period, 7.8% of infants were considered to have low birth weight <2,500g (5 pounds 8 ounces), 10% were born preterm (infant born prior to 37 weeks of gestation), and 9.6% required specialized medical care and were admitted to neonatal intensive care units (NICUs). Wisconsin's low birth rate of 7.8% is similar to the overall [U.S. rates of 8.6%](#) however there are stark differences by race. During the 2020–2022 period, babies born to Black birthing persons had a [16.8% low birth weight](#).

The [2022 National Survey of Children's Health](#) estimated that about 90.7% of Wisconsin children reported excellent or very good health, however only 81.0% of Black children in Wisconsin enjoyed excellent or very good health. Sixty-six percent of Wisconsin children ages zero to 17 years have adequate insurance for their health needs, leaving 34% with inadequate insurance coverage. Consistent coverage over the past 12 months was reported by 91.4% of survey respondents. Health insurance coverage for children estimated coverage by private insurance 61.6%, public health insurance 23%, and combination public and private insurance 8.2%, and 7.1% uninsured at the time of the survey.

Approximately 263,558 or 20.7% of Wisconsin children under age 18 had a special health care need. Further broken down by race/ethnicity of the child, estimated based on the CSHCN screener, that 21.6% of Hispanic kids, 19.7% of White kids, and 10% of other non-Hispanic kids had a special health care need. The survey gathered information on health conditions (from a list of 25 conditions), 21.7% had two or more current or lifelong conditions and 7.9% of respondents shared that their child had one current or lifelong condition.

The child and family demographic section estimated that 91.9% of families have at least one caregiver employed full-time, 3.5% have at least one caregiver employed part-time, and 4.6% of families have a caregiver unemployed or working without pay. The family structure that a child lives in estimated 72% have two parents currently married, 19.7% have a single parent, and 6.3% of family structures have two parents not currently married. An estimated 14.8% of children have at least one parent who was born outside the U.S. An estimated 5.2% of children born in the U.S. live with caregiver(s) other than parents.

According to [Wisconsin's vital records data](#) there were 60,157 deaths of Wisconsin residents in 2022, occurring at a rate of 1,031.6 deaths per 100,000 people. According to vital records, the leading causes of death for all ages were heart disease (21.8%), cancer (19.3%), unintentional injuries (8.2%), and COVID-19 (4.8%). Among children and youth between the ages of one and 17 years, there were 69 deaths for children ages one to four, and 226 deaths for children/youth ages five to 17 with unintentional injuries as the leading cause of death followed by intentional self-harm (suicide) and assault (homicide).

According to the [CDC's National Center for Health Statistics](#), in Wisconsin:

- Life Expectancy (at Birth): 77.7 years (2020)
- Drug Overdose Death Rate: 31.6 (per 100,000)
- Firearm Injury Death Rate: 13.5 (per 100,000)
- Homicide Rate: 6.4 (per 100,000)
- COVID-19 Death Rate: (Q4, 2022) 22.4 (per 100,000)

Infant mortality is a high priority issue in Wisconsin. According to the 2022 provisional data from the CDC, [Wisconsin's infant mortality rate](#) is 5.36 infant deaths per 1,000 live births. The state's three-year average infant mortality rate from 2020 to 2022 was 5.6 deaths per 1,000 live births. However, there are large racial inequities in the state with data from 2020 showing the [non-Hispanic white infant mortality rate was 4.35 deaths per 1,000 live births compared to a non-Hispanic Black infant mortality rate of 14.0 deaths per 1,000 live births](#).

Emerging Issues

The Title V workforce has continued with a hybrid work model that began during the COVID-19 pandemic. This has impacted how staff work within teams and how the program reaches partners and communities. The option to conduct virtual site visits has increased efficiency and decreased the travel time burden on staff. However, a lack of in-person interaction among and between teams has created openings for misunderstanding and missed opportunities. The Title V program is exploring processes to improve onboarding of new staff and opportunities for team building to foster the success of and collaboration among staff in order to optimize program impact.

While the long-term impacts of the COVID-19 pandemic on both maternal and child health populations and the public health workforce are still emerging, the critical need for social connection and mental health support is clear. This issue has been identified across a variety of stakeholders, including by community members and organizations across Wisconsin, the [Office of Children's Mental Health](#), as well as the U.S. Surgeon General in his declaration of a national youth mental health crisis. Wisconsin received close to \$50 million in additional funding from the federal government as a part of the American Rescue Plan Act to support this urgent situation to address mental health and substance use needs. Additionally, the Title V

program has identified social connections as a State Performance Measure and offered it as a project option for local and Tribal health agencies so they could utilize their annual Title V funding to support social connections within their own communities.

Noted changes in Wisconsin's Title V program capacity or its maternal and child health systems of care, particularly for children and youth with special health care needs, and the impact of these changes on maternal and child health services delivery

The Children and Youth with Special Health Care Needs (CYSHCN) unit supervisor and program director, who were hired in the fall of 2022, have now been working in the program for over a year to promote quality care for children and youth with special health care needs in Wisconsin. Previously these two positions had been one role but were separated to allow for more balanced workloads and to increase support and focus on CYSHCN work. The CYSHCN state team replaced their contracted staff statewide program coordinator position with a full-time DHS CYSHCN program coordinator position that was filled in the Summer of 2023. An additional staffing change was that a full-time position that bridged the CYSHCN unit and MCH unit retired, and the position was not filled. The Title V team continues to look for ways to collaborate across units to maintain a cohesive workforce.

The CYSHCN state team is currently comprised of the unit supervisor, program director, one full-time and one part-time program coordinator, and a CYSHCN epidemiologist. While a relatively newer team, this group has spent 2023 working to assure that children and youth with special health care needs are identified early, receive high quality coordinated care, and receive, with their families, the supports they need. They will continue to collaborate to provide statewide leadership on children and youth with special health care needs through the promotion, coordination, and implementation of the CYSHCN program and through serving as program liaisons with internal and external partners and stakeholders.

In Spring of 2023, the MCH unit supervisor/Title V director position was separated into two full time positions to allow additional support to staff and fiscal oversight. The maternal and child health block grant coordinator/states systems development initiatives (SSDI) coordinator transitioned into the Title V director role. The SSDI position was absorbed by the Title V epidemiology/evaluator.

III.C.1.b.ii Title V Program Capacity

III.C.1.b.ii.a. Impact of Organizational Structure

This section is considered optional according to current Block Grant Guidance. Wisconsin is not reporting on this in the 2023 Report/2025 Application. See previous submission for details.

III.C.1.b.ii.b. Impact of Agency Capacity

This section is considered optional according to current Block Grant Guidance. Wisconsin is not reporting on this in the 2023 Report/2025 Application. See previous submission for details.

III.C.1.b.ii.c. Title V Workforce Capacity and Workforce Development

For information regarding Wisconsin's Title V Workforce Capacity and Workforce Development, please see section titled MCH Workforce Development and section titled MCH Epidemiology Workforce.

III.C.1.b.ii.d. State Systems Development Initiative

For information regarding Wisconsin's State Systems Development Initiative grant program, please see section titled State Systems Development Initiative.

III.C.1.b.ii.e. Other MCH Data Capacity

For information regarding Wisconsin's other MCH Data Capacity efforts, please see section titled Other MCH Data Capacity.

III.C.1.b.iii. Title V Program Partnerships, Collaboration, and Coordination

For information regarding Wisconsin's Title V Program Partnerships, Collaboration, and Coordination, please see the section titled Public and Private Partnerships.

III.C.1.b.iv. Family and Community Partnerships

For information regarding Wisconsin's Family and Community Partnerships, please see section titled Family Partnership.

III.C.1.c. Identifying Priority Needs and Linking to Performance Measures

This section is considered optional according to current Block Grant Guidance. Wisconsin is not reporting on this in the 2023 Report/2025 Application. See previous submission for details.

Click on the links below to view the previous years' needs assessment narrative content:

[2024 Application/2022 Annual Report – Needs Assessment Update](#)

[2023 Application/2021 Annual Report – Needs Assessment Update](#)

[2022 Application/2020 Annual Report – Needs Assessment Update](#)

[2021 Application/2019 Annual Report – Needs Assessment Summary](#)

III.D. Financial Narrative

	2021		2022	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	\$11,402,328	\$10,092,189	\$11,402,328	\$10,845,900
State Funds	\$10,386,240	\$4,721,800	\$5,007,277	\$4,721,800
Local Funds	\$0	\$4,025,452	\$5,742,812	\$6,685,106
Other Funds	\$0	\$0	\$0	\$0
Program Funds	\$2,370,044	\$0	\$0	\$0
SubTotal	\$24,158,612	\$18,839,441	\$22,152,417	\$22,252,806
Other Federal Funds	\$0	\$3,677,713	\$510,020	\$510,020
Total	\$24,158,612	\$22,517,154	\$22,662,437	\$22,762,826
	2023		2024	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	\$11,263,354	\$11,042,550	\$16,054,426	
State Funds	\$4,721,800	\$849,920	\$6,983,676	
Local Funds	\$3,156,457	\$3,794,498	\$5,057,144	
Other Funds	\$5,034,473	\$3,638,465	\$0	
Program Funds	\$0	\$0	\$0	
SubTotal	\$24,176,084	\$19,325,433	\$28,095,246	
Other Federal Funds	\$0	\$0	\$335,000	
Total	\$24,176,084	\$19,325,433	\$28,430,246	

	2025	
	Budgeted	Expended
Federal Allocation	\$11,042,550	
State Funds	\$4,404,893	
Local Funds	\$3,877,020	
Other Funds	\$0	
Program Funds	\$0	
SubTotal	\$19,324,463	
Other Federal Funds	\$0	
Total	\$19,324,463	

III.D.1. Expenditures

The Wisconsin Department of Health Services has a simple but powerful vision: Everyone Living Their Best Life. Within the context of this vision, is the Division of Public Health's vision: **Strengthen Wisconsin's collective capacity to assure the conditions in which all people can be healthy.** This is accomplished through Wisconsin's mission of Protecting and Promoting the Health and Safety of the People of Wisconsin. Building a sustainable system of equitable access to maternal and child health services throughout Wisconsin is a fundamental piece of this mission and a critical element in accomplishing this vision.

The following expenditure narrative will demonstrate how the awarded funding was used to achieve this mission to continue building a sustainable statewide network of maternal and child health services. The total federal allocation Wisconsin received from Title V in 2023 was \$11,042,550. In 2023, the Wisconsin Title V program spent \$13,076,416 on the following activities:

- Reducing infant deaths
- Providing better access to quality health care services for:
 - Women who need prenatal, delivery, and postnatal care
 - Women and children with low incomes who need preventive and primary care services
 - Women and children who have trouble finding care where they live
- Supporting children and youth with special health care needs, including rehabilitative services
- Delivering family-centered, community-based, systems of coordinated care for children with special health care needs
- Improving physical and mental health for children and adolescents

The following expenditure narrative details how the Wisconsin Title V program brought personnel and resources together in 2023.

Personnel

The 2023 expenditure for salary in total was: **\$1,853,077**. This is broken down in the following categories across 24.8 total FTE (full-time employees): Mothers and infants: \$656,696; Preventive and primary care for children: \$433,988; children and youth with special health care needs: \$762,393.

In 2023, the Division of Public Health, the Title V program had staff working across all four units in the Family Health Section: The Maternal and Child Health Unit, the Children and Youth with Special Health Care Needs Unit, the Maternal and Infant Mortality Prevention Unit, the Reproductive Health and Family Planning Unit, which also included adolescent health. In 2023, due to vacancies in the Family Health Section Supervisor role, the supervisor of the Chronic Disease Prevention and Cancer Control Section helped to support Title V staff and activities throughout the year. The Family Health Section employs a wide variety of professionals including a Medical Director, Medical Consultant, Unit Supervisors, Nurse Consultants, Public Health Educators, Practitioners, Grant Specialists, and Epidemiologists. These positions are based on the Wisconsin Office of State Employee Relations job descriptions and pay scale classifications.

Fringe Benefits

The total cost for fringe benefits in 2023 was **\$627,680**. This is broken down into the following categories Mothers and infants: \$223,110; Preventive and primary care for children: \$143,907; children and youth with special health care needs: \$260,663.

In 2023, the fringe benefits were calculated at 43.94% of salary. The breakdown of the 43.94% includes 6.55% for retirement, 7.65% FICA, 1.10% sick leave, 23.63% health insurance, 0.11% life insurance, 0.07% unemployment insurance, 0.24% income continuation insurance, 0.11% HAS fees contributions, 0.11% opt-out awards, 0.01% ETF administration fee, and 4.36% prior service costs.

Equipment

The Division of Public Health, Title V program did not expend any Title V-related equipment costs.

Supplies

The amount for 24.8 FTE totaled **\$29,533**. This includes supplies such as office and other consumables; includes but not limited to, laptop upgrades, pens, pencils, materials for photocopying, purchases and/or leases of software.

Travel

The Division of Public Health, Title V program spent **\$198,619** in 2023 on training and travel costs associated with this grant. This included the two required meetings held by the Association of Maternal and Child Health Programs (AMCHP) Conference in New Orleans, Louisiana and the Title V Maternal and Child Health (MCH) Federal-State Partnership Meeting in Washington D.C. which both the Title V Director and Children and Youth with Special Health Care Needs Directors attended. Other Title V staff such as unit supervisors, public health nursing staff, public health educators, and epidemiologists also attended training and/or conference events in 2023. The Wisconsin Title V program was represented at the American Public Health Association Conference, CityMATCH, and the Council of State and Territorial Epidemiologists Conference to learn about best practices and emerging trends. Additionally, Title V staff also attended many Wisconsin-based conferences and training events such as the Wisconsin Public Health Association Conference, the Circles of Life Conference, and the Fulfilling the Promise Conference in 2023.

Other

The Wisconsin Department of Health Services expended **\$577,667** in other costs in 2022 associated with this grant. This includes areas such as rent, insurance, telecommunications, equipment rental, enterprise accounting, and email licenses, mail services, and professional services.

Contractual

In 2023, the Title V program had a total of **\$9,644,736** in funds that were subcontracted to local, regional, and statewide partners to support system-building efforts. Of this, \$4,038,091 went to Mothers and Infants, \$2,592,183 went to Preventive and Primary Care for Children, and \$3,014,462 to children and youth with special health care needs.

Indirect Charges

The Division of Public Health had an approved indirect cost rate of 7% of salary costs. The 2023 indirect costs expensed to this grant totaled **\$145,108**.

Non-Federal Contribution

The 2023 nonfederal (State general-purpose revenue and local match) contracted services amount totaled **\$8,828,687**. Of this, \$4,487,189 was contributed from the state and \$3,794,498 was contributed from local partners.

Program Income

The Wisconsin Title V program does not collect program income.

III.D.2. Budget

As the Title V program prepares the next budget for the 2025 year, it will continue to build upon the important work accomplished in 2024 and respond to pressing challenges facing public health, improving the lives and well-being of the people of Wisconsin, and strengthening and supporting communities. The Title V program will work to ensure funding will be used to ensure equitable access to maternal and child health services throughout Wisconsin. In order to continue building a sustainable, statewide network of maternal and child health services, the project must consider three key elements: time, personnel, and contracted resources (i.e., direct service providers). Using last year's allocation of **\$11,042,550** as an estimate, the following budget narrative details how the Title V program will bring program administration and contracted resources together.

Non-Contractual

In 2025, the Title V program estimates spending \$4,137,794 in non-contractual services. The categorical break down of this estimate includes personnel salaries estimated at \$2,292,100, fringe benefit costs estimated at \$872,698, consultant costs, equipment, and supplies all estimated at \$0, travel estimated at \$224,943, other estimated at \$576,145 and indirect costs estimated at \$171,908. These costs are further broken down into the following mothers and infants: \$1,499,095, preventive and primary care for children: \$1,291,862 and children and youth with special health care needs: \$1,346,837. These categories include the estimated administrative expenses of \$171,908 which do not exceed the 10% limit.

Personnel

The 2025 budget for salary in total is: **\$2,292,100** for an estimated 30.5 FTE. There is an increase in FTE due to a reorganization that was implemented on June 17, 2024. The Family Health Section (FHS) in the Bureau of Community Health Promotion in the Division of Public Health currently had over 50 staff, with several additional hires currently in-process. Currently, management staff in the section consists of a section manager and four unit supervisors. Because of the size of this section, the staff to supervisor ratio was a challenge. In mid-2024, the Family Health Section reorganized current units, creating two new units, and create a 'deputy' section manager position. This reorganization will also provide the section manager and unit supervisors more time for strategic planning and implementation of programs with partners, as well as workforce development activities to maintain a cohesive and positively functioning team. The six units are as follows:

- The Maternal and Infant Health Unit (modified from the Maternal and Child Health Unit)
- The Community Health Operations Unit (modified from the Maternal and Infant Mortality Prevention Unit)
- The Children and Youth with Special Health Care Needs Unit
- The Reproductive Health Family Planning Unit
- The Child and Adolescent Health Unit
- The Data and Evaluation Unit (new)

Fringe Benefits

The cost of fringe benefits in 2025 is budgeted at **\$872,698**. Fringe benefits are calculated at 41.89% of salary for full time employees and 7.65% for limited-term employees. The 41.89% includes 6.80% for retirement, 7.65% FICA, 0.90% sick leave, 21.10% health insurance, 0.21% HAS fees/contributions, 0.15% opt-out awards, 0.01% ETF administration fee, 0.13% life insurance, 0.24% income continuation insurance, 0.03% unemployment insurance, and 4.68% prior service costs.

Consultant Costs

The Wisconsin Department of Health Services does not plan to expend any Title V program dollars on consultant costs in 2025.

Equipment

The Wisconsin Department of Health Services does not plan to expend any Title V program dollars on equipment costs in 2025.

Supplies

Beginning in 2025, the Wisconsin Department of Health Services started calculating supply costs in the "Other" category.

Travel

The Wisconsin Department of Health Services is budgeting **\$224,943** for both in-state and out-of-state travel costs associated with this grant in 2025. Planned travel will consist of approximately three national conferences or trainings for the Chief Medical Officer, Title V Director, Children and Youth with Special Health Care Needs Director, and Unit Supervisors. In addition, this would fund travel for two national conferences or training for other staff including the public health nurses, public health educators, program coordinators, and epidemiologists. The out-of-state travel costs are estimated in the following categories: Registration (\$400/Conference), Airfare (\$600/Roundtrip/ Conference), Transportation (\$40/Conference), Lodging (\$270/Night with an average four-night stay), Meals (\$55 per diem with an average four days per Diem). This equates to an average national conference/training cost of \$2,340 per conference. In state travel costs are estimated \$0.51/mile, \$98/night for an estimated 10 nights \$45 per diem at an estimated 15 days, and up to \$300 in conference registration fees. In-state travel is necessary to support program partners, communities of practice, attend advisory committees and councils, provide technical assistance and attend site visits.

Other

The Wisconsin Department of Health Services is budgeting **\$576,145** in other costs associated with this grant for 2025. This cost is calculated at \$18,890 multiplied by 30.5 FTE. These costs include rent, telecommunications, maintenance and repairs, systems and information technology, software, internal services, fiscal services, and supplies.

Indirect Charges

The Wisconsin Department of Health Services has an approved indirect rate of 7.5% of salary (\$2,292,100). The Title V team expects to spend **\$171,908** on indirect costs in 2025.

Contractual

In 2025, the Title V program budgets contracted services at approximately **\$6,904,756**. Included in this contractual amount is approximately 2.8 million dollars that will go directly to local and Tribal health agencies. Of the total contracted amount, \$2,347,966 is budgeted for Mothers and Infants, \$2,335,142 is budgeted for Preventive and Primary Care for Children, and \$2,221,648 to children and youth with special health care needs.

Non-federal Funds

In addition to the contracted services, the Title V program anticipates receiving approximately \$3,877,020 in local match contributions and \$4,404,893 in state funds to contribute towards the total match amount of \$8,281,913.

Program Income

The Wisconsin Title V program does not collect program income.

III.E. Five-Year State Action Plan

III.E.1. Five-Year State Action Plan Table

State: Wisconsin

Please click the links below to download a PDF of the Entry View or Legal Size Paper View of the State Action Plan Table.

[State Action Plan Table - Entry View](#)

[State Action Plan Table - Legal Size Paper View](#)

III.E.2. State Action Plan Narrative Overview

III.E.2.a. State Title V Program Purpose and Design

The Wisconsin Title V program strives to assure that all families have access to a coordinated, integrated, and sustainable system of services and supports. The Title V program works with local and Tribal health agencies, community-based organizations, and other partners to provide and assure quality health services are delivered to mothers, children, and families. In 2023, 74% of the Title V funds Wisconsin received were subcontracted to local, regional, and statewide partners to support system-building efforts focused on maternal and child health priorities and performance measures.

Advancement of Title V priorities and performance measures are further enhanced through collaboration with other federal grants. The Title V program works closely with Title X-funded agencies to advance reproductive health. Adolescent health is further supported with the [Personal Responsibility Education Program, Sexual Risk Avoidance Education and Rape Prevention Education](#). A home visiting nurse consultant staff position serves as a liaison between the Title V and Maternal Infant and Early Childhood Home Visiting grant-funded programs. Alignment between home visiting benchmarks and Title V performance measures support individual and systems building activities. The Title V program also intentionally aligns with a state team established in 2020 focused on maternal and infant mortality prevention. State staff in all program areas serve on Title V performance measure workgroups, consult on strategies and community engagement efforts, and assist with the development of competitive funding processes for Title V funds.

Purpose and Design

This section is considered optional according to current Block Grant Guidance. Wisconsin is not reporting on this in the 2023 Report/2025 Application. See previous submission for details.

Organizational Structure

This section is considered optional according to current Block Grant Guidance. An organizational chart will be attached to this submission, and the reader can review Wisconsin's previous submission for more details.

III.E.2.b. State MCH Capacity to Advance Effective Public Health Systems

III.E.2.b.i. MCH Workforce Development



The [Centers for Disease Control and Prevention](#) define public health as, "... the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases." This broad understanding of public health, with the interdisciplinary nature of the Title V program's work, supports the challenges of continual workforce development. The demands of a career path in the maternal and child/special health care needs-related field are continually changing with the adoption and updates of competencies in public health, relevant populations, and other specific disciplines. Additionally, expectations of other multidisciplinary skills, knowledge of evidence-based practices, and an understanding of budgeting and business frameworks are key in the production of data-driven public health outcomes.

In support of these requirements the American Public Health Association and [Wis. Stat. § 250.03\(L\)](#) lists the [10 Essential Public Health Services](#) as essential services to be carried out by the public health system. Many of these services overlap with the [MCH Leadership Competencies](#) and align with the [Core Competencies for Public Health Professionals](#), including [Domain 8 of the Public Health Accreditation Board](#) Standards and Measures requirements, "Maintain a Competent Public Health Workforce". The Public Health Accreditation Board highlights the importance of the workforce within this domain with two standards that are focused on the development of the workforce:

- **Standard 8.1:** Encourage the Development of a Sufficient Number of Qualified Public Health Workers
- **Standard 8.2:** Ensure a Competent Workforce through Assessment of Staff Competencies, the Provision of Individual Training and Professional Development, and the Provision of a Supportive Work Environment

In support of Governor Evers' vision, Wisconsin Department of Health Services Office of the Secretary indicated that Department of Health Services (DHS) "be a high performing organization and a destination workplace" as one of the department's three primary focus areas in their strategic plan:

- Improving the integration of behavioral health into the health care system across Wisconsin
- Improving Wisconsin's long-term care system and how Wisconsin provides services for their most vulnerable populations
- Making Wisconsin Department of Health Services a destination workplace for public service

The Office of the Secretary directed that focus be placed on integrating equity through these pillars, as well as work more broadly, to improve the health and well-being of all Wisconsinites

Recruitment and retention of a qualified Title V program staff

The Wisconsin Title V program is fortunate to have a talented and a highly qualified team, who benefit from the leadership and mentorship of equity-minded and experienced public health leaders, including Paula Tran, the State Health Officer, and Angela Rohan, the MCH Epidemiology CDC assignee to Wisconsin (through August 2023). Many Title V staff also have

training or experience specific to maternal and child health, including several who worked in maternal and child health in local and Tribal health agencies in Wisconsin before joining DHS.

DHS strives to be a “destination workplace” and offers exceptional health insurance and retirement benefits, in addition to tuition reimbursement and flexible schedules, including up to five days of remote work without special approval. The Title V program specifically has an excellent precedent of supporting professional development, including support for attendance at national and regional conferences and sponsorship of participation in leadership training and similar learning opportunities. This culture of continuous learning and development for staff has resulted in the ability to attract and retain outstanding staff.

Assessment of training and professional development needs for new and seasoned Title V program staff and family leaders

The Wisconsin Title V team piloted a new funding process in 2022 to center equity when identifying partners to fund in 2023. Part of this funding allocation revision focused on ways to support funded and non-funded partners to implement effective, successful projects. Wisconsin decided that the best way to provide targeted support would be to fund content experts in a variety of MCH topic areas to provide technical assistance and support to other funded partners, in partnership with Title V program staff.

Breastfeeding technical assistance provider

To support partners working to improve breastfeeding initiation and duration with Title V funding, a technical assistance funding opportunity was released in 2022 to identify an agency that could provide ongoing technical and educational support to diverse organizations, health services providers, and other professionals around the state. [Coffective](#) was funded to work with birth hospitals and community partners on supporting people to meet their breastfeeding goals.

Title V funding was also directed to the [Michigan Breastfeeding Network](#) to provide access to their robust continuing education resources to Wisconsin Title V partners, including Wisconsin’s [Maternal, Infant, Early Childhood Home Visiting program](#) providers, and Title V community grantees.

Finally, the [Wisconsin Association for Perinatal Care](#) was funded to lead quality improvement initiatives related to human milk feeding with perinatal care providers around the state.

Child Death Review and Fetal Infant Mortality Review technical assistance provider

In 2023, the [Children’s Health Alliance of Wisconsin](#) continued to provide technical assistance to Child Death Review and Fetal and Infant Mortality Review teams in Wisconsin. They provided consultation and education to local agencies implementing mortality reviews and support agencies who would like to implement mortality reviews to create the connections and infrastructure necessary. They also convene the annual [Keeping Kids Alive](#) conference to provide networking and continuing education opportunities to members of mortality review teams.

Physical Activity and Nutrition technical assistance provider

To support partners working to improve physical activity and nutrition among children with Title V funding, a technical assistance funding opportunity was released in 2022 to identify an agency that could support local and Tribal health agencies advancing this work in their jurisdictions. A joint team from the [University of Wisconsin-Madison School of Human Ecology](#) and [healthTide](#) continued their work in this area. This team facilitates trainings for local health agency staff in policy, systems, and environmental change, and coaches local teams to develop partnerships with childcare providers and out-of-school time providers to promote adequate nutrition and physical activity.

Representative Participation (Community Engagement) technical assistance provider

A funding opportunity was created and released in 2022 to provide community engagement-focused technical assistance to Title V partners and state staff in 2023. [Smith Research and Consulting](#) was awarded this contract and provided content area expert consultation and training to Title V funded agencies as well as state Title V staff on equitable community partnership and operationalizing health equity principles and provide technical assistance to all Title V-funded agencies who chose to use the [Community Engagement Assessment Tool](#) as part of their work plan.

Adolescent Well-Being technical assistance provider

To support partners working to improve adolescent well-being with Title V funding, a technical assistance provider funding opportunity was released in 2022 to identify an agency that could provide content area expert consultation to local and Tribal health agencies pursuing adolescent well-being work with Title V funding and coordinate/cross-promote statewide adolescent well-being-related initiatives across the state. The [University of Wisconsin Division of Extension](#) was awarded this funding opportunity and leverages their substantial experience collaborating with youth-serving organizations to improve support for adolescents in Wisconsin.

Developmental Screening technical assistance provider

To support partners addressing developmental screening with Title V funding, a technical assistance provider funding opportunity was released in 2022 to identify an agency that could provide training, education, and support to interested agencies throughout Wisconsin to advance developmental screening while displaying cultural sensitivity; provide evidence-based content-area expert consultation and community learning opportunities; participate, advise, and cross-promote statewide developmental screening-related programs, groups, and initiatives to reduce duplication; prioritize equity and actively incorporate community, family, or professional voice into program planning. [Children's Health Alliance of Wisconsin](#) was awarded funding and leverages their experience to continue supporting families in Wisconsin.

Perinatal Care technical assistance provider

To support partners working to improve perinatal care with Title V funding, a technical assistance provider funding opportunity was released in 2022 to identify an agency that could convene and motivate health systems in Wisconsin to assure that all birthing people have timely access to appropriate and high-quality care, according to their risk and health needs. The [Wisconsin Association for Perinatal Care](#), who is also the Wisconsin grantee for the Perinatal Quality Collaborative, won this grant and will continue to facilitate levels of care assessments for Wisconsin birth hospitals, lead quality improvement efforts to promote evidence-based practice in perinatal care, and support robust data infrastructure to track care quality and outcomes.

Community-Based Organization Capacity Building technical assistance provider

While the Title V program has worked to increase the number of community-based organizations funded over the past several years, roadblocks such as complicated funding opportunities, inexperience with grant writing, and technical assistance needs that Title V staff do not have the capacity to address were still stopping community-based organizations from applying for Title V funding. To address capacity building and technical assistance needs to strengthen community-based organizations in Wisconsin, the Title V team released an ARPA funding opportunity in 2022 for an organization to prioritize equity and provide support to community-based organizations in Wisconsin focused on reducing infant mortality by providing content-area expert consultation on topics identified by organizations, such as fiscal management, non-profit board development, grant-writing, scope of work, and capacity building. The [Wisconsin Coalition Against Sexual Assault](#) was awarded this contract.

Social Connection technical assistance provider

Social connections in Wisconsin communities have become increasingly important in the past few years and its necessity was only heightened by the COVID-19 pandemic. To support Title V partners across Wisconsin working to weave social connection improvement strategies into their MCH work, the Title V program published a funding opportunity in 2022, hoping to identify an agency to provide technical assistance and support for this work. Specifically, the Title V program was looking for a partner to provide content-area expert consultation on how to promote social connections to funded partners, convene quarterly learning community calls and other collaborative meetings, coordinate and cross-promote statewide social connections-related initiatives, and prioritize equity and actively incorporate community voice into program planning.

This funding opportunity did not result in any applicant receiving an award, and the Title V team plans to work closely with local and Tribal health agencies implementing the new Social Connections Grants and Contracts Agreement (GAC) Objective in 2023 to revise and clarify this funding opportunity in the hopes of a successful funding opportunity recruitment for a 2024 partner.

Current and anticipated training needs of key MCH partners

Through the engagement of the Wisconsin Title V program with many new community partners, many training needs and opportunities were identified. Specifically, The Title V program learned that many small grassroots organizations have a need for information and support to grow into sustainable efforts that can compete for grant funding, including information about fiscal management, becoming a non-profit agency, and evaluating and documenting impact. Measurement and evaluation are an ongoing training need for many of our funded partners.

Specific to some promising approaches for preventing black maternal and infant mortality and morbidity, Wisconsin's Title V program anticipates a need for training new community-based perinatal workforce, like doulas, in documentation and patient privacy laws that will enable them to bill healthcare payers in the future. Other topics like business management may also be relevant for these audiences.

There is also a continued need to educate organizations serving maternal and child health populations on the other systems and resources that are available, to assure appropriate referrals and coordination.

Innovations in staffing structures

The Wisconsin Title V program has leveraged several training programs to increase the program capacity and build the MCH workforce. Wisconsin's Title V program has hosted MCH summer interns funded by HRSA for the last five years and has also hosted four epidemiology fellows with the Council of State and Territorial Epidemiologists over the last five years. In addition, the Title V-funded CDC MCH epidemiology assignee to Wisconsin served as faculty for the Population Health Service Fellowship program and Preventive Medicine Residency program, at the University of Wisconsin Population Health Institute. The Title V program has hosted several fellows and residents throughout the years and has also benefited from fellow and resident contributions to strategic projects, including a recent assessment of mortality review recommendations.

III.E.2.b.ii. Family Partnership

Wisconsin's Title V program has created and adopted a framework for family engagement and leadership that incorporates family, peer support, agency decision-making, and systems change.

Strategic and Program Planning

The Children and Youth with Special Health Care Needs network is comprised of 12 external program partnerships, five of those being the CYSHCN Regional Centers. For years, the CYSHCN network has engaged in strategic planning with a major component of their vision for the future being a change away from the term 'regional center.' The term 'regional center' has never been a good descriptor of the work being done and implies a physical space to receive services—which not all of them have. Finally, in 2023, the five Children and Youth with Special Health Care Needs Regional Centers were rebranded. The rebranding was a result of a statewide marketing campaign, funded by American Rescue Plan Act dollars, that used focused groups and surveys from families and providers to identify what resonates with families and providers. As a result, the CYSHCN Regional Centers are now known as "Children's Resource Centers," with the tagline: Guiding Wisconsin families of children and youth with special health care needs. This name helps to connect better to families and providers by more accurately describing their service and it communicates the CYSHCN mission and values.

The Information and Referral Specialists, the name of the staff at the Children's Resource Centers that take phone calls from families and providers, were also renamed. The staff at the Children's Resource Centers describe their work as: "diving in, being with, walking along the side of parents." They "follow up, stay in the loop, close the gap." They are "personable, knowledgeable, and have lived experience." It is from this feedback that the decision to rebrand them as 'Children's Resource Guides' was made. Many of the Children's Resource Guides have gone through similar experiences in the health care system with their children as the families they serve, making them excellent partners to support parents. Guides are trained to help families find the resources that are meaningful to them. They honor a families' wish to choose the next steps to meet their child's needs. The rebranding of the Children's Resource Centers and Children's Resource Guides has been a positive step towards improving the program's plan to become more recognizable and accessible to families and providers of children and youth with special health care needs.

Program Outreach and Awareness

Title V grants funds to five local public health agencies and nonprofits organizations for the purposes of operating the five Children's Resource Centers (previously known as the CYSHCN Regional Centers) who've been providing information and referrals to families and providers since the early 2000's, on a smaller, regional scale model, underwent another significant change. Relying on the CYSHCN Children's Resource Centers for the basic infrastructure, the [Wisconsin Wayfinder: Children's Resource Network](#) program was launched in 2023. The vision of this program was to develop a solution to simplify, for families of children and youth with special health care needs, the experience of finding information and initiating access to specialty community health care and support programs. This program relies on enhancing and expanding the current work of the Children's Resource Centers through additional ARPA funds and partnerships between inter and intra agencies targets to increase collaboration, information sharing, problem solving, etc., for the purpose of a more unified system of care for children with disabilities and special health care needs. As a result of this project, all Wisconsin families of CYSHCN now have an easier way to identify, navigate, and access needed resources. Key features of this project include:

- A completely redesigned, family and user-friendly [website](#) and single toll-free phone number (1-877-WISCWAY) that lets families connect with real people, who navigate them to the dedicated Children's Resource Guide in their area, who then supports the caller in identifying and connecting with the essential services and supports that will enable their children to thrive.
- Strengthened organizational partnerships with a sustained commitment for collaboration that is standardized and engages in coordinated planning. These partnerships include the Division of Public Health, Division of Medicaid Services, and Division of Care and Treatment Services in the Department of Health Services, along with the Department of Public Instruction, and the Department of Children and Families.
- Wisconsin Wayfinder committees include the Advisory Committee, Branding & Marketing Committee, Steering Committee, Strengthening Partnerships Committee, and Sustainability Committee.
- A robust, statewide marketing campaign to raise awareness and lift up this work through the development of marketing and outreach materials such as the [Wisconsin Wayfinder Family Video](#), online [Contact Us form](#), [publications](#), [provider resources](#), and [family resources](#).

The Maternal and Infant Mortality Prevention Unit hosted its second annual Gathering. This event was via Zoom to ensure the greatest statewide reach, with more than 530 registrants and 344 attendees. Hope was the theme of the 2023

Gathering. The purpose of the Gathering is to educate, empower, and support stakeholders throughout the state of Wisconsin, by sharing funding opportunities, resources, and creating a space for stakeholders to network. The Gathering provides a platform for communities to engage and support programmatic services, and to promote education about healthy birth outcomes. The event hosted Well Badger as a keynote speaker and included partner spotlights from Healthy Birthday, Star Legacy, and Indigenous Birth Services. An overview of these organizations and the work involved with these groups can be found in the ARPA section of this submission. The Pregnancy Risk Assessment Monitoring System (PRAMS) survey was also highlighted to increase awareness and participation for both the general PRAMS survey, as well as the oversampling of Tribal partners.

Workforce Development and Training

Since 2021, Wisconsin Title V has contracted with a technical assistance provider, Smith Research and Consulting, to work closely with local and Tribal health agencies in their respective jurisdictions to intentionally embed family engagement and community partnerships into Title V-funded programs. Specifically, Smith Research and Consulting works one on one with local public health agencies to assess the current landscape of partnerships, and trains staff on how to do outreach and work closely with local community organizations. See Cross-Cutting/Systems Building section for more details about their approach.

Title V and American Rescue Plan Act (ARPA) funds have supported local community-based organizations and health systems since 2021 to implement equity-centered maternal and child health and CYSHCN projects. The local technical assistance provider to community-based organizations, Wisconsin Coalition Against Sexual Assault (WCASA), has worked with some of these funded partners to help them implement these projects. WCASA has a strong history of working with local non-profit organizations to build their organizational capacities and they have championed robust and impactful MCH projects funded by Title V and ARPA. The following community-organizations, health systems, local health agencies, and their respective project titles listed below have been funded by ARPA and Title V since 2021 and will wrap up in June of 2024.

ARPA funded:

- African American Breastfeeding Network- WeRISE project
- Allied Wellness Center- Community Health Workers project
- Amery Regional Medical Center- Teledoc project
- Ashland Birth Center- Doula Project
- Aurora Health Care- Safe Mom Safe Baby project
- Children's Alliance of Wisconsin- Children's Hospital of Wisconsin- Fetal & Infant Mortality Review Technical Assistance
- City of Madison- Fetal & Infant Mortality Review Team
- Dignity with Departure- Infant Loss Grief and Bereavement project
- Health Birth Day, Inc.- County the Kicks project
- Indigenous Birth Services- Doula Project
- Medical College of Wisconsin- Periscope Project
- Moms Mental Health Initiative- Perinatal Mental Health Support
- Rock County Health Department- Fetal & Infant Mortality Review Team
- Roots4Change Cooperative- Project Crisalida
- United Way St. Croix Valley- Diaper Bank
- Us 2 Behavioral Health Care, Inc- Building a Mental Health Care Workforce
- Waking Women Healing Institute- Doula project
- Wisconsin Doulas Association, Inc- Doula project
- Wisconsin Doulas of Color Collective, Inc – Doula project
- Wisconsin Women's Health Foundation- Well Badger project and First Breath project
- Wise Women Gathering Place, Inc.- Doula project

Title V funded:

- ABC for Rural Health, Inc- Rural Health Benefits Navigation Services project
- Embolden WI- Providers and Teens Communicating for Health (PATCH) project
- Children's Hospital of WI- Child Food Insecurity project
- Cia Siab, Inc. - Family Engagement project
- Doulaing the Doula LLC- Doula project
- City of Eau Claire- Youth Mental Health Project
- Family Resource Center St Croix- Parent Education and Peer Support project
- Public Health Madison and Dane County- Family Engagement project
- Winnebago County Health Department- Parent Resource Hours project
- Wisconsin Association of Perinatal Care- Data Equity Mapping and Perinatal project
- WI Collaborative for Healthcare Quality, LLC- Childhood Immunizations project

Advisory Committees

[Children Come First Advisory Committee](#): The Children Come First Advisory Committee was established by [Wis. Stat. § 46.56](#), and supports the development of a comprehensive service system of coordinated care for children who are involved in two or more systems of care. The mission of the Children Come First Advisory Committee is “Wisconsin’s Children’s System of Care is a way of helping children and families receive the right help, at the right time, in the right amount by connecting and coordinating the work of all system partners.” In 2023, the Children and Youth with Special Health Care Needs Program Director became a voting member of this committee advocating for issues on behalf of CYSHCN families.

[Child Death Review State Advisory Council](#): The Council is composed of experts from across the state, including representatives from state departments, health systems, advocacy groups and coroners and medical examiners. The Council monitors child death and fetal and infant death data, provides guidance, and supports local review teams. In Wisconsin, child death review (CDR) teams primarily review deaths of infants and children, ages 0 to 18, which are reportable to the medical examiner or coroner. The purpose of CDR is to better understand the risk factors and circumstances surrounding a child’s death and to develop policy and program recommendations to prevent future deaths. In 2023, the Child Death Review team entered 241 cases.

[Wisconsin Maternal Mortality Review Team](#): The Wisconsin Maternal Mortality Review Team was established by the Wisconsin Department of Health Services, Division of Public Health and the Wisconsin Section of the American College of Obstetricians and Gynecologists in 1997. Prior to 1997, cases of maternal mortality were reviewed by a committee of the Wisconsin Medical Society. The Maternal Mortality Review Team includes diverse representation from multiple disciplines, including public health, perinatal nursing, midwifery, social work, psychiatry, forensic pathology, law, doula support, family medicine, and obstetrics. Currently, the MMRT is supported through the CDC’s [Enhancing Reviews and Surveillance to Eliminate Maternal Mortality](#) (ERASE) program. In 2023, the MMRT reviewed 55 cases in six meetings and made 328 recommendations.

[Wisconsin Pregnancy Risk Assessment Monitoring System \(PRAMS\) Steering Committee](#): PRAMS is an ongoing survey of new mothers conducted jointly by the Centers for Disease Control and Prevention and state health departments. Wisconsin began participating in PRAMS in 2007. Wisconsin PRAMS collects population-based data on attitudes and experiences before, during, and shortly after pregnancy. The operation and dissemination of the Wisconsin PRAMS is informed by a steering committee, an interdisciplinary team with representatives from health care, academia, and community organizations across Wisconsin. The PRAMS steering committee meets two to three times per year. They consider such issues as the content of the survey questionnaire, strategies to ensure quality of the survey data, as well as opportunities to utilize PRAMS data to inform public health practice and improve health outcomes.

III.E.2.b.iii. MCH Data Capacity

III.E.2.b.iii.a. MCH Epidemiology Workforce

Wisconsin is not reporting on this in the 2023 Report/2025 Application. See previous submission for details.

III.E.2.b.iii.b. State Systems Development Initiative (SSDI)

The State Systems Development Initiative supports Wisconsin's need for improved availability, timeliness, and utilization of program data to support informed decision-making and resource allocation for Wisconsin's Title V program. The State System Development Initiative is designed to provide infrastructure support that serves all women, children, and families in Wisconsin, with special emphasis on high-risk populations. This support is primarily given through the funding of the State System Development Initiatives program coordinator position at the Wisconsin Department of Health Services.

Over the years, the State Systems Development Initiative has contributed to Title V program progress by gaining access to multiple data sources for needs assessment and surveillance purposes and new data linkages. For example, supplemental State System Development Initiative dollars funded a collaborative project between Title V program staff and the Office of Health Informatics to provide access to provisional birth data on a quarterly basis. Currently, Wisconsin has consistent direct access to birth, death, newborn hearing and critical congenital heart disease screening, hospital discharge, the Pregnancy Risk Assessment Monitoring System (PRAMS), and Behavioral Risk Factor Surveillance System (BRFSS) data.

In 2023, the state systems development initiative coordinator and the Title V evaluator and epidemiologist began to implement data management strategies that were identified in December 2022. In order to strengthen capacity to collect, analyze, and use reliable data for the Title V MCH Block Grant to assure data-driven programming, the Title V evaluator and epidemiologist began the process of developing new quarterly reporting tools for local and Tribal health agencies implementing [MCH Grant And Contacting \(GAC\) Objectives](#). The development of the new tools was multifaceted in that new measures were developed and included in the reporting tools and the platform in which reporting occurred also shifted. In previous years, local and Tribal health agencies reported on the MCH GAC Objective activities they implemented in the platform, REDCap. In 2023, reporting was moved to the survey platform Alchemer. This change was made due to the continuous challenges local and Tribal health agencies had when using the REDCap platform. Users often encountered issues when creating accounts, maintaining their login and passwords, as well as being able to easily report on their work. The Title V director, state systems development initiative coordinator, and the Title V evaluator and epidemiologist were responsive to this feedback and decided that utilizing Alchemer, which has a more user-friendly approach, would reduce reporting burden on the local and Tribal agencies.

The Title V evaluator and epidemiologist worked with each of the MCH GAC Objective Leads to develop new reporting tools that met the needs for each of the MCH GAC Objectives, including Adolescent Well-Being, Breastfeeding, Developmental Screening, Health Equity and Community Engagement, Perinatal Mental Health, Physical Activity and Nutrition, and Social Connections. Each reporting tool has measures that are specific to the activities included in each of the objectives as well as measures that are consistently collected across the objectives to be able to better measure impact and make improvements across programming. For example, measures around partnerships, health equity, and facilitators and barriers to the work are collected across all objectives. In addition to collecting data on activities being implemented, the quarter reporting tools also gather important process information, including how the Title V program can better provide support and meet the needs of local and Tribal health agencies. The reporting tools help inform state-level work to better understand and support local level needs and initiatives. Results are currently used internally to support programmatic decision-making. With the help of interns, the Title V team was able to share back data from some of the MCH GAC Objectives' quarterly reporting tools with local and Tribal health agencies. More information on this project and the resultant products that were developed can be found in the **Systems Building Report** section of this submission, under the strategy, **“Organize current and potential social connection efforts throughout the state by leveraging existing data sources and by identifying new and innovative opportunities for data collection.”** In 2024, the Title V evaluator and epidemiologist is planning to develop a process to analyze and share data back with the local and Tribal health agencies on a regular basis in order to support the local and Tribal health agencies in their decision-making, project planning processes, and sustainability of their work.

The State Systems Development Initiative has also supported the development, integration, and tracking of health equity and social determinants of health metrics to inform Title V programming in the state. The emphasis on health equity and social determinants of health metrics was integrated into the new quarterly reporting tools for local and Tribal health agencies as

well as into multiple aspects and approaches with the 2025 Title V Needs Assessment.

In the quarterly reporting tools developed in 2023, local and Tribal health agencies were asked a series of open-ended questions around how they are currently integrating health equity into their work, how they plan to integrate it in the future, and any health equity related work they would like to implement but do not have the resources for. This information was utilized by the Title V team for internal planning and programmatic decision-making and allowed for our program to be responsive to the needs of the local and Tribal health agencies as they arose in this area.

The 2025 Title V Needs Assessment's design and implementation is rooted in principles of health equity, including how the Needs Assessment team approached the design of surveys and the selection and use of secondary data sources. More information on the needs assessment process and how measures of equity and social determinants of health were utilized can be found in the Needs Assessment Process Description section of this submission.

The Wisconsin Title V program has played an important role in responding to public health emergencies at the Department of Health Services. During the 2009 H1N1 Pandemic, Title V program staff supported the response in multiple ways including providing health educators, nurses, and epidemiologists to support the testing and resource hotlines. The Title V director at the time served as the co-lead for the operations section in the Incident Command Structure for the Zika response, and other Title V staff contributed to the Zika response by presenting maternal and child health perspectives at Incident Command Structure meetings, provided contact lists for key Title V program partners and professional organizations, reviewed communication materials targeted toward pregnant people and families, and led the surveillance and monitoring of Zika infections during pregnancy and birth defects associated with Zika infection. Title V and Family Health Section staff were reassigned to multiple COVID-19 response activities, including contact tracing, data analysis and surveillance, warehouse inventory, vaccine rollout, quality assurance for personal protective equipment, and vaccine distribution and logistics.

The 2022 State Systems Development Initiative grant application included specific plans to enhance MCH emergency preparedness efforts. One of the main goals of Wisconsin's State Systems Development Initiative grant is to enhance Wisconsin's epidemiological and programmatic staff knowledge and skills through identifying and utilizing relevant resources and trainings, such as those developed by the Council of State and Territorial Epidemiologists, with a focus on enhancing the state's emergency preparedness and response resources specific to Title V MCH Block Grant populations to inform rapid state program and policy action related to emergencies and emerging issues/threats.

Wisconsin participated in an Emergency Preparedness and Response Action Learning Collaborative to look for ways to better collaborate between the Title V program and emergency preparedness programs in Wisconsin in order to include maternal and child health populations in planning and response activities. The Wisconsin Emergency Preparedness and Response Action Learning Collaborative team included representation from Title V, maternal mortality review, division of public health communications staff, the office of preparedness and emergency health care, WIC, epidemiology, and home visiting.

The Wisconsin Emergency Preparedness and Response Action Learning Collaborative team identified a project to create a preparedness toolkit focused on maternal and infant populations. This toolkit would be maintained by maternal and child health-focused staff, shared with preparedness partners, and available to activate in an emergency response. The toolkit will include contact information for internal and external subject matter experts, a list of maternal and child health-related special populations and their needs/considerations, and a list of key partners and their contact information.

In 2022, the Title V program hosted two Title V MCH Summer Interns from June to July of 2022 to support the creation of the toolkit. These interns focused largely on the project idea above and building the foundation for the "break glass in case of emergency" resource, which would allow Wisconsin to be better prepared to join future response efforts and planning in the event of an emergency or disaster. Students worked together to identify specific populations and consider what unique needs/resources they may need in an emergency. They also brainstormed various emergency/disaster scenarios and identified unique needs, questions, and considerations specific to maternal and child health for each. Though the internship was just eight short weeks, they laid the foundation for Wisconsin's Title V team to successfully develop a resource that will support Wisconsin families during emergencies and can serve as an example for other states and jurisdictions to develop or refine their own resources.

This work continued in 2023 with the help of a graduate student intern. This intern focused on a series of projects to enhance the toolkit. These projects included: 1) a communications materials and plan utilized by DHS during National Preparedness Month; 2) a contact list of all necessary MCH key players (internal and external subject matter experts) to be utilized in times of emergency; 3) a systems map of agencies involved in response as prefix to the contact list; 4) two presentations, one including emergency preparedness response training materials for MCH experts and another including maternal and child health training materials for emergency preparedness and response experts.

In February 2023, Wisconsin's Title V director stepped down and the state systems development initiative coordinator was named Interim Title V director. Due to the increased workload accompanying this appointment, State Systems Development Initiative projects were temporarily put on hold. In May 2023, the state systems development initiatives coordinator was officially promoted to the role of Wisconsin's Title V director and maternal and child health systems coordinator. With this change in staffing, Wisconsin's Title V program is currently focused on identifying a new State Systems Development Initiative project director to ensure this work is reinitiated in a timely manner.

III.E.2.b.iii.c. Other MCH Data Capacity Efforts

Wisconsin is not reporting on this in the 2023 Report/2025 Application. See previous submission for details.

III.E.2.b.iv. MCH Emergency Planning and Preparedness

Wisconsin is not reporting on this in the 2023 Report/2025 Application. See previous submission for details.

III.E.2.b.v. Health Care Delivery System

III.E.2.b.v.a. Public and Private Partnerships

The Wisconsin Title V program invests in strong health systems through partnerships with several nonprofit agencies. Local health and Tribal health agencies and private clinics are also supported to serve as safety net dual-protection service sites for the prevention of sexually transmitted infections and unplanned pregnancy, while supporting these sites to refer their patients to primary care and expand their available services.

Children's Health Alliance of Wisconsin

The [Children's Health Alliance of Wisconsin](#) is a longtime partner of the Wisconsin Title V program that works on several initiatives. They are the [Developmental Screening](#) technical assistance provider for local and Tribal health agencies who select the Developmental Screening objective. The [Food Security](#) initiative works with health systems and food systems to increase community food security. The [Injury Prevention and Death Review](#) facilitates a comprehensive system of multidisciplinary county-based review teams. The purpose of the reviews is to better understand the risk factors and circumstances surrounding a child's death and develop policy and program recommendations to prevent future deaths. The [Medical Home Initiative](#) works to ensure more Wisconsin children and youth with special health care needs are served within a medical home, by providing training and technical assistance for clinicians, health care teams and local public health departments.

Healthy Early

[Healthy Early](#) is a statewide, cross-sector collaborative partnership devoted to advancing equitable eating and physical activity opportunities for children and families in Wisconsin through policy, systems, and environmental changes. The Collaborative is further described in the narrative for NPM 08.1 (physical activity).

Maternal, Infant, Early Childhood Home Visiting program

The Title V program has a close collaboration with the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant-funded [Family Foundations Home Visiting programs](#) across Wisconsin. A home visiting nurse consultant liaises between the Department of Health Service's Title V program and the Department of Children and Families Home Visiting program, providing consultation to support alignment of the action plans and measures within the two programs. In her unique role, this nurse consultant works to align home visiting program materials and standards with Title V program priorities and promotes innovation in both programs. It is also the responsibility of the nurse consultant to facilitate coordination and implementation of activities between departments. In 2022, the Title V program and the MIECHV Home Visiting program signed an updated Memorandum of Understanding affirming their ongoing partnership. This Memorandum of Understanding establishes a formal collaboration between the Title V program and Wisconsin MIECHV programs to provide ongoing educational resources and coordination among early childhood service providers.

Medicaid

The Wisconsin Title V program is an active partner to Wisconsin Medicaid in their efforts to improve access and quality of perinatal care. Title V staff have consulted on the proposals to extend Medicaid coverage beyond 60 days postpartum. They have also been closely involved with a redesign of the prenatal care coordination benefit; a Wisconsin-specific benefit created through a state waiver that connects pregnant people to medical, social, and educational services to improve birth outcomes. Title V has provided a critical bridge between Medicaid and community providers to inform the future of this benefit and to provide education and skill-building resources.

Mortality Review

The Title V program is closely linked with Child Death Review, Fetal and Infant Mortality Review, and Maternal Mortality Review efforts in Wisconsin. Wisconsin Title V funds [Children's Health Alliance of Wisconsin](#), the local recipient of the Sudden Unexpected Infant Death Registry grant, to provide technical assistance to local child and fetal/infant death review teams. Title V staff also sit on the statewide [Child Death Review State Advisory Council](#) and work with local health departments to identify actionable recommendations based on reviewed cases. For many years, Wisconsin Title V staff implemented the state's maternal mortality team; however, thanks to financial and technical support from the CDC, Wisconsin now has dedicated staff to convene the Wisconsin Maternal Mortality Review Team. Nonetheless, Title V leaders, including the MCH epidemiology CDC assignee to Wisconsin, attend mortality review meetings and actively work to integrate recommendations into the Title V State Action Plan.

Tribal Health Agencies

The Wisconsin Title V program funds all Tribal health agencies in the state to promote maternal and child health systems building activities in their jurisdictions and to improve care coordination for the children and youth with special health care needs that they serve. In addition, Title V has partnered with tribal leadership to improve the availability of data for Native American maternal and child populations. In 2023, Wisconsin's Title V program supported an oversample of Native American birthing people in Wisconsin in the Pregnancy Risk Assessment Monitoring System (PRAMS) – a repeat of a 2020 oversample which yielded the first population health data for these communities in Wisconsin.

Wisconsin Alliance for Women's Health

The Wisconsin Title V program collaborates closely with and provides funding to [Embolden Wisconsin](#) (formerly the Wisconsin Women's Health Alliance) for the project called the [Providers And Teens Connecting for Health \(PATCH\) program](#). This program trains and empowers youth to be health educators and advocates.

Wisconsin Department of Public Instruction

Title V partners with the Student Services Prevention and Wellness team at the Wisconsin Department of Public Instruction to build data capacity and increase participation in the [Youth Risk Behavior Survey](#) and [School Health Profiles](#), both of which provide vital information about Wisconsin's young people at the state and local level. Title V also works closely with the Department of Public Instruction team on cross cutting efforts to support adolescent health, including policy efforts, funding opportunities and programmatic alignment.

Wisconsin Prison Doula Project

The Wisconsin Prison Doula Program aims to create a supportive environment for people who are actively incarcerated while pregnant and their babies are high-risk to preterm birth, low birthweight, or other chronic diseases and morbidities. The Wisconsin Prison Doula Project is partnered with the [Ostara Initiative](#), a multistate prison doula program currently active in Minnesota, Alabama, and West Virginia. The program has been introduced to Federal prison systems and aims to make their services available in Wisconsin. The program is currently growing collaborative relationships with the Wisconsin Department of Corrections and jails.

For this effort to be successful, it is necessary to provide Advanced Prison Doula Training to facilitate the program and deliver services which include prenatal education, postpartum support, lactation education, and attending births. The Wisconsin Prison Doula Program elevates family voice into the work, building a team of providers who have lived experience and are able to use trauma-informed practices to effectively serve justice-impacted parents through ongoing education and leadership. This work also includes distributing evidence-based curriculum materials and facilitating weekly prenatal and parenting peer educational groups.

Wisconsin Wayfinder

Wisconsin Wayfinder is a partnership between the Title V program, the Division of Care and Treatment Services, which manages and supports community mental and behavioral health and substance use services, and the Division of Medicaid Services, Bureau of Children's Services, which houses Wisconsin's Medicaid Home and Community Based Waivers for children. Through this partnership and with funding from the federal American Rescue Plan Act (ARPA), [Wisconsin Wayfinder: Children's Resource Network](#) was developed. Wisconsin Wayfinder launched in November 2023, and supports families of children with delays, disabilities, special health care needs, and mental health conditions. Children's Resource Guides are helpers who assist families, caregivers, [professionals](#), and organizations in finding a wide array of supports and services available through the Children's Resource Network. These services are free and confidential. Families and professionals can [connect](#) with a children's resource guide by calling (877) WiscWay or using an online contact us form.

III.E.2.b.v.b. Title V MCH – Title XIX Medicaid Inter-Agency Agreement (IAA)

Wisconsin's Medicaid program provides health care coverage to over one million residents through access to [28 different programs](#) that reach pregnant people, children, people with disabilities, adults, and seniors. Medicaid covers health care services, including hospital, physician, dental, behavioral health, and long-term care. Members receive coverage through fee-for-service or managed care systems. Wisconsin's program has partially expanded eligibility for Medicaid, however it does not receive additional federal funds available through the Affordable Care Act. For more information see 'Financing of Services' and 'Relationship with Medicaid' in the Overview of the State section of this submission.

Wisconsin's Title V team strives to cultivate a strong relationship with the Wisconsin Medicaid team, particularly when it comes to data. Wisconsin's Title V program and the Division of Medicaid Services convene quarterly to discuss current projects, provide status updates, and share other vital information on joint ventures. This regular convening enhances programming efforts and supports a framework valuing in-depth discussion of topics including Maternal Mortality Review, Prenatal Care Coordination, Healthy Birth Outcomes, and Obstetric Medical Home. Additionally, in 2025 Needs Assessment planning and implementation, the Title V program has incorporated data collection that will include Medicaid enrollment status of community members providing their input.

The Title V program and Medicaid have an established Memorandum of Understanding (MOU)/ Inter-Agency Agreement (IAA) that allows for the analysis and exchange of data and data sets, information products, and technical assistance. In an effort to strengthen program relations with Medicaid, a revised MOU/IAA is currently being negotiated. This process is ongoing as of July 2024.

Program Outreach and Enrollment

Medicaid health care enrollment data can be viewed and accessed on the [Wisconsin Department of Health Services](#) website by month, enrollment coverage, and population status: pregnant people, children, parents and caretakers, elderly, and the disabled. As of December 2023, there were 1,046,986 [Wisconsinites enrolled in BadgerCare Plus](#) statewide, approximately an 11% decrease from December of 2022. Medicaid unwinding began in June of 2023 which was and continues to be the main factor contributing to decreased enrollment in Medicaid. According to the [Wisconsin Department of Health Services Website](#), from April 2023 to May 2024 there have been approximately 380,000 individuals who have lost coverage during unwinding. Of these 380,000, it is estimated that 63% lost coverage due to procedural reasons and 37% lost coverage due to a change in eligibility. Their data also shows that coverage has ended for approximately 12% of children who were enrolled when the Unwinding began.

[FoodShare Wisconsin](#) helps people with limited money to purchase food to stop hunger and improve nutrition and overall health. In addition, the Wisconsin Department of Health Services' Office of the Secretary provides a [Monthly Statistics Major Events and Other Items of Interest report](#) which includes program statistics and announcements of Department of Health Services-received grants, awards and new programs.

Health Care Financing

[BadgerCare Plus](#) is Wisconsin's Program for Title XIX (Medicaid) and Title XXI State Children's Health Insurance Plan providing health insurance coverage for all children up to age 19, pregnant women with incomes up to 300% of the Federal Poverty Level, and parents, caretaker relatives, and other adults with qualifying incomes below 100% of the Federal Poverty Level. BadgerCare Plus covers services for children such as preventive care, vision care, prescription drugs, hospital services and speech and physical therapy. It also covers pregnancy-related services such as labor and delivery, nurse midwifery services, dental care, and mental health services. High-risk pregnant people receiving Medicaid and BadgerCare Plus may also be eligible for Prenatal Care Coordination benefits, which include services such as help with access to care,

personal support, health education, and help finding needed services in their community. BadgerCare Plus for adults covers services such as case management, dental care, family planning, hospice care, inpatient/outpatient hospital services, mental health treatment, optical services, physician services, prescription drugs, and many others.

Waivers or State Plan Amendments that Influence Care for MCH Populations

Wisconsin has two Medicaid waiver programs that serve children, including Katie Beckett (Tax Equity and Fiscal Responsibility Act of 1982, or TEFRA) and Children's Long-Term Support, a home and community based 1915(c) waiver program. Wisconsin charges a "parental payment" for children who participate in the Children's Long-Term Support waiver. This payment is only charged for families with children between 0 and 18 years of age. The payment is a percentage of the costs of the program, ranging from 0-41%, depending on family income. Children in the TEFRA Katie Beckett Program have no parental payments. More information on Parental Payments can be found on [the Wisconsin Department of Health Service's website](#).

Wisconsin has several adult-only waivers, including the Family Care Waiver, Family Care Intellectual Disability/Developmental Disability, Self-Directed Support-Developmental Disability, and Self-Directed Support Elderly/Physically Disabled, all with individual program names (i.e., Family Care, Family Care Partnership, Program of All-Inclusive Care for Elderly or PACE, and Include, Respect, I Self-Direct or IRIS).

Coordinated Health Care Delivery Access Programs

The following programs and services illustrate partnerships between the Title X program and the Division of Medicaid Services.

- [Family Planning Only Services](#) is a limited Medicaid benefit program providing routine contraceptive management or related services to low-income individuals who are of reproductive age (typically 15 years of age or older) and who are otherwise not eligible for Medicaid or BadgerCare Plus.
- [Prenatal Care Coordination](#) is a Wisconsin Medicaid benefit that helps pregnant women and, when appropriate, their families, gain access to medical, social, educational, and other services related to pregnancy.
- [HealthCheck Early and Periodic Screening, Diagnosis, and Treatment](#) ensures that children receive early detection and care, so that health problems are prevented or diagnosed and treated as early as possible. This benefit provides periodic, comprehensive health screening exams as well as periodic screenings, outreach, and case management. Additionally, medically necessary services (HealthCheck "Other Services") are available for Medicaid members 21 years of age and under.
- Advocacy and Benefits Counseling (ABC) for Health, Inc. helps address access to insurance coverage for maternal and child health and children and youth with special health care needs through offering a [video series on Health Reform and changes to BadgerCare Plus](#). They also have a series of videos that are updated monthly to teach Wisconsinites about [Medicaid Unwinding](#) what they need to know, what they need to do, and when to do it to keep their Medicaid Benefits.
- [Family Voices of Wisconsin](#), the affiliate of National Family Voices, and the organization that serves as Wisconsin's Family to Family Health information center provides free learning sessions around the state, or virtually to help teach parents and families how to advocate for and navigate the many services available to your child and family. For example, [Did You Know? Now You Know!](#) is a training where families can learn about all the resources and services for children with disabilities and special health care needs from birth through young adulthood. Family Voices also

provides newsletters, [fact sheets](#), and reports to families on health care, Long Term Supports, Medicaid, Mental Health, Money Matters, Transition to Adult Life, and Wisconsin Advocacy.

- [Wisconsin Wayfinder: Children's Resource Network](#) is a collaborative effort, primarily among the Division of Public Health's CYSHCN work and the Division of Medicaid Services to implement a statewide solution to support families of children with special needs to find the next step for their child following an initial need for assistance or initial diagnosis. DHS created a [Memorandum of Understanding](#) as an enduring commitment between DHS divisions to strengthen interconnectivity and identify as part of a broader responsibility and shared network of programs and supports for children with special health care needs.

Medicaid Core Set measures

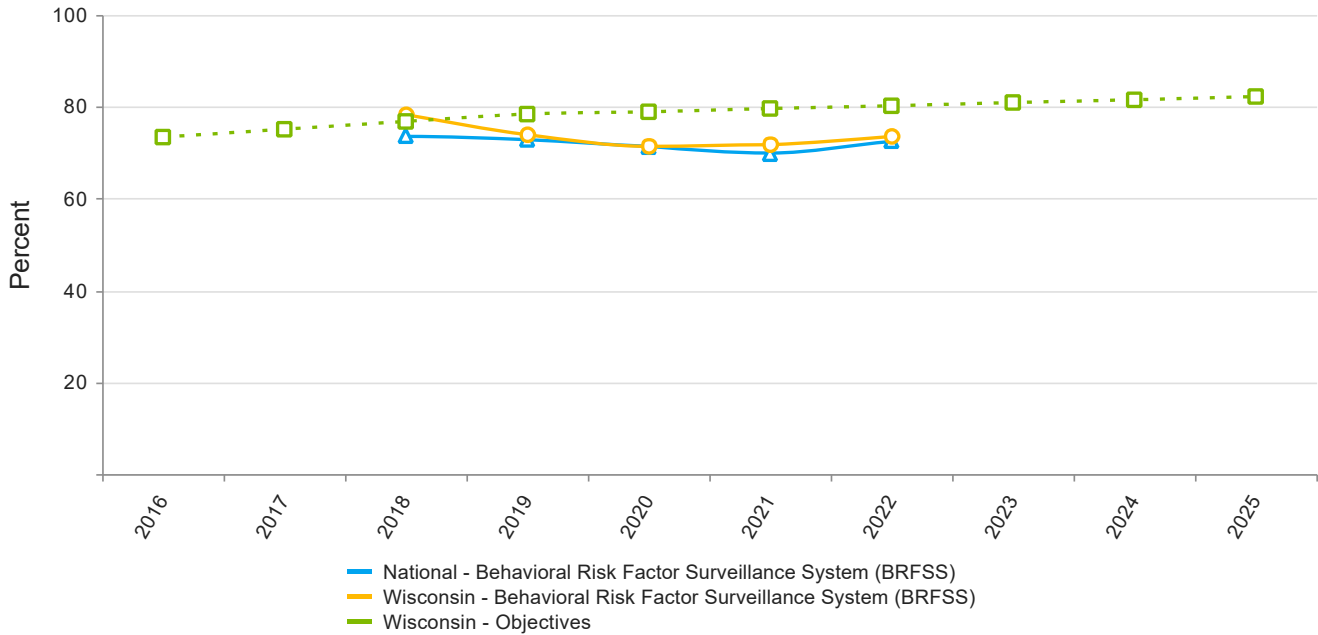
The Title V program has incorporated discussions and focus on Medicaid Core Set Measures into the developmental screening work being implemented by local and Tribal health agencies across the state.

III.E.2.c State Action Plan Narrative by Domain

Women/Maternal Health

National Performance Measures

NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV
Indicators and Annual Objectives



Federally Available Data					
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
	2019	2020	2021	2022	2023
Annual Objective		78.8	79.5	80.1	80.8
Annual Indicator	73.7	73.7	71.4	71.8	73.4
Numerator	718,148	718,148	693,615	713,536	717,715
Denominator	974,077	974,077	971,414	993,299	978,344
Data Source	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2019	2019	2020	2021	2022

Annual Objectives		
	2024	2025
Annual Objective	81.4	82.1

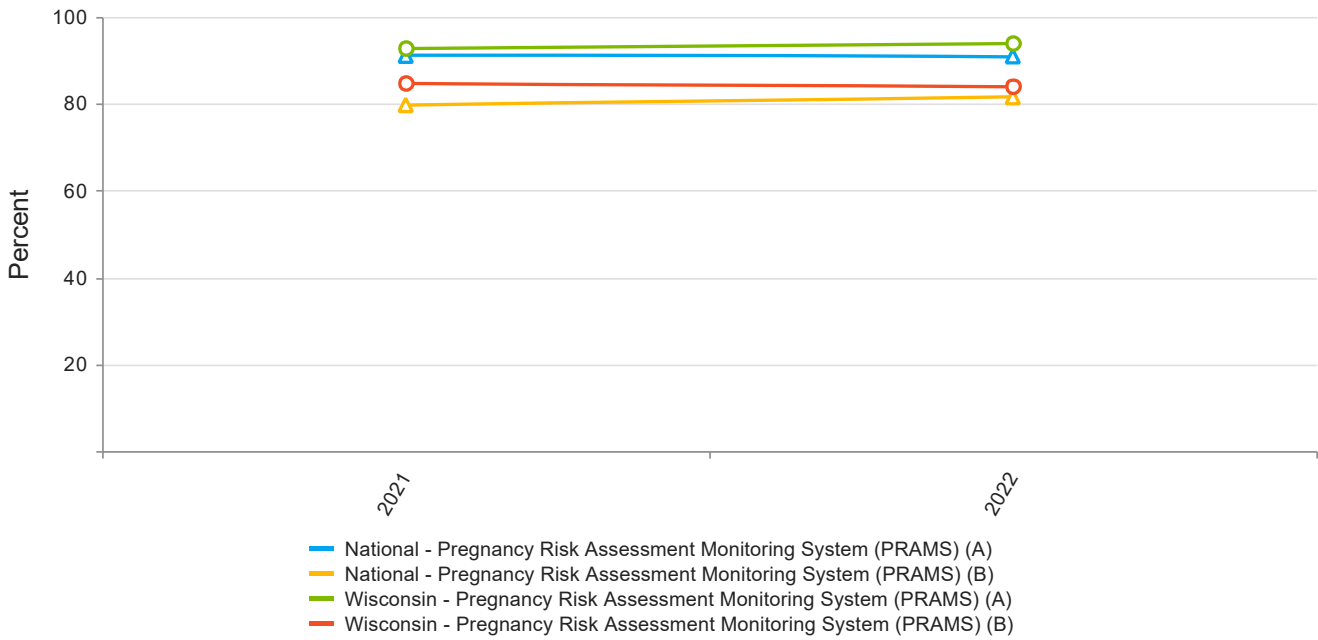
Evidence-Based or –Informed Strategy Measures

ESM WWV.4 - Percent of clients served who have complete race and ethnicity data

Measure Status:		Active		
State Provided Data				
	2021	2022	2023	
Annual Objective			90	
Annual Indicator	88	90.4	89.3	
Numerator	88	15,480	10,696	
Denominator	100	17,124	11,979	
Data Source	Title X Program Data	Title X Program Data	Title X Program Data	
Data Source Year	2021	2022	23	
Provisional or Final ?	Provisional	Provisional	Provisional	

Annual Objectives		
	2024	2025
Annual Objective	95.0	98.0

NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV
Indicators and Annual Objectives



NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) - PPV

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2023
Annual Objective	
Annual Indicator	93.6
Numerator	52,855
Denominator	56,444
Data Source	PRAMS
Data Source Year	2022

NPM - B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2023
Annual Objective	
Annual Indicator	83.9
Numerator	43,756
Denominator	52,128
Data Source	PRAMS
Data Source Year	2022

Evidence-Based or –Informed Strategy Measures

None

State Performance Measures

SPM 2 - A) Percent of non-Hispanic Black and non-Hispanic Native birthing persons receiving prenatal care within the first trimester; B) Percent of birthing persons receiving a quality postpartum visit

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			60	61.5	63
Annual Indicator		60.1	60.7	63	68.7
Numerator		13,220	13,134	63	
Denominator		21,988	21,649	100	
Data Source		Vital Records (WISH)	Vital Records (WISH)	Vital Records	Vital Records
Data Source Year		2016-2018	2018-2020	2019-2021	2022
Provisional or Final ?		Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	64.5	66.0

State Action Plan Table

State Action Plan Table (Wisconsin) - Women/Maternal Health - Entry 1

Priority Need

Assure Access to Quality Health Services.

NPM

NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV

Five-Year Objectives

Increase the percent of women with a past year preventive medical visit from 78.2% to 82.1% (+5%) by 2025.

Strategies

Implement training and education on implicit bias and anti-racism in healthcare delivery.

Identify and develop a mechanism to improve equity issues in clinic-level data collection.

Provide training opportunities and technical assistance to the Family Foundations Home Visiting Program for home visitors focusing on promoting the annual preventive medical visit for women.

ESMs

Status

ESM WWV.1 - Number of Reproductive Health Family Planning partners using marketing tools and materials	Inactive
ESM WWV.2 - Percent of family planning providers trained, who report an increase in knowledge on the relationship between patient outcomes and the annual preventive visit	Inactive
ESM WWV.3 - Percent of Reproductive Health Family Planning agency training attendees who report a practice change after completing implicit bias training	Inactive
ESM WWV.4 - Percent of clients served who have complete race and ethnicity data	Active

NOMs

NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM

NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM

NOM - Percent of low birth weight deliveries (<2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW

NOM - Percent of preterm births (<37 weeks) (Preterm Birth, Formerly NOM 5) - PTB

NOM - Percent of early term births (37, 38 weeks) (Early Term Birth, Formerly NOM 6) - ETB

NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM

NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM

NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal

NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal

NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related

NOM - Percent of women who drink alcohol in the last 3 months of pregnancy (Drinking during Pregnancy, Formerly NOM 10) - DP

NOM - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations (Neonatal Abstinence Syndrome, Formerly NOM 11) - NAS

NOM - Teen birth rate, ages 15 through 19, per 1,000 females (Teen Births, Formerly NOM 23) - TB

NOM - Percent of women who experience postpartum depressive symptoms following a recent live birth (Postpartum Depression, Formerly NOM 24) - PPD

State Action Plan Table (Wisconsin) - Women/Maternal Health - Entry 2

Priority Need

Assure Access to Quality Health Services.

NPM

NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV

Five-Year Objectives

Wisconsin will begin working on this universal NPM measure, as is required, following the completion of the next needs assessment cycle in 2026.

Strategies

Wisconsin will begin working on this universal NPM measure, as is required, following the completion of the next needs assessment cycle in 2026.

ESMs

Status

No ESMs were created by the State. ESMs were optional for this measure in the 2025 application/2023 annual report.

NOMs

This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.

National Performance Measure 01: Percent of women, ages 18 through 44, with a preventive medical visit in the past year

The Wisconsin Title V program views women and maternal health as part of an ongoing cycle or continuum that includes pre-pregnancy, pregnancy, delivery, postpartum, and reintegration into primary care. Unfortunately, Wisconsin lacks a coordinated system to successfully engage women throughout this continuum, and the Title V program is working to support the creation of such a system. This work spans both the Women/Maternal Health population domain and the Infant/Perinatal Health population domain. Reviewing the narratives from both population domains will provide the most detailed account of this work.

Too few women receive an annual preventive medical visit in Wisconsin. The Title V program's goal is to increase the percentage of women ages 18 to 44 who have had a preventive visit in the last 12 months from 70.5% in 2020 to 82.1% by 2025.

In the past five years of available data, the estimated proportion of women who report having a routine check-up within the last year has remained relatively stable after a decrease from 2018 to 2019 according to the data from the Wisconsin and National Behavioral Risk Factor Surveillance Survey data. In 2023, an estimated 73.4% (95% CI 70.2%,76.3%) of women aged 18 to 44 reported a preventive visit in the last year. Although it's not reflected here, other data sources show women are delaying preventive care.

Objectives

Objective	2021 Data	2022 Data	2023 Data
Increase the percentage of women 18 to 44 who have had an annual preventive visit in the last 12 months from 70.6 percent in 2020 to 82. percent by 2025, according to the Behavioral Risk Factor Surveillance System (BRFSS)	70.5% (2020 Wisconsin BRFSS)	72.6% (2021 Wisconsin BRFSS)	73.4% (2022 Wisconsin BRFSS)

Evidence-Based Strategy Measurement

Measure	2021 Data	2022 Data	2023 Data
Percent of clients served who have complete race and ethnicity data.	88.4%	90.4%	89.3%

Overall Reflections from 2023

The Reproductive Health Family Planning program oversees the public serving reproductive health and family planning clinics across the state of Wisconsin. Many of these clinics are subrecipients of the federal Title X Family Planning Services Grant, which provides funding to 39 subrecipients representing 46 clinics across the state of Wisconsin. These clinics offer a wide range of comprehensive reproductive health services that include, but are not limited to, an annual visit, family planning and contraception, and sexually transmitted infection (STI) testing and treatments. The Reproductive Health Family Planning program also oversees 10 dual protection clinics which are supported through federal Title V dollars. These clinics primarily provide condoms and emergency contraception, but most importantly, they are a resource center to give residents of Wisconsin a helping hand to a primary care facility and also a payer source if needed. Dual protection clinics assist clients with navigating Badgercare Plus (Wisconsin's Medicaid program) and Family Planning Only Services, which

provides low to no-cost sexual and reproductive health care for people with limited income to prevent unplanned pregnancies. Family Planning Only Services is particularly useful for minors who may be otherwise insured, but do not wish to engage their parents or guardians in their reproductive health care decision-making.

In 2023, the Reproductive Health Family Planning program continued to encounter staffing challenges, including turnover in the unit supervisor, epidemiologist, and medical director, and an extended medical leave of the program trainer; in spite of these challenges, the program developed a stronger framework for the program's future. During 2023, the program added two nurse consultants to the program, and started building foundational administrative and outreach approaches to strengthen the program. In particular, the Reproductive Health Family Planning program developed a new training conference, strengthened data transfer capabilities, and strengthened and reinforced quality family planning clinic services.

Increase training, educational opportunities, and technical support for partners and providers.

The Reproductive Health Family Planning program continues to provide increased opportunities to our external partners through many different approaches. Over this past year the program focused on creating a cohesive program. This included subrecipients successfully meeting the goals set forth across our funding streams. The program streamlined processes for recording training activities and provided new training and peer learning opportunities. They have used these vehicles to communicate time saving opportunities for subrecipient workflows.

The most notable accomplishment for 2023 was the first Reproductive Health Family Planning program statewide conference held in-person in Stevens Point, Wisconsin. This full day conference provided for a great teaching opportunity as well as subrecipient networking. The Reproductive Health Family Planning program utilized this time and space to help set the groundwork and basics for clinic flow, including the requirements set forth by Title X's guidance framework for quality care. Basing this "bootcamp" around the 2022 Title X Handbook along with the CDC and the U.S. Office of Population Affairs' Quality Family Planning guidance, this full day conference was a success in teaching subrecipients the core basics for any family planning clinic, and also helped cement the concept of creating a "medical home" versus the annual visit. During the planning stages for this full day conference, the Reproductive Health Family Planning program coordinated with the Wisconsin Family Planning and Reproductive Health Association to directly follow their annual conference at the same location. This co-localization of the two conferences assisted with encouraging attendance, and provided more comprehensive information, as most of our current subrecipients are also members of the Wisconsin Family Planning and Reproductive Health Association. By creating this relationship and working as a team, the Reproductive Health Family Planning program and Wisconsin Family Planning and Reproductive Health Association were able to cover more relevant information than would have otherwise been possible. The feedback from our subrecipients was overwhelmingly positive. The conference was recorded so that it can be utilized as training videos for as long as the content remains relevant.

During the past grant period, the Reproductive Health Family Planning program implemented a new SharePoint site to provide subrecipients easy access to a variety of program documents, and shared program calendar, which lists all learning community calls, quality family planning calls, and open office hours. The SharePoint site is password protected to ensure privacy.

The Reproductive Health Family Planning program has worked to streamline expense reporting and clinic requirement reporting. The use of Smartsheets was implemented as a tool and platform for each individual subrecipient to report fiscal and program requirements, with automations reducing program staff time expenditures. As each subrecipient now has their own, interactive overview page, the program can collect site-specific data, such as review schedules, staff trainings, and timeliness of invoicing. The use of Smartsheets has made documentation and recording for Reproductive Health Family Planning program requirements easier and timelier, not only for the state team but also for clinic-level staff. Development of Smartsheets templates for documentation has been noticed by other programs within the Division of Public Health, and the staff are mentoring others across the Division to implement improvements for their programs. The program will continue to review and evaluate workflows and processes for technical support to partners.

Understanding that Title X subrecipients have a variety of learning needs, depending on clinic staff size and structure, the Reproductive Health Family Planning program implemented a training needs assessment during 2023-2024. After receiving the results of this needs assessment, the program has begun the process of planning the next three-year training calendar, including monthly webinars and an annual in-person conference, to be held in concert with the Wisconsin Family Planning and Reproductive Health Association annual conference.

Implement training and education on implicit bias and anti-racism in health care delivery.

The Reproductive Health Family Planning program identified the need for annual trainings on implicit bias and anti-racism in health care delivery. These trainings are required for Title X recipients, and strongly recommended for Title V recipients. The program held a half-day virtual conference in March 2023 that provided relevant trainings, including trauma-informed care, gender identity, and microaggressions. These presentations were well received, and updated versions will be provided on a regular basis.

After returning to in-person conferences post-pandemic, the Reproductive Health Family Planning program used the conference, described above, to provide tool kits for clinics to improve their in-clinic education and community educational outreach. With additional models for teaching, subrecipient clinics are now in a better position to be able to convey information deliberately, accurately, and without bias to everyone who comes through their doors.

The Reproductive Health Family Planning program continues to be as inclusive as possible and aware of implicit bias when developing and offering monthly training and educational webinars. A specific example was an educational webinar on weight bias which illustrated how bias can infiltrate the way physical characteristics are viewed and how that impacts health care. The Reproductive Health Family Planning program's annual training plan incorporates implicit bias and anti-racism education.

Support continued improvement of equity issues in clinic-level data collection.

Epidemiologists in the Family Health Section staff are working collaboratively to collect data through the most ethical and equitable methods. The Office of Management and Budget race and ethnicity categories remain somewhat limited; thus, the Reproductive Health Family Planning program is looking at additional reporting options.

The Reproductive Health Family Planning program is working towards collecting aggregate data for reporting requirements of gender, sex, and sexual orientation that is de-identified and cannot be traced back to individual patients. Thus, the goal is to get gender, sex, and sexual orientation data in aggregate format to avoid the dangers of data being linked to a specific encounter. This will be an ongoing task through the next year, at least.

As previously stated, throughout 2023, the Reproductive Health Family Planning program had several staff vacancies that impacted the ability to support all of the Reproductive Health Family Planning program's goals, including data collection. Delays in data collection support were experienced while working out internal contracting issues, specifically with a data translation vendor. This contracting delay required work to be put on hold for a few months. During this time, data was still being reported, however full support was lacking resulting in errors entering the system. Upon return to regular data collection status, these errors did cause significant delays in data translation and reporting.

Maternal Mortality Review

In 2023, the [Maternal Mortality Review program](#) held an open recruitment for new [Maternal Mortality Review Team](#) members for the second time, prioritizing non-clinical members with diverse perspectives at the recommendation of the [Black Mamas Matter Alliance](#). As a result, 13 new members were invited to join the Maternal Mortality Review Team. In addition to

onboarding these 13 new team members, the Maternal Mortality Review program held six Maternal Mortality Review Team meetings where the team reviewed a total of 55 cases, completed case review of all 2021 maternal death cases, and produced more than 150 recommendations to prevent future pregnancy-related deaths.

In addition to holding Maternal Mortality Review Team meetings every other month, the Maternal Mortality Review program hosted optional community-building meetings for individuals in the Maternal Mortality Review program on opposite months to allow them to connect, increase synergy and promote peer-to-peer learning. The Maternal Mortality Review program also provided support for this emotionally difficult work by offering a space for Maternal Mortality Review Team members to debrief and reflect after each case review meeting, guided by licensed professionals.

In September 2023, the Maternal Mortality Review program hosted its first hybrid Maternal Mortality Review Team meeting, which had been virtual since March of 2020. This hybrid approach allowed members to connect in-person and strengthen relationships, while also allowing members who were not able or not comfortable attending in-person to remain virtual. The findings gathered from this work and the recommendations of the Maternal Mortality Review Team were presented at conferences, round tables, and radio appearances by the Maternal Mortality Review Team members, [co-chairs](#), and the Maternal Mortality Review program staff members.

In 2022, the Maternal Mortality Review program launched the Maternal Mortality Impact Team (“Impact Team”), a team of public health and health care experts who meet quarterly to identify critical action steps for disseminating and implementing Maternal Mortality Review Team recommendations. The focus of the Impact Team is to move from data to action and assist with generating regular issue briefs. The Impact Team met three times in 2023 to discuss recommendations around cases impacted by social isolation and lack of social support and released its first [Issue Brief related to the impact of social isolation](#) in the fall of 2023.

The Maternal Mortality Review program identified staff support needs and successfully hired a new part-time records gatherer and a part-time nurse abstractor to abstract backlogged cases that had not yet been reviewed. In addition, approval to hire an implementation coordinator to lead the efforts required to bring Maternal Mortality Review Team data to action was received. The program also began releasing meeting summaries after each Maternal Mortality Review Team Meeting, which are publicly available: [January 2023](#), [March 2023](#), [May 2023](#), [July 2023](#), [September 2023](#), and [November 2023](#). These meeting summaries include the number of cases reviewed, pregnancy-relatedness of the deaths, pregnancy-related causes of death, preventability, and recommendations made for pregnancy-related cases.

National Performance Measure 01: Percent of women, ages 18 through 44, with a preventive medical visit in the past year.

Too few women receive an annual preventive medical visit in Wisconsin. Wisconsin's Title V program aims to increase the percent of people with uteruses aged 18 to 44 who have had a preventive visit in the last 12 months from 70.6 percent in 2020 up to 82.1 percent by 2025.

Prior strategies from the beginning of this grant period have been difficult to implement due to high staff turnover at both the state and local public health levels, made worse by the COVID-19 pandemic and remaining to this day throughout the field of public health. However, prior successes of internal partnerships across the Bureau of Community Health Promotion and external stakeholders continue to grow. Although there has been a shift in implementation of strategies, the goals have remained the same. Continuing this goal will allow for growth and successes at both the state and local levels.

Increase training opportunities and technical support for partners and providers to build awareness of preventive care in reproductive health.

Wisconsin aims to increase awareness, training opportunities, and technical support in 2025 for partners and providers, focusing on building awareness of preventive care services in reproductive health family planning and work towards promoting a permanent medical home for the people with uteruses population. This work is especially important since throughout the COVID-19 pandemic, many people put their primary wellness visits on hold.

Local health departments and reproductive health clinics report client loads that have become stagnant, and with it, have noticed a need for tools to promote their services including the annual preventive medical visit and a medical home. Local health departments and family planning clinics expressed a need for marketing tools that can be disseminated on social media, along with a statewide campaign to help increase awareness of the annual preventive visit. But due to the limited resources at the local level, barriers created by high staff turnover rates, and stagnant funding, many local health departments and reproductive health clinics are having a difficult time creating tools they can use.

The Title V program plans to support local health departments and reproductive health clinics in identifying, creating, and disseminating marketing tools for them to use. This will provide cohesive messaging and enable even the smallest of clinics to share promotional material about the importance of the annual wellness visit and the concept of a medical home.

Along with providing tools, the Title V team intends to increase training and educational opportunities along with continuing to provide technical support for local health departments, family planning providers, and staff on the relationship between patient outcomes and the annual preventive medical visit. This will be accomplished through monthly webinar meetings, implementation of a training needs assessment, and development of trainings based on the needs of the local health departments and reproductive health clinics.

Increase training opportunities and technical support for partners and providers to expand access to preventive services, including paying sources, access to referral networks, and establishing permanent health care homes.

The Title V program continually collaborates with local health departments and reproductive health clinics to gain insight into client barriers' accessing care. With the COVID-19 pandemic and assisted services winding down, Reproductive Health Family Planning program staff from the Title V team have been seeking feedback from the reproductive health clinics on their future needs. There has been a large request for assistance with billing and coding for medical health visits and annual preventive services to third party payers.

The Wisconsin Title V program will work to create more user-friendly tools that local health departments and reproductive health clinics can utilize to increase their knowledge base and understanding of medical visit billing and coding and the importance of billing a third-party payer for reimbursement and sustainability. This will complement this past years' goal of increasing knowledge on Family Planning Only Services, a statewide third-party payer. Clinics will be able to decrease the financial barriers of getting clients to their annual visits while educating clients on all services that they may be covered at low to no cost. This will help increase the rates of the annual well-visit while also working to establish and sustain a permanent medical home.

Implement training and education on implicit bias and anti-racism in healthcare delivery.

Wisconsin's Title V program continues to provide implicit bias and anti-racism training through the assistance of the Title X program, as these are required trainings through the Title X Federal Grant program.

The Reproductive Health Family Planning program continues to provide annual trainings for local health departments and reproductive health clinics that educate and promote implicit bias and anti-racism training. The trainings are currently being provided via monthly webinars hosted for all of the clinics within the network. The goal is to be able to provide different trainings to meet various learning styles including but not limited to, an audible version, webinar version, and written versions. These trainings will help promote adherence to the annual training requirement by meeting the local health departments and reproductive health clinics where they are at in terms of need for training materials.

The Title V program has implemented a tracking tool for subrecipients to maintain records of their annual training completions. This will allow for clinics to have one easy reference for training completion that both the individual clinic and their appropriate state team persons are able to access. This allows for the training specialist to update and provide materials as they come out to everyone as well as send updates when training due dates are coming near.

Support continued improvement of equity issues in clinic-level data collection.

Health equity efforts will continue to be expanded throughout 2025 through the improvement of data quality collected from reproductive health family planning clinics. This work will be led by the Reproductive Health Family Planning Epidemiologist. Unfortunately, some of this work had to be put on hold in 2024 due to staff changes and onboarding a new epidemiologist.

To assess whether reproductive health clinics are meeting the needs of clients who may need culturally competent care, it is critical to start with complete data that includes race, ethnicity, income, and level of English proficiency. Much of this data is currently missing for clients served at Title X sites due to a transition in data collection systems in 2022. A descriptive assessment of populations (including LBGTQIA2S+, adolescents, and persons with disabilities), in need of culturally competent services will be conducted in 2024. With a more complete picture of populations being served, gaps in services can be identified and a plan to improve services can be made. This work will be measured by the percent of race and ethnicity data reported from clinics participating in the Title X Reproductive Health Family Planning Program, aiming for more than 90% of clinical encounters capturing race and ethnicity information. These data points will be collected using REDCap.

A major challenge in accomplishing this strategy in 2025 is a data system transition for the Title X program. This shift occurred in 2024 and with it, many errors were uncovered. The Office of Population Affairs, which administers the Title X grant, changed the reporting system and data requirements for submission. The Reproductive Health Family Planning program unfortunately did not have an epidemiologist during this crucial time of data submission changes. Although the program looks forward to this system update, as it does give the opportunity to address data quality issues, it has caused more challenges for 2025. The Reproductive Health Family Planning program will continue to maintain the strategy to improve data completeness related to health equity in their continued data collection.

Maternal Mortality Review

In 2025, the Maternal Mortality Review program expects to convene its Maternal Mortality Review Team six times – every other month – to review maternal death cases that occurred in 2023. In addition to the normal case review process, the team plans to continue implementing an expedited review process of its 2018 and 2019 cases, which is currently on track to begin in late 2024. This expedited review will allow the Maternal Mortality Review program to catch up on case review and subsequently release a larger, more comprehensive multi-year report.

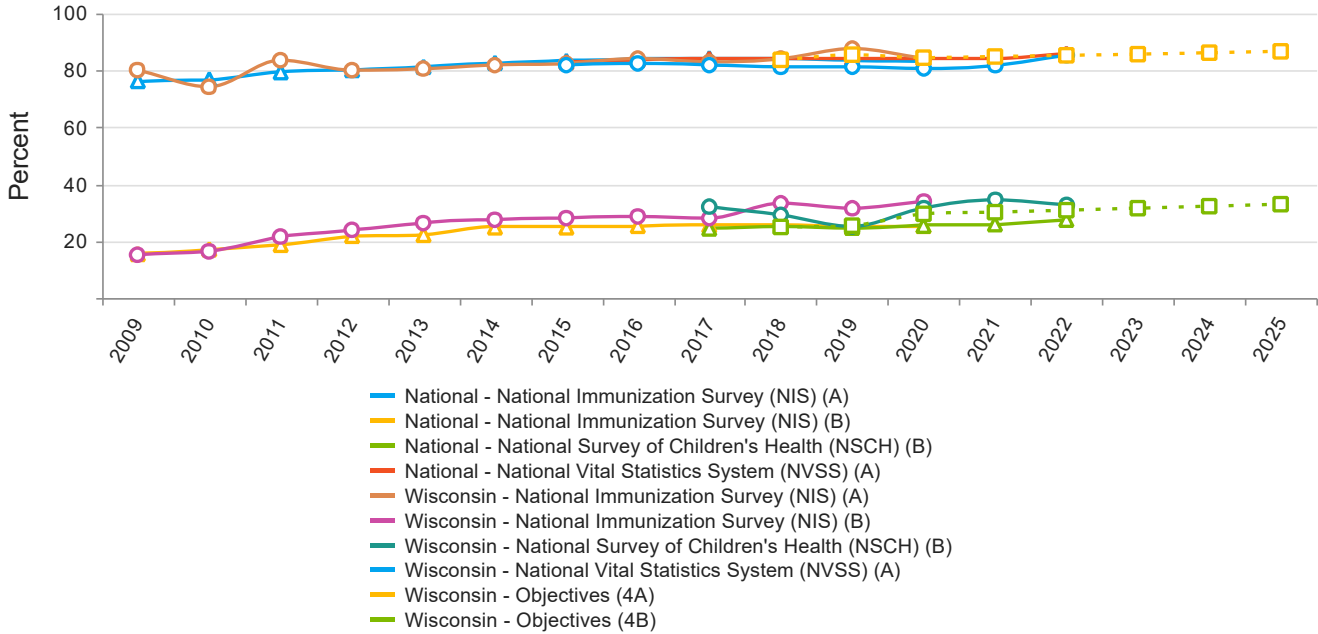
Another open recruitment process for new Maternal Mortality Review team members will be considered in early 2025 in order to fill team vacancies. Certain roles can be challenging to fill, and occasionally there are team members who decide to leave their role at the end of the previous year. In general, there are usually two to five vacancies this team looks to fill each year.

The Maternal Mortality Review program will continue to collaborate closely with the Title V program and the Maternal Health Innovations program. The program expects that the Impact Team will continue to meet throughout 2025 to widely disseminate information and ensure implementation of Maternal Mortality Review Team's prevention recommendations across the state. Additionally, the team hopes to continue implementation of [Black Mamas Matter Alliance recommendations](#) around increased transparency and community involvement in maternal mortality review.

Perinatal/Infant Health

National Performance Measures

NPM - A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF Indicators and Annual Objectives



NPM - A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) - BF

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2019	2020	2021	2022	2023
Annual Objective	84.3	84.3	84.7	85.1	85.5
Annual Indicator	82.8	82.8	83.7	87.5	83.7
Numerator	49,931	49,931	49,034	49,228	49,395
Denominator	60,272	60,272	58,567	56,249	59,016
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2017	2017	2018	2019	2020

Federally Available Data

Data Source: National Vital Statistics System (NVSS)

	2023
Annual Objective	85.5
Annual Indicator	85.0
Numerator	49,114
Denominator	57,768
Data Source	NVSS
Data Source Year	2022

Annual Objectives

	2024	2025
Annual Objective	86.0	86.5

NPM - B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2019	2020	2021	2022	2023
Annual Objective	29.6	29.6	30.2	30.9	31.6
Annual Indicator	28.1	28.1	33.4	31.3	34.2
Numerator	16,390	16,390	18,517	16,786	19,388
Denominator	58,419	58,419	55,429	53,554	56,673
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2017	2017	2018	2019	2020

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH)	
	2023
Annual Objective	31.6
Annual Indicator	32.5
Numerator	54,101
Denominator	166,466
Data Source	NSCH
Data Source Year	2021_2022

Annual Objectives		
	2024	2025
Annual Objective	32.3	33.0

Evidence-Based or –Informed Strategy Measures

ESM BF.2 - Percent of non-Hispanic Black infants ever breastfed

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			52	53	54
Annual Indicator	51	49	53	63.4	65
Numerator	51	49	53	3,600	3,549
Denominator	100	100	100	5,680	5,461
Data Source	Vital Records	Vital Records	Vital Records	Vital Records	Vital Records
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final	Provisional

Annual Objectives		
	2024	2025
Annual Objective	55.0	56.1

ESM BF.3 - Percent of non-Hispanic American Indian/Alaska Native infants ever breastfed

Measure Status:		Active			
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			66.4	67.4	68.4
Annual Indicator	65	65	55	65	73.3
Numerator	65	65	55	65	357
Denominator	100	100	100	100	487
Data Source	Vital Records	Vital Records	Vital Records	Vital Records	Vital Records
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final	Provisional

Annual Objectives		
	2024	2025
Annual Objective	69.4	70.3

ESM BF.4 - Percent of Wisconsin hospitals with an mPINC score of 80 or higher

Measure Status:		Inactive - Completed		
State Provided Data				
	2021	2022	2023	
Annual Objective			55	
Annual Indicator	54	57.8	57.8	
Numerator	54	37	37	
Denominator	100	64	64	
Data Source	mPINC	mPINC	mPINC	
Data Source Year	2020	2022	2022	
Provisional or Final ?	Final	Final	Final	

State Performance Measures

SPM 1 - Infant mortality rate in babies born to non-Hispanic Black mothers

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			14.3	14	13.6
Annual Indicator		14.6	12.8	11.4	14.5
Numerator		290	76	65	
Denominator		19,863	5,935	5,680	
Data Source		Vital Records	Vital Records	Vital Records	Vital Records
Data Source Year		2016-2018	2021	2022	2023
Provisional or Final ?		Final	Final	Final	Provisional

Annual Objectives		
	2024	2025
Annual Objective	13.3	13.0

SPM 2 - A) Percent of non-Hispanic Black and non-Hispanic Native birthing persons receiving prenatal care within the first trimester; B) Percent of birthing persons receiving a quality postpartum visit

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			60	61.5	63
Annual Indicator		60.1	60.7	63	68.7
Numerator		13,220	13,134	63	
Denominator		21,988	21,649	100	
Data Source		Vital Records (WISH)	Vital Records (WISH)	Vital Records	Vital Records
Data Source Year		2016-2018	2018-2020	2019-2021	2022
Provisional or Final ?		Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	64.5	66.0

State Action Plan Table

State Action Plan Table (Wisconsin) - Perinatal/Infant Health - Entry 1

Priority Need

Improve Perinatal Outcomes.

NPM

NPM - A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF

Five-Year Objectives

Increase the proportion of non-Hispanic Black women who ever breastfed in Wisconsin from 74% to 80% by 2025.

Increase the percent of infants who are breastfed exclusively through 6 months in Wisconsin from 28% to 33% by 2025.

Strategies

Work with local and tribal health agencies to increase lactation support in the workplace and early childhood settings.

Work with local and tribal health agencies to enhance local community coordination to improve continuity of care by strengthening consistent implementation of prenatal, maternity care, and postpartum practices that support breastfeeding.

Support hospital use of quality improvement strategies that align with the Ten Steps to Successful Breastfeeding and/or Baby-Friendly Hospital Initiative guidelines.

Identify and implement strategies for community engagement and local stakeholder activities. Implement funding opportunities to support community agencies to advance breastfeeding efforts within specific populations experiencing inequities in breastfeeding initiation and duration.

Provide training opportunities and technical assistance to the Family Foundations Home Visiting program for home visitors to increase breastfeeding support for Maternal, Infant, and Early Childhood Home Visiting-funded home visiting programs.

ESMs

Status

ESM BF.1 - Number of hospitals in Coffective's Community Match Online Platform Inactive

ESM BF.2 - Percent of non-Hispanic Black infants ever breastfed Active

ESM BF.3 - Percent of non-Hispanic American Indian/Alaska Native infants ever breastfed Active

ESM BF.4 - Percent of Wisconsin hospitals with an mPINC score of 80 or higher Inactive

NOMs

NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM

NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal

NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID

State Action Plan Table (Wisconsin) - Perinatal/Infant Health - Entry 2

Priority Need

Advance Equity and Racial Justice.

SPM

SPM 1 - Infant mortality rate in babies born to non-Hispanic Black mothers

Five-Year Objectives

Reduce the infant mortality rate in babies born to non-Hispanic Black mothers in Wisconsin from 14.6 to 13.0 per 1,000 live births by 2025.

Strategies

Strengthen Prenatal Care Coordination as a resource and support during pregnancy through training, resource tools, and quality improvement efforts.

Support policy and practice changes to integrate doula services into Medicaid coverage.

Support fetal infant mortality review and maternal mortality review efforts throughout the state and facilitate the implementation of recommendations that emerge from the review teams.

Implement health and racial equity trainings for internal staff and grantees.

Support grassroots, community-based organizations serving African Americans of reproductive age.

State Action Plan Table (Wisconsin) - Perinatal/Infant Health - Entry 3

Priority Need

Improve Perinatal Outcomes.

SPM

SPM 2 - A) Percent of non-Hispanic Black and non-Hispanic Native birthing persons receiving prenatal care within the first trimester; B) Percent of birthing persons receiving a quality postpartum visit

Five-Year Objectives

Increase the percent of non-Hispanic Black and Native women receiving prenatal care in the first trimester in Wisconsin from 60% to 66% by 2025.

Increase the percent of women receiving a quality* postpartum visit from 56% to 67%. (*Quality is defined by those who report receiving a postpartum visit that includes the following services on the Wisconsin PRAMS survey's Question 70: postpartum depression screening, tobacco use, and EITHER contraception OR Birth spacing discussion.)

Strategies

Support efforts to implement a revised levels of perinatal care assessment in Wisconsin.

Support Prenatal Care Coordination providers to strengthen postpartum Prenatal Care Coordination services to include depression screening, tobacco use, and reproductive life planning (contraception or birth spacing discussion).

Disrupt inequities in healthcare access and quality in historically underserved populations.

Provide training and technical assistance to home visitors within the Family Foundations Home Visiting Program and collaborate with the program to connect non-Hispanic Black and Indigenous women to primary care providers.

Support screening and appropriate referral and treatment for perinatal mental health disorders.

Collaborate with Medicaid on a quality improvement project to schedule postpartum visits in advance of delivery.

Analyze and review the new Pregnancy Risk Assessment Monitoring System (PRAMS) questions on experiences of labor and delivery care in relation to social connection.

National Performance Measure 04: Percent of infants ever breastfed; percent of infants breastfed exclusively for 6 months

The Wisconsin Title V program views infant and perinatal health as part of an ongoing cycle or continuum of women’s health, including pre-pregnancy, pregnancy, delivery, postpartum, and reintegration into primary care. Unfortunately, Wisconsin lacks a coordinated system to successfully engage women and birthing people throughout this continuum, and the Title V program is working to build such a system. This work spans both the Women/Maternal Health population domain, as well as the Infant/Perinatal Health population domain. Please review the narratives from both population domains for the most detailed account of this work.

Wisconsin's Title V program recognizes that not all lactating people use female-gendered pronouns or the term “breastfeeding;” chestfeeding and bodyfeeding are other ways to describe the feeding of human milk to a child. While this document may use the term “breastfeeding,” the Title V program intends for this information to be inclusive of all families.

Objectives

	2016-2018 PRAMS	2019-2020 PRAMS	2020-2021 PRAMS	2021-2022 PRAMS
Increase the proportion of non-Hispanic Black women who ever breastfeed in Wisconsin from 74% to 80% by 2025. (Baseline: 74%, 2016-2018 Wisconsin Pregnancy Risk Assessment Monitoring System, or PRAMS)	74%	76%	73%	<i>Not Available</i>
	2016 National Immunization Survey	2018 National Immunization Survey	2019 National Immunization Survey	2020 National Immunization Survey
Increase the percent of infants who are breastfed exclusively through 6 months in Wisconsin from 33% to 37% by 2025 (Baseline 33.4%, 2018 National Immunization Survey).	28.9%	33.4%	31.3%	34.2%

Evidence-Based Strategy Measurement

Measure	2021 Data	2022 Data	2023 Data
Number of hospitals in Coffective's Community Match Online Platform	48	<i>Not Available*</i>	<i>Not Available*</i>
Percent of non-Hispanic Black infants ever breastfed**	54.9% (2021 Birth Records)	65.3% (2022 Birth Records)	65.0% (2023 provisional Birth Records)
	74.7% (2020 PRAMS)	70.9% (2021 PRAMS)	2022 PRAMS not available
Percent of non-Hispanic American Indian/Alaska Native infants ever breastfed	63.5% (2021 Birth Records)	71.5% (2022 Birth Records)	72.8% (2023 provisional Birth Records)
	81.3% (2020 PRAMS)	88.1% (2021 PRAMS)	2022 PRAMS not available

**Measure was discontinued in 2022 due to Coffective's restructure of the Community Match online platform, based on customer feedback.*

***The "ever breastfed" measure from the birth record is based on a healthcare provider's report about whether the birthing person was breastfeeding at discharge while the measure from PRAMS is based on a birthing person's self-reporting whether they ever breastfed their baby. Therefore, the data from the two sources are capturing slightly different things. While data from birth records are more stable, they are likely also under-counting "ever-breastfed" babies.*

Overall Reflections from 2023

The Title V program worked closely with the [Wisconsin WIC](#) program and Wisconsin Department of Health Services-Chronic Disease Prevention program to share information and promote breastfeeding-related celebrations throughout August 2023. The Governor approved four state proclamations: National Breastfeeding Month; Indigenous Milk Medicine Week; Asian American Native Hawaiian Pacific Islander Breastfeeding Week; and Black Breastfeeding Week. Social media messages were developed to share the proclamations and provide additional context for these celebrations' importance. They included diverse and inclusive images, linked to web pages with current lactation resources, and lifted up messaging from the communities organizing the celebratory weeks.

In collaboration with the [Family Foundations Home Visiting Program](#), Wisconsin's version of the Maternal, Infant, and Early Childhood Home Visiting program and WIC, the Title V program has partnered with [Michigan Breastfeeding Network](#) the past several years to provide free lactation-related webinars with a health equity focus to the maternal and child health workforce in Wisconsin. The webinars are designed to support practice changes based on four core values: access, evidence, equity, and relevance. Webinars and associated continuing education hours are available for one year after their initial air date. The Title V program required local and Tribal health agencies implementing breastfeeding strategies with their annual Title V funding to participate in the webinar series. Within the first six months, 134 participants gained continuing education units. One participant shared, "All the webinars are very informative-some reinforce what I already know. Others, like this one, give me a lot of new information."

Twenty local and Tribal health agencies used Title V funds to support worksites, childcare programs, and community sites offer training, resources, and technical assistance related to breastfeeding support. They reported that the following factors

facilitated their work with local sites: existing partnerships (71%), alignment with other efforts (51.6%), high interest from sites (30.6%), and peer support from other local sites (11.3%). Barriers to the work included staff turnover (37.1%), scheduling difficulties (25.8%), communication with staff (22.6%), space for lactation rooms (11.3%), and no clear point of contact (3.2%).

Local and Tribal health agencies also integrated health equity into their breastfeeding work. The most commonly reported activities included creating culturally relevant materials, centering priority populations that are experiencing inequities, focusing on and addressing social determinants of health, and actively working to connect with communities.

[Coffective](#) supported local agencies at quarterly learning community calls by providing time for networking, sharing of lessons learned, and discussions around current issues in breastfeeding. Topics included community engagement, progress reporting, engaging partners, policy development and implementation, and discussions specific to each breastfeeding strategy. Evaluations of these calls were overwhelmingly positive, with attendees reporting that they encouraged collaboration and motivated them in their work. Agencies shared resources with each other, discussed common challenges, and generated new ideas together.

Work with local and Tribal health agencies to increase lactation support in the workplace and early childhood settings.

Fourteen local and Tribal health agencies opted to focus on increasing breastfeeding support in worksites and childcare sites with their annual Title V funding. They worked with a total of 63 sites in 2023, supporting 25.8% of those sites to successfully implement a policy or practice change to improve breastfeeding support.

Local and Tribal health agencies that were connecting with worksites in their communities continued to use information from the [Wisconsin Breastfeeding Coalition](#), including emerging resources to support the implementation of new federal lactation-related laws, like the [Providing Urgent Maternal Protection for Nursing Mothers Act \(PUMP Act\)](#) and the [Pregnant Workers Fairness Act](#). Agencies continued their focus on rebuilding relationships with employers and other partners in their communities, reporting that many lactation spaces were lost or repurposed during the COVID-19 pandemic. Seventeen worksites were supported this year, with nine sites establishing a space for expressing milk, nine sites improving space/facilities for expressing milk, and eight sites changing organizational policy to protect lactation in the worksite. One local health department reported, "Even though movement has been slow with the overarching City of St. Francis, the library is moving forward with a lactation space. They just had the project approved by the Library Board in October and will soon be fundraising. I think this is/will be a great success, as the public library is such a vital part of our community and will be a great support for breastfeeding families."

Local health department staff worked to reestablish relationships with local childcare programs and reached out to new programs. Many childcare programs continued to struggle with staff turnover and shortages, limiting their capacity to engage in quality improvement activities, such as the [Breastfeeding Friendly Child Care initiative](#). Local agencies assisted two new childcare providers in becoming recognized as Breastfeeding Friendly in 2023 and helped 18 programs renew their recognition status, meaning they still met the [10 Steps to Breastfeeding Friendly Child Care](#) and all staff completed the [breastfeeding training](#). In addition to training and support offered by local health agencies, [Supporting Families Together Association](#) and several of their [Child Care Resource and Referral](#) (CCR&R) member agencies offered the breastfeeding training to childcare program staff, offering both in-person and virtual options in English and Spanish for 51 participants. Childcare providers continue to have independent access to the online version of the training, and 376 individual providers completed the training for continuing education hours in 2023. The Wisconsin Technical College System continued to include the training in their Early Childhood Education Program's Infant Toddler Development Course.

Childcare programs continued using the [Go NAPSACC](#) Breastfeeding and Infant Feeding Self-Assessment and online database, with additional support from Child Care Resource and Referral staff and [YoungStar](#) technical consultants. The process of completing the self-assessment is linked to YoungStar and helps providers meet [Health and Well-being and/or](#)

[Family Engagement](#) rating criteria. While 135 total Go NAPSACC self-assessments were completed, only nine sites completed both pre- and post-assessments. The lowest scoring practices all related to breastfeeding, including programs not having a written breastfeeding policy, not displaying posters, books, and other materials that support breastfeeding, and not providing sufficient staff professional development on breastfeeding support. Go NAPSACC also offers Breastfeeding and Infant Feeding provider trainings on a variety of topics. These trainings offer continuing education; and 42 childcare providers completed one or more Breastfeeding and Infant Feeding Go NAPSACC trainings in 2023.

Coffective collaborated with the Wisconsin Association for Perinatal Care to provide technical assistance and support for the two cohorts of the Human Milk Feeding initiative. They specifically supported use of the Birthing Person Survey, a tool to help hospitals gather feedback directly from the families they serve. More information about Coffective's work can be found later in the narrative.

Work with local and Tribal health agencies to enhance local community coordination to improve continuity of care by strengthening consistent implementation of prenatal, maternity care, and postpartum practices that support breastfeeding.

Eleven local and Tribal health agencies focused on improving community coordination and continuity of care for breastfeeding support with their Title V funding. The Title V program partnered with Coffective to support local and Tribal health agencies to build sustainable partnerships and coordinate efforts. Each community developed customized goals and an action plan to build/strengthen partnerships and improve access to lactation services by addressing associated barriers. Agencies participated in bi-monthly group community partnership technical assistance calls that focused on sharing progress made toward identified goals and provided space to share resources and experiences to learn from and support one another. In addition to bi-monthly group technical assistance, individual assistance was available, as requested by agencies.

Common challenges and opportunities were identified through discussions with local and Tribal health agencies throughout 2023. They included:

- Lack of support, education, and resources for staff new to maternal and child public health work
- Low local capacity and engagement, particularly when leadership falls to public health staff rather than community champions
- Strong interest in improving relationships with hospital and clinical partners
- Exploration of ways to build or rebuild partnerships with other stakeholders in local communities
- Low visibility of existing resources

Overall, local and Tribal health agencies are motivated to increase coordination and collaboration in their community and help their organization build partnerships to increase more equitable access to care in their community.

Support hospital use of quality improvement strategies that align with the Ten Steps to Successful Breastfeeding and/or Baby Friendly Hospital Initiative guidelines.

The Wisconsin Association for Perinatal Care supports the Wisconsin Perinatal Quality Collaborative. Work continued to support the first cohort of the Human Milk Feeding initiative launched in Fall 2022, and a second cohort was launched in Summer 2023 which prioritized hospital recruitment for the second cohort based on community demographics, targeting hospitals located in communities with higher rates of non-majority racial and ethnic populations. While a high number of

hospitals expressed interest in the initiative, only four sites enrolled. Hospital personnel shared that staff turnover, lack of capacity, and administrative support were primary factors for not participating.

Coffective collaborated with the Wisconsin Association for Perinatal Care to provide technical assistance and support for the two cohorts of the Human Milk Feeding initiative. They specifically supported use of the Birthing Person Survey, a tool to help hospitals gather feedback directly from the families they serve. Coffective also provided guidance and tools to hospitals statewide related to the CDC [Maternity Practices in Infant Nutrition and Care \(mPINC\) survey](#). Coffective staff completed additional analysis and summarizing of the 2022 Wisconsin mPINC data and shared results with the Human Milk Feeding cohorts, developing a more detailed presentation of the information and associated quality improvement resources to be delivered through the Wisconsin Association for Perinatal Care's Perinatal Grand Rounds in January 2024.

To enhance community engagement, the Wisconsin Association for Perinatal Care planned to form an expert group comprised of representatives from Wisconsin African American and Native American communities, local coalitions, and other community stakeholders. They aimed to identify and recruit people who could lend expertise and community voice related to the root causes of disparities in breastfeeding rates and help develop actionable change strategies to address them. The Wisconsin Association for Perinatal Care, with input from Title V staff and Coffective, began to develop a scope of work for the group and identify possible community leaders and local organizations to connect with for further outreach. Plans were made to begin recruitment for the group in early 2024.

The Wisconsin Association for Perinatal Care supports the Wisconsin Perinatal Conference, which featured multiple sessions on human milk feeding in 2023:

- How to rebuild hospital-community lactation task forces to share power, presented by Coffective
- Use of the Birthing Person Survey and how to capture the patient voice, presented by a hospital participating in the Human Milk Feeding Initiative
- HIV and breastfeeding
- Employment and other barriers to breastfeeding, including who is most affected

Support community agencies to advance breastfeeding efforts within specific populations experiencing inequities in breastfeeding, including initiation and duration.

The African American Breastfeeding Network provided focused support for the Breastfeeding Friendly Child Care initiative in Milwaukee. To better understand desires, needs, and experiences related to breastfeeding support in childcare programs in Milwaukee, they conducted a community survey, gathering information from community members about the types of support they'd like to see in childcare settings related to lactation. This data helped them plan support to provide to childcare programs. The African American Breastfeeding Network worked closely with the Childcare Resource and Referral agency in Milwaukee to offer breastfeeding training to local childcare programs and to recruit providers interested in becoming certified as Breastfeeding Friendly. They helped providers complete the Go NAPSACC Self-Assessment and provided technical assistance to improve practices and policies. They helped five childcare programs complete the recognition process and held a completion ceremony to celebrate the Breastfeeding Friendly programs.

The African American Breastfeeding Network invited the childcare programs they worked with to participate in their annual Lift Up Every Baby event, in celebration of August Breastfeeding Month and Black Breastfeeding Week. The programs engaged with pregnant people and new parents to share information on breastfeeding support in childcare. Over 100 families attended, and event included remarks from Milwaukee Mayor Johnson and State Senator Taylor.

The CDC Division of Nutrition, Physical Activity, and Obesity invited Wisconsin to present on the Breastfeeding Friendly

Child Care initiative during a webinar in November 2023 focused on work in the early care and education setting. Title V program staff presented, along with the AABN program consultant and a Milwaukee childcare program that participated in the Breastfeeding Friendly work. Webinar attendees provided high praise and expressed gratitude for the opportunity to hear directly from a community-based organization and a childcare provider implementing this work.

Strengthen collaboration and partnerships with other programs and grant-funded projects doing similar work to increase knowledge and promote resource utilization and tools to support breastfeeding.

Collaboration between the Title V program, the [Family Foundations Home Visiting program](#), the Chronic Disease Prevention and Cancer Control Section in the Division of Public Health, and WIC continues to be a priority. Program staff met regularly throughout the year to discuss training opportunities, partnerships, and strategies to enhance breastfeeding support at the state level. Throughout 2023, WIC offered opportunities for home visitors to attend USDA breastfeeding trainings. The training script was edited to highlight specific content areas that directly relate to the work of Home Visiting programs. Discussions on how to continue this collaboration and how to expand it further to include local and Tribal health agencies and other community-based programs and providers.

The Title V program continued to partner with the [Native Breastfeeding Coalition of Wisconsin](#) to support their efforts, provide consultation, and collaborate on projects funded by other sources, such as the CDC State Physical Activity and Nutrition funding. Title V staff attended the quarterly coalition meetings, provided consultation as requested, and participated in the CDC's State Physical Activity and Nutrition planning and technical assistance meetings.

[The Public Health Law Center at the Mitchell Hamline School of Law](#), in partnership with [Voices for Healthy Kids](#), launched a one-year project that aimed to improve workplace breastfeeding policies and their implementation, with a focus on service sector jobs and other work settings that present significant challenges for breastfeeding policy implementation. They brought together a small group of people with academic, professional, and lived experience working with breastfeeding policies in those settings. The Title V Breastfeeding project lead participated in this workgroup. The outcome was the development of a resource for employers: [Lactation Accommodations Law and Policies-What Every Manager Should Know](#).

Title V staff continued to participate in the [USBC Workplace Support Constellation](#). The Workplace Support Constellation works to address the barriers to breastfeeding for lactating workers, with a specific focus on reducing disparities and inequities.

State Performance Measure 01: Rate of infant mortality in babies born to non-Hispanic Black mothers

Infants born to non-Hispanic Black mothers in Wisconsin are dying preventable deaths. Wisconsin's goal is to reduce the infant mortality rate of babies born to non-Hispanic Black mothers from 14.6 to 13.0 per 1,000 live births by 2025. (Baseline is 2016-2018 infant mortality from the Office of Vital Records). Additionally, Wisconsin lacks a comprehensive, high-quality, regionalized perinatal care system that successfully engages women throughout the continuum of care from preconception through the postpartum transition to ongoing well woman care.

State Performance Measures

Measure	2020 Data	2021 Data	2022 Data	2023 Data
Infant mortality rate in babies born to non-Hispanic Black mothers	14.6 (2020 Vital Records)	12.8 (2021 Vital Records)	11.4 (2022 Vital Records)	14.5 (2023 Vital Records (provisional))
Percent of women receiving care within the first trimester	76.7%	77.5% (2021 Vital Records)	78% (2022 Vital Records)	2022 Vital Records not available
Percent of women receiving a quality* postpartum visit				2022 PRAMS not available

* Quality is defined by those who report receiving these services according to the Wisconsin Pregnancy Risk Assessment Monitoring System (Question 70): postpartum depression screening, tobacco use, and EITHER contraception OR birth spacing discussion

Objectives

Objective	2020 Data	2021 Data	2022 Data	2023 Data
Reduce the infant mortality rate in babies born to non-Hispanic Black mothers from 14.6 to 13.0 per 1,000 live births by 2025.	14.6 (2020 Vital Records)	12.8 (2021 Vital Records)	11.4 (2022 Vital Records)	Unavailable
Increase the percent of non-Hispanic Black and non-Hispanic Native birthing persons receiving prenatal care in the first trimester in Wisconsin from 60% to 66% by 2025.	60%	61%	63%	Unavailable
	2019-2020 PRAMS	2020-2021 PRAMS	2021-2022 PRAMS	
Increase the percent of women receiving a quality* postpartum visit in Wisconsin from 56% to 67% by 2025 (baseline is from 2016-2018 Pregnancy Risk Assessment Monitoring System [PRAMS]).**	60.7%	58.2%		

** denominator is PRAMS respondents who indicated that they had a postpartum visit

Support integration of doula services into the care of Black birthing people desiring these services in Wisconsin.

In 2022, Wisconsin's Title V program was provided an opportunity to manage and distribute approximately \$6.5 million in funding provided through the American Rescue Plan Act, with special emphasis on investing in the reduction of maternal and infant mortality in Wisconsin. This work began in 2023 with seven agencies receiving funding to do doula-focused work: African American Breastfeeding Network; Doulaing The Doula, LLC; Indigenous Birth Services; Midwifery Services, LLC dba Ashland Birth Center; Waking Women Healing Institute; Wisconsin Doulas of Color Collective, Inc.; Wisconsin Doulas Association, Inc.; and Wise Women Gathering Place

Much of the doula-focused work being done by these organizations is funded by the American Rescue Plan Act funding and is set to end on June 30, 2024. The Title V program plans to collaborate closely with Maternal and Child Health grant programs to explore opportunities to build upon the progress made possible with this limited funding.

Support Fetal and Infant Mortality Review, Child Death Review, and Maternal Mortality Review efforts throughout the state and facilitate the implementation of recommendations that emerge from the review teams.

Fetal Infant Mortality Review prioritizes Black, Indigenous, and People of Color (BIPOC) mortality cases. This effort aims to find ways to prevent fetal and infant deaths. Teams use a survivor informed approach to engage members and include birthing people who have experienced loss. Meetings are virtual and in person. Initiatives include addressing perinatal mental health, providing birth control and emergency contraception to help with optimal spacing between pregnancies, and sexual health testing and treatment.

There are three current active Fetal Infant Mortality Review teams – Madison Dane County, City of Milwaukee Health Department, and Rock County. The Child Death Review team reviews other child deaths across the state for counties that do not have a Fetal Infant Mortality Review review team or process and are comprised of multidisciplinary perspectives, facilitating community involvement and bringing forth recommendations to prevent further infant deaths.

According to these review teams, BIPOC families see poorer birth outcomes than their white counterparts. There are about 30 infant deaths and 25 stillbirths (fetal deaths) in Dane County each year and there are significant racial disparities in infant mortality. Black babies are more than twice as likely to pass away before their first birthday compared to all Dane County babies and are at higher risk to be stillborn. Since 2016, Hispanic/Latinx infant mortality has more than doubled, and is higher than county-wide infant mortality. Madison Dane County fetal infant mortality review also coordinates with doulas in the planning process and program efforts, including hosting a Community Advisory Board. Partnerships to reduce disparities and improve outcomes include the [Dane County Health Council](#), the Foundation for Black Women's Wellness [Saving Our Babies](#) initiative to expand and collaborate with African American doulas and community health workers.

The Rock County Public Health Department coordinates with partners to provide resources and training for the implementation of community-centered strategies identified by the fetal infant mortality review implementation team to prevent fetal and infant deaths in the county.

Collaborative partnerships include health systems and community-based organizations, as well as attending monthly meetings with Children's Health Alliance of Wisconsin, collaborative Meetings, as well as roundtable sessions with National Center for Fatality Review and Prevention, Fetal Infant Mortality Review, and Fetal Infant Mortality Review Town Hall with Healthy Birthday-Count the Kicks. This work established partnerships with Mercy Health System and SSM Health System to discuss, revise and request a signed Memorandum of Understanding to establish a Data Sharing Agreement. An overview of the Maternal Mortality Review Team and the work involved with this group can be found in the Women Maternal Report section of this submission.

Promote infant mortality prevention awareness through trainings and educational opportunities for community professionals, public health, home visitors, health care providers, and other interdisciplinary partners of the Title V program.

[Star Legacy](#) is dedicated to reducing pregnancy loss and neonatal death as well as improving care for families who experience such tragedies. They are a community of families, health professions, researchers, policy makers, and individuals dedicated to helping every pregnancy have a happy ending. Star Legacy provides statewide grief and bereavement support through distribution of marketing materials, community outreach to referral sources, supporting organizations, and exhibiting at professional meetings of Wisconsin agencies and health professions. They connect with bereaved families through various methods after a referral is received from a partnering agency. Following a sympathy card

mailed to the family, an introductory text is sent. After the text, a call is made within fourteen days after the initial contact offering their services. Star Legacy services include literature, bereavement counseling individually or group as well as support group meetings.

The Maternal and Infant Mortality Prevention team hosted its second annual “The Gathering” event in 2023, with Hope being the theme. This virtual event gives a platform to communities to engage, support programmatic services, and promote education about healthy birth outcomes. There were 344 attendees. The Well Badger Resource Center was a keynote speaker, and other partner spotlights included Healthy Birth Day Inc., the Star Legacy Foundation, and Indigenous Birth Services. An overview of these organizations and the work involved with these groups can be found in the appendix titled “American Rescue Plan Act and Wisconsin’s Title V Program” of this submission. The Pregnancy Risk Assessment Monitoring System survey was also highlighted to increase awareness and participation for both the general survey and the oversampling of Tribal partners.

Support partners in leveraging data to demonstrate the importance and impact of Black infant mortality prevention work by increasing utilization of existing state health department data resources and providing individualized data-focused assistance.

Community partners specialist staff, from the Maternal Mortality Prevention Unit provide support meeting data requests received from organizations as part of the community engagement and outreach initiatives. This effort increases the utilization of state data resources and provides individualized data-focused assistance, allowing partners to increase access to their services and work towards elevating community perspective from respective communities most impacted by rates of disparities and loss.

The data provided comes from the [Pregnancy Risk Assessment Monitoring System \(PRAMS\) | Wisconsin Department of Health Services](#), and the Maternal Mortality Review Team recommendations report. Please [see the report for an overview of the data, and recommendations from the Wisconsin Maternal Mortality Review Team, P-03226 \(PDF\)](#). Data resources provided to partners also include the [2022 Birth Outcomes Data Resource](#) and the Maternal Mortality quarterly issue brief which can be found at [Maternal Mortality Issue Brief - Social Support and Curbing Isolation \(wisconsin.gov\)](#).

State Performance Measure 02: Percent of women receiving care within the first trimester; percent of women receiving a quality* postpartum visit

**Quality is defined by those who report receiving these services according to the Wisconsin Pregnancy Risk Assessment Monitoring System (Question 70): postpartum depression screening, tobacco use, and either contraception OR birth spacing discussion.*

Wisconsin lacks a comprehensive, high-quality, regionalized perinatal care system that successfully engages women throughout the continuum of care from preconception through the postpartum transition to ongoing well woman care. Wisconsin set the following related goals:

- Increase the percent of non-Hispanic Black and non-Hispanic Native birthing persons receiving prenatal care in the first trimester in Wisconsin from 60% to **66%** by 2025.
- Non-Hispanic Black and Non-Hispanic American Indian and Alaska Native birthing persons receiving prenatal care in the first trimester in Wisconsin:

2021: 60% (2016-2018 Vital Records)

2022: 61% (2018-2020 Vital Records)

2023: 63% (2019-2021 Vital Records)

By Race/Ethnicity:

	2021		2022		2023	
	2020 Vital Records	2019-2020 PRAMS	2021 Vital Records	2020-2021 PRAMS	2022 Vital Records	2021-2022 PRAMS
Non-Hispanic American Indian and Alaska Native	64.4%	76.2%	65.2%	82.6%	68.7%	<i>Not available</i>
Non-Hispanic Black	66.9%	75.1%	69.2%	77.8%	70.7%	<i>Not available</i>

Increase the percent of women receiving a quality* postpartum visit in Wisconsin from 56% to 67% by 2025 (baseline is from 2016-2018 Pregnancy Risk Assessment Monitoring System [PRAMS]).

	2019-2020 PRAMS	2020-2021 PRAMS	2021-2022 PRAMS
All respondents	53.9%	52.2%	<i>Not available</i>
Respondents who indicated they had a postpartum visit	60.7%	58.2%	<i>Not available</i>

Support efforts to implement a revised level of perinatal care assessment in Wisconsin.

According to [Guidelines for Perinatal Care \(8th edition\)](#): A regionalized system of perinatal care with integrated delivery of services should address the care received by the woman before and during pregnancy, the management of labor and delivery, postpartum care, and neonatal care. A health care system that is responsive to the needs of families and especially women require strategies to:

- Ensure access to services
- Identify risks early
- Provide linkages to the appropriate level of care
- Ensure adherence, continuity, and comprehensiveness of care
- Promote efficient use of resources

The Title V program aims to support all hospitals in Wisconsin to have a level of care risk assessment for both the maternal and infant population. The risk-based care workgroup had reviewed evidence-based models and determined to implement

the CDC Levels of Care Assessment Tool ([CDC LOCATe](#)). By using a standardized assessment tool and establishing levels of maternal care would be a step towards reducing maternal morbidity and mortality by assuring access to risk-appropriate care, specific to maternal health needs. The Title V program continued to support/collaborate with partners including the Wisconsin Association for Perinatal Care, Wisconsin Perinatal Quality Care Collaborative, American College of Obstetrics and Gynecologists, March of Dimes and others. The workgroup consists of five hospitals/health systems both urban and rural, school of nursing, community-based organization, advocacy organization, March of Dimes, Wisconsin Perinatal Foundation, doula and Wisconsin Department of Health Services. The workgroup was convened and held five meetings to: develop the LOCATe survey tool timeline; develop plans to roll-out; create strategies to advertise LOCATe tool; and formulate LOCATe supplemental questions specific for Wisconsin

An introduction letter was created with letters of support from partner organizations, including Wisconsin Association College of Obstetrics and Gynecologists, March of Dimes, Wisconsin Doula Association, Wisconsin Guild of Midwives, and Wisconsin Department of Health Services.

Two informational, question and answer sessions were held, with 55 attendees participating from hospitals/healthcare facilities. The survey was open for six weeks. Of 86 hospitals 42 (49%) completed the LOCATe tool, of these 18 of 43 (41%) urban hospitals and 24 of 43 (55%) rural hospitals completed the LOCATe tool survey.

Work with Medicaid in a consulting capacity on assessing, planning and implementing identified training and technical assistance needs to adequately support PNCC (Prenatal Care Coordination) providers and perinatal service providers. Strengthen Prenatal Care Coordination as a resource and support during pregnancy through training, resource tools and quality improvement.

Throughout 2023, collaboration between Title V and Division of Medicaid Services in support of the Prenatal Care Coordination benefit continued to strengthen. The Division of Medicaid Services continues to evaluate and improve their policies related to implementation of the Prenatal Care Coordination benefit, merging efforts with Title V has proved beneficial. Title V provides consultation support and contributes to policy updates and advocacy related to the community perspective, comments, and communications.

Title V state staff continue to leverage relationships with statewide community organizations and key public health partners to connect them directly with Medicaid as well as offering input and feedback on proposed changes. Title V continues as the primary communication avenue for public and community engagement related to the Prenatal Care Coordination benefit, facilitating accessibility and communications to providers. Layering community voice as a key stakeholder continues to provide a positive feedback loop for bi-directional improvement. Local health department and community-based organization feedback shared with Medicaid has allowed a greater understanding of the administrative barriers for organization experience with implementation of the benefit. There continues to be awareness of the need to expand the benefit beyond the 60 days postpartum. The opportunity to provide ongoing community level services and resources during the highest risk period of time, from prenatally to up to one year post is one key to support to the most underserved populations.

Similarities in both community and community level workforce provides shared professional development and ongoing collaboration with Title V and Family Foundations Home Visiting to ensure Prenatal Care Coordination providers are equipped to provide highest quality services to families. Joint endeavors with Title V and Family Foundations Home Visiting enable sharing of evidence-based professional development with training, resource tools, and educational opportunities. Prenatal Care Coordination providers have been invited to use the [Wisconsin Child Welfare Professional Development System's](#) vast resources such as their tool kit and to attend professional development training sessions. These Prenatal Care Coordination learning opportunities included invitations to free of charge training sessions and funding of educational modules on topics that involved lactation support, substance use disorders, perinatal mood disorders, and other topics. This cross sharing of professional development opportunities has built both collaboration and partnership in common endeavors shared by departments and programming with the goal of providing excellence of supportive services to pregnant and parenting families.

In July of 2023, a statewide meeting with Medicaid, Office of Inspector General, and the Title V program provided a platform for unified partnership and allowed presenters to inform statewide Prenatal Care Coordination providers of benefit updates, provide resources, and departmental roles related to the benefit. The 255 participants who registered to attend completed an evaluation to provide feedback and answer questions to guide additional process improvement.

The role of Medicaid continues to be the primary point for all components of the Prenatal Care Coordination benefit. They are responsible for providing the resources for all updates and changes relating to benefit. Title V supports the benefit through logistical supports such as providing a platform for statewide meetings, facilitating communications with Prenatal Care Coordination providers, and support of professional development opportunities.

Provide training opportunities and technical assistance to home visitors within the Family Foundations Home Visiting programs, focusing on promoting the annual preventative medical visit for women.

The Wisconsin Department of Health Services Title V program and the Department of Children and Families continue their partnership to deliver the [Family Foundations Home Visiting program](#) (Wisconsin's version of the Maternal, Infant, and Early Childhood Home Visiting program). The program continues to collaborate and provide training and technical assistance opportunities in addition to and education for Family Foundations Home Visiting programs. The goal is to ensure home visiting programs receive professional development opportunities that promote best practice, effective service delivery, support implementation, and bring about meaningful practice change.

Despite limited capacity for implementation of planned activities due to staff turnover in the Department of Children and Families, planning meetings continued and steps were identified to provide additional professional development opportunities for home visitors and other workforce who provide services at the community level such as doulas and the community health workforce. Planning specifically centered on providing the workforce with information and education on the [Well Badger Resource Center](#), Wisconsin's health information and referral service that connects people to social, health, and government programs available in their communities including but not limited to smoking cessation resources, mental health resources, pregnancy–parenting help, health care coverage resources, nutritional services and so much more.

The [Wisconsin Child Welfare Professional Development System](#) team, a Maternal Infant Early Childhood Home Visiting funded organization that provides professional development for Home Visiting programs, enhanced professional development opportunities through providing added funding for services to support initiatives.

The Wisconsin Child Welfare Professional Development System team also became a key informant for home visitor's professional development. Through the Family Foundations Home Visiting community of practice, home visitors were able to decide their own topics for education and training. They identified health literacy, pre-eclampsia, gestational diabetes, and pharmaceuticals as topics of interest for professional development. Allowing home visitors to have influence was a positive change to approaching professional development.

Collaboration continued with community partners such as the [University Wisconsin Prevention Research Center](#). During 2023, Dr. Kara Hoppe and the University of Wisconsin-Prevention Research Center a research project which began planning the implementation of evidence-based interventions through a community-engaged approach. This intervention was aimed at improving hypertension control among Black women and birthing people with hypertensive disorders in and around pregnancy. The Title V Home Visiting nurse consultant is a community advisory board member of the Prevention Research Center, providing input and information on relevant topics, communications, connections, and updates related to their initiatives. For example, the nurse consultant connected a physician to community organizations implementing the remote hypertension pilot.

This pilot project will ensure effective, widespread, sustained, and scaled-up use of the [Staying Healthy After Childbirth](#)

program. Staying Healthy After Childbirth is an evidence-based program for management of postpartum high blood pressure that allows for earlier identification of rising blood pressure, resulting in earlier treatment and a reduction in readmission compared to standard care. The program is set up to care for all patients with any type of hypertension that was diagnosed in their pregnancy or postpartum period. The project contributes to building relationships with community-based organizations led by and serving Black women and birthing people to improve maternal and infant outcomes among Black women and birthing people and ultimately reduce cardiovascular health disparities in Wisconsin and improve population health. The project will address implementation science gaps in knowledge around implementation barriers and facilitators, and identification of necessary supports for adoption, implementation, and scalability of the intervention in different (community-based) settings for our highest risk pregnant and postpartum persons to ensure equitable and sustainable implementation.

Use and leverage existing data sources to promote and center equity throughout Title V projects and initiatives.

In 2023, the [Connecting Families](#) program completed an initial inventory of family peer support models and associated resources. The co-coordinators engaged with a diverse set of stakeholders and maintained documentation of the engagement plan and contacts made. The Connecting Families staff gained input from a diverse set of parents of children, including infants, and youth with special health care needs through 32 individual interviews, 3 one-time listening sessions, 2 workgroups (rural and Sankofa) with multiple meetings, and 1 pilot Connecting Families support parent training that included time to provide feedback to inform revisions to the training. Through this feedback, Connecting Families identified five areas of focus for which there is not enough parent support: peer-to-peer support for parents/families:

- Families of children who are deaf/hard of hearing
- Families of children with medical complexity
- Rural families of children with special health care needs
- BIPOC families of children with special health care needs
- Spanish-speaking families of children with special health care needs

In 2023, Connecting Families implemented peer-to-peer support in two focal areas and actively worked on developing peer-to-peer support options in two other focal areas (children with medical complexities and rural). Preparations were begun for implementing support in the fifth focal area (Spanish-speaking), but more concerted development will begin after initial peer supports are more established in 2024.

In addition, Family Health Section data staff will support new and continued applications of data collection, analysis, and reporting with a focus on equity. Key partners for this work will include the [Great Lakes Inter-Tribal Epidemiology Center](#), [Medicaid's Prenatal Care Coordination](#) evaluation, the [Wisconsin Association for Perinatal Care](#), and others. Additionally, the [Children and Youth with Special Health Care Needs Children's Resource Centers](#), collects race and ethnicity demographics on families and professionals that call the Children's Resource Centers looking to connect for information and referral resources. These data help identify underserved populations and disparities and these data are used to drive outreach efforts.

Collaborate with the Wisconsin Association for Perinatal Care and Moms Mental Health Initiative and other partners to support local and Tribal health agencies implementing the Perinatal Mental Health objective, focusing on practices changes around Perinatal Mental Health Screening and Referrals within their agencies

Eight local and Tribal health agencies chose Perinatal Mental Health as their Maternal and Child Health objective for 2023.

Local and Tribal health agencies indicated that they served a total of 10,865 postpartum people in 2023. Eighty-seven-point five percent of local and Tribal health agencies, agreed or strongly agreed that “Efforts around the perinatal depression objective complement other maternal and child health work.” To support their work local and Tribal agencies reported partnering with the following sectors: health systems or health organizations 37.5% (3/8), schools or school districts 37.5% (3/8), other governmental agencies or departments 25% (2/8), community-based organizations 25% (2/8), and private businesses 12.5% (1/8). Most local and Tribal health agencies have already been conducting screening for perinatal mood disorders primarily focused on depression and secondly anxiety.

Local and Tribal health agencies use a variety of screening tools for perinatal mood and anxiety disorders that include the [Edinburgh Postnatal Depression Scale](#), the [Patient Health Questionnaire](#) (PHQ-9), [Generalized Anxiety Disorder](#) (GAD-7), and others. In addition to screening practices 87.5% (7/8) agencies are enrolled in the [Periscope Project](#), a critically important resource providing peer to peer consultation, supportive management, and education to front-line health care providers who provide care to women who are experiencing a perinatal mood or anxiety disorder. Most agencies chose to improve screening services (87.5%) for perinatal mood and anxiety disorders within the following program areas: Prenatal Care Coordination, Home Visiting, WIC, and others. Whereas a number of local and Tribal health agencies chose to implement new services within a program area that currently engages pregnant and postpartum people but was not providing screening equaling 37.5% (3/8). These program areas that implemented new services related to perinatal mental mood and anxiety disorder screening included: PNCC 37.5%, Home Visiting 12.5%, WIC 12.5%, and listed as other 25%. Local and Tribal health agencies that already had policies or procedures in place for referral and follow up after a concerning perinatal depression screening equals 75.0% (6/8).

Overall efforts related to the Perinatal Mental Health objective had the following impact throughout Wisconsin	
Number of community members reached through the events related to support materials and education	2216
Number of community members reached through the events related to referral and follow up	846
Number of community members reached through the events related to screening best practices	827
Number of community members reached through the events related to workforce development	200
Number of staff trained in support materials and education	31
Number of events held related to support materials and education	28
Number of staff trained in referral and follow up	25
Number of staff trained in screening best practices	23
Number of events held related to referral and follow up	20
Number of events held related to screening best practices	19
Number of staff trained in workforce development	10
Number of events held related to workforce development	2

Agencies supported implementation of new perinatal mental health screening services, referral and follow-up, and support materials and education.

Screening best practices: One agency “created a comprehensive mental health guide for LBGQTQA2S+, deaf and blind, alcohol concerns, and children of alcoholic resources for availability within their county, neighboring counties, and statewide. The intent of this guide is to ensure everyone in the community has a clear understanding of what resources are available to any persons with mental health concerns. The guide was translated into Spanish to better serve their community. Printed copies were made available as well as through the county website via a link and QR code. The guide was also promoted by schools and area health clinics to better serve patients, parents, students, and families.

Referrals and follow up: To assist with referrals and follow-up improvements an agency created and disseminated informative resources, including brochures, online materials, and support guides with the aim of increasing awareness and understanding of perinatal mental health issues among expectant and new mothers in their community.

Support materials and education: To expand supportive materials and education an agency created patient centered informational brochures on perinatal anxiety and depression. “Information brochures about perinatal anxiety and depression were created and have been fully implemented. They have been distributed as a resource at WIC and when we conduct home visits, and any other public health event/situation as deemed appropriate. Information in the brochures included: how to deal with those feelings, what you can do for yourself, the Edinburgh Depression Screen, what friends/family can do to help, and how to seek help from a professional.”

Success Stories:

- “WIC has been really great to partner with. They have been receptive to everything that we have wanted to implement. They help us screen the women they see and provide a warm hand-off to the Public Health Nurses.”
- “We were able to translate our county resource guide and our mental health resource guide into Spanish which is a big accomplishment because we do not have an interpreter through the county. This has helped us better connect with our Hispanic population and better serve them. In addition, we continue to revise and update our English Mental Health Resource Guide to ensure the most accurate resources available.”

Local and Tribal health agencies also discovered challenges and barriers related to their Perinatal Mental Health objective work that included:

Barriers to the local and Tribal health agencies work (qualitative), listed from most to least reported:	
Social determinants of health: access to perinatal mental health providers (wait lists, lack of providers addressing perinatal mental health, etc.)	3/8 (37.5%)
Social determinants of health: insurance barriers (e.g., providers not accepting certain types of insurance)	2/8 (25.0%)
Staff capacity	1/8 (12.5%)
Staff level of experience	1/8 (12.5%)
Staff vacancies/turnover	1/8 (12.5%)
Partners' staff capacity	1/8 (12.5%)
Programmatic silos	1/8 (12.5%)
Social determinants of health: transportation barriers (e.g., clients without access to reliable transportation to attend appointments or support services)	1/8 (12.5%)
Lack of in person visits or screenings	1/8 (12.5%)

Newborn Screening

In 2023, newborn screening program staff, in partnership with the [Wisconsin State Lab of Hygiene](#) and [Wisconsin Screening Hearts in Newborns](#) (SHINE) administered the Wisconsin Newborn Screening program which is funded through a combination of fee revenue and Title V grant funds. The large majority of the newborn screening program’s costs are funded through the purchase of blood cards. This program consists of blood screening, heart screening, and hearing screening:

- **Blood:** The [Wisconsin State Lab of Hygiene's Newborn Screening Laboratory](#) screens infants born in Wisconsin for 48 blood disorders to ensure Wisconsin newborns are screened, diagnosed, and treated.
- **Heart:** The [Wisconsin Screening Hearts in Newborns](#) project, is a statewide collaboration designed to provide information and resources for universal screening of newborns for Critical Congenital Heart Disease.
- **Hearing:** [Wisconsin Sound Beginnings](#) is Wisconsin's Early Hearing Detection and Intervention program, that ensures all babies born in Wisconsin are screened for hearing loss, receive timely diagnosis of hearing loss, and receive quality early intervention. They collaborate with CESA #1, County Birth to 3 programs, State Office of Vital Records, Title V program, and the state lab to improve screening, data collection, tracking, and service provision for children who are deaf or hard of hearing.

Newborn Screening Follow Up

Blood: The [Wisconsin State Lab of Hygiene](#) worked closely with hospitals and out of hospital partners to ensure all babies born in Wisconsin received blood screening, appropriate follow-up testing, and treatment in a timely manner. The Newborn Screening Program Coordinator worked collaboratively with contracted agencies to provide ongoing clinical services, care coordination under the medical home model, prevention of loss to follow-up, links to services including early intervention, and transitions for youth with special health care needs to adult care. The Newborn Screening program continued to implement the Medicaid policy for oral nutrition formula coverage for patients diagnosed with Cystic Fibrosis.

Heart: [Screening Hearts in Newborns](#) provided clinical decision support and guidance to providers while ensuring that infants suspected of or diagnosed with critical congenital heart disease received appropriate follow-up evaluation and care. WE-TRAC continues to be refined for use of critical congenital heart disease monitoring, and the team is able to conduct meaningful analyses of outcomes and follow-up, as mentioned above.

Hearing: The [Wisconsin Sound Beginnings](#) program supported hospitals and providers to increase the number of babies screened, percentage of babies receiving timely diagnosis of permanent hearing loss, and the percentage of babies enrolling in Early Intervention. Wisconsin Sound Beginnings also aimed to reduce the percentage of babies not receiving follow-up. The WE-TRAC data system allowed for real-time surveillance and tracking of all babies born in a Wisconsin hospital or in an out-of-hospital setting to encourage timely interventions. Children from birth to age three with developmental delays and/or disabilities are eligible for enrollment in Early Intervention in Wisconsin. At the end of 2023, over 96% of children under age three who were diagnosed with hearing loss were referred to Early Intervention. Parents of children who were deaf or hard of hearing were offered parent to parent support through the Wisconsin Sound Beginnings' Parents Reaching Out service.

The Newborn Screening program provided outreach and education for submitters, providers, and families through a variety of forums. The Education Subcommittee oversees this work, with the purpose of educating the public and medical providers about newborn screening. Newborn screening information and brochures are made available online and as printed resources for partners and parents. The three-screen brochure provides information on blood, hearing, and critical congenital heart disease screening for expectant parents during the prenatal period. The largest number of out of hospital births in Wisconsin are in the Plain community. A specific brochure is available for the Plain community (Amish and Mennonite) called The Simple Tests That May Save Your Baby's Life. Online and in-person trainings about newborn screening are also provided by the newborn screening team.

In 2023, the Newborn Screening program continued to partner with the Birth to 3 (Early Intervention) program, Birth Defects Prevention and Surveillance program, State Office of Health Informatics, State Vital Records Office, and Title V program. Partnerships enabled the Newborn Screening program to expand their reach to local providers and families.

Birth Defects Prevention and Surveillance

Wisconsin's Title V program continued to support staff who are responsible for administering the [Wisconsin Birth Defects Prevention and Surveillance program](#). Braided funding from this and the Title V block grant are used to support surveillance and prevention initiatives.

Beginning in 2022, the [Wisconsin Women's Health Foundation](#) was selected to create and promote a birth defect prevention education campaign. The campaign, titled "A Healthier Tomorrow Starts Today", focused on six key areas in birth defects prevention: folic acid and supplemental nutrition; vaccination; tobacco, alcohol, and other substance use; preconception and prenatal healthcare and coverage; infection prevention and control; and basic needs/social determinants of health. The campaign consisted of a [webpage](#), two products available to clinics or the public for free, and numerous social media posts which direct the public back to the webpage for more information.

Staff also supported the [Council on Birth Defect Prevention and Surveillance](#), which met quarterly to advise the Wisconsin Department of Health Services on the Wisconsin Birth Defects Registry and collaborated with the [Wisconsin Birth to 3 Program Interagency Coordinating Council](#) to facilitate the delivery of early intervention services.

The Wisconsin Birth Defects Prevention and Surveillance program is required to maintain a birth defects registry of birth defects of children, diagnosed at birth up to age two years, born in Wisconsin and/or receiving health care services in Wisconsin. The Wisconsin Birth Defects Registry is a secure, web-based system that allows pediatric specialty clinics and physicians to submit one individual report at a time or a batch report with multiple reports included. Reports may also submit a paper form to the Wisconsin Birth Defects Registry state administrator for inclusion in the registry. The registry is mandated by Wisconsin statute to collect demographic, diagnostic, and identifying information on children from birth to 2 years of age who are born with specified birth defects. Physicians and pediatric specialty clinics are mandated reporters, while hospitals may report. The Council members are appointed and include a diverse group of experts who make recommendations to Wisconsin regarding the registry and are responsible for coordinating with the Early Intervention Interagency Coordinating Council (Wisconsin Governor's Birth to 3 Program Interagency Coordinating Council).

The Wisconsin Birth Defects Registry collects identifying information on the child, mother, referral to services, and the diagnostic information for one or more of the 64 reportable conditions included in the registry.

The Wisconsin Birth Defects Registry became a module to the Wisconsin Electronic Disease Surveillance System in spring of 2020, although it had limited functionality due to needed updates. The Wisconsin Birth Defects Prevention and Surveillance program and the program that oversees this surveillance system continued to make updates and worked with large Wisconsin health care systems to prepare to utilize the batch upload option.

National Performance Measure 04: Percent of infants ever breastfed; percent of infants breastfed exclusively for 6 months

Work will continue to build upon progress made in 2024, focusing on increasing breastfeeding initiation and duration rates within the Indigenous and African American/Black populations.

Local and Tribal health agencies selecting the breastfeeding objective will be required to enhance community engagement to inform their breastfeeding strategies and activities. When possible, they will aim to include family and community representatives who are engaged with breastfeeding activities in the process. Local and Tribal health agencies will collaborate with community partners to promote consistent messaging throughout the community. Staff will participate in all Learning Community Calls to support progress on NPM 4. Local agency staff will regularly attend the Great Lakes Breastfeeding Webinars provided by the Michigan Breastfeeding Network, which center equity and access and offer free continuing education hours.

Work with local and Tribal health agencies to increase lactation support in the workplace and early childhood settings.

Agencies will continue to use Title V and [Wisconsin Breastfeeding Coalition](#)-supported resources and recommended strategies for outreaching to workplaces and offering support to employers with a focus on sustainability. Agencies will be encouraged to prioritize workplaces in their communities who may need additional technical assistance in implementing policies and practices that better support lactating employees, particularly those that may offer lower wages, less robust benefit packages, or schedules and environments less conducive to ideal lactation accommodations. They will also utilize implementation resources available from partners, including materials related to the PUMP Act, the Pregnant Workers Fairness Act, and Title IX regulations for schools. Agencies may assist sites with completing an assessment and in making improvements to policies and practices based on assessment results. Local and Tribal health agencies may also provide recognition of breastfeeding friendly status, if applicable.

Agencies will use the [Ten Steps to Breastfeeding Friendly Child Care Centers Resource Kit](#) and associated training resources to work with childcare providers in their communities on improving policies and practices related to breastfeeding support. Local agencies will continue to be encouraged to outreach to childcare providers who serve families with limited incomes. Training resources and materials include current best practices and inclusive language and are available in both English and Spanish. Childcare providers can choose to become recognized as Breastfeeding Friendly by training their staff and implementing changes in their programs to improve support for breastfeeding families.

Local agencies will provide technical assistance and resources to help programs align with the 'Ten Steps' resource. The Title V program and local health agencies will continue to use the Nutrition and Physical Activity Self-Assessment for Child Care ([Go NAPSACC](#)) and online database to align with statewide adoption of Go NAPSACC tools and resources. State partnerships will continue with [Supporting Families Together Association](#), the Department of Children and Families, Shine Early Learning, [Healthy Early](#), and the Wisconsin Technical College System. Supporting Families Together Association, specifically, will continue to provide technical assistance to local agencies working with childcare programs and help make connections to key partners, including the Child Care Resource and Referral agencies. They will also work with the Title V program to provide leadership and support for statewide implementation of Breastfeeding Friendly childcare practices.

Work with local and tribal health agencies to enhance local community coordination to improve continuity of care by strengthening consistent implementation of prenatal, maternity care, and postpartum practices that support breastfeeding.

[Coffective](#) will continue to offer technical assistance to local agencies interested in improving communication and coordination among lactation support stakeholders in their community. They will provide tools and support to help agencies develop sustainable partnerships to better coordinate messaging, services, referral systems, and community resources, particularly for families experiencing inequities. Coffective will also host quarterly collaborative Learning Community Calls for all agencies working on the breastfeeding objective, while also offering individual support to agencies choosing the community strategy. Agencies will develop goals and activities specific to their needs and priorities and will work to implement those activities in partnership with other local stakeholders.

Support hospital use of quality improvement strategies that align with the Ten Steps to Successful Breastfeeding and/or Baby Friendly Hospital Initiative guidelines.

Collaboration will continue with the [Wisconsin Association for Perinatal Care](#) and Coffective to support Human Milk Feeding quality improvement initiatives through the [Wisconsin Perinatal Quality Collaborative](#). Support will be offered to participating hospitals, health systems, and public health stakeholders related to strategy development and implementation, data collection and analysis, community engagement, and equity-centered practices. Implementation of the Birthing Person Survey and engagement of community members with lived experience in hospital task forces will continue to be a priority. The Human Milk Feeding Expert Group will continue to advise the current and future direction of quality improvement initiatives.

Support community agencies to advance breastfeeding efforts within specific populations experiencing inequities in breastfeeding, including initiation and duration.

The Title V program will support the [African American Breastfeeding Network](#) and their partners to develop, implement, and evaluate local initiatives related to lactation support and continuity of care for birthing families. Efforts will continue to provide technical assistance and resources specific to breastfeeding support in childcare programs and worksites, building on and expanding work started in 2023. The African American Breastfeeding Network will plan their activities based on continued community engagement and input from the families they serve.

Strengthen collaboration and partnerships with other programs and grant-funded projects doing similar work to increase knowledge and promote resource utilization and tools to support breastfeeding.

Collaboration will continue with key internal and external partners, including the Wisconsin WIC program, Maternal Infant Early Childhood Home Visiting program, and the Chronic Disease Prevention Program. Partners will continue to identify opportunities for improved communication, coordination, and alignment of efforts. They will work to identify potential collaborative projects to pursue, particularly those that center priority populations and engage community leaders, building on and learning from previous efforts and activities. Quarterly meetings will continue with all funded statewide partners for the breastfeeding objective.

State Performance Measure 01: Rate of infant mortality in babies born to non-Hispanic Black mothers

Strengthen Prenatal Care Coordination as a resource and support during pregnancy through training, resource tools and quality improvement.

In 2024, Wisconsin Title V staff will partner with the Wisconsin Division of Medicaid Services to continue assessment of the educational needs of community-based Prenatal Care Coordination providers. Where gaps are identified, Title V staff will either work to identify high-quality educational resources that meet the identified needs or develop these materials in partnership with relevant experts – including community experts. Title V will also collaborate with Medicaid to convene

Prenatal Care Coordination providers throughout the year to foster shared understanding of Medicaid policies that apply to the benefit, as well as best practices, quality improvement models, and other topics identified by community-based Providers.

Strengthen Prenatal Care Coordination as a resource and support during pregnancy through training, resource tools and quality improvement.

In 2024, Wisconsin Title V staff will partner with the Wisconsin Division of Medicaid Services to continue assessment of the educational needs of community-based Prenatal Care Coordination providers. Where gaps are identified, Title V staff will either work to identify high-quality educational resources that meet the identified needs or develop these materials in partnership with relevant experts – including community experts. Title V will also collaborate with Medicaid to convene Prenatal Care Coordination providers throughout the year to foster shared understanding of Medicaid policies that apply to the benefit, as well as best practices, quality improvement models, and other topics identified by community-based providers.

Support integration of doula services into the care of Black Birthing People desiring these services in Wisconsin.

In 2022, Wisconsin's Title V program was provided an opportunity to manage and distribute approximately \$6.5 million in funding provided through the American Rescue Plan Act, with special emphasis on investing in the reduction of maternal and infant mortality in Wisconsin. Much of the doula-focused work that the Title V program currently supports in Wisconsin is being funded through this opportunity, which is set to end on June 30, 2024. The Title V program plans to collaborate closely with Family Health Section Staff to explore opportunities to build upon the work that was made possible with these American Rescue Plan Act (ARPA) funds.

Wisconsin's Title V program also plans to actively engage service providers to identify ways to better serve target populations by exploring the integration of Prenatal Care Coordination and doula services. Additionally, the Title V program plans to promote the expansion of services and continuation of programming to increase access to doula services, education, training, and reimbursement.

Support partners in leveraging data to demonstrate the importance and impact of Black infant mortality prevention work by increasing utilization of DHS data resources and providing individualized data focused assistance.

Wisconsin Title V data and outreach staff will continue to educate partners about how to access data resources, including the [Wisconsin Interactive Statistics on Health public data portal](#) and the [Wisconsin Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#). They will also promote resources related to these data, including the Wisconsin Interactive Statistics on Health (WISH) User guide developed by the Maternal and Infant Mortality Prevention Unit, and public data reports such as the [annual Wisconsin birth report](#) and the [Wisconsin PRAMS Surveillance reports](#).

For example, these data and resources may be featured in capacity-building webinars for funded partners. In addition, Wisconsin Title V staff will respond to individual requests to provide data for community-based service providers applying for grants and will provide consultation on the development of evaluation plans for Title V-funded grant activities.

Support Fetal and Infant Mortality Review, Child Death Review, and Maternal Mortality Review efforts throughout the state and facilitate the implementation of recommendations that emerge from the review teams

Wisconsin Title V will continue to fund the [Children's Health Alliance of Wisconsin](#) to provide technical assistance for local Fetal and Infant Mortality Review and Child Death Review teams, including consultation on establishing new review teams,

as well as support for established teams to implement best practices and develop robust prevention recommendations.

In addition, the Maternal and Infant Mortality Prevention Unit will complete an annual review of the prevention recommendations identified by local Fetal and Infant Mortality Review and Child Death Review teams to determine whether any of the recommendations should be pursued as statewide strategies.

Support grassroots, community-based organizations serving African Americans of reproductive age.

The Title V program will work closely with the Maternal and Infant Mortality Prevention Unit to support ARPA funded projects being implemented such as the African American Breastfeeding Network Doula Training Program, Doulaing the Doula, and the Wisconsin Doula Collective. This support will include working closely with these organizations and providing any technical assistance that may be identified and making cultivating relationships and connections with agencies working toward similar reproductive health goals for African Americans throughout the state.

Additionally, the Maternal and Infant Mortality Prevention Unit will actively build partnerships with program providers to increase access to doula training opportunities by promoting various opportunities and trainings, with the goals of ensuring all people have access to doula support and strengthening and diversifying Wisconsin's doula workforce.

Promote infant mortality prevention awareness through trainings and educational opportunities for community professionals, public health, home visitors, health care providers, and other interdisciplinary partners of the Title V program.

The Title V program will collaborate closely with Wisconsin's Maternal and Infant Mortality Prevention Unit to collaborate, network, and cultivate a partnership with [Milwaukee County Organizations Promoting Prevention](#) and continue participation on the planning committee for the Annual Black Lens Black Birth Maternal and Infant Symposium. Wisconsin's Maternal and Infant Mortality Prevention Unit will be an active participant in Prenatal Care Coordination redesign meetings, including planning and facilitating statewide/regional meetings. This Unit will also plan, implement and facilitate the Annual Maternal and Infant Mortality Prevention Unit's Summit- The Gathering.

State Performance Measure 02: Percent of women receiving care within the first trimester; percent of women receiving a quality* postpartum visit

*Quality is defined by those who report receiving these services according to the Wisconsin Pregnancy Risk Assessment Monitoring System (Question 70): postpartum depression screening, tobacco use, and either contraception OR birth spacing discussion.

Advance maternal, infant, and child health outcomes through workforce support and approaches that disrupt inequities and disparities. Specific population focus based data informing, populations for Medicaid programs and benefits with a particular focus on historical and underserved communities.

Title V staff will continue to partner with Division of Medicaid Services (DMS) to effectively support Prenatal Care Coordination system changes that encompass decreasing the administrative burden for providers, decreasing access to care disparities for pregnant women, increasing the availability of member resources, contributing recommendations and consultation on documentation revisions, and providing recommendations and consultation related to expansion of the postpartum period for Prenatal Care Coordination services. Title V staff will support Medicaid and additional statewide partner in the Prenatal Care Coordination 2025 Learning Module Series workforce professional development, communication, and deployment planning. Title V staff will have ongoing collaboration and planning with local and Tribal health agencies and

Family Health Section staff to support additional Prenatal Care Coordination Workforce development. Title V staff will collaborate with the Office of Inspector General (OIG) to support Prenatal Care Coordination self-auditing capabilities with the aim to provide support that helps to maintain and increase the number of Prenatal Care Coordination credential providers throughout Wisconsin.

Title V staff will partner with Medicaid, Office of the Inspector General, and Prenatal Care Coordination Field Representatives to provide consistent messaging and information on updates and changes during 2025 Statewide meeting. This partnership will also collaborate with local and tribal health departments to re-deploy a workgroup meeting each region of Wisconsin aimed at regional support and information sharing related to Prenatal Care Coordination service delivery.

Support local and Tribal health agencies using their annual Title V funding to address perinatal mental health projects focusing on practice changes related to perinatal mental health screening, referrals, and follow-up that engage pregnant and post-partum women.

Moms Mental Health Initiative, subcontracted through Wisconsin Association for Perinatal Care, will work in partnership and collaboration with Title V staff to provide perinatal mental health technical assistance to local and tribal health departments who have selected the Maternal and Child Health Perinatal Mental Health objective. The Perinatal Mental Health objective and strategies aim to utilize a quality improvement approach to test and implement practice changes around screening, referrals/follow-up, and strengthen support and education to clients/families experiencing perinatal mood and anxiety disorders. To support local and Tribal health agencies, Mom's Mental Health Initiative will hold quarterly peer learning calls, one-on-one consultations as needed, and promote additional learning opportunities that support their initiatives. Quarterly Alchemer surveys will help to evaluate if local and tribal health departments are receiving the support, they need to carry out their objective and strategies. Title V staff will continue to leverage and promote peer-to-peer networking opportunities and Wisconsin-based resources to support improving maternal mental health and decreasing substance misuse and abuse.

Collaborate with our partners on quality improvement projects to support scheduled post-partum visits in advance of maternal delivery.

Title V staff will partner with the Department of Children and Families Home Visitors (DCF-HV) to provide a presentation to home visitors on information and updates related to the Hear Her Campaign. Title V staff will support efforts to expand and engage pregnant women in post-partum visits in partnership with the Reproductive Family Health Planning Unit (RFHP) by analyzing Title X data and collaborative support of initiatives.

Title V staff will partner with local health and Tribal health agencies, clinics, hospitals, health maintenance organizations, and WIC to explore the capacity and level of support needed for quality improvement project implementation aimed at improving the value and increasing engagement in post-partum visits. Title V staff will continue to collaborate with the Maternal Mortality Review team related to analysis of qualitative information to support quality improvement project development objectives for 2026.

Support efforts to implement a revised level of perinatal care designation process and assessment in Wisconsin.

The Title V staff will continue to partner with the Wisconsin Association of Perinatal Care and others to support implementation of a perinatal levels of care designation process and complete launch of the LOCATe assessment tool. Title V staff will partner with the Wisconsin Association of Perinatal Care as a technical assistance provider to support for continuing educational opportunities for perinatal professionals in conjunction with the professional perinatal education committee that could include Perinatal Grand Rounds, educational series, lunch-n-learns, the annual Wisconsin Perinatal Conference, and on-demand webinars through their learning management system. Previous on-demand webinars with current and emerging practice information for perinatal professionals will remain accessible through Wisconsin Association of Perinatal Care website.

Provide training and technical assistance to home visitors that supports evidence-based practice around identified areas of health and wellness for the highest risk communities.

Title V staff will partner with hospital health systems, federal qualified health clinics, and health maintenance organizations to align the community-based workforce cohort content. Title V staff will promote positive maternal and infant health outcomes, promote health and wellness, and mitigates adverse risks to our historical and underserved individuals by supporting the home visiting workforce professional development with evidence based and emerging practice information through deployment of a cohort-based topic module series and Community Ambassador program.

Title V staff will utilize information from the University of Milwaukee – Wisconsin Child Welfare Professional Development System workforce development biannual needs assessment and additional Home Visiting staff/supervisor surveys to develop cohort module topics and content categories. Title V, Department of Children and Families Home Visiting, and Maternal Mortality Review team nurse consultants will utilize knowledge of evidence based and emerging practice information obtained through attendance of both local and national conferences and collaboration with perinatal subject matter experts.

Title V staff will continue to collaborate with the University of Milwaukee – Wisconsin Child Welfare Professional Development System staff for support of home visiting workforce efforts related to the Fulfilling the Promise conference, support of the Home Visiting All Grantee meetings, Community of Practice meetings, and promotion and management of webinars for home visiting staff and supervisor/managers throughout the state of Wisconsin.

Family Health section data staff will support new and continued applications of data collection, analysis and reporting with focus on equity and reducing social determinants of health-related barriers. Key partners for this work include: the Great Lakes Inter-Tribal Epidemiology Center, Medicaid's Prenatal Care Coordination evaluation, Wisconsin Association for Perinatal Quality Care, Perinatal Periods of Risk data, Maternal Mortality Review qualitative data, vital records data, Wisconsin Pregnancy Risk Assessment Monitoring data, and others.

Newborn Screening

The Wisconsin [Newborn Screening program](#) leverages revenue from the blood card fee, the federal Early Hearing Detection and Intervention grant, Title V and multiple partnerships to assure that all Wisconsin newborns have access to appropriate and timely blood, heart and hearing screening, as well as referral to early intervention services. Wisconsin's Newborn Screening program is in a budget deficit and is working through the rulemaking process to increase the newborn screening blood card fee. This blood card fee increase, and Title V funding are needed to effectively support children with special health care needs, identified through the newborn screening program.

Wisconsin's Newborn Screening program will continue partnerships with the [Wisconsin State Lab of Hygiene's \(WSLH\) Newborn Screening Laboratory](#) for blood screening and follow up and the [Wisconsin Screening Hearts in NEwborns Project \(SHINE\)](#) for Critical Congenital Heart Disease screening and follow up. The Newborn Screening program will also continue partnering with the City of Milwaukee Health Department for hearing and blood screening follow-up in the southeast region of the state. The City of Milwaukee Health Department also plans to support the [Froedtert Hospital Sickle Cell Disease Clinic](#) by educating and working with parents of babies newly diagnosed with sickle cell disease. Wisconsin's hearing screening program is called Wisconsin Sound Beginnings and is funded through the Early Hearing Detection and Intervention grant and Title V. Currently, Title V funding supports the Wisconsin Sound Beginnings program through partnership with the City of Milwaukee Health Department. In 2024, Cooperative Educational Service Agency #1 was unable to meet the match requirements for Title V funding, and a new partner will be identified in 2024.

Partnerships enable the Newborn Screening program to expand reach to local providers and families. Newborn Screening

program staff will continue partnerships with Wisconsin programs such as the Birth to 3 (Early Intervention) program, Birth Defects Prevention and Surveillance program, Children and Youth with Special Health Care Needs program, Connecting Families, Office of Health Informatics, and Office of Vital Records. The Newborn Screening program works with birthing hospitals and clinics throughout the state as well as key partners for out of hospital births such as La Farge Medical Clinic Center for Special Children and the Wisconsin Guild of Midwives.

The Wisconsin Newborn Screening program will maintain participation in state workgroups including the Genetics Systems Integration Initiative and the [Midwest Genetics Network](#) with Wisconsin representatives serving on workgroups and sharing presentations at meetings. In May 2024, there were changes in national funding by HRSA to regional genetic networks. It is unclear how this will impact the newborn screening program and Genetic Systems Integration in 2025. Collaborations with other states' newborn screening programs and participation in national conferences will continue.

Outreach and education will continue to be provided for data submitters, providers, and families about newborn screening. The Education Subcommittee will continue to focus on prenatal education and newborn screening awareness. In 2024, a sub-workgroup of the Education Subcommittee was created to review and update all newborn screening publications, including a review by the Title V team's health equity specialist. By 2025, these updated materials will be distributed to all Newborn Screening program partners, birthing units and out of hospital providers with a goal of reaching families during the prenatal care period.

Wisconsin's newborn screening websites and educational webinars continue to provide hospitals and health care providers up-to-date information. Peer support for parents and families will be provided through a contract with the University of Wisconsin-Waisman Center this fiscal year. The program is called Connecting Families. A subgroup of this program is Parents Reaching Out, which provides peer support to parents with a deaf or hard of hearing child.

The Newborn Screening program is dedicated to health equity by ensuring all babies born in Wisconsin can access critical newborn screening services. In 2025, the Newborn Screening program hopes to obtain funding to pull additional Vital Records fields into the WE-TRAC data system. These fields include father's information and prenatal care indicators. The program also hopes to rethink how race and ethnicity fields are populated in WE-TRAC. Currently, these fields rely only on the mother's demographic information. The team would like to update this process to consider both mother and father's information. The program also plans to develop an extensive WE-TRAC data dictionary to allow for clear and concise reporting.

In 2024, the Newborn Screening program received \$200,000 in Title V funding to expand the program's WE-TRAC data system. The program is working with the Office of Health Informatics to implement these updates. This expansion will integrate the workflow of the Wisconsin Sound Beginnings early intervention provider team, which is currently stored in REDCap. This team joins county Birth to 3 programs to bring experience and information specific to children who are deaf or hard of hearing. This specialized intervention is critical for best outcomes and in building a foundation for later language, social, and academic milestones, which all increase school readiness. With this expansion to WE-TRAC, the early intervention provider team will be able to track their involvement and assessments with each child they serve within the system where other newborn screening information is stored. This will set the newborn screening program up for expanded reporting in 2025.

Birth Defects Prevention and Surveillance

Wisconsin's Title V program will continue to support staff who are responsible for administering the [Wisconsin Birth Defects Prevention and Surveillance program](#) and staffing the [Council on Birth Defect Prevention and Surveillance](#) which plans to meet four times in 2024. The Council will advise the Wisconsin Department of Health Services on the Wisconsin Birth Defects Registry, coordinate with the Early Intervention Interagency Coordinating Council to facilitate the delivery of early intervention services to children from birth to three years with developmental needs and complete the biennial report to the

Wisconsin legislature.

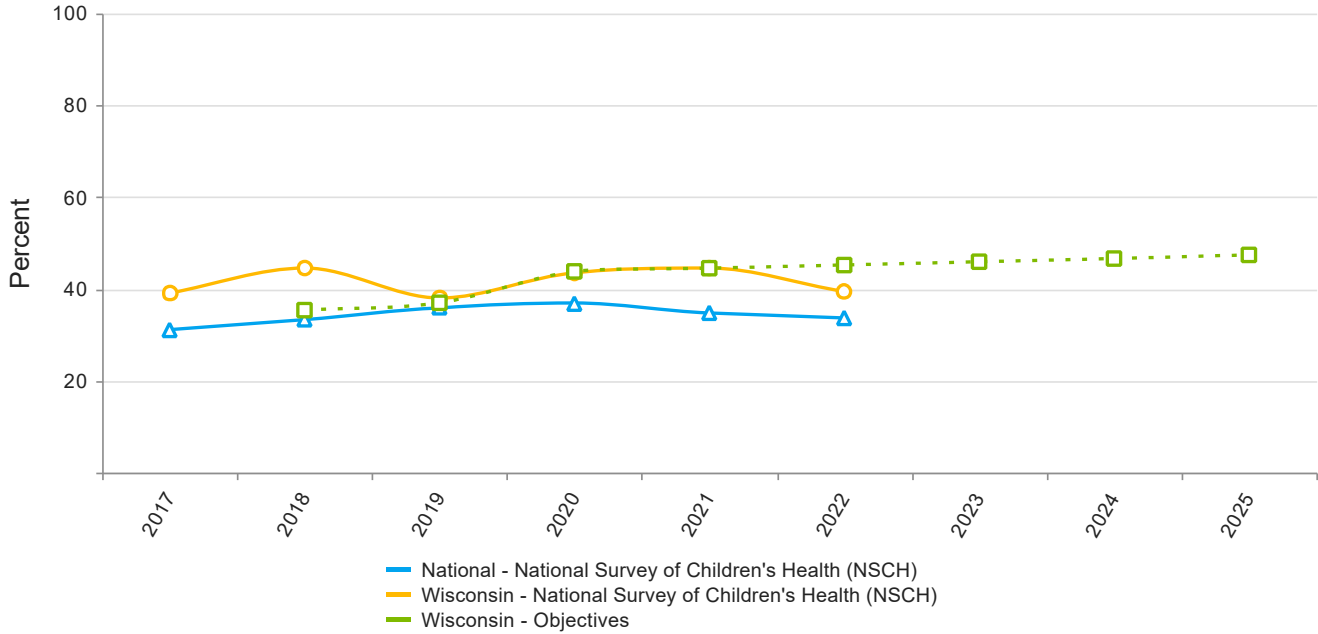
The Wisconsin Birth Defects Prevention and Surveillance Program will continue to enhance the Wisconsin Birth Defects Registry to improve functionality for reporters and data quality. Program staff will focus on increasing the number of reporters entering information to the Wisconsin Birth Defects Registry, while also ensuring good data quality.

The Wisconsin Birth Defects Prevention and Surveillance Program will continue to support prevention activities. The Program will foster partnerships to improve the provide and public awareness of the importance of folic acid, and drive policy change to increase the use of folic acid for all persons of reproductive age. Additionally, the Program will continue to support congenital Cytomegalovirus prevention activities through the maintenance of a state taskforce that will identify necessary action steps for Wisconsin.

Child Health

National Performance Measures

NPM - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS Indicators and Annual Objectives



Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2019	2020	2021	2022	2023
Annual Objective	43.8	43.8	44.5	45.2	45.9
Annual Indicator	37.9	37.9	42.8	43.9	39.3
Numerator	58,870	58,870	61,909	62,035	55,399
Denominator	155,316	155,316	144,602	141,361	140,958
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2018_2019	2018_2019	2019_2020	2020_2021	2021_2022

Annual Objectives		
	2024	2025
Annual Objective	46.6	47.4

Evidence-Based or –Informed Strategy Measures

ESM DS.1 - Percent of medical providers trained who report using an evidence-based screening tool

Measure Status:		Active			
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			80	85	90
Annual Indicator	0		38	48.3	48.3
Numerator	0		38	340	340
Denominator	100		100	704	704
Data Source	SurveyMonkey		SurveyMonkey	SurveyMonkey	SurveyMonkey
Data Source Year	2019		2021	2022	2022
Provisional or Final ?	Final		Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	95.0	100.0

ESM DS.2 - Percent of medical providers trained who report a change in knowledge related to developmental screening age interval recommendations

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			80	85	90
Annual Indicator			0	91.9	91.9
Numerator			0	306	306
Denominator			100	333	333
Data Source			N/A	SurveyMonkey	SurveyMonkey
Data Source Year			2021	2022	2022
Provisional or Final ?			Final	Final	Final

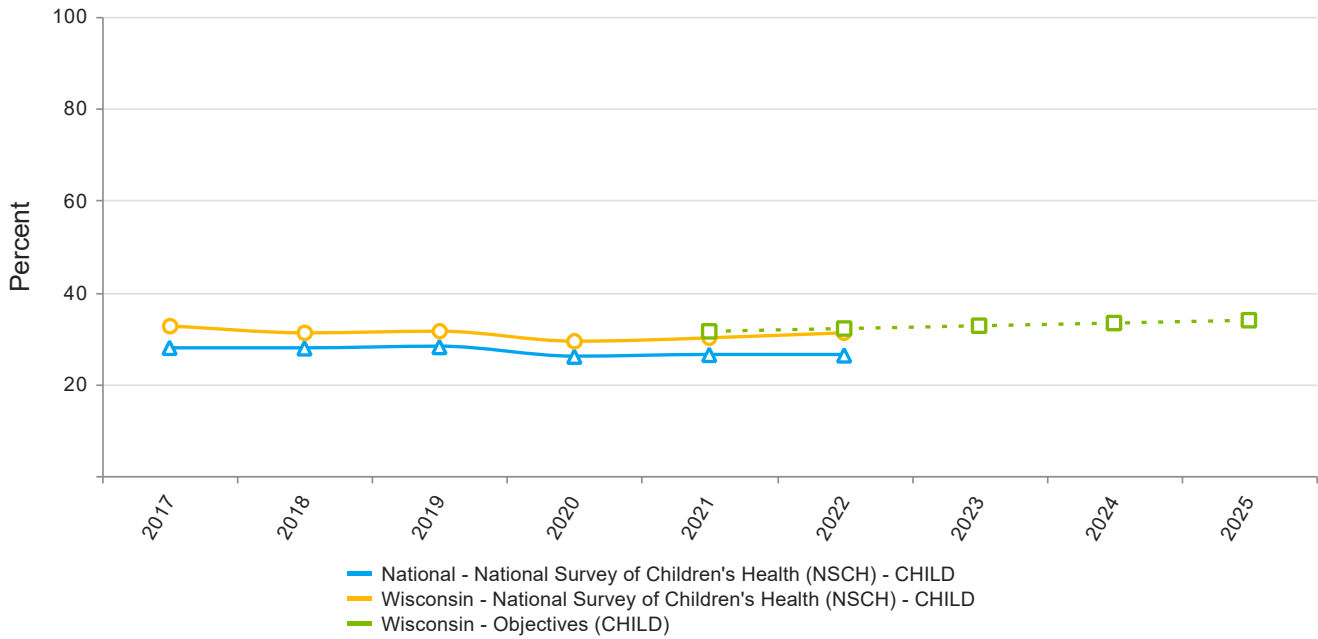
Annual Objectives		
	2024	2025
Annual Objective	95.0	100.0

ESM DS.3 - Percent of community developmental screening training participants who report an increase in knowledge regarding developmental screening

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			80	85	90
Annual Indicator			0	91.9	95
Numerator			0	306	95
Denominator			100	333	100
Data Source			N/A	SurveyMonkey	SurveyMonkey
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	95.0	100.0

NPM - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (Physical Activity, Formerly NPM 8.1) - PA-Child Indicators and Annual Objectives



Federally Available Data

Data Source: National Survey of Children's Health (NSCH) - CHILD

	2019	2020	2021	2022	2023
Annual Objective			31.5	32.1	32.7
Annual Indicator	30.8	30.8	29.2	29.9	31.2
Numerator	129,985	132,298	125,830	125,102	131,574
Denominator	421,676	429,126	430,350	418,899	421,426
Data Source	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD
Data Source Year	2017_2018	2018_2019	2019_2020	2020_2021	2021_2022

Annual Objectives

	2024	2025
Annual Objective	33.3	33.9

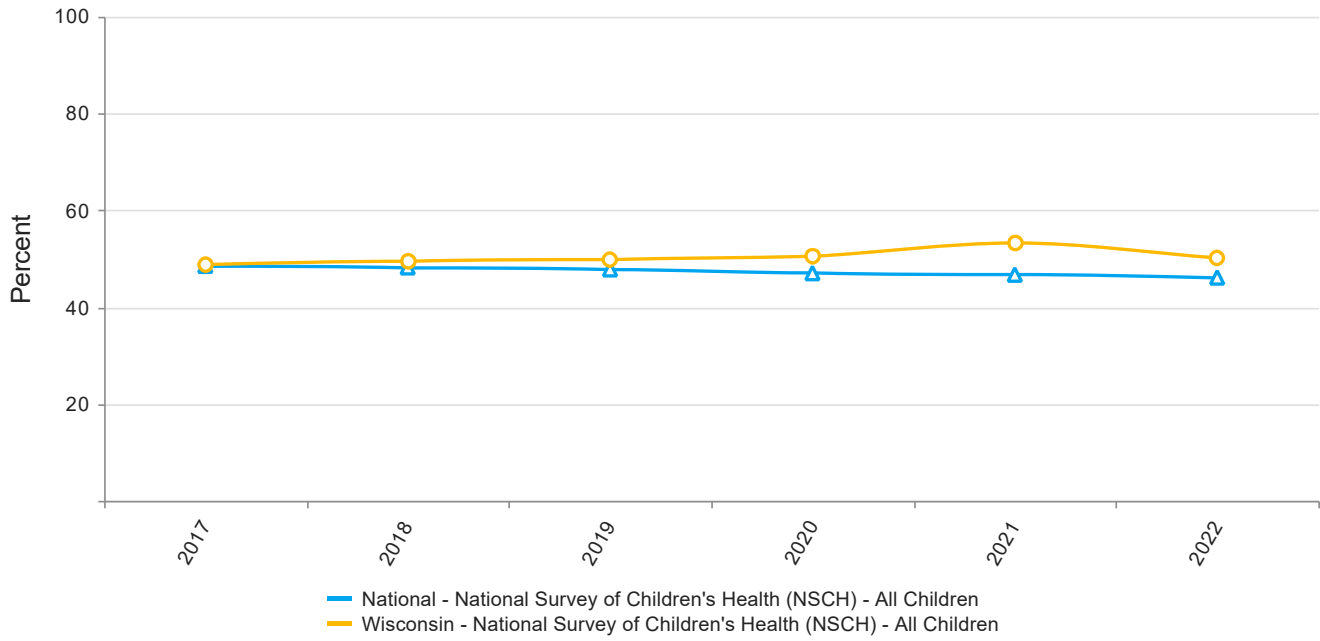
Evidence-Based or –Informed Strategy Measures

ESM PA-Child.3 - Percent of local and tribal health agencies in Wisconsin receiving Title V funding who chose the physical activity and nutrition objective.

Measure Status:		Active
State Provided Data		
	2022	2023
Annual Objective		
Annual Indicator	9.4	12.5
Numerator	9	12
Denominator	96	96
Data Source	Grants and Contracts Supplement	Grants and Contracts Supplement
Data Source Year	2022	2023
Provisional or Final ?	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	12.0	14.0

**NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH
Indicators and Annual Objectives**



NPM MH - Child Health - All Children

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH) - All Children	
	2023
Annual Objective	
Annual Indicator	50.2
Numerator	633,382
Denominator	1,261,952
Data Source	NSCH-All Children
Data Source Year	2021_2022

Evidence-Based or –Informed Strategy Measures

ESM MH.1 - Percent of Regional Center information & referral staff who report competence in explaining medical home concepts

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			75	76	78
Annual Indicator			100	85.7	100
Numerator			100	6	9
Denominator			100	7	9
Data Source			Self-Report Survey	Self-Report Survey	Self-Report Survey
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	79.0	80.0

ESM MH.2 - Percent of family members, health care providers, and community professionals trained on Medical Home-related concepts who report a change in knowledge or skills or behavior following the training

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			75	76	78
Annual Indicator			96	95.3	94.7
Numerator			96	61	18
Denominator			100	64	19
Data Source			Self-Report Survey	Self-Report Survey	Self-Report Survey
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	79.0	80.0

ESM MH.3 - Percent of families who receive at least one Regional Center referral that results in needed services received

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			40	43	46
Annual Indicator			66	64.5	47.4
Numerator			66	522	1,132
Denominator			100	809	2386
Data Source			REDCap	REDCap	REDCap
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	48.0	50.0

State Action Plan Table

State Action Plan Table (Wisconsin) - Child Health - Entry 1

Priority Need

Promote Optimal Nutrition and Physical Activity.

NPM

NPM - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (Physical Activity, Formerly NPM 8.1) - PA-Child

Five-Year Objectives

Decrease the number of children in Wisconsin with an overweight or obese classification from 30.5% to 28% (-2.5%) by 2025.

Increase the percent of children, ages 6 through 11, who are physically active at least 60 minutes per day in Wisconsin from 30.8% to 33.9% (+10%) by 2025.

Strategies

Support local and tribal health agencies to partner with the University of Wisconsin Extension and FoodWise Programs to support health in children ages 6-11 years old.

Support local and tribal health agencies to partner with K-5 schools and local partners on school wellness requirements.

Support local and tribal health agencies to partner with local afterschool/out of school time programs and community organizations to support opportunities for improved physical activity and nutrition in children.

Integrate community input into technical assistance opportunities, inform future planning efforts, and enhance partnership at the local level.

Attend Healthy Early Collaborative meetings to support statewide collaboration among stakeholders.

Formalize a voluntary nutrition and physical activity steering team with the Association of State Public Health Nutritionists to enhance partnerships and capacity.

Enhance Title V workforce capacity to implement nutrition and physical activity (social, physical and mental) programming to the maternal and child health population through skill building and peer-to-peer learning opportunities.

Utilize maternal and child health nutrition-related data sources in programs, initiatives and local and state policy, systems and environmental changes in Wisconsin.

ESMs	Status
ESM PA-Child.1 - Percent of partners actively involved with the Wisconsin Title V Program's physical activity work connected through the PAN StEM	Inactive
ESM PA-Child.2 - Percent of agencies in their first year of Physical Activity and Nutrition work who indicate an increase in knowledge following training	Inactive
ESM PA-Child.3 - Percent of local and tribal health agencies in Wisconsin receiving Title V funding who chose the physical activity and nutrition objective.	Active

NOMs
NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS
NOM - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile) (Obesity, Formerly NOM 20) - OBS

State Action Plan Table (Wisconsin) - Child Health - Entry 2

Priority Need

Enhance Identification, Access, and Support for Individuals with Special Health Care Needs and their Families.

NPM

NPM - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS

Five-Year Objectives

Increase the percent of infants in Wisconsin, ages 9 through 35 months, who receive a developmental screening using a parent-completed tool from 43.1% to 47.4% (+10%) by 2025.

Strategies

Provide training opportunities for families, community professionals, public health, home visitors and healthcare providers that increase their skills/knowledge.

Provide technical assistance, resources, and/or opportunities to learn from others doing similar work.

Increase knowledge of programing, resources, and tools of others doing similar work.

Implement the CDC WIC Developmental Milestone Checklist Program with two local and tribal health agencies.

Support the Adolescent and Child Health Quality Improvement Steering Team.

Pilot the school-based mental health consultation program in Outagamie County, Wisconsin.

Participate in the statewide Office of Children's Mental Health Collective Impact Council and the Children's Committee of the Governor's Council on Mental Health.

Implement the Wisconsin Child Psychiatric Consultation Program Statewide.

Implement the Health Services and Resources Administration's Pediatric Mental Health Access Program.

Promote and improve developmental screening, referrals, and early intervention.

ESMs

Status

ESM DS.1 - Percent of medical providers trained who report using an evidence-based screening tool Active

ESM DS.2 - Percent of medical providers trained who report a change in knowledge related to developmental screening age interval recommendations Active

ESM DS.3 - Percent of community developmental screening training participants who report an increase in knowledge regarding developmental screening Active

NOMs

NOM - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL) (School Readiness, Formerly NOM 13) - SR

NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS

State Action Plan Table (Wisconsin) - Child Health - Entry 3

Priority Need

Promote Optimal Nutrition and Physical Activity.

NPM

NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH

Five-Year Objectives

Wisconsin will begin working on this universal NPM measure, as is required, following the completion of the next needs assessment cycle in 2026.

Strategies

Wisconsin will begin working on this universal NPM measure, as is required, following the completion of the next needs assessment cycle in 2026.

ESMs

Status

ESM MH.1 - Percent of Regional Center information & referral staff who report competence in explaining medical home concepts	Active
ESM MH.2 - Percent of family members, health care providers, and community professionals trained on Medical Home-related concepts who report a change in knowledge or skills or behavior following the training	Active
ESM MH.3 - Percent of families who receive at least one Regional Center referral that results in needed services received	Active

NOMs

NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC

NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX

NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS

NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC

National Performance Measure 06: Percent of children, ages 9 through 35 months, receiving a developmental screening using a parent-completed tool

Too few children in Wisconsin receive a developmental screening using a standardized parent-completed tool before their third birthday. Nationally, 39.3% of children received a developmental screening using a parent-completed screening tool in the past year (according to the 2021-2022 National Survey of Children’s Health).

Objectives

Objective	2019-2020 National Survey of Children’s Health	2020-2021 National Survey of Children’s Health	2021-2022 National Survey of Children’s Health
Increase the percentage of children in Wisconsin, ages nine months through 35 months, who receive a developmental screening using a parent-completed tool from 43.1% to 47.4% (+10%) by 2025.	42.8%	43.9%	39.3%

Evidence-Based Strategy Measurement

Measure	2021 Data	2022 Data	2023 Data
Percent of medical providers trained who report using an evidence-based screening tool	38%	52%*	No data*
Percent of medical providers trained who report a change in knowledge related to developmental screening age interval recommendations	No data to report due to COVID-19	No data*	No data*
Percent of community developmental screening training participants who report an increase in knowledge regarding developmental screening	No data to report due to COVID-19	92%*	95%*

**Data reported for 2022 and 2023 includes all participants (both medical providers and community partner participants).*

Promote and provide developmental screening, referrals, and early intervention training and educational opportunities for families, community professionals, public health, home visitors and healthcare providers to increase skills/knowledge.

Local and Tribal Health Agency Support: The [Children’s Health Alliance of Wisconsin](#) (“the Alliance”) is the technical assistance provider for Developmental Screening, providing coordinated support for local and Tribal health agencies who selected the Developmental Screening objective as part of the Wisconsin Maternal and Child Health program’s annual

consolidated contracting process. Agencies focused on two strategies: 1) Collaborate to promote awareness, education, and programming for advancing developmental monitoring and screening, and 2) Promote education and training of the public health workforce to increase skill and competency in completing evidence-based developmental screenings. These strategies were addressed through the following activities:

- One-on-one welcome calls were coordinated with 16 local and Tribal health agencies (100% of agencies that selected the objective) across all five public health regions. These calls provided the Alliance and Title V staff opportunities to discuss 2023 plans and identify technical assistance needs. Agencies could also request check-ins throughout the year as needed.
- Three virtual office hour sessions were offered for agencies to ask questions and receive support. The first session was the most well attended with 44% (7/16) of agencies joining. This call featured Wisconsin's Title V Evaluator, who provided an overview of the new quarterly reporting format (Alchemer). The second session 13% (2/16) and the third session 0% (0/16) had minimal participation.
- [Three Peer Learning Calls were facilitated](#) to support agencies and featured guest presenters and breakout rooms for peer sharing and learning. Presentation topics included overviews of the [Birth to 3 Program](#), [Well Badger Resource Center](#), [Wisconsin WIC Program](#), and the Association of State Public Health Nutritionists [WIC Developmental Monitoring](#) projects.

In a post-call survey, 97.9% of agencies reported calls were useful and helped support their work, sharing:

- "Thank you for the Birth to 3 presentation. This helped me understand the resource background. I also really appreciated the community outreach discussion in my breakout session. I am excited to learn more from other counties and implement some ideas here."
- "Thank you for having the Well Badger Resource discussion. I learned a lot from this presentation. I also like the breakout session. Please continue to offer this. It was helpful to have a facilitator in the breakout room. We had some great discussions."
- "Both presentations were very helpful. I especially appreciated learning more about the WIC Developmental Monitoring Program, because I wasn't familiar with the details of this initiative. I have a much better sense of what this looks like now."

Overall, regarding their developmental screening work, 73.3% (11/15) of agencies reported partnerships and existing relationships help to facilitate their work, and the most common barriers were staff and partner capacity.

Developmental Screening Trainings: The Alliance trained 186 participants through eight live trainings. Participants held a variety of roles, such as medical providers, public health staff, childcare staff, Tribal clinic staff, health educators, health officers, public health nurses, behavioral health staff, medical assistants, nurse practitioners. A breakdown of the agencies trained is found below:

Agencies Trained	Attendees
Ascension (healthcare)	10
Columbia County Health Department	7
Edgerton Pediatrics	2
Lac Courte Oreilles Tribe	19
Open Registration promoted statewide	29
Polk County Health Department	10
Stockbridge Munsee Tribe	21
Wisconsin Childhood Lead Poisoning Prevention Program	88

Childhood Lead Poisoning Prevention program training: The [Childhood Lead Poisoning Prevention Program](#) held a second annual training facilitated by the Alliance for Childhood Lead Poisoning Prevention program staff working in local and Tribal health agencies focused on the [Ages and Stages Questionnaire third edition \(ASQ-3\)](#) and the [Modified Checklist for Autism in Toddlers, Revised with Follow Up \(M-CHAT R/F\)](#) tools, both validated screening tools. Local and Tribal health agencies use these tools when a child has a blood lead level above the current reference value to determine if additional follow up and referrals are needed. One participant shared, “I didn't know very much about developmental screenings prior to this training. It was interesting to learn about the importance of screening vs. surveillance vs. intervention, as well as great clinical resources for conducting evaluations.”

Tribal Health Agency Trainings: Two trainings supported Tribal Health Center/Tribal Clinic staff. Lac Courte Oreilles Tribal staff coordinated a training to promote cross-sector collaboration around developmental screening based on the need for alignment between sectors. They gathered early intervention partners to present, including local Birth to 3 Programs, and early childhood special education and childcare staff. This [community-based approach](#) to developmental screening training is an excellent example of how partnerships and relationship building can support universal developmental screening for children.

On-Demand Training Videos: The Alliance developed a series of virtual, on-demand videos to promote early identification and timely referrals for children with developmental delays. The videos provide foundational knowledge of developmental screening and surveillance best practices and the basics of the ASQ-3 and M-CHAT R/Screening tools. They feature a spotlight on Wisconsin’s CDC Learn the Signs. Act Early program, and the Ambassadors and resources available for professionals and families. The videos were utilized by ThedaCare Learning Management System with 49 providers and clinic staff. Training evaluations indicated that 78% (25/32) of participants agreed/strongly agreed that their knowledge of developmental screening increased as a result of the videos.



Developmental Screening and Surveillance Overview

This training video outlines the American Academy of Pediatrics (AAP) recommendations on developmental surveillance and screening. You'll also learn how to identify at least one way to incorporate developmental screening into well-child care delivery in primary care practice.



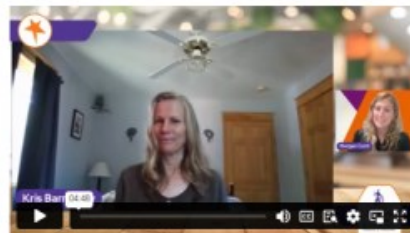
Developmental Screening: Understanding the Basics of the ASQ-3

This training will help you understand the Ages and Stages Questionnaire Third Edition screening tool, in addition to outlining how to identify at least one way to incorporate developmental screening into well-child care delivery in primary care practice.



Developmental Screening: Understanding the Basics of the M-CHAT R/F

This training will help you understand the Modified Checklist for Autism in Toddlers, Revised with Follow Up (M-CHAT r/f) and how to identify at least one way to incorporate developmental screening into well-child care delivery in primary care practice.



CDC Learn the Signs. Act Early. Resource Spotlight

This interview with CDC Learn the Signs. Act Early. Wisconsin Ambassador, Kris Barnekow, highlights the developmental surveillance resources available to professionals and families across the state.

Trainings provided by local and Tribal health agencies: Three local and Tribal health agencies provided a total of five developmental screening trainings for 42 community partners, which included childcare and healthcare providers, public health staff, Tribal community members and graduate students.

Other Support and Resources: The Alliance maintains a [Developmental Screening webpage](#) that offers basic information on developmental screening, the Title V performance measure, and resources for providers and families. The website was updated August 2023 to include a "[Request Training Today](#)" button, which was also promoted in the Alliance's Medical Home Minute publication, resulting in 537 views and featured in Facebook promotions.

Two family input sessions were coordinated by the Alliance in collaboration with the Wisconsin Care and Integration Initiative team to gather family and parent feedback on the developmental screening process. As a result, a parent has been added as a member of the developmental screening training review committee, content has been adjusted to highlight lessons learned from the sessions, and a video will be created to showcase parent experiences. The Alliance will utilize feedback from the review committee and parent input sessions to update the presentation slides in 2024 specifically highlighting proactive communication to make the screening process predictable and approachable for parents.

Local and tribal health agencies (LTHAs) held events promoting developmental monitoring and screening awareness, education, and programming in 2023.

Source: Wisconsin Title V Maternal and Child Health Program, Local and Tribal Health Agency Quarterly Reports

Of the 15 LTHAs that selected the developmental screening objective:



Strengthen collaboration and partnerships with other programs and/or grant-funded projects (doing similar work) to increase knowledge and promote resource utilization and tools to increase developmental screening rates, referrals, and early intervention.

The Title V team continued to build and strengthen partnerships with a variety of partners as listed below.

Local Partners: Local and Tribal health agencies held 190 events, reaching 2,644 people, to promote awareness, education, and programming to advance developmental monitoring and screening as part of their Title V funded work. Events were held in partnership with home visiting agencies, local businesses, public schools, public libraries, and other parent- and family-serving organizations.

Home Visiting: The [Family Foundations Home Visiting Program](#) is Wisconsin's version of the Maternal, Infant, and Early Childhood Home Visiting program. In 2023, the Title V program maintained a partnership with the Family Foundations Home Visiting program to promote developmental screening and referrals. Data shared from Wisconsin's Home Visiting staff included:

- Children with a timely screen for developmental delays using a validated parent-completed tool
- Home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning, and
- Children with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner.

Home Visiting staff supported the 2023 Maternal and Child Health Summit, hosted by the Title V team, by serving on a panel presentation to share information about the Home Visiting program with attendees.

Title V continued collaborating with organizations awarded Title V funds to implement equity-based projects to improve the health of maternal and child populations from January 2023 to June of 2024.

The [Family Resource Center of St. Croix Valley](#) hired a bilingual, bicultural parent educator to focus on serving Spanish-speaking families through the Home Visiting program and expanding community outreach and engagement. The Family

Resource Center aimed to build community trust and partnerships with the goal of increasing the use of their services for families. They coordinated cooking classes with University of Wisconsin -Extension and held berry and pumpkin picking events at local farms, in Spanish. Resources related to food pantries, diaper banks, dental clinics, legal services, and other topics were translated into Spanish and distributed through local churches, libraries, and other areas where families gather. As the parent educator made connections, determining additional needs and interests from families led to partnership with the local public health department to hold a car seat safety event for families to emphasize child transportation safety.

The [Winnebago County Health Department](#) established Family Resource hours to support families in accessing services such as developmental screenings, car seat education, basic need supplies, immunizations, lead screening, and breastfeeding support. The goal of the Family Resource Center hours is to reduce the number of visits a family needs to receive multiple services. The Winnebago County Health Department worked extensively with community partners to coordinate and promote Family Resource Hours. Spanish interpretation and resources were available when needed. The agency is working towards establishing a satellite site to offer Family Resource Hours along with other family-centered services offered by partners within a local Boys and Girls Club site.

The [Wisconsin Collaborative for Healthcare Quality](#) (WCHQ) implemented a project focused on improving pediatric, childhood, and adolescent immunization disparities and vaccine hesitancy. The collaborative formed a project Improvement Team with members from health systems, community partners, the Wisconsin Chapter of the American Academy of Pediatrics, the Immunize Wisconsin program, and the Department of Health Services Title V and Immunization programs. The project aims to report additional data measures around child and adolescent vaccinations within participating health systems. The Wisconsin Collaborative for Healthcare Quality focused on developing and testing new data measures for Hepatitis A, Rotavirus and Human Papilloma Virus (HPV) to be able to break down data from these and other childhood and adolescent immunizations by demographic, race/ethnicity, and payer criteria. The collaborative held a webinar for members titled "The Post-Pandemic Immunization Landscape" and a half-day assembly that included presentations from programs implementing innovative strategies to promote routine child and adolescent vaccinations. A series of video documentaries were developed for health systems and community organizations to better understand barriers and concerns among parents and caregivers related to child and adolescent vaccinations in underserved populations. A [toolkit for providers](#) highlighting best practices for increasing child and adolescent vaccinations is being developed and will be released in 2024. A partnership that emerged between Title V, the Wisconsin DHS Immunization program, Medicaid, and WCHQ led to routine connections between programs to discuss opportunities for collaboration.

Other organizations also partner with Title V to strengthen collaboration and partnerships to increase knowledge and promote resource utilization and tools to increase developmental screening rates, referrals, and early intervention.

First Five Fox Valley and [Help Me Grow Fox Valley](#): [Help Me Grow](#) is a system of supports for pregnant women, caregivers with new babies, and families with young children with developmental delays and disabilities. Services and supports are provided through Home Visiting and Early Intervention. Help Me Grow supports organizations that serve young children in accessing free developmental screenings and follow-up support from a Help Me Grow Resource Navigator. [First 5 Fox Valley](#), a nonprofit organization, established the Help Me Grow-Wisconsin system and is leading expansion of the evidence-based model. A new Help Me Grow affiliate was established in the northeast region of Wisconsin, which supports an additional seven counties and one Tribal nation. Title V funded the [Children's Health Alliance of Wisconsin](#) ("The Alliance") to provide technical assistance on developmental screening to support Help Me Grow's rural expansion project. The alliance trained the entire ThedaCare Health System of family practice and pediatric clinics in developmental surveillance and screening in 2022. Data gathered through Help Me Grow's database demonstrates the significant impact of Help Me Grow on increasing developmental screening rates with the mean number of children screened per participating county increasing from [3.2 to 66.8](#) over the course of the project period (7/1/22-12/31/23).

Title V and the Alliance staff participated in the search to fill a newly created Expansion Director role to oversee growth of Help Me Grow. A staffing transition in Title V due to a retirement, along with this new role, provided a prime opportunity for Help Me Grow, Title V and the Alliance to build a shared understanding of each agency's goals around developmental

screening. With future expansion in mind, the teams began exploring how Help Me Grow works with local and Tribal health agencies and supports developmental screening. Alliance staff participated in the Help Me Grow Advisory Council, a group dedicated to guiding the development of a statewide service model. Interest in Helm Me Grow and the community-partnership model continues to increase as agencies recognize the role of Help Me Grow in supporting children and families.

Wisconsin Women, Infants, and Children Program (WIC): Throughout 2023, Title V and [WIC](#) program staff met routinely to share program updates related to the [CDC's Developmental Milestone Checklist for WIC Program Staff](#) pilot project (described further in this narrative) and other developmental screening activities being implemented by local and Tribal health agencies as well as upcoming changes to the WIC service delivery model with the transition to a hybrid format. WIC staff joined a peer learning call to provide a presentation on the WIC program to local and Tribal health agencies. Later in the year, these check-ins with WIC were expanded to include other Title V staff, the new MCH Supervisor, and technical assistance providers working with local WIC teams.

Implement the CDC WIC Developmental Milestone Checklist Program with local and/or Tribal health agencies.

Title V continued collaborating with two local public health agencies to pilot the [CDC's Developmental Milestone Checklist for WIC Program Staff](#) with their local WIC departments. Using lessons learned from this, a new strategy around the checklist was developed for local and Tribal health agencies to select as part of the Developmental Screening objective in 2024. Title V staff continued partnering with the [Association of State and Public Health Nutritionists](#) by joining national calls focused on developmental monitoring to learn from other states and share the work of Wisconsin agencies.

Three agencies implemented the Developmental Milestone Checklist program and administered 165 checklists, referring 22 children for possible developmental concerns, with six of those children (27.3%) receiving services following a referral. As the year progressed, several additional local and Tribal health agencies requested information on the WIC Developmental Monitoring Checklist, giving Alliance staff an opportunity to share resources and information about the project.

Local and tribal health agencies (LTHAs) promoted utilization of the CDC WIC Developmental Milestones Checklist.

Source: Wisconsin Title V Maternal and Child Health Program, Local and Tribal Health Agency Quarterly Reports

Of the 15 LTHAs that selected the developmental screening objective:



As a result of LTHAs implementation efforts:



In September 2023, the program manager of the Children's Health Alliance of Wisconsin was selected as the CDC's "[Learn the Signs. Act Early.](#)" Ambassador to Wisconsin. In this role, the Ambassador can expand partnerships with early childhood sectors and align statewide efforts. Goals for the Ambassador directly align with Title V efforts, specifically around collaborating with WIC and Help Me Grow partners. Utilizing the CDC's "Learn the Signs. Act Early." resource is a crucial

strategy to support this performance measure. Agencies use these resources for parent education, community outreach, and to support and collaborate with other sectors. Title V, the Alliance, and state WIC staff collaborated to personalize the [Developmental Milestone Checklist Program for WIC Deskside Reference Guide](#) receiving CDC graphic support coordinated by the Wisconsin “Learn the Signs. Act Early.” Ambassador. This resource was a request by Wisconsin WIC state partners and will be disseminated in 2024.

Implement the Wisconsin Child Psychiatric Consultation Program

The [Wisconsin Child Psychiatric Consultation Program](#) began in 2014, supported by an allocation from the Wisconsin State Legislature. Since then, the Wisconsin Department of Health Services has contracted with the Medical College of Wisconsin to implement the program statewide. The Title V program continues to provide contract administration, project management, and support to the Medical College of Wisconsin. This project is funded by the Wisconsin State Legislature at \$2,000,000 each year. Active enrollment continued across all regions of Wisconsin with 2,321 providers enrolled and 9,793 consultations provided since the program inception. In 2023, 526 new providers enrolled, there were 1,868 consults to providers, and 659 hours of provider education was completed. Encounter data continues to show that most primary care providers were calling about children and adolescents ages 6-20 years old, and the most common reasons for consultation were medication questions/education, diagnostic questions, and care coordination. A conference was held for primary care providers in November 2023 with approximately 140 attendees. The program has regular connections with the Periscope project, Medical Home Initiative, Office of Children’s Mental Health Initiative Collective Impact Council, and Wisconsin Chapter of American Academy of Pediatrics, collaborating with other Title V partners.

Title V staff facilitate quarterly check-in calls with program staff to discuss program implementation, improvements, and data collection and collaboration with other state partners. Staff collaborate to create a yearly [Child Psychiatric Consultation Program Brief Report](#) that highlights cumulative outcome data to increase program awareness in the provider community. The program continues to build primary care provider capacity to support the behavioral health needs of children and families. Enrolled providers share a trusting relationship with a child psychiatrist and receive timely expert consultation and access to ongoing education and support. There is also referral assistance to local mental health resources.

Implement the HRSA Pediatric Mental Health Care Access grant.

Wisconsin received a five-year Pediatric Mental Health Care Access program grant from the US Maternal Child Health Bureau in October 2018, which ended September 30, 2023. This grant supported a part-time child psychiatrist and regional coordinator so the Wisconsin Child Psychiatric Consultation Program could reach statewide capacity and create educational support to primary care providers. Wisconsin Women’s Health Foundation’s Well Badger program was funded to create and maintain the database for professionals, families, and individuals to find local resources.

In August 2022, the Wisconsin Department of Health Services announced the availability of one-time funding from the Bipartisan Safer Communities Act, which reauthorized and expanded the Pediatric Mental Health Access program. Wisconsin’s Title V program identified five agencies to address the behavioral health needs among children and adolescents, providing support for professionals and communities across Wisconsin. The five agencies selected were: the Wisconsin Women’s Health Foundation’s Children’s Mental Health Navigator; Red Maple Consulting; University of Wisconsin-Green Bay; The Lakes Community Health Center; and Friendship House. These projects ended June 2023 with final reports sharing successes, challenges, and lessons learned for future grantees.

Wisconsin then applied for and received a 3-year Pediatric Mental Health Care Access Program HRSA award, which started October 1, 2023. Work on this grant is in the early stages, however in 2023 a competitive funding process was implemented to identify agencies to address the goals of promoting behavioral health integration into pediatric primary care and addressing gaps in access to children’s mental health services. More information can be found in the Child Health Annual Report section of this submission.

The Title V program further facilitated and promoted social and emotional health and access to mental health services through collaboration with and participation in [Office of Children's Mental Health Collective Impact Council](#) to promote linkages to Title V work and learn about other statewide work supporting children's mental health. This strategy is further described in the Systems Building performance measure. Additionally, partnerships with the Wisconsin Women's Health Foundation, Well Badger program continues to maintain their [The Children's Mental and Behavioral Health Resource Navigator](#) for professionals, families, and individuals to find local resources.

National Performance Measure 08.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

Too many children in Wisconsin are considered overweight or obese by BMI standards (30.7% of ages 10-17 is used as a proxy measure from the National Survey of Children's Health), which is a strong predictor of poor health outcomes throughout their lives. Data comparisons from 2021 to 2022 show the percentage of children with an overweight or obese classification increased slightly, and the percentage of children who are physically active at least 60 minutes per day went down.

Objectives

Objective	2017-2018 National Survey of Children's Health, ages 10-17	2020-2021 National Survey of Children's Health, ages 10-17	2022 National Survey of Children's Health, ages 10-17
Decrease the percent of children in Wisconsin with an overweight or obese classification from 30.5% to 28% (-8.2%) by 2025.	30.5%	30.7%	Title V discontinued using in 2023*
Increase the percent of children, ages 6 through 11, who are physically active at least 60 minutes per day from 30.8% to 33.9% (+10%) by 2025.	30.8%	29.9%	28.2%*

**Note: The Maternal and Child Health Bureau and the Census Bureau revised imputation and weighting by race and ethnicity for the 2022 NSCH. The updated weights are applied to the 2022 NSCH data but have not been applied to estimates prior to 2022 on the Data Resource Center data query.*

Evidence-Based Strategy Measurement

Measure	2021 Data	2022 Data	2023 Data
Percent of local and Tribal health agencies in Wisconsin receiving Title V funding who chose the physical activity and nutrition project option	Project option did not exist	9.3%	12.5%

Support local and Tribal health agencies with Title V funding by offering project options to advance physical activity and nutrition at the local level.

Local and Tribal health agencies shared which activities they implemented or started planning (or didn't select) in 2023.

Source: Alchemer, MCH Quarterly Reporting

	Site 1	2	3	4	5	6	7	8	9	10	11	12
Strategy 1: Partner with programs (e.g., UW Extension, FoodWise) to support health in children ages 6-11 years old												
Identified and met with point of contact												
Identified needs or service gaps in community												
Identified a local PSE* change to implement												
Took steps towards implementing PSE change												
Strategy 2: Partner with K-5 schools and local partners on school wellness policy requirements												
Recruited at least one school partner												
Completed school wellness assessment, identified PSE												
Strategy 3: Partner with community organizations to support improved physical activity and nutrition in children												
Identified a youth-serving community partner												
Identified a PSE change to implement												
Took steps towards implementation												

*PSE = Policy, Systems, and Environmental Change

2023 marked the second year local and Tribal health agencies could select the Physical Activity and Nutrition objective as part of the Wisconsin Maternal and Child Health program’s annual consolidated contracting process. Twelve agencies, from across all five public health regions, selected the objective; 8 new and 4 who previously selected the objective. Local and Tribal health agencies focused on three strategies centered on children ages 6-11:

- Partner with the University of Wisconsin Extension and other programs to support health.
- Partner with K-5 schools and other local partners on school wellness requirements.
- Partner with local after school/out of school time programs and community organizations to support opportunities for improved physical activity and nutrition.

Strategies were developed by the Title V Physical Activity and Nutrition workgroup, made up of partners from the [Wisconsin Department of Health Services-Chronic Disease Prevention Program](#), the [Wisconsin Department of Children and Families](#), and [healthTIDE](#) at the [University of Wisconsin-Madison School of Human Ecology](#). The physical activity and nutrition workgroup met bi-weekly to support, advance, and align Title V strategies with other ongoing statewide efforts.

Wisconsin is one of three states participating in the [Children's Healthy Weight State Capacity Building Program](#), funded by the [Maternal and Child Health Bureau](#) and administered by the [Association of State and Public Health Nutritionists](#). The overall goal is to integrate public health nutrition into Wisconsin’s Title V NPM 08.1 by 2025. Wisconsin’s three priorities for this project align with Title V strategies in NPM 08.1 and include:

1. Build public health workforce capacity around implementing policy, systems, and environmental change strategies
2. Build and strengthen partnerships.
3. Optimize nutrition-related data, all described later in this narrative.

Wisconsin participated in several technical assistance sessions coordinated by the Association of State and Public Health Nutritionists around Human Centered Design principles and is working to incorporate these into work with local and Tribal health agencies.

Title V gathered feedback from local and Tribal health agencies to monitor progress and identify opportunities for

improvement. Based on this feedback, the physical activity and nutrition project option was revised for 2024 into two strategies. The first strategy, for agencies new to the objective, focuses on building knowledge and skills around implementing policy, systems, and environmental changes. The second strategy, for agencies that have selected the objective previously, focuses on moving towards implementation of policy, systems, and environmental change. Recognizing each community has a unique set of needs, assets, and capacities, the strategies now allow agencies to customize their area of focus rather than the strategy being tied to a specific sector (e.g., schools).

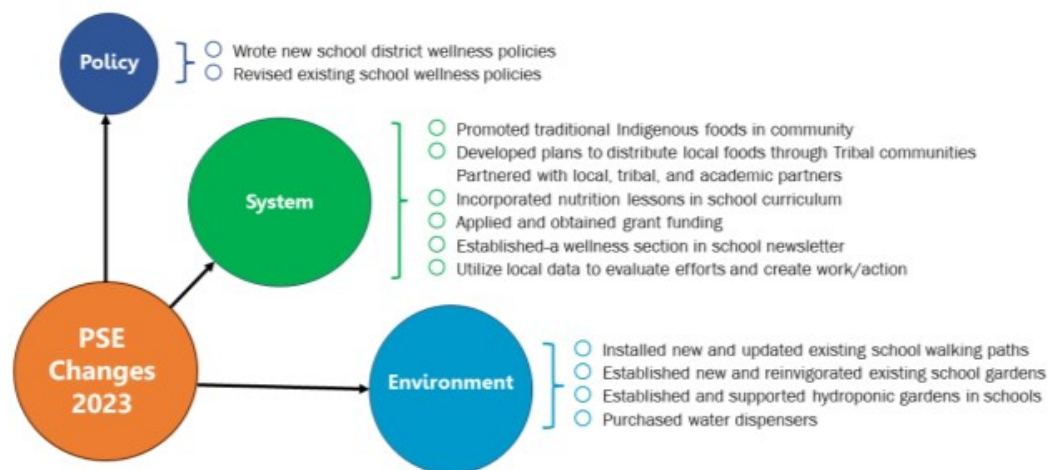
Core activities within each strategy were also aligned and include:

- Complete the [Systems Approaches for Healthy Communities](#)
- Use local data and assessments to determine need and focus
- Integrate community voice into project planning and implementation
- Establish and strengthen community partnerships

Local and Tribal health agencies are encouraged to implement community engagement strategies to uncover barriers and facilitators that will lead to identifying needs of the community. The ongoing partnership with the [University of Wisconsin-Madison Division of Extension Health and Well-Being Program \(University of Wisconsin-Extension\)](#) has proven to be integral in supporting local and Tribal health agencies, and supporting this work statewide, therefore partnering with local University of Wisconsin -Extension offices was emphasized. Intentionally aligning local and Tribal health agencies and University of Wisconsin -Extension staff increased capacity and strengthened policy, system and environment changes.

Local and tribal health departments planned and implemented physical activity and nutrition-related policy, system, and environmental (PSE) changes in 2023

Source: Wisconsin Title V Maternal and Child Health Program, Local and Tribal Health Agency Quarterly Reports



Enhance Title V workforce capacity to implement nutrition and physical activity systems changes to support maternal, child, and adolescent populations through skill building, peer-to-peer learning, and other opportunities.

healthTIDE at the [University of Wisconsin-Madison School of Human Ecology](#) continued as the Technical Assistance provider for the local and Tribal health agencies using their annual Title V funding to support physical activity and nutrition work in their communities and facilitated support for local and Tribal health agencies. The technical assistance model included the following elements:

- [Systems Approaches for Healthy Communities Course](#)
- Peer Learning Calls
- Case-Study Webinars
- Individualized Coaching and Technical Assistance
- Other Implementation Resources and Guidance

Systems Approaches for Healthy Communities Course

This course, comprised of five modules, provides foundational knowledge around implementing policy, systems, and environmental changes related to physical activity and nutrition, as well as community and partner outreach and engagement. Course registration was offered to local and Tribal health agencies at no cost through a partnership with the [University of Minnesota School of Public Health](#) MCH Nutrition Training program, the recipient of a Public Health MCH Nutrition Training Grant through the [Maternal and Child Health Bureau](#). Staff from participating agencies completed the course modules on their own over about five months. One hundred percent of agencies that chose to work on physical activity and nutrition projects with their annual Title V funding had staff complete the Systems Approaches for Healthy Communities Course.

A pre/post course survey was distributed to participants to gather change in knowledge and confidence in implementing policy, systems, and environmental changes.

"I thought that this module did a great job creating an overview of the information. I am new to the Public Health world, and this was a good way to get some important information to me and how it would relate in situations" (2023 Systems Approaches for Healthy Communities Course Participant).

Participants' understanding of policy, systems, and environmental (PSE) change increased after completing the System Approaches for Healthy Communities (SAMC) course.

Measured by the percentage of participants who rated themselves "competent" or "proficient" in three areas, comparing the **pre-course survey** (n=9) and the **post-course survey** (n=9)
 Source: Alchemer SAHC Pre/Post Survey



In 2023, [University of Wisconsin-Madison Extension](#) Health and Well-Being Educators (Healthy Eating, Active Living, Behavioral Health and FoodWise) completed the Systems Approaches for Healthy Communities Course as part of University of Wisconsin-Extension's goal of supporting increased knowledge and confidence in policy, systems, and environmental change implementation among their staff.

Participants' familiarity with resources increased after completing the System Approaches for Healthy Communities (SAHC) course.

Measured by the percentage of participants who rated themselves "somewhat familiar" or "familiar" with two types of resources, comparing the **pre-course survey** (n=10) and the **post-course survey** (n=9). Source: Alchemer SAHC Pre/Post Survey



Peer Learning Calls

Seven Peer Learning Calls were facilitated with local and Tribal health agencies. The first call was an orientation/welcome to the objective, and the following five calls focused on applying module content. These calls included a brief module review and peer-to-peer sharing around each agency's strengths and challenges related to the module. Community specific breakout rooms were included in the calls to support local partnership building with University of Wisconsin -Madison Extension Health and Well-Being Educators (Healthy Eating, Active Living, Behavioral Health and FoodWise). The final call focused on the Wisconsin Title V Community Engagement Assessment Tool, which has since been discontinued. Every agency that participated in the Peer Learning calls agreed or strongly agreed that the calls and hearing about other agencies' work was helpful and supported their work.

Case-Study Webinars

Two optional webinars were held that focused on specific settings to give local and Tribal health agencies examples of policy, systems, and environmental changes in different settings. The first webinar focused on school-based work around physical activity and nutrition and was facilitated by a representative from a local health department. The second webinar focused on Out-Of-School Time strategies and was facilitated by representatives from the [Wisconsin After-School Network](#).

Individualized Coaching and Technical Assistance

Agencies and staff new to the objective received general technical assistance as needed in registering for and completing the course modules. Agencies who completed the course previously were assigned a "coach" who set up two, one-on-one coaching calls throughout the year to provide individualized coaching based on the work the local and Tribal health agencies were implementing. Coaching calls were optional, therefore attendance varied. Thirty-three percent (4/12) agencies participated in a coaching call and of those 75% indicated the sessions were helpful in improving their knowledge and skills to develop and implement policy, systems, and environmental work.

- "It was nice to have a designated time to discuss our questions."
- "The knowledge and expertise of the coach helped guide our learning curve of the planning process. The information

about funding opportunities to find matching funds for our AmeriCorps volunteers have been useful and has given us hope.”

Implementation Resources and Guidance

Following each Peer Learning Call an email summary was shared that included the call recording for those unable to attend, presentation slides, and links to resources shared during the call. Following coaching calls, notes were shared along with resources specific to each agency’s plans for policy, systems, and environmental change. Throughout the year, relevant funding opportunities were shared with all local and Tribal health agencies.

Fifty-eight percent (7/12) of local and Tribal health agencies reported taking steps towards implementing a policy, systems, and environmental change with community partners. A variety of physical activity and nutrition activities were implemented with twelve sites that included schools/school districts (66.7%), childcare centers (16.7%), after-school programs (8.3%), community-based programs (8.3%), and community centers (8.3%). Sites served a total of 5,781 children, ages 6-11, who primarily identify as white (83.3%), American Indian or Alaska Native (58.3%), Black or African American (41.2%), Hispanic or Latinx (33.3%), Native Hawaiian or Pacific Islander (33.3%), and Asian (25%).

The most common factors that facilitated the work of local and Tribal health agencies were partnerships/existing relationships and resources provided from the technical assistance provider and Title V staff content expert. The most common barriers to this work as reported by local and Tribal health agencies include staff capacity and lack of funding and other resources.

Success Stories

- “The Clark County Health Department feels very accomplished in our efforts to introduce young children to healthy foods and growing their own produce. Whenever we are onsite helping children plant seeds, harvest, or tend to their garden, they are all very excited and take great pride in their garden(s). We continue to receive a significant amount of positive feedback from teachers, parents, and students in our communities.”
- “We have heard positive feedback on the naturally flavored water, the [Forest County Potawatomi] farm will be growing herbs for us to use in the water. The preschool has reported they need to fill the 5-gallon jug up before the end of the day as so many kids are drinking water. The Forest County Coalition for Activity and Nutrition has gained momentum and utilizing the Forest County CHA for data-driven decisions.”

[Dr. Abby Gold \(University of Minnesota Extension\)](#) and [Dr. Jamie Stang \(University of Minnesota School of Public Health\)](#) continued providing technical assistance to the Title V team as needed around the Systems Approaches for Healthy Communities Course.

Integrate community and partner input into technical assistance opportunities, inform future planning efforts, and enhance partnerships at the local level.

Through a contract with the Title V program, [healthTIDE](#) coordinated community conversations with second generation, US-born parents and caregivers from Black, Latino, and Tribal communities in Wisconsin in 2022. The purpose of these conversations was to center voices of parents and caregivers to help the Title V program and partners better understand the challenges and experiences of families in striving to live a healthy life and recommendations they have for organizations serving communities of color. Results were disseminated by community leaders, starting in November with a [presentation to Title V staff](#). Title V and healthTIDE staff will use the written report, released in 2024, to evaluate how the results can be integrated into NPM 08.1 as well as the upcoming Title V Needs Assessment.

Engage with partners to align and advance Title V physical activity and nutrition efforts with other agencies' work

across the state.

Strengthening partnerships with other organizations working to increase physical activity opportunities and improved nutrition in Wisconsin's children and youth continued to be a cornerstone of 2023.

Quarterly check in's between healthTIDE, Title V, and University of Wisconsin -Division of Extension provided a space to discuss challenges, successes, and opportunities for improvement with the work happening with local and Tribal health agencies (LTHAs). University of Wisconsin -Extension staff accompanied healthTIDE and Title V staff at the Association of State and Public Health Nutritionists Children's Health Weight Capacity Building project in-person meeting in Denver, Colorado, which provided an opportunity to share lessons learned with other participating states.

The ongoing partnership with the University of Minnesota School of Public Health has created opportunities for University of Minnesota MCH Trainees to support Wisconsin's Title V NPM 08.1 work in a variety of ways. In 2023, MCH Trainees supported Community Conversation data analysis and spearheaded development of a poster presentation for the Association of State Public Health Nutritionists annual meeting. This partnership also has provided benefits to Wisconsin's local and Tribal health agencies. Additionally, Dr. Jamie Stang, PhD, MPH, professor at the University of Minnesota's Division of Epidemiology and Community Health will partner with the Wisconsin Title V program to share costs of a new two-year license beginning in 2024 which will allow the Systems Approaches for Healthy Communities Course Systems Course to be available at no charge to local and Tribal health agencies through 2025.

Title V staff and physical activity and nutrition workgroup members participated in several statewide groups including [Healthy Early](#) described in further detail in Systems Building performance measure, the [Wisconsin Farm to Early Care and Education](#) workgroup, Wisconsin's Title V Adolescent Health team, Wisconsin Department of Health Services-Chronic Disease Prevention Program statewide meetings, and one-on-one meetings with other partners such as the [Wisconsin WIC Program](#), [Wisconsin Collaborative for Healthcare Quality](#), and [Badger Prairie Needs](#) (local food pantry) in addition to those previously mentioned in the Public and Private partnerships narrative of this submission. Staff also joined and co-facilitated a workgroup coordinated by Adolescent Health staff around school wellness and food service policy development further described under NPM 05.5.

Several Wisconsin state agencies received funding in 2023 to support strategies related to physical activity and improved nutrition. healthTIDE coordinated a virtual meeting with these agencies to share details of each project and identify areas of collaboration. Agencies included: Title V, University of Wisconsin -Extension, Wisconsin Department of Children' and Families, and the Wisconsin Department of Agriculture, Trade and Consumer Protection.

Title V staff collaborated on a letter of support for the [Wisconsin Department of Health Services-Chronic Disease Prevention Program's](#) application to the [CDC's State Physical Activity and Nutrition \(SPAN\) program](#) which was awarded to the Department, giving additional opportunities for collaboration and alignment. Strategies within the SPAN grant will focus on using a policy, systems and environmental change approach to decreasing disparities related to access to healthy foods, safe and accessible physical activity, continuity of care in breastfeeding support, and early care and education settings at the state and local level. Title V, the Chronic Disease Program, and healthTIDE staff meet regularly to share updates and identify areas of overlap and opportunities for collaboration to best support agencies implementing Title V and SPAN priorities.

Title V and Chronic Disease staff continue to convene with partners from the Wisconsin Department of Public Instruction (DPI) and other statewide organizations around DPI's "School-Based Interventions to Promote Equity and Improve Health, Academic, and Well-Being of Students" cooperative agreement with CDC, awarded in 2023. This work aims to foster partnerships to support school wellness programs and make plans to implement physical activity, school nutrition, and school health policies, practices, programs, and services with state and local education agencies, schools, and out-of-school time settings to manage and prevent chronic disease. DPI also has a focus on collaborating with one Wisconsin Tribal School District/Local Education Agency, the Menominee Indian School District, to support this work. Title V staff

participate in the Statewide Whole School, Whole Community, Whole Child Coalition (WSCC), formed as part of this project, and meet, as needed, with the DPI team and others to identify areas of overlap and opportunities for alignment.

University of Wisconsin Madison-Division of Extension's Health and Well-Being Institute was awarded a five-year cooperative agreement from the Centers for Disease Control and Prevention for the High Obesity Program. Strategies include working with Tribal nations and community partners in Ashland County and Menominee County/Nation to implement food service and nutrition guidelines, fruit and vegetable vouchers and produce prescriptions, increasing access to safe and accessible spaces to be physically active, advancing Farm to Early Care efforts, and supporting policies and activities that improve nutrition, physical activity and breastfeeding in Early Care and Education settings.

The Wisconsin Department of Children and Families staff were key in ensuring out-of-school time settings were included in Title V work with local and Tribal health agencies. Their staff participated in the Title V Physical Activity and Nutrition workgroup until mid-2023, when a key staff member retired. Later in the year, Title V and Chronic Disease program staff met with Department of Children and Families leadership to provide a general overview of the NPM and the intersection with out-of-school time settings to help identify a replacement from the Department of Children and Families for the physical activity and nutrition workgroup. Title V and Chronic Disease Program staff participate in regular meetings with state partners who support Go NAPSACC, which offers assessments, trainings, and tools to help early care and education programs better support health and well-being.

As the Technical Assistance provider for the NPM 08.1, identifying and building partnerships is a priority for healthTIDE at the University of Wisconsin-Madison School of Human Ecology. Several partnerships were maintained by healthTIDE and include: the [Upper Midwest YMCA Alliance](#), [Wisconsin School Garden Network](#), [Wisconsin Afterschool Network](#), Wisconsin's Farm to School Advisory Council, the [Wisconsin Department of Agriculture, Trade and Consumer Protection](#), [Wisconsin Association of Nutrition and Dietetics](#), [Wisconsin Food is Medicine](#), and [Children's Hospital of Wisconsin](#).

The [Great Lakes Intertribal Food Coalition](#) is working to strengthen Indigenous food networks and increase nutritious, culturally meaningful foods for Indigenous people. They are currently exploring Farm to School and Farm to Early Care and Education strategies to increase access to indigenous foods within Tribal communities.

Expand Title V capacity to use and leverage existing data sources that collect information related to physical activity and nutrition to support and inform internal and external work.

The Title V Physical Nutrition and Activity workgroup collaborated with several partners to digitize the evidence-based [Out of School Nutrition and Physical Activity \(OSNAP\)](#) assessment tool into Wisconsin's online reporting system (REDCap) for childcare providers in 2022. This tool, now called the Wisconsin Active Out-of-School Time Healthy Bites Assessment, was available to technical consultants contracted by the Department of Children and Families to support childcare, out of school time and afterschool sites participating in the [YoungStar](#) quality rating improvement system. The tool, available in English and Spanish, identifies practice changes and improvements around physical activity and nutrition. This tool will allow the Title V team to view data in aggregate from around the state and use it to prioritize technical assistance and resources around nutrition and physical activities in out-of-school time settings. The Wisconsin Department of Children and Families staff provided training to SHINE Early, the new technical consultant for YoungStar on using the tool with sites. Staff transitions at the Department of Children and Families and the transition to a new technical consultant were a barrier to the tool being utilized by agencies in 2023, however the Title V team and partners are in a good position to promote this tool as some local and Tribal health agencies move towards implementation of policy, systems, and environment changes in out of school time settings.

Exploring existing data sources that could inform internal and external physical activity and nutrition work statewide is an ongoing priority. Title V staff started by developing a thorough list of all potential data sources specific to Wisconsin. A trainee from the University of Minnesota partially explored details available for each data point (such as years and demographic breakdown available) in fall of 2023. While food and nutrition insecurity are currently not identified as a priority for

Wisconsin's Title V program, there has been intentionality in including data around food insecurity in this project to inform potential future efforts should NPM 12 (Food Sufficiency) be selected as a priority in the next Title V cycle. This data project is ongoing and will continue into 2024.

Food Insecurity Project

The [Children's Health Alliance of Wisconsin](#), a longtime partner of the Wisconsin Title V program, completed a third year of a collective impact project focused on childhood food insecurity. The team is working to develop screening and referral mechanisms across primary care, clinics, food banks, and food pantries. The purpose of this Title V funded project is to build the capacity of food systems and health systems to partner in order to connect families to food, nutrition, and healthcare services. Strategies that began in 2023 include testing a new model of an embedded FoodShare outreach specialist in a primary care clinic to determine if it is acceptable and desired by families. Partners from Children's Wisconsin, [Friedens Food Pantry](#), [Feeding America Eastern Wisconsin](#), [Medical College of Wisconsin](#), and the [City of Milwaukee Health Department](#) are collaborating with [Data You Can Use](#), who serves as the evaluation partner. Together, they are exploring how they might share permissible data to better coordinate services and support to families mutually served by multiple organizations. This project carries into 2024 and results will be used to inform additional Title V strategies around food insecurity.

National Performance Measure 06: Percent of children, ages 9 through 35 months, receiving a developmental screening using a parent-completed tool

Early identification and intervention for developmental disorders are critical to the well-being of children and are the responsibility of pediatric professionals as an integral function of the medical home. The [American Academy of Pediatrics Developmental Surveillance and Screening Initiative](#) recommends both developmental monitoring (also called surveillance) and developmental screening for all children. Wisconsin's Title V program remains committed to addressing the problem through established partnerships with statewide programs and within the medical and local communities. Partnering to ensure everyone's efforts are in alignment is necessary to continue to increase the rate of developmental screening.

Collaborate with local and Tribal health agencies to increase knowledge, skills, and community awareness of developmental screening and early intervention and referral resources through training and education and other technical assistance opportunities.

Developmental Screening will be offered as a project option for local and Tribal health agencies to use their annual Title V funding to support. The Children's Health Alliance of Wisconsin medical home initiative (the Alliance), will serve as the technical assistance provider for agencies who opt to use their Title V funds for this work. The Alliance will provide trainings for Local and Tribal health agencies to promote and encourage the use of a valid standardized developmental screening tool, such as the [Ages and Stages Questionnaires-Third Edition \(ASQ-3\)](#).

One-on-one check ins will kick start the year to gauge agency needs and plans for the year. Three quarterly learning calls will be facilitated by the Alliance to promote increased understanding of developmental screening best practices and offer agencies an opportunity to network and learn from one another. These calls will also provide an opportunity to feature other programs and resources that are connected to developmental screening such as the Wisconsin Home Visiting, Lead, and WIC programs, Birth to 3, Help Me Grow, and other agencies supporting early childhood development. Optional office hours will be offered to local and Tribal health agencies to support their work on developmental screening and problem solve challenges they are experiencing.

Support healthcare staff and other professionals with trainings and other resources around developmental screening and early intervention and referral resources.

The Alliance will also provide trainings to medical providers and other professionals to support universal developmental screening for all Wisconsin children. These trainings will be promoted through specific outreach and collaboration with agencies that express interest as well as through the Medical Home website. Specifically, training for Wisconsin Lead program staff will be provided by the Alliance, as the technical assistance provider for Developmental Screening. Title V and Alliance staff will explore other needs for training opportunities around developmental screening such as with childcare providers and Help Me Grow Resource Navigators.

Strengthen collaboration and partnerships with other programs and/or grant-funded projects to increase knowledge of developmental screening, to promote resource utilization, increase developmental screening rates, referrals, and early interventions.

Title V will continue prioritizing partnerships and collaboration with agencies doing similar work. These partners will include local and Tribal health agencies, Birth to 3, the Wisconsin Lead program, the Office of Children's Mental Health, Children and Youth with Special Healthcare needs, Children's Psychiatric Consultation Program, Help Me Grow, and other partners

as opportunities arise. Additionally, Title V's partnership with the [Family Foundations Home Visiting Program](#) will continue with data sharing around Home Visiting developmental screening data and measures which will enhance data collection and analysis, specifically for Black and Indigenous families enrolled in Home Visiting programs.

Collaboration with the Wisconsin WIC program will continue as local and Tribal health agencies implement the CDC Developmental Milestone Checklist program as part of their annual Developmental Screening objective. Regular meetings between program staff will ensure a solid understanding of each partner's work and identify opportunities for collaboration to support children and families. The partnership with the Wisconsin Act Early Ambassador will support this work as agencies will be offered additional tools, technical assistance, and other resources needed to be successful. Title V will explore working with WIC to integrate the CDC's Milestone tracker button within the WIC Shopper app.

Collaboration will continue with the Wisconsin [Child Psychiatric Consultation Program](#). The program will continue to provide consultative support to primary care providers in the management of children and adolescents with mild-to-moderate mental health concerns. The program will collect data on encounters, trainings, referrals and recommendations. The Child Psychiatric Consultation Program will look for opportunities to publish research on the project outcomes and share program information with other states as requested. Outcomes will be collected, assessed, and reported to track progress and ensure high quality services are offered statewide. Additionally, a brief annual report will be prepared and shared with stakeholders.

Wisconsin's five-year Pediatric Mental Health Care Access grant ended in September of 2023. Wisconsin then applied for and received a 3-year Pediatric Mental Health Care Access program HRSA award, which started October 1, 2023. The Title V program implemented a competitive process to identify seven agencies to address the goals of promoting behavioral health integration into pediatric primary care and addressing gaps in access to children's mental health services. The seven agencies and their programs are listed below.

- **Wisconsin Women's Health Foundation, Well-Badger** will maintain [The Children's Mental and Behavioral Health Resource Navigator](#) for professionals, families, and individuals to find local resources. They will be expanding the pilot to non-traditional partners such as law enforcement, emergency medical services and emergency departments.
- **Wisconsin Medical College** will provide data, expertise, education and support to the Pediatric Mental Health Care Access grant.
- **Golden Apple Healing Arts** will implement behavioral mental health professional development program for Primary care Advanced Practice Nurses: Engaging a health culture diplomacy approach to decrease suicide risk and increase belonging in Asian-Wisconsin youth.
- The **Wisconsin Chapter of the American Academy of Pediatrics** will host a Youth Mental Health Conference.
- **Kenosha Community Health Clinic** will integrate pediatric mental health into their primary care federally qualified health center by training staff to do mental health screening at all well-child visits.
- **Us 2 Behavioral Health Care Inc** are providing professional development education to community and school partners on multicultural approaches to trauma-informed care for youth.
- The **Office of Children's Mental Health** will coordinate children's mental health initiatives and improve integration across state agencies, and track children's mental health data points directly related their efforts.

Lastly, two new opportunities to collaborate will be explored in 2025. A potential new partnership with Department of Children' and Families to understand how developmental screening intersects with the childcare setting, and increased collaboration

and partnering within Title V's Children and Youth with Special Health Care Needs program to provide updates on developmental screening strategies and explore more opportunities for collaboration, in general and within the context of medical home.

Collaborate with partners to continue exploring the role of local and Tribal health agencies in supporting the expansion of Help Me Grow Wisconsin.

Title V will continue engaging with Help Me Grow (HMG) Wisconsin to explore how it can be integrated with Title V activities with local and Tribal health agencies. Collaboration between Title V, the Alliance, and Help Me Grow will support additional data around developmental screening to identify gaps in access to developmental screenings and other barriers. Best practices learned through this collaboration will be shared with other partners, including local and Tribal health agencies. Title V will support local and Tribal health agencies in using their Title V funds to support staff involvement and leadership in early childhood community coalitions and groups interested in establishing Help Me Grow in their regions.

National Performance Measure 08.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

Enhance local and Tribal health agency workforce capacity to implement nutrition and physical activity focused policy, systems, and environmental changes through skill building, peer-to-peer learning, and other opportunities.

Local and Tribal health agencies will be supported through a variety of strategies to implement policy, systems, and environment changes aimed at increasing opportunities for physical activity and improved nutrition for children ages 6-11.

Physical Activity and Nutrition will be offered as an objective for local and Tribal health agencies to select as part of the Maternal and Child Health program's annual consolidated contracting process. Agencies and staff new to the objective will start with completing the [Systems Approaches for Healthy Communities](#) course from the [University of Wisconsin Division of Extension-Health and Well-Being Program](#). In the latter half of 2025, agencies will apply the information learned through the course to build partnerships, identify relevant assessments, and develop an action plan for implementation of their policy, systems, and/or environment change.

Agencies in the second year or more of using Title V funds to address physical activity and nutrition in their communities, and agencies who have completed the Systems course, will focus on continuing to build and establish partnerships that support moving forward with implementing policy, systems, and/or environmental changes outlined in the plan developed the previous year. Technical assistance and ongoing support will continue being provided by [healthTIDE](#) with the [University of Wisconsin-Madison School of Human Ecology](#). The University of Wisconsin Division of Extension-Health and Well-Being Program (University of Wisconsin-Madison Extension) will continue supporting local and Tribal health agencies by connecting them with their local University of Wisconsin -Madison Extension Health and Well-Being Educators (Healthy Eating, Active Living, Behavioral Health, and [FoodWise](#)).

For agencies new to this work, peer learning calls which will be facilitated by healthTIDE, will focus on the modules in the Systems Approach for Healthy Communities course. For agencies who already completed the course, peer learning calls will focus on implementation of policy, systems, and environmental changes.

Content specific webinars will be coordinated to support all agencies in moving the needle on improving physical activity levels and increasing access to healthy foods for children and families. Title V will integrate Human Centered Design principles learned through technical assistance the team is receiving from the Association of Public Health Nutrition through the Children's Healthy Weight Capacity Building project and use local and Tribal health agency input to design webinar topics and other components of the technical assistance offered to agencies.

Staff from Title V, healthTIDE, and University of Wisconsin-Madison Extension will continue meeting quarterly to discuss challenges and successes and continuously modify and improve the technical assistance and support provided to local and Tribal health agencies. The Minnesota Division Extension Department of Family, Health, and Well-Being and the University of Minnesota School of Public Health will continue supporting the Wisconsin Title V team.

Integrate community and partner input into Physical Activity and Nutrition strategies to enhance partnerships at

the local level and incorporate into technical assistance opportunities and future planning efforts.

Integrating parent, caregiver, and youth voice into Title V programming is important to ensure strategies meet the needs of Wisconsin families. Title V will use information learned through the community conversation report, released in 2024, to develop future strategies with local and Tribal health agencies and other partners. Recognizing the importance of youth voice, Title V will collaborate with PATCH and other youth serving organizations to develop opportunities for youth to share their perspective on barriers to healthy eating and active living to inform future Title V planning.

Title V staff will continue engaging with local and Tribal health agencies to solicit feedback on the technical assistance provided through post peer learning call evaluations and quarterly reporting surveys. Feedback will be shared with healthTIDE to be used to develop and improve support provided to local and Tribal health agencies.

Engagement with other partners involved in supporting local and Tribal health agencies will occur through virtual check-ins with the [University of Wisconsin Division of Extension, Health and Well-Being Program](#), the [University of Minnesota Extension-Department of Family Health and Wellbeing](#), the [University of Minnesota School of Public Health Public](#), and the [Maternal and Child Health Nutrition Training Program](#).

Strengthen collaboration and partnerships with other programs and/or grant-funded projects partners to align and advance Title V physical activity and nutrition efforts with other agencies' work across the state.

Engaging with partners and working together to align program goals builds momentum and strengthens systems change work. Title V will continue collaborating with the [Association of State Public Health Nutritionists](#) in 2025, the final year of the [Children's Healthy Weight State Capacity Building Program](#). This project aims to increase maternal and child health focused nutrition capacity in the Wisconsin Title V workforce with the goal of developing models in Title V programs that integrate nutrition into other Title V projects which could be implemented and replicated in states nationwide. Wisconsin is one of three states working towards increasing access to high-quality evidence-based nutrition services for the maternal and child populations with this project. As another way of building partnerships, after all local and Tribal health agencies register for the systems course in 2024, Title V will explore offering the remaining licenses to partners to strengthen knowledge around policy, systems, and environmental change strategies.

The Title V program will continue convening a Physical Activity and Nutrition workgroup which includes partners from [healthTIDE](#), and the [Wisconsin Department of Health Services-Chronic Disease Prevention Program](#). As work in this area advances, recruitment of other partners to join this workgroup will be discussed such as the [Wisconsin Department of Public Instruction](#), the Wisconsin Department of Children and Families, and University of Wisconsin Division of Extension, Health and Well-Being Program.

The [Healthy Early](#) collaborative, a multi-sector group of partners that focus on advancing equitable eating and physical activity opportunities for all children and families, continues to engage and bring together a variety of partners working to improve early childhood health and development. Engagement with this network of experts will support the Title V program in aligning across sectors regarding physical activity and nutrition work across Wisconsin.

Interest and movement around addressing child and household food insecurity is increasing across Wisconsin among a variety of partners. Title V will continue engaging with partners working in this space as able, to explore how food insecurity can be integrated into existing and future Title V work.

Other partnerships that Title V staff will be involved with include collaboration with the Department of Public Instruction and the Chronic Disease Prevention Program around their current funding opportunities, the Title V Adolescent team and Children and Youth with Special Healthcare Needs Unit, University of Wisconsin -Madison Division of Extension, the University of Minnesota MCH Traineeship program, the Wisconsin Department of Children and Families, the Wisconsin Food Is Medicine workgroup, Wisconsin [Go NAPSACC](#), University of Madison-School of Human Ecology Faculty, the Wisconsin WIC Program, Great Lakes Intertribal Food Coalition, and the Wisconsin Afterschool Network.

Expand Title V capacity to use and leverage existing data sources that collect information related to physical activity and nutrition to support and inform internal and external work.

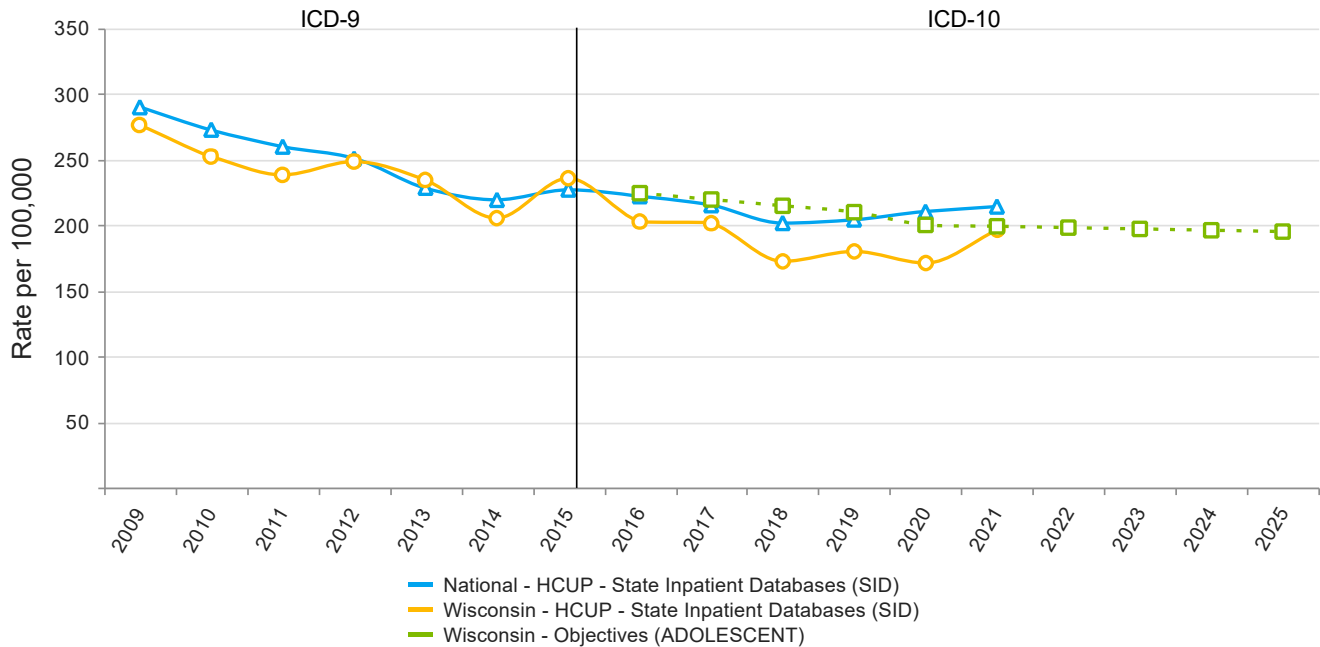
The [Out of School Time Physical Activity and Nutrition \(OSNAP\)](#) digitized in 2022, will be promoted to after school/out of school time providers through partnerships with local and Tribal health agencies who are focusing their work on out of school time settings. After agencies complete the tool, they will set goals, implement changes around physical activity and nutrition practices and monitor improvements over time. The Wisconsin Title V program will be able to access data for reporting and monitoring and use results to guide program strategies.

Building off work accomplished in previous years, the Title V team will develop a one-page resource for partners that show a snapshot of the status of physical activity and nutrition in Wisconsin. These resources will focus on specific areas and populations most affected by lack of opportunities for physical activity and access to healthy foods. These resources will also be used internally to support planning efforts and shared with partners to inform their planning and for funding applications to support policy, system, and environmental changes.

Adolescent Health

National Performance Measures

NPM - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent Indicators and Annual Objectives



Note: ICD-10-CM beginning in 2016; previously ICD-9-CM with 2015 representing January - September

Federally Available Data					
Data Source: HCUP - State Inpatient Databases (SID)					
	2019	2020	2021	2022	2023
Annual Objective	200	200	199.0	198	197
Annual Indicator	172.6	172.6	180.0	171.0	196.5
Numerator	1,291	1,291	1,340	1,267	1,501
Denominator	747,766	747,766	744,359	740,993	763,933
Data Source	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT
Data Source Year	2018	2018	2019	2020	2021

Annual Objectives		
	2024	2025
Annual Objective	196.0	195.0

Evidence-Based or –Informed Strategy Measures

ESM IH-Adolescent.1 - Percent of students who report feeling comfortable seeking help from 1+ adult if they had an important question affecting their life, according to the Wisconsin YRBSS

Measure Status:		Active			
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			72.6	73.6	74.6
Annual Indicator	72		84	82.4	82.4
Numerator	72		84	1,466	1,466
Denominator	100		100	1,779	1,779
Data Source	Wisconsin Youth Risk Behavior Surveillance Survey		Wisconsin Youth Risk Behavior Surveillance Survey	Wisconsin Youth Risk Behavior Surveillance Survey	Wisconsin Youth Risk Behavior Surveillance Survey
Data Source Year	2018		2019	2021	2021
Provisional or Final ?	Final		Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	75.6	76.6

ESM IH-Adolescent.2 - Annual number of individuals who receive gatekeeper training (e.g., QPR, Mental Health First Aid) in suicide prevention

Measure Status:		Active			
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective	16,678	18,678	0	0	0
Annual Indicator	37,656	0	1,272	2,586	6,475
Numerator					
Denominator					
Data Source	REDCap	REDCap	REDCap	REDCap	REDCap
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	0.0	0.0

State Performance Measures

SPM 5 - Percent of adolescents, ages 12 through 17, reporting feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the last 12 months

Measure Status:		Active		
State Provided Data				
	2020	2021	2022	2023
Annual Objective			26	25.5
Annual Indicator	27		33.7	33.7
Numerator			615	615
Denominator			1,827	1,827
Data Source	Wisconsin YRBSS		Wisconsin Youth Risk Behavior Surveillance Survey	Wisconsin Youth Risk Behavior Surveillance Survey
Data Source Year	2019		2021	2021
Provisional or Final ?	Final		Final	Provisional

Annual Objectives		
	2024	2025
Annual Objective	24.8	24.0

State Action Plan Table

State Action Plan Table (Wisconsin) - Adolescent Health - Entry 1

Priority Need

Foster Positive Mental Health and Associated Factors.

NPM

NPM - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent

Five-Year Objectives

Reduce the number of 10-19 year-olds hospitalized due to injury from 201 to 195 per 100,000 by 2025. (2017 SID-Adolescent)

Strategies

Work with local and tribal health agencies to support skills-based and peer-based risk-recognition suicide prevention trainings in multiple settings.

ESMs	Status
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ESM IH-Adolescent.1 - Percent of students who report feeling comfortable seeking help from 1+ adult if they had an important question affecting their life, according to the Wisconsin YRBSS	Active
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ESM IH-Adolescent.2 - Annual number of individuals who receive gatekeeper training (e.g., QPR, Mental Health First Aid) in suicide prevention	Active
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NOMs

NOM - Child Mortality rate, ages 1 through 9, per 100,000 (Child Mortality, Formerly NOM 15) - CM

NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM

NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (Adolescent Motor Vehicle Death, Formerly NOM 16.2) - AM-Motor Vehicle

NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide

State Action Plan Table (Wisconsin) - Adolescent Health - Entry 2

Priority Need

Foster Positive Mental Health and Associated Factors.

SPM

SPM 5 - Percent of adolescents, ages 12 through 17, reporting feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the last 12 months

Five-Year Objectives

By 2025, decrease the percentage of youth reporting feeling hopeless on the Wisconsin YRBSS from 27% to 24%.

Decrease the percent of youth reporting being bullied on school property on the Wisconsin YRBS from 24% to 20% by 2025.

Strategies

Provide technical assistance for the implementation and evaluation of LGBTQ+ support groups and the mental health warm line known as PRISM.

Support local and tribal health agencies to share resources on anti-bullying policies and best practices with their local school districts, incorporating an equity lens.

Empower youth and equip providers to provide appropriate, responsive and high-quality health care.

Pilot the school-based mental health consultation program in Outagamie County, Wisconsin.

Collaborate with Department of Public Instruction to support the implementation and update of the Youth Risk Behavior Survey (YRBS) to support school-based mental health quality improvement efforts.

Adolescent Health - Annual Report

Throughout this section of the Title V report, when utilizing the term "LGBTQI2SA+," we are acknowledging and including individuals of diverse gender identities and sexual orientations within the LGBTQI2SA+ community. It is important to recognize that while it aims to be inclusive, it may not capture the full spectrum of gender identities present within the diverse LGBTQI2SA+ community.

Overall Reflections from 2023

In 2023, the Adolescent Health Team continued to build upon existing resources and partnerships, further advancing their efforts to prioritize the well-being of Wisconsin adolescents. The team is dedicated to amplifying the voices of marginalized youth, including Black, Indigenous, youth of color, youth with disabilities, and LGBTQIA2S+ youth, who often face inequities and lack representation. Recognizing that multiple factors influence the well-being of young people, the team adopts an intersectional approach that acknowledges the role of power, privilege, and social structures in perpetuating systems of oppression. The Adolescent Health Team's [five-year strategic plan](#) developed in 2022 centers around four goals, guiding the team's efforts to create positive change for Wisconsin adolescents.

1. Increase the number of youths participating in program and policy-related activities (planning, creating, implementing, and evaluating) to ensure diverse youth voices are heard, cherished, and acted upon.
2. Increase the number of young people statewide who have their basic needs met (health, food, clothing, shelter, access to care) so that they feel more connected, safe, and supported.
3. Develop long-term collaborations with statewide partners and diverse community organizations to make adolescent health a statewide priority.
4. Remove barriers to funding opportunities and equitably distribute funding that aligns with community-informed priorities.

In 2023, the Adolescent Health Team placed a strong emphasis on forging new partnerships and strengthening existing ones. An implementation science framework was utilized to support the development of high-quality youth programming and collaborative efforts. Currently, in addition to the Title V funded initiatives, the team collaborates with and provides funding to community organizations across all five public health regions of Wisconsin. This allows program reach to urban, rural, and Tribal youth. The programs supported by the Adolescent Health Team cover a wide range of focus areas, including comprehensive sexuality education, teen pregnancy prevention, social-emotional learning, healthy relationships, mental health, positive youth development, and youth leadership. All youth programming aligns with the [Positive Youth Development Framework](#) and adopts a trauma-informed approach.

In 2023, the Adolescent Health Team developed a funding opportunity using Title V funds to support projects aimed at improving mental health, well-being, and resilience in LGBTQIA2S+ Wisconsin youth. The program priorities included advancing equity and racial justice, cultivating supportive social connections and community environments, and fostering positive mental health and associated factors. The funding opportunity aimed to address the challenges faced by LGBTQIA2S+ youth in Wisconsin. Youth Risk Behavior Survey data from 2021 that supported the funding opportunity included:

- LGBTQIA2S+ youth reported fewer supports and more mental health challenges compared to their heterosexual peers.
- A significant percentage of LGBTQIA2S+ students in Wisconsin had seriously considered suicide, faced difficulties in receiving necessary help during emotional distress, were more likely to experience sexual assault, and reported

high levels of anxiety, depression, and self-harm.

Three projects were funded through this opportunity and focused on advancing program priorities and improving mental health, well-being, and resilience in LGBTQIA2S+ Wisconsin adolescents. These projects were encouraged to use a Positive Youth Development framework and emphasize intersectional approaches to working with young people and their families. Youth-led projects were particularly encouraged.

State Performance Measure 05: Percent of adolescents reporting feeling sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the last 12 months

Wisconsin adolescents lack strong, positive, and consistent sources of social connection and support, impacting both their psychological and physical health. The negative health impact of this lack of sufficient support especially affects youth with minority identities including youth with special health care needs, LGBTQIA2S+, and Black, Indigenous, and/or People of Color (BIPOC).

Objectives

Objective	2021 Data	2022 Data	2023 Data
By 2025, decrease the percentage of youth reporting feeling hopeless on the Wisconsin Youth Risk Behavior Survey from 27% to 24% .*	27% (2019 Youth Risk Behavior Surveillance System)	33.7% (2021 Youth Risk Behavior Surveillance System)	33.7% (2021 Youth Risk Behavior Surveillance System)
Decrease the percent of youth reporting being bullied on school property on the Wisconsin Youth Risk Behavior Survey from 24% to 20% by 2025.	24% (2019 Youth Risk Behavior Surveillance System)	18% (2019 Youth Risk Behavior Surveillance System)	18% (2021 Youth Risk Behavior Surveillance System)
By 2025, increase the percent of adolescents with a past year preventive visit by 5% from 77.4% to 81% .	64% (2018 National Survey of Children's Health)	77.4% (2019* National Survey of Children's Health)	76.1% (2021-2022 National Survey of Children's Health)

* 2019 will be used as the baseline for this objective. This survey question did not change in the 2019 National Survey of Children's Health. However, the filter item (C1) which asked about receipt of any medical care in the past 12 months did change. The change in that item led to some changes in how respondents may have understood the two questions, therefore preventive care in 2018 and 2019 should not be considered comparable.

Evidence-Based Strategy Measurement

Measure	2021 Data	2022 Data	2023 Data
Percent of students who report feeling comfortable seeking help from 1+ adult if they had an important question affecting their life, according to the Wisconsin Youth Risk Behavior Surveillance System	84% (2019)	82.4% (2021)	82.4% (2021)
Annual number of individuals who received gatekeeper training (e.g., Question Persuade Refer, Mental Health First Aid) in suicide prevention	1,272	2,586	6,475

Work with local and Tribal health agencies to support evidence-based suicide prevention and mental health promotion programs and trainings in their communities, including schools and health care systems.

Youth mental health was a priority in Wisconsin, with Wisconsin’s Governor Tony Evers declaring 2023 the year of mental health. In collaboration with the [University of Wisconsin-Extension Health and Well-Being Institute](#) (Extension), the Wisconsin Title V program joined forces to provide guidance and support to 38 local and Tribal health agencies. Together, Title V staff implemented evidence-based strategies to prevent adolescent suicide and self-harm in their communities. The range of trainings offered through these agencies expanded beyond traditional gatekeeper trainings like [Question, Persuade and Refer](#), [Youth Mental Health First Aid](#), and peer-based prevention programs like [Hope Squad](#), [Sources of Strength](#) or [Signs of Suicide](#). Additional trainings now cover priority areas such as trauma-informed care and adverse childhood experiences. The aim of these gatekeeper trainings was the following:

- Introduce participants to the unique risk factors and early warning signs of mental health problems among adolescents
- Build an understanding of the importance of early intervention
- Teach individuals how to best respond to an adolescent who is in crisis or experiencing a mental health challenge

Peer-based prevention trainings such as Hope Squad focus on school-based engagement with a mentor adult educator and student peers trained to recognize where fellow students are exhibiting risky behavior, provide friendship and connection, identify suicide-warning signs, and seek help from adults.

Individuals representing the local and Tribal health agencies participated in quarterly learning calls and office hours facilitated by Extension and Title V staff. These calls and office hours served as valuable opportunities and data collected following include:

- Both the learning community call and the technical assistance office hour calls were designed to build the capacity of the local and Tribal health agencies to support adolescent well-being efforts. Overall, 91 percent of learning community call participants and 86 percent of TA office hour call participants said that these calls were a good use of their time.
- The learning community call participants were also asked to rate on a scale of 1 to 10 the extent to which they learned something new that will help them address adolescent well-being. Average ratings ranged from 7.2 to 8.0 for the four learning community calls, with an overall average of 7.8.
- Approximately a quarter of respondents specifically noted that they appreciated hearing what other health

departments are doing and learning from one another – as one commented, “Listening to what other agencies are creating/having success with is very helpful and empowering.”

Of note, the Adolescent Health Team received feedback from local and Tribal health agencies requesting additional flexibility in selecting trainings and resources for their communities including programming that influences protective factors, includes social emotional learning, and is culturally sensitive. In addition, local and Tribal health agencies requested Mental Health First Aid (MHFA) trainings for their staff and partners. Moving into 2024, virtual MHFA training opportunities were offered to all MCH participating local and Tribal health agencies and their partners.

Utilize youth-adult partnerships to ensure appropriate, responsive, and high-quality health care for adolescents.

In 2023, the Title V team continued collaboration with [Providers and Teens Communicating for Health \(PATCH\)](#). PATCH, a Wisconsin-based program, is dedicated to improving adolescent health through genuine partnerships with young people. They offer their own positive youth development programs and provide expertise and support statewide. PATCH actively contributes to the state's Adolescent Health Program Support team, aligning efforts and engaging youth in related work. In the past school year, there were 59 teens brand new to PATCH, and 35 were returners.

Two youth programs, the PATCH Teen Educator Program and PATCH Youth Advocacy Fellowship, receive Title V funding and are recognized as "Best and Promising Practices" by the [Association of Maternal and Child Health Program's Innovation Hub](#). PATCH also mentors replication partners interested in implementing these programs elsewhere. Their goal is to amplify youth voices in adolescent health discussions and equip them with the knowledge, resources, support, skills, and opportunities to thrive.

The PATCH Teen Educator Program hires young individuals to conduct educational workshops for healthcare providers and peers, empowering them to take charge of their own healthcare. They work towards improving healthcare experiences and transitions. Additionally, PATCH has developed wrap-around resources like the PATCH for Teens and PATCH for Parents Toolkits, providing educators with the necessary information and materials to facilitate important health education sessions. These sessions empower teens and their parents or guardians by educating them about adolescent rights and responsibilities in healthcare settings, promoting independence and responsibility in healthcare decision-making. In this academic year, PATCH had five Teen Educator programs (one in each public health region) and 11 adults who supported 53 Teen Educators. PATCH Teen Educators facilitated 40 provider workshops and 59 teen workshops engaging, educating, and empowering 1000+ health care professionals and 1,000+ of their peers.

The PATCH Youth Advocacy Fellowship includes the PATCH Youth Advocates, who independently complete an advocacy learning series. This series concludes with the creation of an advocacy plan centered around a topic they personally care about. In this academic year, PATCH had three topic specific Fellowships. Youth Advocates were able to select topics of interest in either General Health and Wellness, Sexual and Reproductive Health, or Social and Emotional Health Fellowship. They also provide consultation on different initiatives related to adolescent health, including the state's needs assessments and state-based programs. In this academic year, there were 41 Youth Advocates.

Empower and engage youth as leaders in public health, healthcare, and other youth-serving sectors.

PATCH's youth programs focus on building strong partnerships between young people and adults, covering areas like employment, education, and empowerment. They offer internships that provide comprehensive planning and implementation support, giving interns valuable experience in real-world adolescent health efforts. Typically, youth are engaged for an entire academic year.

PATCH has successfully established connections and discovered new opportunities to involve youth at both local and national levels. The importance of youth voice has gained recognition, leading to PATCH being highly regarded for their contributions to youth voice, connection, and engagement. PATCH youth actively participate in external focus groups,

listening sessions, panels, local festivals, professional conferences, and serve as consultants on various adolescent projects. Partnering with PATCH aligns with the first goal of the Adolescent Health Strategic Plan.

In 2023, the Adolescent Health Team highly prioritized the inclusion of youth voice. This involved integrating youth perspectives into the quarterly learning calls of local and Tribal health agencies that focused on adolescent well-being. PATCH youth played a crucial role in providing consultation to the Neola workgroup (described below) on three policies related to suicide prevention, postvention, and student memorials. Additionally, they contributed to the review of grant applications and supported the Adolescent Health Team in supporting Family Planning Only Services trainings, raising awareness, and disseminating information.

Collaborate with the Department of Public Instruction to expand and improve upon the Youth Risk Behavior Surveillance System and School Health Profiles statewide data collection, management, and reporting.

Title V continued to partner with the Department of Public Instruction in 2023 to support capacity for data analysis, report development, and outreach for the Youth Risk Behavior survey. Title V funds also support the Department of Public Instruction in the administration of the School Health Profiles survey process and reporting. Both the School Health Profiles and Youth Risk Behavior Survey are vitally important data sources for adolescent health in Wisconsin.

Youth Risk Behavior Survey

To ensure accessibility of the Youth Risk Behavior survey, all survey versions were accessible via a screen reader and other alternative options have been discussed with schools to meet the needs of individual students. The high school surveys were made available in English, Arabic, Burmese, Farsi, Hmong, Pashto, Rohingya, Somali, and Spanish. Other details pertaining to the 2023 Youth Risk Behavior Survey administration include:

- Administration began January 3rd and continued to June 30th.
- Approximately 750 middle schools (grades 6-8) and high schools (grades 9-12) registered to take the 2023 Youth Risk Behavior Survey.
- More than 200,000 responses from the elective schools were received. Of those, approximately 108,500 high school responses were valid/usable responses. The number of middle school valid/usable responses has not yet been determined.
- Of the fifty Wisconsin's CDC sample schools, the seventy percent threshold was met. Forty-two of the 50 schools (84%) administered the Youth Risk Behavior Survey.
- The sample survey was taken by 1,903 students (75.9%).
- Three hundred and twenty-six elective high school-level reports were generated and shared with the schools. Middle school, district, and county reports are in progress as the Title V team awaits the CDC's sample data.

In 2023, all 2021 school, district, and county reports were distributed. Information and resources related to the statewide data have been released via the [Wisconsin Department of Public Instruction website](#). In addition, the Wisconsin 2021 Youth Risk Behavior Survey Summary Report and Wisconsin 2021 Youth Risk Behavior Survey Comparison Tables were created and posted to the Wisconsin Department of Public Instruction website.

School Health Profiles

The Wisconsin Department of Public Instruction collaborated with the Adolescent Health Team and other members to submit recommendations related to revisions for the 2024 School Health Profiles questionnaires. Recommendations were submitted to CDC in Spring of 2023. Release of the survey and initial communication with schools occurred in January 2024.

One of the main challenges faced by Wisconsin's Department of Public Instruction in conducting the Youth Risk Behavior Survey and Profiles was staffing issues at the state and local level. Additionally, there were concerns from some schools regarding social-emotional learning and certain topics included in the Youth Risk Behavior Survey. Another challenge was the switch from a Fall 2021 administration to a Spring 2023 survey, which led to decreased participation from schools that did not want to take the survey in consecutive academic years. Efforts were made to address these concerns by reaching out to administrators and providing information to alleviate their worries. However, this switch also resulted in a shorter reporting and analysis period, with Wisconsin Department of Public Instruction staff having to analyze 2021 data while simultaneously administering the 2023 survey.

Ensure coordination and collaboration with other partners supporting state-level adolescent wellbeing initiatives.

Neola

In late 2022, the Adolescent Health Team established a valuable partnership with [Neola](#), a company that offers template policies, administrative guidance, and forms to a significant number of Wisconsin school districts. To further enhance school policies related to adolescent health, a dedicated workgroup was formed. In 2023, the Neola workgroup expanded to include other Title V staff and review additional topics school policies including the lactation policy and School Wellness and Food Service policies.

Over the course of 2023, the workgroup's focus was on reviewing and providing input on adolescent suicide prevention, intervention, lactation, and postvention and wellness and food service policy language. A productive meeting specifically focused on the suicide policies was held on early in 2023. The Neola policies were carefully reviewed by PATCH, Mental Health America, Office of Children's Mental Health, and a school partner. The workgroup successfully completed revisions on Suicide Pre/Postvention policies, as well as a policy on Memorials. The suicide and memorial policies underwent legal review. Food Service and Wellness policies were successfully reviewed by partners from the Wisconsin Department of Public Instruction, healthTIDE, University of Wisconsin Madison-Division of Extension, local public health agencies, and University of Wisconsin -Madison School of Human Ecology staff. The policy updates for Food Service and School Wellness are currently being reviewed by NEOLA before undergoing legal review.

Wisconsin Adolescent Health Initiative

Wisconsin Adolescent Health Initiatives is a collaborative group convened and led by the Adolescent Health Team. The purpose of Wisconsin Adolescent Health Initiatives is to connect across state agencies and organizations to be aware of, support, and align initiatives, programs, and policies related to adolescent well-being, share resources and best practices, and collaborate to advance the Adolescent Health Strategic Plan. Members include representation from various areas of DHS including Division of Care and Treatment Services and multiple areas from the Division of Public Health including the Immunization Section, Tobacco Prevention and Control Program, Children and Youth with Special Health Care Needs Program, and Sexually Transmitted Infections Unit. Wisconsin Adolescent Health Initiatives also had participation from Office of Children's Mental Health, Department of Corrections, Department of Justice - Office of School Safety, Department of Public Instruction, Department of Children and Families, University of Wisconsin – Division of Extension, University of Wisconsin –Population Health Institute, Providers and Teens Communicating for Health (PATCH) Program, Wisconsin Afterschool Network, and more. In 2023, the Title V team held six meetings with an average attendance of 17 people representing various organizations and programs. The overall group includes about 35 individuals.

School-based Mental Health Consultation Program

The Department of Health Services received \$175,000 under a state appropriation (Wisconsin Act 117) beginning July 1, 2020, to create and administer a school-based mental health consultation pilot program in Outagamie County, Wisconsin. Title V staff provided leadership in this project that concluded in June 2023. Project APPLE was a school-based mental health pilot program that aimed to help schools navigate mild-to-moderate mental and behavioral health concerns among their students. This was a unique collaborative partnership with schools to provide education, consultation, and support. The project faced multiple challenges with the onset of the COVID-19 pandemic, school personnel's lack of familiarity with school-based mental health services, limited bandwidth of schools to learn about new initiatives during this time, and the severity of mental health issues of students and staff. All eight school districts enrolled in Project APPLE. The educational modules for staff were received favorably. The consultations provided intervention and guidance for staff dealing with complicated student cases. The scope of mental health needs identified, however, were well beyond what school personnel could reasonably address. Schools need more intensive mental health services than what teleconsultation could provide, and both staff and students would benefit from more upstream, preventive interventions. A "local-focused" approach involving mental health providers and advocates within the school community is needed to gain trust and traction within schools. Project outcomes include lessons learned and recommendations for future school-based mental health models in Wisconsin.

Adolescent Health - Application Year

In 2025 the Adolescent Health Team anticipates building upon efforts to build and support diverse partnerships and leverage resources to improve the well-being of young people around the state. The team will continue to implement the Adolescent Health Team's [five-year strategic plan](#) and will support efforts that increase youth engagement, foster positive youth development, and improve mental health among Wisconsin adolescents. The strategic plan will align the team's efforts around four goals.

1. Increase the number of youths participating in program and policy-related activities (planning, creating, implementing, and evaluating) to ensure diverse youth voices are heard, cherished, and acted upon.
2. Increase the number of young people statewide who have their basic needs met (health, food, clothing, shelter, access to care) so that they feel more connected, safe, and supported.
3. Develop long-term collaborations with statewide partners and diverse community organizations to make adolescent health a statewide priority.
4. Remove barriers to funding opportunities and equitably distribute funding that aligns with community-informed priorities.

State Performance Measure 05: Percent of adolescents reporting feeling sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the last 12 months

Work with local and Tribal health agencies to support evidence-based suicide prevention and mental health promotion programs and trainings in their communities, including schools and health care systems.

Adolescent Wellbeing will be offered as an objective for local and Tribal health agencies through the annual Maternal and Child Health programs consolidated contracting process. [University of Wisconsin-Extension Health and Well-Being Institute](#) (Extension) will serve as the technical assistance provider for agencies who opt to use their Title V funds for this work. Through partnerships with local and tribal agencies, Title V will support the implementation of evidence-based suicide prevention and mental health promotion programs and trainings in communities around the state, including schools and health care systems.

Local and Tribal health agencies that choose Adolescent Wellbeing as an objective will collaborate with community coalitions, schools, healthcare, University of Wisconsin-Division of Extension, and/or other partners to implement skill-based, gate keeper, risk behavior recognition, peer to peer, social emotional-learning, bullying prevention, or other evidence-based suicide prevention and mental health promotion programs that promote belonging and safety. Trainings could include [Question, Persuade and Refer](#), [Youth Mental Health First Aid](#), [Hope Squad](#), [Sources of Strength](#), or [Signs of Suicide](#).

Local and Tribal health agencies will submit data quarterly to document activity progress, successes, barriers, outcomes, Learning Community Call attendance, and other technical assistance sessions. In addition, optional office hours and one-on-one sessions as needed will be offered to local and Tribal health agencies as well to support their work and problem solve through challenges they are experiencing, with each strategy featured per call.

Content specific webinars will be coordinated to support all agencies in moving the needle on improving adolescent wellbeing. Staff from Title V and University of Wisconsin-Madison Extension will continue meeting to discuss challenges and

successes and continuously modify and improve the technical assistance and support provided to local and tribal health agencies. Funding opportunities and other resources that will support agencies in implementing their PSE changes will be shared routinely.

Utilize youth-adult partnerships to ensure appropriate, responsive, and high-quality health care for adolescents.

Our objective is to ensure appropriate, responsive, and high-quality healthcare for adolescents through the power of youth-adult partnerships. However, it's important to note that Providers, and Teens Advocating for Health ([PATCH](#)) will no longer receive Title V funding starting in 2024. This means that we must actively maintain our relationships with PATCH and explore alternative avenues to support their valuable work.

To achieve this goal, we will focus on building and nurturing strong connections between young people and adults who are passionate about adolescent healthcare. By fostering these partnerships, we can leverage the expertise, perspectives, and resources of both youth and adults to create a comprehensive and inclusive approach.

In light of the funding changes, we recognize the need to seek out additional means of support for PATCH. This may include supporting them to explore additional grant opportunities and collaborating with other organizations. Our aim is to ensure that the vital work of PATCH continues to thrive and make a positive impact on adolescent healthcare, despite the funding challenges. By communicating this information and emphasizing the importance of ongoing support and collaboration, we must be creative to continue working together to ensure that adolescents receive the high-quality healthcare they deserve.

Empower and engage youth as leaders in public health, healthcare, and other youth-serving sectors.

In 2025, we will be implementing this strategy by partnering with key organizations like the PATCH programs mentioned earlier and the University of Wisconsin-Extension Health and Well-Being Institute. The institute will provide technical support to local and Tribal health agencies, helping them enhance youth engagement in their programs and authentically connect with the youth in their communities. To guide their efforts, agencies will complete the [Youth Engagement Assessment Tool](#) annually and utilize the Department of Health Service's Youth Advisory Council Toolkit. Building upon the success of the 2024 assessment, agencies will focus on developing policies to compensate youth advisors, establishing procedures for youth advisory councils, and creating leadership opportunities for youth within their organizations in 2025.

Additionally, local and tribal agencies will benefit from quarterly learning community calls, where we'll celebrate successes, learn about relevant topics, and engage in meaningful discussions. Youth engagement and leadership will be a top priority during these calls.

Collaborate with the Department of Public Instruction to expand and improve upon the Youth Risk Behavior Surveillance System and School Health Profiles statewide data collection, management, and reporting.

In 2025, Title V will continue its partnership with the Department of Public Instruction, focusing on enhancing capacity for data analysis, report development, and outreach for the Youth Risk Behavior Survey. Additionally, Title V funds will support the administration of the School Health Profiles survey process and reporting. These surveys serve as crucial data sources for adolescent health in Wisconsin. The Department of Public Instruction's website will feature published state and county Youth Risk Behavior Survey reports, while the School Health Profiles statewide report will provide valuable insights into health-supporting systems in Wisconsin schools. Local and tribal health agencies are encouraged to utilize the Youth Risk Behavior Survey results for program planning at the local level.

Ensure coordination and collaboration with other partners supporting state-level adolescent wellbeing initiatives.

Neola

The adolescent health team will continue collaboration with the Neola workgroup that focuses on school district policy, providing public health resources and best practices to policy template developers, with the aim of promoting a comprehensive 'health in all policies' approach in 2025.

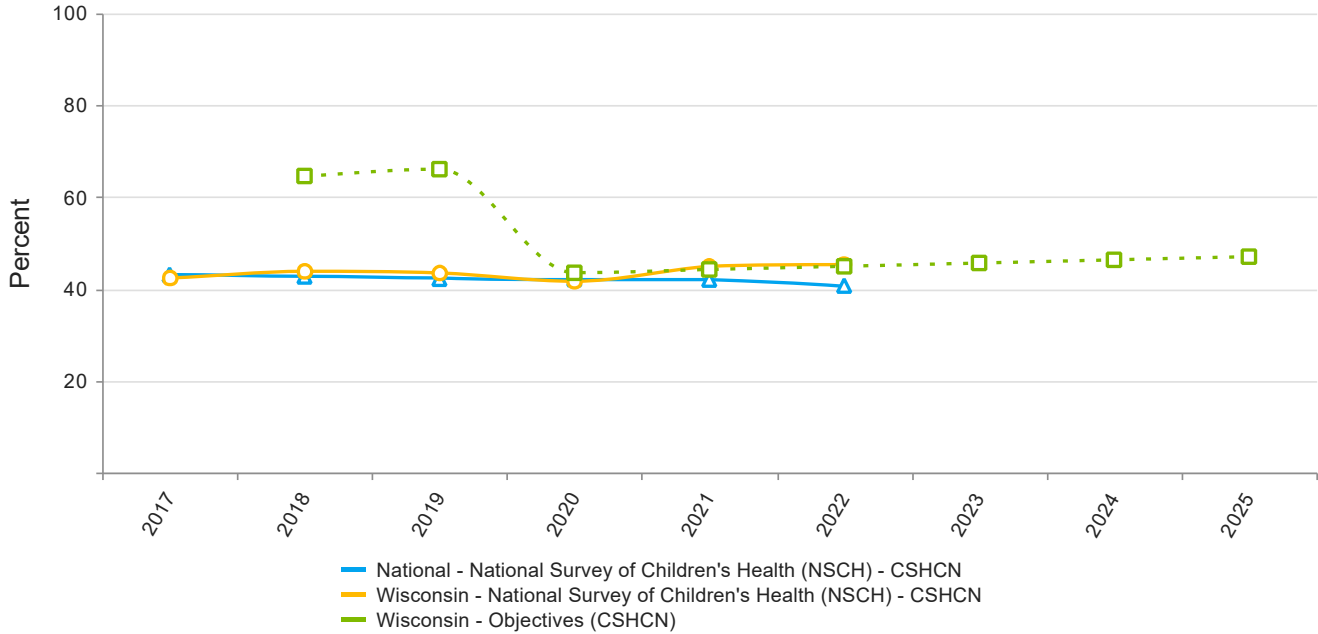
Wisconsin Adolescent Health Initiatives

The objective of the Wisconsin Adolescent Health Initiatives project is to foster connections among state agencies and organizations, promoting awareness, support, and alignment of initiatives, programs, and policies that focus on the well-being of adolescents. The initiative serves as a platform for sharing resources, best practices, and collaboration to advance the goals outlined in the Adolescent Health Strategic Plan. Members include representatives from various departments within the Department of Health Services, such as the Division of Care and Treatment Services, as well as multiple units within the Division of Public Health, including the Immunization Section, Tobacco Prevention and Control Unit, Children and Youth with Special Health Care Needs Unit, and Sexually Transmitted Infections Unit. Additionally, the Wisconsin Adolescent Health Initiatives involve participation from other key entities like the Office of Children's Mental Health, Department of Corrections, Office of School Safety, Department of Public Instruction, Department of Children and Families, University of Wisconsin Division of Extension, and the University of Wisconsin Population Health Institute. Moving forward into 2025 and beyond, the Wisconsin Adolescent Health Initiatives group will continue to convene.

Children with Special Health Care Needs

National Performance Measures

NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH
Indicators and Annual Objectives



NPM MH - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2019	2020	2021	2022	2023
Annual Objective	43.5	43.5	44.2	44.9	45.6
Annual Indicator	42.4	42.4	41.6	46.6	45.4
Numerator	105,372	105,372	105,574	109,447	109,187
Denominator	248,384	248,384	253,596	234,815	240,532
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2018_2019	2018_2019	2019_2020	2020_2021	2021_2022

Annual Objectives		
	2024	2025
Annual Objective	46.3	47.0

Evidence-Based or –Informed Strategy Measures

ESM MH.1 - Percent of Regional Center information & referral staff who report competence in explaining medical home concepts

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			75	76	78
Annual Indicator			100	85.7	100
Numerator			100	6	9
Denominator			100	7	9
Data Source			Self-Report Survey	Self-Report Survey	Self-Report Survey
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	79.0	80.0

ESM MH.2 - Percent of family members, health care providers, and community professionals trained on Medical Home-related concepts who report a change in knowledge or skills or behavior following the training

Measure Status:		Active			
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			75	76	78
Annual Indicator			96	95.3	94.7
Numerator			96	61	18
Denominator			100	64	19
Data Source			Self-Report Survey	Self-Report Survey	Self-Report Survey
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

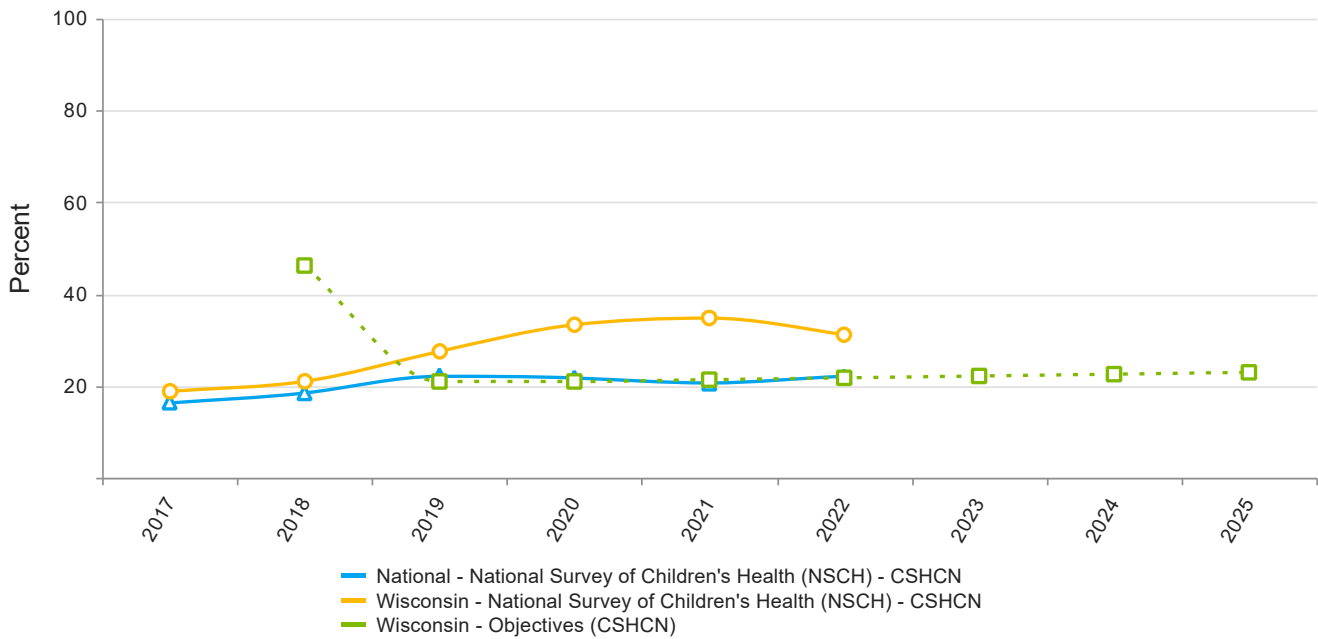
Annual Objectives		
	2024	2025
Annual Objective	79.0	80.0

ESM MH.3 - Percent of families who receive at least one Regional Center referral that results in needed services received

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			40	43	46
Annual Indicator			66	64.5	47.4
Numerator			66	522	1,132
Denominator			100	809	2386
Data Source			REDCap	REDCap	REDCap
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	48.0	50.0

NPM - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR Indicators and Annual Objectives



NPM TR - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2019	2020	2021	2022	2023
Annual Objective	21	21	21.4	21.8	22.2
Annual Indicator	28.8	28.8	34.0	34.6	31.2
Numerator	35,732	35,732	41,630	40,088	40,777
Denominator	124,081	124,081	122,493	115,904	130,758
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2018_2019	2018_2019	2019_2020	2020_2021	2021_2022

Annual Objectives		
	2024	2025
Annual Objective	22.6	23.0

Evidence-Based or –Informed Strategy Measures

ESM TR.1 - Percent of Regional Center information and referral staff who report competence in explaining youth health transition concepts

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			75	76	77
Annual Indicator			92	85.7	100
Numerator			92	6	11
Denominator			100	7	11
Data Source			Self-Report Survey	Self-Report Survey	Self-Report Survey
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	79.0	80.0

ESM TR.2 - Percent of participants trained on youth health care transition concepts who report a change in knowledge, skills, or intended behavior following the training

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			75	76	77
Annual Indicator			98	98.4	98.9
Numerator			98	63	86
Denominator			100	64	87
Data Source			Self-Report Survey	Self-Report Survey	Self-Report Survey
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	79.0	80.0

ESM TR.3 - Percent of systems or practices that have a transition policy or guideline (formal written commitment)

Measure Status:		Inactive - Replaced			
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			0	0	0
Annual Indicator			50	50	50
Numerator			2	2	2
Denominator			4	4	4
Data Source			Wisconsin Title V Program	Wisconsin Title V Program	Wisconsin Title V Program
Data Source Year			2021	2022	2022
Provisional or Final ?			Final	Final	Provisional

State Action Plan Table

State Action Plan Table (Wisconsin) - Children with Special Health Care Needs - Entry 1

Priority Need

Enhance Identification, Access, and Support for Individuals with Special Health Care Needs and their Families.

NPM

NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH

Five-Year Objectives

Increase the percent of children with special health care needs in Wisconsin, ages 0 through 17, who have a medical home from 42.8% to 47% (+10%) by 2025.

Strategies

Develop and disseminate consistent medical home strategies and tools with common messaging that include actionable steps for specific audiences.

Implement medical home training opportunities for families and community professionals, using the expertise of youth, parent (family) and community professionals as advisors.

Implement medical home trainings, use quality improvement strategies, and provide technical assistance opportunities for health care providers and systems.

Provide consultation and support through easily accessible information to families and providers.

ESMs

Status

ESM MH.1 - Percent of Regional Center information & referral staff who report competence in explaining medical home concepts

Active

ESM MH.2 - Percent of family members, health care providers, and community professionals trained on Medical Home-related concepts who report a change in knowledge or skills or behavior following the training

Active

ESM MH.3 - Percent of families who receive at least one Regional Center referral that results in needed services received

Active

NOMs

NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC

NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX

NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS

NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC

State Action Plan Table (Wisconsin) - Children with Special Health Care Needs - Entry 2

Priority Need

Enhance Identification, Access, and Support for Individuals with Special Health Care Needs and their Families.

NPM

NPM - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR

Five-Year Objectives

Increase the percent of children with special health care needs in Wisconsin, ages 12 through 17, who receive the services and supports necessary to transition to adult health care from 20.5% to 23% (+10%) by 2025.

Strategies

Develop and disseminate consistent youth health transition strategies and tools with common messaging that include actionable steps for specific audiences.

Implement youth health transition training opportunities for families and community professionals, using the expertise of youth, parents (family) and community professionals as advisors.

Implement youth health transition trainings, use quality improvement strategies, and provide technical assistance opportunities for health care providers and systems.

ESMs

Status

ESM TR.1 - Percent of Regional Center information and referral staff who report competence in explaining youth health transition concepts Active

ESM TR.2 - Percent of participants trained on youth health care transition concepts who report a change in knowledge, skills, or intended behavior following the training Active

ESM TR.3 - Percent of systems or practices that have a transition policy or guideline (formal written commitment) Inactive

NOMs

NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC

Children with Special Health Care Needs - Annual Report

According to the [2021-2022 National Survey of Children's Health](#), there are nearly 241,000 children that have special health care needs in Wisconsin. The [Wisconsin Children and Youth with Special Health Care Needs \(CYSHCN\) Program](#) works to improve the systems that support those children with delays, disabilities, and special health care needs and their families. In Wisconsin, the CYSHCN program is administered by the Family Health Section in the Bureau of Community Health Promotion within the Division of Public Health. The Title V CYSHCN program does not receive state funds to provide direct health services, care coordination services, transportation or other enabling services.

In Wisconsin, the CYSHCN network is comprised of seven specialty “hubs” that provide training on health benefits, family leadership, medical home, youth healthcare transition, parent support, genetic conditions counseling and existing genetic resources and services sharing, and access to a comprehensive directory of services. In addition to these hubs, there are five regional centers that provide information, referral, and follow-up services for families and providers of children with special health care needs. Together these 12 programs form the CYSHCN network and work together to advance systems of care for children with special health care needs by implementing strategies at the individual, family, community, health system, and state levels. The seven hubs include:

- [Well Badger Resource Center](#) is a hotline and service directory found on their easy-to-navigate website that provides multiple options (phone, text, chat, email, Facebook Messenger, or online form) for parents and providers to find information and resources for social, health, and government programs available in communities throughout the state.
- [Family Voices of Wisconsin](#) is a state affiliate of national Family Voices and the home of Wisconsin's Family-to-Family Health Information Center. They support leadership, advocacy, public policy, education, and training specific to families of children with special health care needs.
- [Connecting Families](#) is a network of culturally and linguistically responsive peer support in the state of Wisconsin for families of children and youth with special health care needs (CYSHCN). While [Parent to Parent of Wisconsin](#) is the main statewide peer-to-peer support program for families of children with special needs, Connecting Families works alongside community partners to nurture the development of new family peer support resources that are specifically designed to address unmet needs, and they provide ongoing assistance to the network of support parents they employ through an ongoing learning community.
- The [Wisconsin Medical Home Initiative](#) promotes medical home concepts among primary care clinicians, public health departments, early childhood professionals and families throughout Wisconsin. They provide training, technical assistance and resources to support medical home implementation for children and youth with special health care needs.
- [ABC for Health, Inc.](#) is a nonprofit public interest law firm that promotes health equity and social justice by providing health care consumers with services and support they need to navigate a complex health care/health benefits financing system to ensure access to families of children and youth with special health care needs.
- The [Youth Health Transition Initiative](#) aims to make healthcare transition easier for youth with special health care needs in Wisconsin by developing and sharing healthcare transition resources with families and healthcare providers. They also work with healthcare providers to support best practice transition care for patients with disabilities and special healthcare needs.
- The [Genetics Systems Integration Hub](#) aims to reduce disparities and improve access to genetics services in Wisconsin. They also work to integrate genetics with public health systems to support individuals with genetic

conditions.

In addition to the seven hubs, the CYSHCN network is also comprised of five regional centers. For years, the CYSHCN network has envisioned moving away from the term ‘regional center’; because it has never been a good descriptor of the work being done and implies a physical space to receive services—which not all of them have. Finally, in 2023, the five Children and Youth with Special Health Care Needs Regional Centers were rebranded. The rebranding was a result of a statewide marketing campaign, funded by American Rescue Plan Act dollars, that used focused groups and surveys from families and providers to identify what resonates with families and providers. As a result, the CYSHCN Regional Centers are now known as “Children’s Resource Centers,” with the tagline: Guiding Wisconsin families of children and youth with special health care needs. This name helps to connect better to families and providers by more accurately describing their service and it communicates the CYSHCN mission and values.



Title V funds two local public health agencies and three nonprofit organizations for the purposes of operating the five Children’s Resource Centers. The Children’s Resource Centers take phone calls from families and professionals and provide them with information and referrals about available services and resources for CYSHCN and have been doing so since the early 2000’s, on a regional scale model. Calls to the Children’s Resource Centers are unique, and all staff, often those with lived experience, work with a family for as much time as needed, as often as needed, and for as long as needed. In addition to offering information and referrals to families, they also provide them with linkages to community providers, parent/guardian support, technical assistance, and information on upcoming and relevant trainings. Example topics for which information and referrals resources may be provided:

- Parent/guardian looking for a support group for parents of child with autism spectrum disorder
- Enrollment and eligibility information for the Children’s Community Options Program, Children’s Long-Term Support, or Birth to 3 and the similarities and differences between programs
- Occupational therapy, speech therapy, and physical therapy services covered by a family’s insurance provider
- Mental and behavioral health services delivered through the Comprehensive Community Services benefit including in-home therapy
- How to initiate a request for an IEP (individualized education program) and discuss the process for enrolling in special education
- A referral to a nonprofit public-interest law firm that works to ensure health care access to help a family resolve a

\$10,000 medical insurance bill

- Preparing for transition from the youth to adult health care system and where to find trainings and resource to learn

The Information and Referral Specialists, the name of the staff at the Children’s Resource Centers that take phone calls from families and providers, were also renamed. The staff at the Children’s Resource Centers describe their work as: “diving in, being with, walking along the side of parents.” They “follow up, stay in the loop, close the gap.” They are “personable, knowledgeable, and have lived experience.” It is from this feedback that the decision to rebrand them as ‘Children’s Resource Guides’ was made.

Many of the Children’s Resource Guides have gone through similar experiences in the health care system with their children as the families they serve, making them excellent partners to support parents. Guides are trained to help families find the resources that are meaningful to them. They honor a families’ wish to choose the next steps to meet their child’s needs.

- They are compassionate, trained specialists.
- They are located in your area which makes them more familiar with local resources.
- They provide trusted information on a wide range of topics.
- Many can share knowledge gained through their own lived experiences as parents or siblings of children with delays, disabilities, special health care needs, including mental and behavioral health conditions.
- They assist families and professionals with problem-solving.
- They offer information on children’s conditions, health insurance, benefits assistance, and more.
- Their services are free and confidential.
- Services are personalized to the family’s and community’s needs.

In addition to rebranding, the five Children’s Resource Centers underwent another significant change in 2023. Relying on the Children’s Resource Centers for the basic infrastructure, the [Wisconsin Wayfinder: Children’s Resource Network](#) program was launched on November 2, 2023.



dhs.wi.gov/wiscway | (877)WiscWay

The vision of this program was to develop a solution to simplify, for families of children and youth with special health care needs, the experience of finding information and initiating access to specialty community health care and support

programs. This program relies on enhancing and expanding the current work of the Children’s Resource Centers through additional American Rescue Plan Act funds and partnerships between inter and intra agencies targets to increase collaboration, information sharing, problem solving, etc., for the purpose of a more unified system of care for children with disabilities and special health care needs. As a result of this project, all Wisconsin families of CYSHCN now have an easier way to identify, navigate, and access needed resources. Key features of this project include:

- A completely redesigned, family and user-friendly [website](#) and single toll-free phone number (1-877-WISCWAY) that lets families connect with real people, who navigate them to the dedicated Children’s Resource Guide in their area, who then supports the caller in identifying and connecting with the essential services and supports that will enable their children to thrive.
- Strengthened organizational partnerships with a sustained commitment for collaboration that is standardized and engages in coordinated planning. These partnerships include the Division of Public Health, Division of Medicaid Services, and Division of Care and Treatment Services in the Department of Health Services, along with the Department of Public Instruction, and the Department of Children and Families.
- Wisconsin Wayfinder committees include the Advisory Committee, Branding & Marketing Committee, Steering Committee, Strengthening Partnerships Committee, and Sustainability Committee.
- A robust, statewide marketing campaign to raise awareness and lift up this work through the development of marketing and outreach materials such as the [Wisconsin Wayfinder Family Video](#), online [Contact Us form](#), [publications](#), [provider resources](#), and [family resources](#).

National Performance Measure 11: Percent of children with special health care needs, ages 0 through 17, who have a medical home

Too many children in Wisconsin with special health care needs do not receive medical care within the context of a medical home, which is defined as accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective. According to the National Survey of Children’s Health for 2021 and 2022, about 45 percent of CYSHCN in Wisconsin have a medical home, which is slightly higher than the national level of 41 percent.

Evidence-Based Strategy Measurement

Measure	2021 Data	2022 Data	2023 Data
Percent of children’s resource center information and referral staff who report competence in explaining youth medical home concepts	100%	86%	100%
Percent of participants trained on medical home concepts who report a change in knowledge, skills, or intended behavior following the training	96%	95%	94%
Percent of families who receive at least one children’s resource center referral that results in needed services received	66%	65%	47%

To promote implementation of Medical Home best practices, develop and disseminate consistent strategies and tools with common messaging that include actionable steps for specific audiences.

The [Wisconsin Medical Home Initiative](#) has been funded since 2015, most recently being awarded a three-year award following the competitive bid in 2022, to lead Title V medical home-related activities, in partnership with Title V and the CYSHCN Network. Wisconsin Medical Home Initiative staff disseminate medical home best practice information through their website and a newsletter; “Medical Home Minute”. In 2023, the website was accessed nearly 3,900 times with the most frequently visited pages including the medical home landing page, developmental screening page, and care coordination page. The “Medical Home Minute” reached 1,260 individuals – an increase of over 100 individuals from 2022. The most viewed content included “Provider resources for keeping patients covered” and “Developmental and Pediatric Mental Health Screenings”. The Wisconsin Medical Home Initiative also disseminates the [Every Child Deserves a Medical Home](#) brochure, updated in 2023, which explains what a medical home is, includes resources, and outlines what the responsibilities of families and the health care team are within the context of a medical home. The brochure is also available on the Title V website in English and Spanish.

Annually, Wisconsin conducts a medical home and youth healthcare transition competency assessment. There were 17 questions related to medical home knowledge and skills. All children’s resource center staff rated themselves as either Novice, Advanced Beginner, Competent, or Proficient on each item. The score was the percent of items rated at the competent or proficient level. While all children’s resource center staff completed the assessment, only those with at least one year experience were included for the ESM measurement. Among staff with at least one year experience, 100 percent were at least 50 percent competent, that is competent or proficient on at least 9 of the 17 items. Moreover, 73 percent were competent or proficient on all items.

To increase knowledge and skills about Medical Home and care coordination within the community, implement training opportunities for families and community professionals using the expertise of youth, parent (family) and community professionals as advisors.

In 2023, the CYSHCN Network provided a training for families and professionals. The [C.A.R.E. Medical Home Series for Families](#) is designed for families and professionals to increase knowledge of medical home concepts. The series consists of four presentations and discussions that were developed to support families who have CYSHCN. The series includes Caring for the Whole Family; Assembling a Care Notebook; Requesting a Shared Plan of Care; and Exploring Care Mapping. These trainings can be completed all together, or individually, based on the participant’s needs. The goals of these sessions are to help participants understand what a medical home is and how a medical home may benefit their child and family. There were 24 sessions held in 2023 with a total of 104 participants. Exploring Care Mapping and Caring for the Whole Family were the most requested discussions. Of the 19 completed participant evaluations, 100 percent agreed or strongly agreed that the session had useful information and that they would recommend the session to others. In addition, 94 percent agreed or strongly agreed that they could better support their child or children they care for and that they could better partner with others.



To increase knowledge and skills about Medical Home and care coordination within and across systems, implement trainings, use quality improvement strategies, and provide technical assistance opportunities for health care providers and systems.

Care coordination is a primary component of a medical home. In 2022, the Wisconsin Medical Home Initiative guided eight Wisconsin healthcare systems in the completion of a care coordination assessment. The following strengths and challenges were identified:

Strengths

- Care coordination within their own internal systems and processes run smoothly, including ease of referral and loop back communication about family success, testing results, and treatment plans.
- Children with complex medical needs have the most access to care coordination support by a person and/or program within the system; children with fewer areas of medical complexity often rely on parents to advocate and make connections.
- Technical advances (e.g., electronic health record, use of telehealth) have aided coordination of care.

Challenges

- Care coordination outside their specific organization is often difficult; while there is often a system for referral to external partners, the loop back communication is dependent on the relationship between clinic and partner.
- Care coordination documentation and notes regarding referral completion or results are inconsistent and lack a designated field in electronic health record software, requiring providers to take extra steps before following-up with families at the next appointment.
- Staffing, capacity, and funding are significant barriers to this work. The COVID-19 pandemic has exacerbated staffing shortages.
- Families carry the burden of coordination when not supported by the system.
- Challenges in rural locations include access to transportation, broadband, and other social determinants of health.

Additionally, several care coordinators indicated that it would be helpful to have connections with care coordinators in other systems. As a result, the Wisconsin Medical Home Initiative began hosting a “Care Coordinators Collaborative” in 2023. Three sessions were held with a total of 73 attendees. Each session had its own topic; a description of the Children’s Resource Centers, Partnering with Schools, and Dental Health for CYSHCN. For each session, completed evaluations indicated that 100 percent of participants were “satisfied” or “very satisfied”.

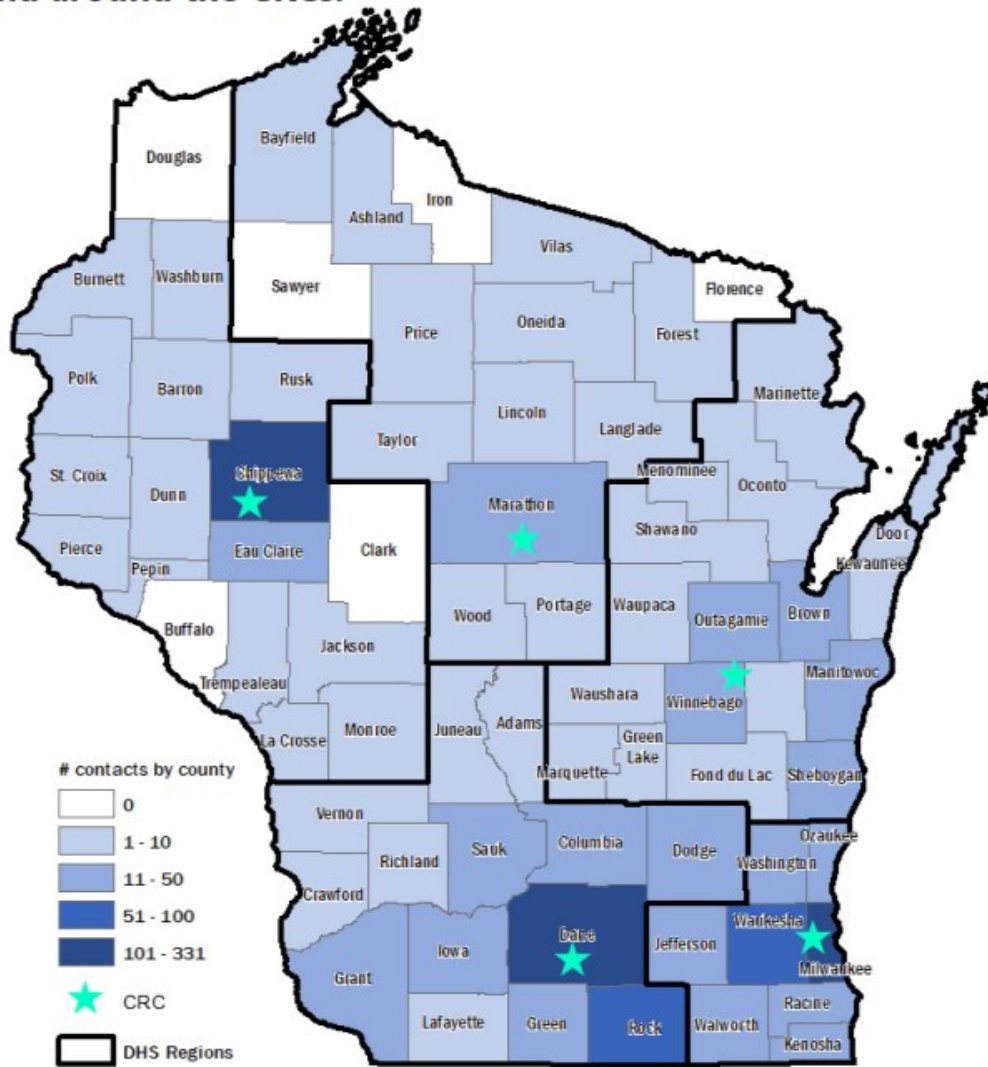
The Wisconsin Medical Home Initiative supported Tribal health agencies of Wisconsin to advance family-centered care coordination. The Title V team contracted with seven Tribal health agencies, while technical assistance was provided through a joint effort between Wisconsin Medical Home Initiative and Title V. Each of the seven teams chose a project idea based on a community-driven priority. Teams chose to focus on mental health, behavioral health, physical activity or nutrition and partnered with behavioral health departments, schools or community health staff. Two learning calls were offered throughout the year. Completed evaluations indicated 100 percent satisfaction and ‘excellent’ review of the calls. One team shared, “I really enjoyed hearing all the projects others are doing and their successes or failures. I feel everyone learns from this.”

Gerald L. Ignace Indian Health Center developed this [video](#) to describe how they used this project to support family-centered care coordination for all children, including those who have, or are at risk, for special health care needs.

To connect families to needed supports and services, provide consultation and support through easily accessible information to families and providers.

In 2023, the five CYSHCN children's resource centers had a total of 1,365 contacts with families of CYSHCN. The children's resource centers provided 2,386 referrals to 1,242 unduplicated CYSHCN, as often more than one referral is needed per child. Children's resource center staff call families a few weeks following the initial contact to follow up on referrals. At the time of follow up, 47 percent of those receiving at least one referral had already received at least one service. Additionally, through their contacts with families, conversations about medical home took place during 546 contacts. The other top information topics discussed were financial resources (426), community resources (399), emotional or mental health (354), and health care (315). The most frequent referrals were for behavioral or mental health (410), children's long-term support waiver (334), health care (289), health benefits (241), and advocacy (192).

Information and referral contacts occurred throughout the state but were most concentrated in urban areas and around the CRCs.



The first two months (November and December 2023) after the launch of Wisconsin Wayfinder included 253 completed forms and 153 calls to the toll-free number, in addition to calls to the historic phone numbers. Information and referral contacts increased by 131 percent from November and December 2022 and 52 percent from November and December 2021. Among the contacts to the children’s resource centers in the first two months, more than half reported that they heard about the children’s resource center through the Wisconsin Wayfinder web site or marketing efforts.

children’s resource centers provided 624 consultations during 2023 to providers throughout the state. Thirty-six percent of consultations were with health care providers and 17 percent were with educators. The top topics discussed were

community resources (171), children’s resource center and Wisconsin Wayfinder (147), behavioral and mental health (118), financial resources and health benefits (103), and support for families (95). In addition, children’s resource centers engaged in 244 promotion and outreach activities.

ABC for Health (ABC) partnered with the CYSHCN Network to provide knowledge and legal understanding of health benefits to reduce disparities and promote equity for families seeking health care and coverage. In 2023, ABC received 136 referrals – representing 481 family members of which 201 were CYSHCN. ABC assisted families in 34 different Wisconsin counties. In addition to the direct services they provide, ABC for Health maintains an online, robust, up-to-date video collection about topics including healthcare coverage, resident status and health benefits, and enrollment information for public benefits.

The Genetics System Integration Hub continued to offer the free online continuing medical education course “Wisconsin Newborn Screening Program: An Introduction”. Seventy-four professionals completed the training, consisting of physicians, nurses, psychologists, and social workers. In 2023, the Genetics System Integration Hub created a new free online course for non-genetic providers, “Decoding Genetic Test Reports for the Frontline Clinician”. This course had international interest and provided continuing education credits for no charge.

Connecting Families was a new project, starting in 2023, out of the University of Wisconsin-Madison Waisman Center, following the competitive application in 2022 for parent peer support. Although the project encompasses an existing parent support program in Wisconsin, [Parents Reaching Out](#), the project worked to identify how to promote existing parent support resources in the state and build parent support resources in areas where gaps exist. The project began by doing an initial inventory of family peer support models and associated resources in Wisconsin. Input was gathered on family peer support needs and program recommendations from a diverse set of parents of CYSHCN through 32 individual interviews, three one-time listening sessions, two workgroups with multiple meetings, and one pilot Connecting Families support parent training. During 2023, Parents Reaching Out maintained the same format and provided peer-to-peer support to families of children who are deaf or hard of hearing. Four additional areas of need were identified: families of children with medical complexity; rural families of CYSHCN; BIPOC of CYSHCN; and Spanish-speaking families of CYSHCN. In 2023, Connecting Families maintained peer-to-peer support in one focal area deaf or hard of hearing and implemented peer-to-peer support in one additional focal area while actively working on developing peer-to-peer support options in two other focal areas (children with medical complexity and rural). Preparations were begun for implementing support in the fifth focal area (Spanish-speaking).

Even through this development stage, Connecting Families was able to support many families in identifying peer-support. There were 118 new referrals for parents Reaching Out and 60 of those consented to peer-to-peer matching. An additional 14 referrals came directly to Connecting Families and were matched with family support parents. These resources are invaluable for some families.



State Performance Measure 12: Percent of children with special health care needs who received services necessary to make transitions to adult health care

Too few adolescents, ages 12-17, receive the services and supports necessary to transition to adult health care. In choosing to address this national performance measure, Wisconsin's main goal is to increase the percent of children with special health care needs in Wisconsin, ages 12 through 17, who receive the services and supports necessary to transition to adult health care from 20.5 percent to 23 percent (+10%) by 2025 (baseline is from 2017-2018 National Survey of Children's Health). Wisconsin has exceeded the target of 23 percent and is significantly greater than the nationwide average (22%), where in Wisconsin 31 percent of adolescents, age 12-17, with a special health care need received services necessary to make transitions to adult health care (National Survey of Children's Health 2021-2022). Although a new goal has not been established, the team will continue to track progress over time.

Evidence-Based Strategy Measurement

Measure	2021 Data	2022 Data	2023 Data
Percent of children's resource center information and referral staff who report competence in explaining youth health transition concepts	92%	86%	100%
Percent of participants trained on youth health care transition concepts who report a change in knowledge, skills, or intended behavior following the training	98%	98%	99%
Percent of systems or practices that have a transition policy or guideline (formal written commitment)	50%	50%	Not collected

To promote implementation of youth health care transition best practices, develop and disseminate consistent strategies and tools with common messaging that include actionable steps for specific audiences.

The [Youth Health Transition Initiative](#) was funded to lead Title V transition-related activities in 2023, in partnership with Title V and the CYSHCN Network. Youth Health Transition Initiative utilizes a variety of dissemination activities to share out messaging on youth health transition including the [Stay a Step Ahead](#) brochures (English/Spanish), [Health Pocket Guides](#) (English/Spanish) and other print materials; listserv posts; social media videos; and the website. In 2023, the website had 1,606 users with 1,566 of those users being new. They posted 19 times on Facebook in 2023 with 199 followers. The majority of electronic outreach is conducted through the listserv which goes to over 550 contacts.

Youth Health Transition Initiative staff and volunteers participated in over 400 exhibits in 2023. Exhibits were connected to a variety of events including the Disability Pride resource fair, Juneteeth celebration, Beloit Hispanic Heritage Festival, Viva Mexico Celebration, and the Self-Determination Conference.

As mentioned in the medical home section of this report, a medical home and youth health care transition competencies assessment was implemented in 2023. In the competency self-assessment, there are 21 questions related to youth health care transition knowledge and skills. Among staff with at least one year experience, 100 percent were at least 50 percent competent, that is competent or proficient on at least 11 of the 21 items. Moreover, 55 percent were competent or proficient on all items.

To increase knowledge and skills about youth health care transition within the community, implement training

opportunities for families and community professionals using the expertise of youth, parent (family) and community professionals as advisors.

In 2023, three curricula for families and community professionals were offered in collaboration with the Youth Health Transition Initiative. A total of 469 participants were trained through 43 trainings with nearly all feedback reporting positive reviews of the training materials.

- Build Your Bridge: Introduction and discussion about eight tools of health care transition.
- Dreaming Differently: Youth health transition material selected for families whose children have complex health conditions and intellectual and/or developmental disabilities.
- Bridging the Gap: A curriculum for mixed audiences of families and professionals to increase awareness of youth health care transition, describe existing tools and support planning for the transition to adult health care, and how to apply the tools in participants' setting.

	<i>Build Your Bridge</i>	<i>Dreaming Differently</i>	<i>Bridging the Gap</i>
Number of Sessions	12	2	21
Number of Participants	190	8	271
Number of Evaluations	20	1	66
As a result of this session, I am better able to support my child/young adult (or those I assist) with special health care needs	100%	100%	98%
As a result of this session, I am better able to partner with others such as providers, professionals, or families	100%	100%	98%

Originally, Youth Health Transition Initiative developed the Bridging the Gap curriculum so that a few trained presenters could offer a flexible presentation to a variety of audiences. The goal was to raise awareness of the need for a planned transition from pediatrics to adult healthcare. The curriculum provided an overview of the role family members, service providers, school staff, and others can take to prepare a youth and to help the youth through the process. The presenter also introduced the participants to Youth Health Transition Initiative tools and resources. This approach was very successful in increasing awareness and meeting the need of family or community groups to learn about healthcare transition. However, the popular curriculum was due for an update. In 2023, Youth Health Transition Initiative gathered ideas and input from seasoned staff, new hires, and Children's Resource Center staff. Feedback received recommended:

- A shorter introduction
- Upfront transparency on what materials will be shared at the end of the training
- More use of clips or media

An updated Bridging the Gap module was presented in December 2023.

A linguistic and cultural adaptation of the Build Your Bridge Curriculum, utilizing the Ecological Validity Framework, started in summer of 2021 and was put on hold for nearly one year due to staff changes. The first step was to translate the English version of the curriculum, including the workbook, into Spanish using the University of Wisconsin translation service. In February 2023, Youth Health Transition Initiative staff delivered the first live Spanish session with simultaneous interpretation into English available for non-Spanish speaking Youth Health Transition Initiative staff who observed the training. Following the curriculum pilot, a 90-minute focus group was conducted with live interpretation to gather feedback from all pilot attendees. Two additional pilots followed. All recommended changes were documented in a matrix and Youth Health Transition Initiative staff met to identify if the proposed change had enough evidence to incorporate it. After the changes were incorporated, Youth Health Transition Initiative staff presented Build Your Bridge in Spanish to 57 parents, youth, and others at the Circles of Life Conference, receiving very positive evaluations. Additional adaptations were made across all eight areas within the Ecological Validity Model: language, persons, metaphors, content, concepts, goals, methods, and context. Youth Health Transition Initiative staff also presented Build Your Bridge in Spanish at the Self-Determination conference and, for the first time, co-presented with four teens. The presentation can be viewed [here](#).

To increase knowledge and skills about youth health care transition within and across systems, implement trainings, use quality improvement strategies, and provide technical assistance opportunities for health care providers and systems.

Youth Health Transition Initiative offered a curriculum called Closing the Gap to health care providers to increase their transition knowledge and skills in practice. Modules were promoted on the website and through targeted contact with healthcare providers. Three modules were offered:

- Closing the Gap: A Basic Overview of Youth to Adult Healthcare Transition
- Closing the Gap: Implementing Got Transition's Six Core Elements
- Closing the Gap: Guardianship & Supported Decision-Making: What Health Professionals Need to Know

In 2023, Closing the Gap trainings were offered at five larger events, reaching 298 individuals. Due to the training being offered at larger events, Youth Health Transition Initiative was only able to have evaluations completed at one event. Of the 33 evaluations completed, 88 percent of respondents indicated that they intended to make a change in practice based on what they learned in this session.



The Youth Health Transition Initiative team continues to provide direct technical assistance to health care providers as requested. In 2023, four separate practices/clinics received individualized technical assistance. Youth Health Transition

Initiative and Title V staff participate in the [Wisconsin Community on Transition](#), supported by Wisconsin's Transition Improvement Grant. The Wisconsin Community on Transition team, consisting of youth, families, educators, and transition partners statewide, supports the localized work of the County Communities on Transition by providing monthly communications and training events.

In 2023, the Title V program requested technical assistance funding from the Maternal and Child Health Bureau to improve youth health transition in Wisconsin by partnering with the national organization Got Transition, with work set to begin in 2024. Got Transition will be providing technical assistance to create a case statement and set of health care transition resources to support the integration of health care transition in the special education Individual Education Plan (IEP) transition planning process. This technical assistance will also support a multistate healthcare transition and special education workgroup that includes Alabama, Florida, Georgia, Minnesota, New Mexico, North Carolina, Oregon and Texas in utilizing the Wisconsin tools to further health care transition goals within their states.

To increase access to cross system care coordination services for CYSHCN and their families, design, pilot and evaluate strategies to better connect local public health and other community agencies with healthcare systems regarding referrals and resources, including the social determinants of health.

The [Family Foundations Home Visiting program](#), Wisconsin's version of the [Maternal, Infant, and Early Childhood Home Visiting program](#) continues to strengthen collaboration through sharing of information, resources, and data. Home Visiting programs understand the need for early identification and intervention for best outcomes. Since families can enroll in Home Visiting programs beginning during pregnancy and up to five years old, home visitors can establish trusted relationships with families and provide warm hand off referrals to CYSHCN regional centers when needed. In addition, the consistent implementation of the evidence-based [Ages and Stages Questionnaires-Third Edition](#) (ASQ-3) identifies children who should be referred to CYSHCN regional centers.

Birth to 3 and the Family Foundations Home Visiting program revised their Memorandum of Understanding at both state and local levels. The revised document focused on increased intentionality for strengthening collaboration between local home visiting programs and Birth to 3. During an all-grantee meeting, Birth to 3 provided home visiting programs an overview view of programing, and best ways to improve referrals.

In 2023, the Family Foundations Home Visiting program continued collaboration with the [Wisconsin Sound Beginnings program](#), which is Wisconsin's Early Hearing Detection and Intervention program, that ensures all babies born in Wisconsin are screened for hearing loss, receive timely diagnosis of hearing loss, and receive quality early intervention. Wisconsin Sound Beginnings program. In August, there was a two day in person hearing screening training session for rural Tribal home visiting programs. The Wisconsin Sound Beginnings program provided information and training on equipment. The session was held to promote involvement of home visitors in the screening processes. During the training session there was classroom style learning and information sharing; discussion to provide foundational knowledge and understanding. Next there was hands-on training of usage of the hearing screening equipment on participants. Therefore, an opportunity was provided for home visitors to have a comprehensive understanding with the ability to ask questions during learning sessions and understand hands-on use of equipment during the training session. These sessions also provided opportunity for home visitors to design implementation according to their specific needs. There was cross sharing of information with input, feedback from home visitors to refine the processes. One of the greatest challenges is to maintain the training with staff changeover. There is continued discussion on formatting modules to address the need for training of new staff. There also continues to be discussion regarding scope of work when home visiting programs must manage multiple services for families. One way to approach scope of work has been to share responsibility with other types of programming i.e., early head start or local Tribal health clinic. Some of the local Tribal Home Visiting programs share both equipment and responsibility for assessing their shared program participants.

National Performance Measure 11: Percent of children with special health care needs, ages 0 through 17, who have a medical home

To promote implementation of medical home best practices: Develop and disseminate consistent strategies and tools with common messaging that include actionable steps for specific audiences.

The Title V program will collaborate with the [Wisconsin Medical Home Initiative](#) at the [Children's Health Alliance of Wisconsin](#) to maintain a collection of best practices and the latest strategies related to medical home. Wisconsin Medical Home Initiative will be responsible for ensuring that the Children and Youth with Special Health Care Needs (CYSHCN) Network organizations are aware of the most up-to-date national approaches to implementing and maintaining medical homes for CYSHCN. Additionally, they will assist in developing the workforce of the CYSHCN Network organizations to improve their level of knowledge in medical home concepts. The impact of these efforts will be measured by the percent of staff with at least one year experience who complete the medical home self-competency assessment and self-report that they are competent or proficient in explaining medical home concepts. Staff with at least one year experience who complete the medical home self-competency assessment and self-report that they are competent or proficient in explaining medical home concepts.

The Children's Resource Centers will continue to support families of CYSHCN and provide them with information and referrals about available services and resources. Children's Resource Guides, staff who work at the Children's Resource Centers, will share medical home concepts with families and providers through methods such as phone consultations, informative emails, and content available through website and social media posts. Accountability for this work will be measured in the number and percent of Children's Resource Center contacts where medical home information is shared.

To increase knowledge and skills about Medical Home and care coordination within the community: Implement training opportunities for families and community professionals, using the expertise of youth, parent (family) and community professionals as advisors.

The Title V program, along with the CYSHCN Network organizations, plan to provide educational opportunities for families and communities to increase their skills and knowledge of medical home concepts. Wisconsin Medical Home Initiative will partner with families and community professionals to create the content for these events. Content may be presented in the form of classes, webinars, or other means to meet the needs of families and community professionals. The impact of these activities will be measured through the number of participants in medical homes sessions and the percent of participants trained on medical home concepts who report a change in knowledge, skills, or behavior following the event. Data will be collected regularly and used to inform future plans and trainings related to this strategy.

To increase knowledge and skills about Medical Home and care coordination within and across systems: implement trainings, use quality improvement strategies, and provide technical assistance opportunities for health care providers and systems.

Wisconsin Medical Home Initiative, with Title V support, will continue to host the [Care Coordinators Collaborative](#) quarterly for care coordinators across Wisconsin. The Care Coordinators Collaborative will simultaneously develop a strong network of care coordinators from a variety of health systems, while providing education and discussion on a variety of pertinent topics. Topics will be developed with the input of care coordinators. The impact of these activities will be measured through the number of participants attending the quarterly Care Coordinators Collaborative learning sessions and the percent of participants who indicate increased knowledge following the learning session.

Wisconsin Medical Home Initiative, with Title V support, will provide technical assistance to the professional workforce to

implement best practices of medical home. Methods will be determined in collaboration with medical professionals or practices who have agreed to work towards implementing new or additional medical home best practices. The number and percent of practice changes due to technical assistance will serve as the measure of impact.

Additionally, Wisconsin Medical Home Initiative will closely collaborate and communicate with the Title V program to continue supporting Wisconsin tribes and Tribal health agencies. Historically, Tribal health centers have applied to participate in this work. In 2025, the application will be changed so that any Tribal agency (behavioral health department, Birth to 3, public health department, etc.) can apply to utilize the funds, not only the Tribal health center. The Title V program anticipates that this will increase the number of tribes participating in this funding opportunity. Additionally, the Title V program anticipates that this will allow tribes to consider where the funding can have the greatest impact for CYSHCN within their communities. The Title V program will measure the effort of this work by the number of Tribal agencies receiving technical assistance. Impact will be measured by the percent of Tribal agencies receiving technical assistance who report that the technical assistance led to successfully meeting a community need.

To connect families to needed supports and services: Provide consultation and support through easily accessible information to families and providers.

The Children's Resource Centers will provide consultation to families, providers, and community professionals who serve CYSHCN and their families. Some of the ways that progress will be measured include:

- Number of contacts from families seeking information from the Children's Resource Centers
- Percent of contacts whose referral(s) result in at least one service received
- Percent of referrals that resulted in services received by the time of follow-up
- Number of professionals who receive consultations or technical assistance from the Children's Resource Centers

Additionally, [Advocacy and Benefits Counseling \(ABC\) for Health](#) will provide health benefits counseling to families who have CYSHCN. This program's activities will be measured by the number of families receiving health benefits assistance each year and the outcomes of those who secured the necessary health benefits.

The [Connecting Families](#) program at the [University of Wisconsin-Madison Waisman Center's University Center for Excellence in Developmental Disability](#) provides parent peer support matching for families with a child with special health care needs that reach out for support. Connecting Families will continue to build upon existing parental support programming in Wisconsin and work to help families find support opportunities. Some of the ways that progress will be measured include:

- Number of families contacting the program
- Number of families connected to family peer support
- Expansion of programming into other focal areas identified through the needs assessment (deaf/hard of hearing, rural, medically complex, Spanish-speaking, and Black/people of color)

The Title V program will continue to support family leadership training through [Family Voices of Wisconsin](#). Regardless of the design of the training offered, the impact of this work will be measured by the number of family leadership training participants and the percent of participants who report a change in knowledge, skills, or behavior following the trainings.

The Title V program will continue to promote equitable access to genetics screening and counseling through partnership with the [Genetics Systems Integration Hub](#). Annual measures will be in place to identify the amount of technical assistance offered to genetics counseling providers and non-genetics counseling providers.

The Children's Resource Centers will continue their partnership with the [Well Badger Resource Center](#) to adapt to the increase in number and complexity of contacts created by [Wisconsin Wayfinder](#) (launched in 2023). In addition, they will continue to follow best practices to enhance equity of referral services and gather demographic information from the families they serve.

In 2025, the Title V team will utilize the results of the needs assessment and the 2024 strategic planning sessions to identify strategies to expand medical home efforts to include all children, not only children and youth with special health care needs.

State Performance Measure 12: Percent of children with special health care needs who received services necessary to make transitions to adult health care

To promote implementation of youth health care transition best practices: Develop and disseminate consistent strategies and tools with common messaging that include actionable steps for specific audiences.

The Title V program will collaborate with the [Youth Health Transition Initiative](#) out of the [University of Wisconsin-Madison Waisman Center's University Center for Excellence in Developmental Disabilities](#) to maintain a collection of best practices and the latest strategies related to youth health transition. Youth Health Transition Initiative will be responsible for ensuring that CYSHCN Network organizations are aware of the most up to date national approaches to ensuring CYSHCN make the necessary transitions to adult health care.

Youth Health Transition Initiative, with support from the Title V program, will provide consultation to the Department of Public Instruction, Wisconsin school districts, and district staff on including health transition as part of individual education plans and education transition planning. Youth Health Transition Initiative will utilize materials created in 2024, alongside Got Transition, from the technical assistance funding with the Maternal and Child Health Bureau. Feedback from school staff will influence the method that information will be disseminated.

Additionally, the Youth Health Transition Initiative will assist in developing the CYSHCN Network workforce to increase their level of knowledge in youth health transition concepts. The impact of these efforts will be measured by the percent of Children's Resource Guides with at least one year experience who complete the youth health transition self-competency assessment and self-report that they are competent or proficient in explaining transition concepts.

Children's Resource Guides will share information regarding youth health transition with families and providers through methods such as phone consultations, informative emails and content available through websites and social media posts. Accountability for this work will be measured in the number and percent of informational contacts where youth health transition information is shared.

To increase knowledge and skills about youth health care transition within the community: Implement training opportunities for families and community professionals, using the expertise of youth, parent (family) and community professionals as advisors.

The Title V program plans to provide educational opportunities for families and communities to increase their skills and knowledge related to youth health transition. Youth Health Transition Initiative will partner with families and community professionals to create or update existing content for these events. The impact of these activities will be measured through

the number of participants in youth health transition educational sessions and the percent of participants trained on youth health transition concepts who report a change in knowledge, skills, or behavior following the event. Data will be collected regularly and used to inform planning and trainings related to this strategy.

To increase knowledge and skills about youth health care transition within and across systems: Implement trainings, use quality improvement strategies, and provide technical assistance opportunities for health care providers and systems.

This strategy will involve identifying opportunities to increase youth health transition knowledge and skills of health systems and healthcare providers supporting CYSHCN. Youth Health Transition Initiative will lead this work and Title V will work with them to create appropriate measures based on agreed-upon activities. Youth Health Transition Initiative will provide technical assistance to the professional workforce to implement best practices of youth health transition. Methods will be determined in collaboration with medical professionals (e.g., webinars, grand rounds, individual classes, etc.). The number and percent of practice changes due to technical assistance will serve as the measure of impact.

Cross-Cutting/Systems Building

State Performance Measures

SPM 3 - Percent of Wisconsin adults who report that they “usually” or “always” get the social and emotional support that they need.

Measure Status:		Active			
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			60	7	8
Annual Indicator			0	77	76
Numerator			0	77	76
Denominator			100	100	100
Data Source			NA	Wisconsin Behavioral Risk Factor Surveillance Syst	Wisconsin Behavioral Risk Factor Surveillance Syst
Data Source Year			NA	2020	2022
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	9.0	10.0

SPM 4 - Percent of performance measures with family, youth, and community engagement embedded into program and policies

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			60	70	80
Annual Indicator			63.6	63.6	63.6
Numerator			7	7	7
Denominator			11	11	11
Data Source			Title V State Action Plan	Title V State Action Plan	Title V State Action Plan
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	90.0	100.0

State Action Plan Table

State Action Plan Table (Wisconsin) - Cross-Cutting/Systems Building - Entry 1

Priority Need

Cultivate Supportive Social Connections and Community Environments.

SPM

SPM 3 - Percent of Wisconsin adults who report that they “usually” or “always” get the social and emotional support that they need.

Five-Year Objectives

Have 10% of Wisconsin Title V State Action Plan strategies promote social connectivity and access to both formal and informal relevant resources by 2025.

Strategies

Organize current and potential social connection efforts throughout the state by leveraging existing data sources, identifying new and innovative opportunities for data collection.

Support the work of other performance measure work groups and Title V-funded programs to incorporate Social Connection into their work.

Support and provide education and awareness efforts to increase Family Health Section staff knowledge, understanding, and importance of Social Connections.

State Action Plan Table (Wisconsin) - Cross-Cutting/Systems Building - Entry 2

Priority Need

Advance Equity and Racial Justice.

SPM

SPM 4 - Percent of performance measures with family, youth, and community engagement embedded into program and policies

Five-Year Objectives

Have 100% of Wisconsin Title V Performance Measures demonstrate measurable annual progress in family, youth, and community engagement.

Strategies

Identify roadblocks to engagement and address them in future training opportunities.

Increase family, youth, and community member participation in maternal and child health efforts including but not limited to ongoing Needs Assessment activities.

Incorporate the Community Engagement Assessment Tool within local and tribal health agencies, children and youth with special health care needs Network partners, adolescent health programs, and Reproductive Health Family Planning programs.

State Performance Measure 03: Percent of Wisconsin adults who report that they “usually” or “always” get the social and emotional support that they need (Social Connections)

Due to environmental and social barriers, too many Wisconsinites are lacking meaningful social connection, which can lead to increased risk of adverse health outcomes. In Wisconsin, the number of adults and youth who feel socially connected has declined in recent years. In 2023, 18% (17/96) of local and Tribal health agencies chose to work on Social Connections as an objective.

According to 2022 data from the CDC’s [Behavioral Risk Factor Surveillance System \(BRFSS\)](#), currently, 76.4 percent of adults report that they usually or always get the social and emotional support they need. In addition, 69.4 percent of adults report that they rarely or never feel socially isolated from others. According to the [2021 Wisconsin Youth Risk Behavior Survey](#), in Wisconsin, 60.8 percent of high school students agreed or strongly agreed that they belong at their school.

Measure	Data
Percent of Wisconsin adults who report that they “usually” or “always” get the social and emotional support that they need	76.4% (2022 Behavioral Risk Factor Surveillance System)

Supporting Measures

Measure	Data
Percent of adults report that they rarely or never feel socially isolated from others	69.4% (2022 Behavioral Risk Factor Surveillance System)
Percent of high school students agreed or strongly agreed that they belong at their school.	60.8% (2021 Wisconsin Youth Risk Behavior Survey)

Wisconsin’s Title V program aims to incorporate work addressing social connection and access to informal and formal resources throughout the national and state performance measure strategies. Activities include offering social connection as a project option for local and Tribal health Tribal agencies to address, providing expertise on social connections, continuing to review existing efforts, aligning with the work of other Wisconsin performance measure teams, and developing a tool to organize current and potential efforts by leveraging existing data sources.

In year three of Wisconsin’s Title V program working to advance Social Connections, 2023 marked the first year that local and Tribal health agencies could select this topic area to work on with their annual Title V funding.

There were two unsuccessful attempts in finding a statewide partner to provide social connection technical assistance, and as a result, the Title V staff took the lead and hosted quarterly learning community calls for participating agencies. It was an exciting year with many noted successes including building a quarterly reporting system, precepting two Title V MCH interns, and successfully providing technical assistance to 21 local health agencies. Agencies were asked to assess the need for social connections work, prioritize partnerships and community engagement and to develop an action plan to support social connections.

Organize current and potential social connection efforts throughout the state by leveraging existing data sources

and by identifying new and innovative opportunities for data collection.

In 2023, the Title V team launched the new reporting instrument, “Title V MCH Objectives: Social Connections” among the local and Tribal health agencies that implement the Social Connections MCH Objective. There were not any Tribal health departments that selected this objective. The Alchemer database and template were utilized quarterly among the local health agencies in order to gather local-level data on their social connections related projects and activities. The data collected includes but is not limited to why local and Tribal health agencies chose the Social Connections MCH Objective, areas of focus for their work, activity progress, facilitators and barriers, their utilization of partnerships to advance their work, and how they are integrating health equity. The information collected through the new reporting instrument helps to inform state-level work to better understand and support the unique needs for social connection across Wisconsin communities.

To further support the development of social connections work in Wisconsin, two interns from the Title V MCH Internship Program created a variety of data products informed by local and state-level social connections data in the summer of 2023. This included: 1) a report which highlighted the importance and public health impact of social connections and synthesized key findings from the quarterly data collected from the local health agencies; 2) opportunities or recommendations for future data collection strategies that could close gaps in currently collected data; and 3) a series of one-pagers based upon the report’s findings. These data products have been used internally to support programmatic decision-making as well as shared externally to support partners and grantees in their decision-making, project planning processes, and sustainability of their work.

Strengthen collaboration and partnerships with Title V-funded programs and other programs and grant-funded projects doing similar work to increase knowledge and promote resource utilization and tools to support social connection.

Title V staff and other core team members met biweekly throughout the year to plan and collaborate on social connections. Multiple agencies focused their efforts on social connections including the Office of Children’s Mental Health, Wisconsin Prevention Board, and Wisconsin State Health Improvement Plan (SHIP). Collaborative social connection efforts included internal meetings and then highlighting work accomplished at required quarterly learning community calls. Learning community calls focused on sharing local, state, and national resources and highlighting programs that would inspire local health agencies.

In the May 2023 learning community, the Office of Children’s Mental Health shared [Social Connectedness of Youth – The One Thing](#), which focuses on youth and mental health wellness by prioritizing social connections. The Wisconsin Prevention Board also presented their work, [Connecting with Others - Five for Families](#). This program prioritizes parents and children building a network of social connections around them. At the learning community call in August 2023, the Title V MCH Internship Program students summarized their data projects and gained feedback for final editing. Local health agencies have appreciated learning more about these state and national level efforts.

Work with local and Tribal health agencies to assess the need for improvement of social connections within their community.

Twenty-one agencies selected social connections to work on in their communities. The most common reason for this selection came from community health assessments (76.2%). Forty-seven percent of those agencies also prioritized social connections within their community health improvement plans. Focused areas of improvement included:

- Community connections: 19/21
- Community development: 2/21
- Environment: 2/21

- Neighborhood safety: 1/21
- Safe stable housing: 1/21
- Schools and childcare: 7/21
- Social isolation: 19/21
- Social support: 18/21
- Other: 1/21

Partnership building was identified as a key factor in this work. A high interest or alignment with partners, providers, community members and governmental departments was considered valuable by 47.6% of local health agencies. Partners included: community-based organizations 90% (19/21), schools or school districts 86% (18/21), other governmental departments/ agencies 76% (16/21), health systems or health organizations 67% (14/21), coalitions 62% (13/21), faith-based organizations or churches 57%(12/21), and private businesses 57% (12/21). Sixty percent of local health agencies developed new partnerships in social connections work. Other contributors to social connection work were data related resources, having flexibility or a broad scope within the social connection’s objective, alignment with agency priorities, funding resources and staff interest. One agency shared the following success related to partnership building:

“In 2024, the collaborative group working on social connections will be using ARPA dollars to coordinate listening and community empowerment sessions, create campaign materials related to social connectedness, and award mini grants to organizations doing social connectedness work in their communities. We are excited to complete this work within the next year and make a visible impact on our community.”

Title V staff asked about barriers to social connections work within the quarterly reports. The top five barriers noted included staff capacity (38.1%), lack of funding resources (28.6%), partners’ staff capacity (23.8%), trust with the community (19%) and lack of culturally relevant resources in languages other than English (19%).

Local health agencies acknowledged the barriers and continued to work through them. Staff capacity continued to be an ongoing issue as well as trust with public health. One agency shared the following partnership building success story:

“We have expanded upon already established partnerships and have made new connections with community organizations and individuals. The community events we participated with have provided opportunities for information sharing as well as generally increasing our community presence and making connections for people with public health resources. We hope to continue to build off of these connections and assist with future events. All events over the past year have had positive outcomes; some of the greatest positive connections were made at the Summer Activities event at the Ashland School District and also the Ashland Area Farmer’s Market. Both of these events were very well attended and facilitated connections with individuals we may have not otherwise reached. We hope to continue to expand our events and outreach at future community events as well as build upon partnerships. One such partnership we hope to expand upon is our work with Bay Area WIC; there is a plan to resume in-person visits for WIC and we hope to assist with this to expand public health connections and awareness of resources. Staff are also working on obtaining CLC certification to provide evidence-based practice/education during these events.”

The Title V program continues to prioritize health equity with local health agencies reporting the following:

- Utilizing data to help inform equity and community engagement efforts 33.3% (7/21)

- Actively working to connect with community (e.g., attend community events) 28.6% (6/21)
- Centering priority populations that are experiencing inequities 23.8% (5/21)
- Participating in trainings or professional development opportunities related to health equity and/or community engagement 19% (4/21)
- Partnering with other organizations, agencies, or departments to better reach priority populations 19% (4/21)
- Including community in program planning and decision-making (e.g., have a community advisory board, community involvement in program planning or decision-making) 14.3% (3/21)
- Create culturally relevant materials (e.g., translated materials into languages other than English, incorporated specific cultural perspectives) 9.5% (2/21)
- Create accessible materials (e.g., utilized plain language approaches, considered differing abilities/needs) 4.8% (1/21)
- Focus on and addressing social determinants of health 4.8% (1/21)
- Hire staff that are representative of the community and populations that are experiencing inequities 4.8% (1/21)
- Hire staff that are able to communicate with clients in languages other than English 4.8% (1/21)

With health equity as a priority, one local health agency shares the following success story:

“The activity that we were the most excited about was the implementation of the Bi-lingual story time. Our data from our community health survey shows that Hispanic families do not feel as connected to our community. This allowed them to have a safe and equitable space that did not previously exist. For our school partnership activities, we were able to fund ASCA course books for school counselors as well as restorative practice books for students. This is exciting for us because these are new resources.”

Additionally, another local health agency shared their success story working with resettled families:

“We are excited to provide an opportunity that will help form connections for women who are pregnant, post-partum and/or have young children. We've appreciated getting to know our community partners in an effort to better serve women who have recently resettled. The idea of gathering around food and promoting a laid-back environment focused on talking with each other has been well received. The MCHD team continues to solicit feedback about the events and what could be done differently. Incorporating these suggestions will help strengthen and grow the program moving into 2024.”

Social connections was a theme for other Title V funded projects. Family engagement strategies integrated support for social connections. Public Health Madison Dane County implemented casual meetups for participants receiving home visitation and Medicaid Prenatal Care Coordination services. Contracted Community Consultants helped to plan an event at a library that included music, food, movement activities, a lullaby writing activity, and free books and book bags. A parent in the home visiting program stated she “got to meet a lot of amazing women” and was “so proud to be part of such an incredible community!” A Public Health staff member said, “My favorite moment was seeing all the connections taking place and hearing all these beautiful languages around me – French, Spanish, Russian, Ewe, Japanese, English!” The Community Consultants also planned a potluck lunch for Nurse Family Partnership participants serving on the Community

Advisory Board.

Social connections were supported by Cia Siab, Inc., a community-based organization serving Hmong families. They convened groups of mothers with children of similar ages for focus groups and educational sessions. The program manager reported they are confident that their goal of helping participants connect to one another was exceeded based on stories the women shared of additional activities between them outside of the group sessions. At the completion of the 8-week session, participants established a group chat to stay connected, requested a potluck to share food with one another, and planned monthly dinners on their own to continue the relationships that had been established.

State Performance Measure 04: Percent of performance measures with family, youth, and community engagement embedded into program and policies

Identify roadblocks to engagement and address in future training opportunities.

In 2023, Title V staff engaged in important conversations regarding avenues to share gratitude to community members for their involvement with the Wisconsin Title V program. These conversations were pivotal in planning for the upcoming 2025 MCH Needs Assessment. From various policy and practice conversations, it was determined that community agencies that partner with the Title V program are in the best position to offer equitable reimbursement to residents who share feedback and insight into maternal-child health needs. The Title V Health Equity and Community Engagement Technical Assistance Provider, Smith Research and Consulting, is one community partner that encourages equitable practices. This organization offered equitable reimbursements to local partners who participated in community opportunities to provide helpful insights to the Title V program. Partnering with agencies that are currently supported by Title V to enhance community engagement at local levels is an evidenced-based practice that will continue to be implemented by the Title V program.

In addition to supporting reimbursement efforts, Smith Research and Consulting also provided training opportunities in 2023 to local health agencies about incorporating community engagement best practices into local efforts. Quarterly learning calls were an opportunity for agencies to hear about common challenges in embedding these practices into organizations and ways to be creative and prioritize such efforts. To increase state staff capacity to enhance community partnerships, Wisconsin Title V staff participated in the Bureau of Community Health Promotion's Health Equity Work Group throughout 2023. This work group focused on health equity and community engagement capacity building for staff, and group members co-designing equity-centered projects to advance this work across the bureau, including work carried out by Title V.

Increase family, youth, and community member participation in maternal and child health efforts including but not limited to ongoing Needs Assessment activities.

The Title V program released a youth, caregiver and family engagement funding opportunity to support engagement in maternal and child health efforts. Starting in January 2023, three agencies were selected to receive \$50,000 annually through the end of 2025. The three organizations identified were Public Health Madison and Dane County, Cia Siab, and Family Voices of Wisconsin.

[Public Health Madison Dane County](#) is a local health agency that hosts a Nurse Family Partnership Community Advisory Board with all members being participants and graduates of their Nurse Family Partnership home visiting program and Medicaid Prenatal Care Coordination services. Four program participants were hired as community consultants to plan and facilitate Nurse Family Partnership meetings, coordinate social gatherings to foster relationships and increase social connections, and provide input for a doula program for Nurse Family Partnership /Prenatal Care Coordination birthing people. Nurse Family Partnership and Prenatal Care Coordination participants were supported to attend educational sessions including Black Women's Wellness Day, YWCA Racial Justice Summit, doula training, and Advocacy Day at the

Capitol.

[Cia Siab, Inc.](#) is a nonprofit agency providing culturally and linguistically appropriate domestic violence/sexual assault services to the Hmoob (Hmong) community in La Crosse, Wisconsin. They convened two cohorts of pregnant and parenting people for 8-week sessions that included education, information on community resources, opportunities for social connections, and opportunities to inform program planning. Participants learned about resources available from Great Rivers 211 referral line, Planned Parenthood, Head Start, and Cia Siab's youth programs and monthly rice pantry food giveaway. Participants engaged in group wellness and social activities and were introduced/re-introduced to the art of paj ntuab, traditional cloth embroidery. Social connections were made that extended beyond the group sessions. Feedback from participants led to adjustments in the curriculum for the next cohort.

[Family Voices of Wisconsin](#) is a nonprofit agency that supports advocacy efforts to include families with special health care needs in civic engagement opportunities. The Wisconsin Family Leadership Institute Foundations 2023 cohort took place in the spring. The Wisconsin Family Leadership Institute advanced 2023 cohort took place in the fall. Many participants also attended the advanced session. One hundred percent of participants reported feeling prepared to talk with leaders about issues that matter to them and find themselves speaking up more often since Wisconsin Family Leadership Institute. Half of the participants have already visited with decision-makers in Wisconsin, six months out from the institute. An on-demand training was created in 2023 and is currently available on the Family Voices of Wisconsin YouTube channel called "Speak Up – Finding Your Voice." This serves as an introduction to advocacy for families that have a child with a recent diagnosis and offers suggestions about partnering with caring professionals.

Incorporate the Community Engagement Assessment Tool within local and Tribal health agencies, Children and Youth with Special Health Care Needs Network partners, adolescent health programs, and Reproductive Health Family Planning Programs.

Challenges remained for local agencies to implement the Community Engagement Assessment Tool in 2023 to support health equity efforts. Despite creating and disseminating several training modules for local staff, questions and confusion halted agencies' efforts to make advancements toward incorporating health equity and community engagement into their Title V programs. Because of such challenges, the tool was removed as a requirement for 2024-2025, and instead, context-based personalized technical assistance is offered as an alternative. See the SPM 04 2025 cross-cutting systems building application section for more details on this approach.

State Performance Measure 03: Percent of adults who report that they “usually” or “always” get the social and emotional support that they need (Social Connections)

The Wisconsin Title V program will aim to increase social connectivity across the state by continuing to incorporate work addressing social connection throughout the national and state performance measure strategies. Specific activities include offering social connection as a project option for local and tribal health tribal agencies to work on, providing expertise on social connections, continuing to review existing efforts, aligning with the work of other Wisconsin performance measure teams, and developing a tool to organize current and potential efforts by leveraging existing data sources.

Organize current and potential social connection efforts throughout the state by leveraging existing data sources and by identifying new and innovative opportunities for data collection.

MCH staff will continue to improve data collection efforts in order to create a baseline for Wisconsin efforts and to develop a toolkit for others to use. Staff will continue to build from data reporting tools that were created and continue to disseminate data to local, state, and national partners to support collaboration efforts. Data will be collected quarterly using the reporting instrument, “Title V MCH Objectives: Social Connections.” The data collected will include but is not limited to why local and Tribal health agencies chose the Social Connections MCH Objective, areas of focus for their work, activity progress, facilitators and barriers, their utilization of partnerships to advance their work, and how they are integrating health equity. The information will help to inform state-level work to better understand and support the unique needs for social connection across Wisconsin communities.

Strengthen partnerships with Title V-funded programs and other local, state and national organizations focusing on social connections for collaboration, resource development, and support.

Collaboration with local, state, and national level organizations will continue to be prioritized. These connections provide opportunities for growth, sharing and networking. Development of a ‘social connections’ toolkit is one of our program goals.

Work with local and Tribal health agencies to assess need for improvement with social connections within their community and implement a social connections action plan, including a practice change.

Local and Tribal health agencies will be able to select the Social Connections SPM as an option to work on within their communities. Strategy one will focus on assessing the need for improvement with social connections within community. Core activities will include assessing the need for improvement for social connections within community relating to the following themes: Environment, Safe, Stable Housing, Community Connections, Social Support, Social Isolation, Schools and Childcare, Community Development, and Neighborhood Safety. Agencies will use the results from needs assessment (community health assessment or community health improvement plan) to develop an action plan. Partnership building will continue to be prioritized with the following activities: Conduct outreach, recruit, and support sustained partnerships.

Implementation of action plan and practice change will continue to be prioritized as a second strategy. Core Activities will include Implementation of an action plan and practice change, conduct outreach, recruit, and support sustained partnerships. Other required activities for both strategies will include enhance community engagement to inform, develop, and implement social connections and activities; collaborate with community partners to promote social connections throughout the community; and participate in all learning community calls to support progress on the Title V State Performance Measure related to Social Connections.

State Performance Measure 04: Percent of performance measures with family, youth, and community engagement embedded into program and policies

Reflect on challenges and successes of embedding community engagement and health equity into local programs in the current grant cycle and improve technical assistance accordingly.

Title V will continue its approach for supporting local programs to increase community engagement and improve health equity for the populations that local agencies serve.

While the Title V program has been working since 2019 to intentionally support community engagement into all contracts and projects, the processes and resources deployed to achieve better community engagement have evolved since then.

The Community Engagement Assessment Tool was created by Title V staff in 2019 to create a standard method for local agencies to assess the current landscape of community engagement implemented by their organization and create an action plan based on findings from the tool. Despite its design to support health equity and community engagement planning, many local agencies expressed frustrations with not comprehending how to use the community engagement assessment tool, and most had limited capacity to use the tool effectively, even after attending several trainings and seeking resources offered by Title V staff. Unfortunately, because of such barriers, not all agencies were able to carry out an effective action plan for community engagement that met their population and agency needs.

Health equity and community engagement are context-related public health strategies, and requiring one tool to address unique needs across all agencies in the state creates more burden than assistance in furthering this important work. The Title V Representative Participation-Technical Assistance provider, Smith Research and Consulting, and the Title V Health Equity Coordinator made a decision together to remove the tool as a required community engagement planning resource for local agencies in 2024 and 2025. The goal is to deploy a more individualized approach and understand the context for which agencies are carrying out this work. The tool continues to be recommended if agencies have had success using it, and/or want to test out an evidenced-based resource.

In 2024, there is required, individualized technical assistance that has replaced the community engagement assessment tool, and local programs meet with Smith Research and Consulting for one-on-one quarterly technical assistance appointments. During quarter one appointments, agencies are asked to describe where their programs are at with embedding community engagement and health equity, and the technical assistance provider helps them uncover opportunities for advancing their community engagement strategies through a Strengths, Weaknesses, Opportunities, and Threats analysis. Agencies compile the available community resources and assets they currently have in these appointments to move forward with a realistic action plan. They also co-create goals with the technical assistance provider to follow through on their action plan and decide on evaluation methods to later reflect on and assess if these goals were achieved. Thus far, feedback on the individualized approach to health equity and community engagement has been positive and local agencies are not expressing stress from this new process to embed this important work in their programs. Quarter one 2024 appointments have also revealed that many agencies want trainings for their workforce to improve their skills in applying health equity and community engagement to their programs. In 2024 and 2025, the technical assistance provider and Health Equity Coordinator will work with these local programs to find cost-effective and free trainings for their organizations.

In 2025, the technical assistance provider will continue to host individualized technical assistance appointments for local agencies working on performance measures. These appointments in 2025 will have evolved from 2024 after learning from agencies what worked well for them in 2024, what emerging needs they have, and how successful they were in achieving

their community engagement goals through one-on-one technical assistance in 2024. The technical assistance provider will continue its efforts from 2024 to send resources to local programs in 2025 based on the goals they have set in their action plan, so that agencies can use tools that are evidenced based and fit the context that they're working in. The technical assistance provider will also host optional, quarterly learning calls for agencies to discuss and learn as a group about a specific community engagement and health equity strategy that is arising as a common theme in technical assistance appointments with several agencies.

In 2025, the Title V team will evaluate what was learned from hosting individualized technical assistance compared with the previous approach in 2020-2023 using a one-size-fits-all tool and then decide if continuing the strategy of one-on-one technical assistance is the best decision for local programs moving forward into the new grant cycle.

Increase and sustain family, youth, and community member participation in MCH efforts including but not limited to ongoing MCH Needs Assessment activities.

The Title V team is designing the upcoming 5-year needs assessment with diversity, equity, inclusion, and belonging as foundational values for data collection efforts and activities. With over 260 community organizations receiving communications about needs assessment activities, the Title V team expects the demographics of needs assessment respondents to reflect greater participation from underserved families for the upcoming cycle. Priorities and performance measures will reflect needs heard from greater voices representing local community-based organizations than in previous cycles, and in 2025, the Title V needs assessment team plans to host regional, strategic planning feedback sessions with all organizations that contributed to the needs assessment to engage in important dialogue about whether the state's plans for carrying out chosen performance measures reflects what communities hope to see for their regions. The information gathered at these regional meetings will help Title V staff refine their strategic planning to support programs and strategies that best reflect the needs aligned chosen NPMs and SPMs in 2026-2030.

Continue to utilize Title V funding in 2025 to implement grant objectives and activities for Youth, Caregiver, and Family Engagement grantees.

[Public Health Madison Dane County](#) will continue to elevate the voice of participants and graduates of their Nurse Family Partnership home visiting program and Medicaid Prenatal Care Coordination services through participation in a Community Advisory Board, educational sessions, and social opportunities. Four contracted community consultants will continue to support this work.

[Cia Siab, Inc.](#) will continue to help connect Hmong caregivers, primarily mothers, to others who can support them in times of struggle. Ongoing focus group and educational sessions will be facilitated to help program participants develop strong, positive cultural identity and leadership skills. The curriculum will be revised based on input from previous cohorts to better meet the needs of participants.

[Family Voices of Wisconsin](#) will continue to host trainings to develop leadership skills of parents of children with special health care needs. In addition to the Foundations and Advanced trainings, a Summer Refresher session is offered to allow families to stay connected, inspired, and to refresh their leadership skills. Follow-up surveys with trained parent leaders post-institute will document their confidence and ability to apply the gained knowledge and leadership skills after participation.

Other Title V grantees and local and Tribal health agencies who elect to use their annual Title V funding for other projects related to maternal and child health will be required to enhance community engagement by integrating community voice throughout project planning and implementation. All grantees, including local and Tribal health agencies, will be asked to provide updates on this and other aspects of their scopes of work periodically throughout 2025, to track progress, identify barriers, and identify opportunities to enhance future work plans.

III.F. Public Input

Title V program staff continued to actively participate in the Bureau of Community Health Promotion's (BCHP) Health Equity Work Group in 2023. Efforts were made to co-design a training for new and existing staff to facilitate their understanding of what the health equity infrastructure encompasses across the entire division of public health, and specifically within sections of BCHP, including units working with Title V. The training materials were finalized in 2023 and quarterly mandated trainings will take place in 2024. Identity exercises are a component of the training that will help staff learn how their own identities show up at work and shape public health program decisions. Review tools to ensure programs are assessed with an equity lens are also a key resource and educational component of the training as well. Title V's health equity coordinator was a co-designer of this training.

Program partners for the Title V youth engagement grant have implemented Youth, Caregiver and Family Engagement projects that support public engagement priorities. See SPM04 cross-cutting/systems building 2023 report for activities implemented by these partners. Additional public engagement projects were facilitated by a technical assistance provider, HealthTIDE, to hear from Latino, Black and Indigenous families what their physical activity and nutrition needs were in 2023. Title V is dedicated to supporting community agencies that can speak to lived experiences in order to better shape our program and reach underserved Wisconsinites. See Needs Assessment Updates section for more details about the HealthTIDE facilitated community conversations.

III.G. Technical Assistance

In 2023, the Title V program requested technical assistance funding from the Maternal and Child Health Bureau to improve youth health transition in Wisconsin by partnering with the national organization [Got Transition](#), with work set to begin in 2024. Got Transition will be providing technical assistance to create a case statement and set of health care transition resources to support the integration of health care transition in the special education Individual Education Plan (IEP) transition planning process. This technical assistance will also support a multistate healthcare transition and special education workgroup that includes Alabama, Florida, Georgia, Minnesota, New Mexico, North Carolina, Oregon and Texas in utilizing the Wisconsin tools to further health care transition goals within their states.

The Wisconsin Title V program has no additional requests for technical assistance at this time.

IV. Title V-Medicaid IAA/MOU

The Title V-Medicaid IAA/MOU is uploaded as a PDF file to this section - [MOU With Medicaid.pdf](#)

V. Supporting Documents

The following supporting documents have been provided to supplement the narrative discussion.

Supporting Document #01 - [28_Appendix1_ARPA.pdf](#)

VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - [FHS Org Chart_July 2024.pdf](#)

VII. Appendix

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Form 2
MCH Budget/Expenditure Details

State: Wisconsin

	FY 25 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	\$ 11,042,550	
A. Preventive and Primary Care for Children	\$ 3,627,004	(32.8%)
B. Children with Special Health Care Needs	\$ 3,568,485	(32.3%)
C. Title V Administrative Costs	\$ 171,908	(1.6%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	\$ 7,367,397	
3. STATE MCH FUNDS (Item 18c of SF-424)	\$ 4,404,893	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	\$ 3,877,020	
5. OTHER FUNDS (Item 18e of SF-424)	\$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	\$ 0	
7. TOTAL STATE MATCH (Lines 3 through 6)	\$ 8,281,913	
A. Your State's FY 1989 Maintenance of Effort Amount \$ 4,721,800		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	\$ 19,324,463	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.		
10. OTHER FEDERAL FUNDS(Subtotal of all funds under item 9)	\$ 0	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	\$ 19,324,463	

OTHER FEDERAL FUNDS

FY 25 Application Budgeted

No Other Federal Programs were provided by the State on Form 2 Line 9.

	FY 23 Annual Report Budgeted		FY 23 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	\$ 11,263,354 (FY 23 Federal Award: \$ 11,240,191)		\$ 11,042,550	
A. Preventive and Primary Care for Children	\$ 3,566,206	(31.7%)	\$ 3,418,211	(30.9%)
B. Children with Special Health Care Needs	\$ 3,462,178	(30.7%)	\$ 4,469,612	(40.4%)
C. Title V Administrative Costs	\$ 576,546	(5.1%)	\$ 145,108	(1.4%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	\$ 7,604,930		\$ 8,032,931	
3. STATE MCH FUNDS (Item 18c of SF-424)	\$ 4,721,800		\$ 849,920	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	\$ 3,156,457		\$ 3,794,498	
5. OTHER FUNDS (Item 18e of SF-424)	\$ 5,034,473		\$ 3,638,465	
6. PROGRAM INCOME (Item 18f of SF-424)	\$ 0		\$ 0	
7. TOTAL STATE MATCH (Lines 3 through 6)	\$ 12,912,730		\$ 8,282,883	
A. Your State's FY 1989 Maintenance of Effort Amount \$ 4,721,800				
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	\$ 24,176,084		\$ 19,325,433	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.				
10. OTHER FEDERAL FUNDS (Subtotal of all funds under item 9)	\$ 0		\$ 0	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	\$ 24,176,084		\$ 19,325,433	

OTHER FEDERAL FUNDS	FY 23 Annual Report Budgeted	FY 23 Annual Report Expended
No Other Federal Programs were provided by the State on Form 2 Line 9.		

Form Notes for Form 2:

None

Field Level Notes for Form 2:

1.	Field Name:	Federal Allocation, B. Children with Special Health Care Needs:
	Fiscal Year:	2023
	Column Name:	Annual Report Expended
	Field Note:	The position of CYSCHN Director was split into 2 roles, a unit supervisor and the CYSCHN director. Additionally, due to challenges with funding for the Newborn Screening Program, Title V provided support to bridge their funding gaps until the Blood Card fees were increased in the governor's budget.
2.	Field Name:	Federal Allocation, C. Title V Administrative Costs:
	Fiscal Year:	2023
	Column Name:	Annual Report Expended
	Field Note:	Staff turnover contributed to reduced administrative costs. Additionally, projects and limited positions ended.
3.	Field Name:	3. STATE MCH FUNDS
	Fiscal Year:	2023
	Column Name:	Annual Report Expended
	Field Note:	This amount varies from what was budgeted based on updated fiscal interpretation of this budget category.
4.	Field Name:	4. LOCAL MCH FUNDS
	Fiscal Year:	2023
	Column Name:	Annual Report Expended
	Field Note:	This amount varies from what was budgeted based on updated fiscal interpretation of this budget category.
5.	Field Name:	5. OTHER FUNDS
	Fiscal Year:	2023
	Column Name:	Annual Report Expended
	Field Note:	This amount varies from what was budgeted based on updated fiscal interpretation of this budget category.

Data Alerts: None

Form 3a
Budget and Expenditure Details by Types of Individuals Served
State: Wisconsin

I. TYPES OF INDIVIDUALS SERVED

IA. Federal MCH Block Grant	FY 25 Application Budgeted	FY 23 Annual Report Expended
1. Pregnant Women	\$ 1,225,051	\$ 1,003,207
2. Infants < 1 year	\$ 1,225,051	\$ 1,003,206
3. Children 1 through 21 Years	\$ 3,627,004	\$ 3,418,211
4. CSHCN	\$ 3,568,485	\$ 4,469,612
5. All Others	\$ 1,225,051	\$ 1,003,206
Federal Total of Individuals Served	\$ 10,870,642	\$ 10,897,442

IB. Non-Federal MCH Block Grant	FY 25 Application Budgeted	FY 23 Annual Report Expended
1. Pregnant Women	\$ 961,765	\$ 1,309,242
2. Infants < 1 year	\$ 961,765	\$ 1,309,242
3. Children 1 through 21 Years	\$ 2,720,253	\$ 2,599,936
4. CSHCN	\$ 2,676,365	\$ 3,388,486
5. All Others	\$ 961,765	\$ 1,309,242
Non-Federal Total of Individuals Served	\$ 8,281,913	\$ 9,916,148
Federal State MCH Block Grant Partnership Total	\$ 19,152,555	\$ 20,813,590

Form Notes for Form 3a:

None

Field Level Notes for Form 3a:

None

Data Alerts: None

Form 3b
Budget and Expenditure Details by Types of Services

State: Wisconsin

II. TYPES OF SERVICES

IIA. Federal MCH Block Grant	FY 25 Application Budgeted	FY 23 Annual Report Expended
1. Direct Services	\$ 0	\$ 0
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	\$ 0	\$ 0
B. Preventive and Primary Care Services for Children	\$ 0	\$ 0
C. Services for CSHCN	\$ 0	\$ 0
2. Enabling Services	\$ 2,208,750	\$ 1,214,948
3. Public Health Services and Systems	\$ 8,833,800	\$ 9,827,602
4. Select the types of Federally-supported "Direct Services", as reported in II.A.1. Provide the total amount of Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		\$ 0
Physician/Office Services		\$ 0
Hospital Charges (Includes Inpatient and Outpatient Services)		\$ 0
Dental Care (Does Not Include Orthodontic Services)		\$ 0
Durable Medical Equipment and Supplies		\$ 0
Laboratory Services		\$ 0
Direct Services Line 4 Expended Total		\$ 0
Federal Total	\$ 11,042,550	\$ 11,042,550

IIB. Non-Federal MCH Block Grant	FY 25 Application Budgeted	FY 23 Annual Report Expended
1. Direct Services	\$ 0	\$ 0
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	\$ 0	\$ 0
B. Preventive and Primary Care Services for Children	\$ 0	\$ 0
C. Services for CSHCN	\$ 0	\$ 0
2. Enabling Services	\$ 0	\$ 5,127,431
3. Public Health Services and Systems	\$ 0	\$ 3,142,619
4. Select the types of Non-Federally-supported "Direct Services", as reported in II.B.1. Provide the total amount of Non-Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		\$ 0
Physician/Office Services		\$ 0
Hospital Charges (Includes Inpatient and Outpatient Services)		\$ 0
Dental Care (Does Not Include Orthodontic Services)		\$ 0
Durable Medical Equipment and Supplies		\$ 0
Laboratory Services		\$ 0
Direct Services Line 4 Expended Total		\$ 0
Non-Federal Total	\$ 0	\$ 8,270,050

Form Notes for Form 3b:

None

Field Level Notes for Form 3b:

None

Form 4
Number and Percentage of Newborns and Others Screened Cases Confirmed and Treated

State: Wisconsin

Total Births by Occurrence: 59,067

Data Source Year: 2023

1. Core RUSP Conditions

Program Name	(A) Aggregate Total Number Receiving at Least One Valid Screen	(B) Aggregate Total Number of Out-of-Range Results	(C) Aggregate Total Number Confirmed Cases	(D) Aggregate Total Number Referred for Treatment
Core RUSP Conditions	59,067 (100.0%)	1,376	278	273 (98.2%)

Program Name(s)				
3-Hydroxy-3-Methylglutaric Aciduria	3-Methylcrotonyl-Coa Carboxylase Deficiency	Argininosuccinic Aciduria	Biotinidase Deficiency	Carnitine Uptake Defect/Carnitine Transport Defect
Citrullinemia, Type I	Classic Galactosemia	Classic Phenylketonuria	Congenital Adrenal Hyperplasia	Critical Congenital Heart Disease
Cystic Fibrosis	Glutaric Acidemia Type I	Glycogen Storage Disease Type II (Pompe)	Hearing Loss	Holocarboxylase Synthase Deficiency
Homocystinuria	Isovaleric Acidemia	Long-Chain L-3 Hydroxyacyl-Coa Dehydrogenase Deficiency	Maple Syrup Urine Disease	Medium-Chain Acyl-Coa Dehydrogenase Deficiency
Methylmalonic Acidemia (Cobalamin Disorders)	Methylmalonic Acidemia (Methylmalonyl-Coa Mutase)	Primary Congenital Hypothyroidism	Propionic Acidemia	S, β -Thalassemia
S,C Disease	S,S Disease (Sickle Cell Anemia)	Severe Combined Immunodeficiencies	Spinal Muscular Atrophy Due To Homozygous Deletion Of Exon 7 In SMN1	β -Ketothiolase Deficiency
Trifunctional Protein Deficiency	Tyrosinemia, Type I	Very Long-Chain Acyl-Coa Dehydrogenase Deficiency		

2. Other Newborn Screening Tests

Program Name	(A) Total Number Receiving at Least One Screen	(B) Total Number Presumptive Positive Screens	(C) Total Number Confirmed Cases	(D) Total Number Referred for Treatment
Carnitine palmitoyltransferase II deficiency	59,067 (100.0%)	0	0	0 (0%)
Glutaric acidemia type II	59,067 (100.0%)	0	0	0 (0%)
Malonic Acidemia	59,067 (100.0%)	0	0	0 (0%)
Hemoglobin SC Disease	59,067 (100.0%)	7	7	7 (100.0%)
Hemoglobin E-Beta Thalassemia	59,067 (100.0%)	0	0	0 (0%)
Hemoglobin C-Beta Thalassemia	59,067 (100.0%)	1	1	1 (100.0%)
Beta Thalassemia Major	59,067 (100.0%)	0	0	0 (0%)
Tyrosinemia, type II	59,067 (100.0%)	2	0	0 (0%)
Tyrosinemia, type III	59,067 (100.0%)	2	0	0 (0%)

3. Screening Programs for Older Children & Women

None

4. Long-Term Follow-Up

The Wisconsin State Laboratory of Hygiene and the DHS Family Health Section's Newborn Screening Program partner to work with primary care providers, audiologists, and congenital condition experts to assure all children with identified conditions enter into appropriate care. By statute, Wisconsin provides special dietary treatment products at no charge for life to individuals identified with Cystic Fibrosis and metabolic conditions. The Wisconsin Newborn Screening Program contracts with clinical centers to provide a medical home for patients with metabolic conditions, cystic fibrosis, and hemoglobinopathies. In addition to providing care to patients, these centers assist children and families in transitioning to adult care and document their ongoing clinical care interactions in REDCap. The Wisconsin Sound Beginnings program works to ensure that all families have equal access to a seamless system of early and continuous hearing screening, skilled and timely diagnostics, and quality inte

Form Notes for Form 4:

None

Field Level Notes for Form 4:

1.	Field Name:	Core RUSP Conditions - Total Number Receiving At Least One Screen
	Fiscal Year:	2023
	Column Name:	Core RUSP Conditions
	Field Note:	Core RUSP Conditions not available below that Wisconsin screens: <ul style="list-style-type: none">- Carnitine palmitoyltransferase II deficiency- Glutaric acidemia type II- Malonic Acidemia- Hemoglobin SC Disease- Hemoglobin E-Beta Thalassemia- Hemoglobin C-Beta Thalassemia- Beta Thalassemia Major- Tyrosinemia, type II- Tyrosinemia, type III
2.	Field Name:	Core RUSP Conditions - Total Number of Out-of-Range Results
	Fiscal Year:	2023
	Column Name:	Core RUSP Conditions

Field Note:

3-Methylcrotonyl-CoA carboxylase deficiency: 9
Carnitine uptake defect/carnitine transport defect: 2
Citrullinemia, type I: 2
Classic galactosemia: 3
Classic phenylketonuria: 8
Congenital adrenal hyperplasia: 6
Critical congenital heart disease: 172
Cystic fibrosis: 195
Glutaric acidemia type I: 5
Glycogen Storage Disease Type II (Pompe): 7
Hearing loss: 668
Homocystinuria: 6
Isovaleric acidemia: 5
Medium-chain acyl-CoA dehydrogenase deficiency: 1
Methylmalonic acidemia (cobalamin disorders): 10
Methylmalonic acidemia (methylmalonyl-CoA mutase): 1
Primary congenital hypothyroidism: 172
Propionic acidemia: 8
S, β -Thalassemia: 1
S,C disease: 13
Hemoglobin SC Disease: 7
Hemoglobin C-Beta Thalassemia : 1
Severe combined immunodeficiencies: 62
Spinal Muscular Atrophy due to homozygous deletion of exon 7 in SMN1: 6
Tyrosinemia, type II: 2
Tyrosinemia, type III: 2
Very long-chain acyl-CoA dehydrogenase deficiency: 2

3.	Field Name:	Core RUSP Conditions - Total Number Confirmed Cases
	Fiscal Year:	2023
	Column Name:	Core RUSP Conditions

Field Note:

3-Methylcrotonyl-CoA carboxylase deficiency: 1
Classic galactosemia: 3
Classic phenylketonuria: 7
Congenital adrenal hyperplasia: 4
Critical congenital heart disease: 36
Cystic fibrosis: 7 cystic fibrosis; 1 CRMS/CFSPID
Glycogen Storage Disease Type II (Pompe): 5
Hearing loss: 106
Isovaleric acidemia: 1
Medium-chain acyl-CoA dehydrogenase deficiency: 1
Methylmalonic acidemia (methylmalonyl-CoA mutase): 1
Primary congenital hypothyroidism: 62
Propionic acidemia: 2
S, β -Thalassemia: 1
S,C disease: 13
Hemoglobin SC Disease: 7
Hemoglobin C-Beta Thalassemia : 1
Severe combined immunodeficiencies: 7 SCID; 1 Mild to Moderate T-Cell Lymphopenia; 1 22q11.2 Deletion
Spinal Muscular Atrophy due to homozygous deletion of exon 7 in SMN1: 6
Very long-chain acyl-CoA dehydrogenase deficiency: 1

4. **Field Name:** **Core RUSP Conditions - Total Number Referred For Treatment**

Fiscal Year: **2023**

Column Name: **Core RUSP Conditions**

Field Note:

3-Methylcrotonyl-CoA carboxylase deficiency: 1
Classic galactosemia: 3
Classic phenylketonuria: 7
Congenital adrenal hyperplasia: 4
Critical congenital heart disease: 36
Cystic fibrosis: 8
Glycogen Storage Disease Type II (Pompe): 5
Hearing loss: 101
Isovaleric acidemia: 1
Medium-chain acyl-CoA dehydrogenase deficiency: 1
Methylmalonic acidemia (methylmalonyl-CoA mutase): 1
Primary congenital hypothyroidism: 62
Propionic acidemia: 2
S, β -Thalassemia: 1
S,C disease: 13
Hemoglobin SC Disease: 7
Hemoglobin C-Beta Thalassemia : 1
Severe combined immunodeficiencies: 12
Spinal Muscular Atrophy due to homozygous deletion of exon 7 in SMN1: 6
Very long-chain acyl-CoA dehydrogenase deficiency: 1

Data Alerts: None

Form 5
Count of Individuals Served by Title V & Total Percentage of Populations Served by Title V

State: Wisconsin

Annual Report Year 2023

Form 5a – Count of Individuals Served by Title V
(Direct & Enabling Services Only)

Types Of Individuals Served	(A) Title V Total Served	Primary Source of Coverage				
		(B) Title XIX %	(C) Title XXI %	(D) Private / Other %	(E) None %	(F) Unknown %
1. Pregnant Women	726	34.2	0.0	61.4	3.9	0.5
2. Infants < 1 Year of Age	1,118	34.2	0.0	61.4	3.9	0.5
3. Children 1 through 21 Years of Age	29,108	30.2	0.0	64.5	5.3	0.0
3a. Children with Special Health Care Needs 0 through 21 years of age^	29,108	49.4	0.0	47.2	3.4	0.0
4. Others	12,662	8.5	0.0	87.9	3.6	0.0
Total	43,614					

Form 5b – Total Percentage of Populations Served by Title V
(Direct, Enabling, and Public Health Services and Systems)

Populations Served by Title V	Reference Data	Used Reference Data?	Denominator	Total % Served	Form 5b Count (Calculated)	Form 5a Count
1. Pregnant Women	60,049	Yes	60,049	80.0	48,039	726
2. Infants < 1 Year of Age	59,778	Yes	59,778	99.6	59,539	1,118
3. Children 1 through 21 Years of Age	1,506,698	Yes	1,506,698	20.0	301,340	29,108
3a. Children with Special Health Care Needs 0 through 21 years of age^	299,483	Yes	299,483	20.0	59,897	29,108
4. Others	4,324,563	Yes	4,324,563	11.0	475,702	12,662

^Represents a subset of all infants and children.

Form Notes for Form 5:

None

Field Level Notes for Form 5a:

1.	Field Name:	Pregnant Women Total Served
	Fiscal Year:	2023
	Field Note:	Includes pregnant women who received services at Title V-supported dual protection clinics, and those who utilized the MCH hotline (Well Badger Resource Center) for information, resources, and referrals. The percentages of primary source of coverage are based on 2022 (2023 not publicly available yet) Wisconsin Stat Vital Records Office field expected payor at birth.
2.	Field Name:	Infants Less Than One Year Total Served
	Fiscal Year:	2023
	Field Note:	Includes infants who received a referral and support services based on a positive newborn screening, infants served through local and Tribal health agencies providing Title V-supported breastfeeding support, and those who utilized the MCH hotline (Well Badger Resource Center) for information, resources, and referrals. The percentages of primary source of coverage are based on 2022 (2023 not publicly available yet) Wisconsin Stat Vital Records Office field expected payor at birth.
3.	Field Name:	Children 1 through 21 Years of Age
	Fiscal Year:	2023
	Field Note:	Includes 3a in addition to children who received services at Title V-supported dual protection clinics; those served by local and Tribal health agencies implementing Title V-supported physical activity and nutrition, developmental screening, and adolescent well-being activities; and those who utilized the MCH hotline (Well Badger Resource Center) for information, resources, and referrals. The percentages of primary source of coverage are based on 2020-2021 National Survey of Children's Health data.
4.	Field Name:	Children with Special Health Care Needs 0 through 21 Years of Age
	Fiscal Year:	2023
	Field Note:	Includes children and adolescents with an identified special health care need who received services at Title V-supported dual protection clinics, and those who received information, referrals, or support services through one of the five Title V-funded resource centers for CSHCN, the MCH Hotline (Well Badger Resource Center), or other CYSHCN programs. The percentages of primary source of coverage are based on 2020-2021 National Survey of Children's Health data.
5.	Field Name:	Others
	Fiscal Year:	2023
	Field Note:	Includes non-pregnant individuals over age 21 years who received services at Title V-supported dual protection clinics and those who received information, resources, and referrals through the MCH Hotline (Well Badger Resource Center). The percentages of primary source of coverage are based on the 2021 Family Health Survey.

Field Level Notes for Form 5b:

1.	Field Name:	Pregnant Women Total % Served
	Fiscal Year:	2023
	Field Note:	2022 Wisconsin Vital Records
2.	Field Name:	Infants Less Than One Year Total % Served
	Fiscal Year:	2023
	Field Note:	2022 Wisconsin Vital Records
3.	Field Name:	Children 1 through 21 Years of Age Total % Served
	Fiscal Year:	2023
	Field Note:	COVID-19 metrics 2023 Perinatal Infant Report 2023 Child Report 2023 Adolescent Report
4.	Field Name:	Children with Special Health Care Needs 0 through 21 Years of Age Total % Served
	Fiscal Year:	2023
	Field Note:	2023 Perinatal Infant Report 2023 CYSHCN Report COVID-19 metrics
5.	Field Name:	Others Total % Served
	Fiscal Year:	2023
	Field Note:	COVID-19 metrics 2023 Perinatal Infant Report 2023 Child Report Adolescent Health Team 2023 CYSHCN Report

Data Alerts: None

Form 6
Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX

State: Wisconsin

Annual Report Year 2023

I. Unduplicated Count by Race/Ethnicity

	(A) Total	(B) Non- Hispanic White	(C) Non- Hispanic Black or African American	(D) Hispanic	(E) Non- Hispanic American Indian or Native Alaskan	(F) Non- Hispanic Asian	(G) Non- Hispanic Native Hawaiian or Other Pacific Islander	(H) Non- Hispanic Multiple Race	(I) Other & Unknown
1. Total Deliveries in State	60,032	42,486	5,679	6,951	510	1,221	0	1,449	1,736
Title V Served	60,032	42,632	5,764	6,775	520	2,482	0	1,457	402
Eligible for Title XIX	20,447	9,004	4,468	4,576	349	547	0	832	671
2. Total Infants in State	60,032	42,486	5,679	6,951	510	1,221	0	1,449	1,736
Title V Served	60,032	42,632	5,764	6,775	520	2,482	0	1,457	402
Eligible for Title XIX	20,465	9,004	4,486	4,576	349	547	0	832	671

Form Notes for Form 6:

- * WI uses 'Laotian or Hmong (Non-Hispanic)' and not 'NH Asian'
- *WI doesn't collect Non-Hispanic Native Hawaiian or Other Pacific Islander
- * Two or More Races (Non-Hispanic)
- * Other & Unknown = Other + Missing

Field Level Notes for Form 6:

1.	Field Name:	1. Total Deliveries in State
	Fiscal Year:	2023
	Column Name:	Total
	Field Note:	2022 Wisconsin Vital Records
2.	Field Name:	1. Eligible for Title XIX
	Fiscal Year:	2023
	Column Name:	Total
	Field Note:	principal source of payment was Medicaid or Badger Care

Form 7
Title V Program Workforce
State: Wisconsin

Form 7 Entry Page

A. Title V Program Workforce FTEs	
Title V Funded Positions	
1. Total Number of FTEs	30.50
1a. Total Number of FTEs (State Level)	28.10
1b. Total Number of FTEs (Local Level)	2.40
2. Total Number of MCH Epidemiology FTEs (subset of A. 1)	3
3. Total Number of FTEs eliminated in the past 12 months	1
4. Total Number of Current Vacant FTEs	5.50
4a. Total Number of Vacant MCH Epidemiology FTEs	0
5. Total Number of FTEs onboarded in the past 12 months	3
B. Training Needs (Optional)	
1	Implementation Science training/workshop for 2026-2030 state action plan development
2	Project development support for universal measures
3	
4	

Form Notes for Form 7:

None

Field Level Notes for Form 7:

Form 7 Field Level Notes Table

1.	Field Name:	Total Number of FTEs (Local Level)
	Field Note:	
		North Region Public Health Nurse Consultant 0.5 FTE Southeast Regional Director 0.25 FTE Western Region Office Manager 0.25 FTE Southern Region Public Health Education Consultant 0.5 FTE Northeast Region Public Health Nurse Consultant 0.4 FTE Southeast Region Public Health Educator 0.25 FTE Public Health Educator 0.25 FTE
2.	Field Name:	Total Number of FTEs eliminated in the past 12 months
	Field Note:	
		SSDI Coordinator promoted to Title V Director; SSDI Coordinator position was given to Maternal Health Innovations grant team
3.	Field Name:	Total Number of Current Vacant FTEs
	Field Note:	
		1.0 FTE Public Health Nurse Advanced 1.0 FTE Family Health Section Manager 1.0 FTE Deputy Family Health Section Manager (new) 1.0 FTE Data Unit Supervisor (new) 1.0 FTE Child/Adolescent Unit Supervisor (new) 0.25 FTE Public Health Educator 0.25 FTE Public Health Educator
4.	Field Name:	Total Number of Vacant MCH Epidemiology FTEs
	Field Note:	
		Title V Evaluator and Epidemiologist on parental leave March 2024 - October 2024

Form 8
State MCH and CSHCN Directors Contact Information

State: Wisconsin

1. Title V Maternal and Child Health (MCH) Director

Name	Katrina Heche
Title	Title V Director
Address 1	1 W Wilson
Address 2	
City/State/Zip	Madison / WI / 53703
Telephone	(608) 504-1336
Extension	
Email	katrina.heche@dhs.wisconsin.gov

2. Title V Children with Special Health Care Needs (CSHCN) Director

Name	Michelle Lund
Title	Title V CYSHCN Director
Address 1	1 W Wilson
Address 2	
City/State/Zip	Madison / WI / 53703
Telephone	(608) 250-0124
Extension	
Email	michellem.lund@dhs.wisconsin.gov

3. State Family Leader (Optional)

Name	Amanda (Mandy) Quainoo
Title	Newborn Screening Follow-through Coordinator
Address 1	1 W Wilson
Address 2	
City/State/Zip	Madison / WI / 53703
Telephone	(608) 335-4146
Extension	
Email	amanda.quainoo@dhs.wisconsin.gov

4. State Youth Leader (Optional)

Name	
Title	
Address 1	
Address 2	
City/State/Zip	
Telephone	
Extension	
Email	

5. SSDI Project Director

Name	Mary Kusch
Title	Title V Evaluator and Epidemiologist
Address 1	1 W Wilson
Address 2	
City/State/Zip	Madison / WI / 53703
Telephone	(608) 267-0234
Extension	
Email	mary.kusch@dhs.wisconsin.gov

6. State MCH Toll-Free Telephone Line

State MCH Toll-Free "Hotline" Telephone Number	(800) 642-7837
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Form Notes for Form 8:

None

Form 9
List of MCH Priority Needs

State: Wisconsin

Application Year 2025

No.	Priority Need
1.	Advance Equity and Racial Justice.
2.	Assure Access to Quality Health Services.
3.	Cultivate Supportive Social Connections and Community Environments.
4.	Enhance Identification, Access, and Support for Individuals with Special Health Care Needs and their Families.
5.	Foster Positive Mental Health and Associated Factors.
6.	Improve Perinatal Outcomes.
7.	Promote Optimal Nutrition and Physical Activity.

Form Notes for Form 9:

None

Field Level Notes for Form 9:

None

Form 9 State Priorities – Needs Assessment Year – Application Year 2021

No.	Priority Need	Priority Need Type (New, Revised or Continued Priority Need for this five-year reporting period)
1.	Advance Equity and Racial Justice.	New
2.	Assure Access to Quality Health Services.	New
3.	Cultivate Supportive Social Connections and Community Environments.	New
4.	Enhance Identification, Access, and Support for Individuals with Special Health Care Needs and their Families.	New
5.	Foster Positive Mental Health and Associated Factors.	New
6.	Improve Perinatal Outcomes.	New
7.	Promote Optimal Nutrition and Physical Activity.	New

**Form 10
National Outcome Measures (NOMs)**

State: Wisconsin

Form Notes for Form 10 NPMs, NOMs, SPMs, SOMs, and ESMs.

None

NOM - Percent of pregnant women who receive prenatal care beginning in the first trimester (Early Prenatal Care, Formerly NOM 1) - PNC


Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	83.4 %	0.2 %	49,371	59,192
2021	83.2 %	0.2 %	50,573	60,796
2020	82.8 %	0.2 %	48,848	58,970
2019	82.6 %	0.2 %	50,602	61,286
2018	82.8 %	0.2 %	51,293	61,945
2017	82.6 %	0.2 %	51,958	62,936
2016	82.5 %	0.2 %	53,476	64,795
2015	82.1 %	0.2 %	53,328	64,926
2014	82.1 %	0.2 %	53,251	64,823
2013	78.6 %	0.2 %	50,498	64,236
2012	79.3 %	0.2 %	51,512	64,954
2011	79.0 %	0.2 %	51,341	65,008

Legends:

 Indicator has a numerator <10 and is not reportable

 Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM PNC - Notes:

None

Data Alerts: None



NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	77.4	3.7	450	58,122
2020	79.3	3.7	453	57,147
2019	65.4	3.3	391	59,814
2018	62.3	3.3	369	59,238
2017	54.9	3.0	340	61,935
2016	61.3	3.1	392	63,933
2015	49.1	3.2	238	48,467
2014	47.1	2.7	302	64,130
2013	45.9	2.7	293	63,782
2012	48.3	2.7	312	64,558
2011	43.0	2.6	281	65,306
2010	42.8	2.6	282	65,889
2009	47.2	2.6	323	68,450
2008	50.4	2.7	351	69,689

Legends:

-  Indicator has a numerator ≤10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

NOM SMM - Notes:

None

Data Alerts: None

NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018_2022	13.2	2.1	41	309,792
2017_2021	10.8	1.9	34	314,718
2016_2020	9.7	1.7	31	319,552
2015_2019	8.6	1.6	28	325,999
2014_2018	9.7	1.7	32	329,890

Legends:

🚩 Indicator has a numerator <10 and is not reportable

⚡ Indicator has a numerator <20 and should be interpreted with caution

NOM MM - Notes:

None

Data Alerts: None

NOM - Percent of low birth weight deliveries (<2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW


Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	8.0 %	0.1 %	4,813	60,024
2021	7.7 %	0.1 %	4,756	61,749
2020	7.7 %	0.1 %	4,665	60,550
2019	7.6 %	0.1 %	4,788	63,204
2018	7.7 %	0.1 %	4,935	64,039
2017	7.7 %	0.1 %	4,968	64,931
2016	7.4 %	0.1 %	4,925	66,574
2015	7.3 %	0.1 %	4,870	66,992
2014	7.3 %	0.1 %	4,911	67,125
2013	7.0 %	0.1 %	4,668	66,616
2012	7.1 %	0.1 %	4,809	67,262
2011	7.2 %	0.1 %	4,876	67,779
2010	7.0 %	0.1 %	4,818	68,456
2009	7.1 %	0.1 %	5,027	70,817

Legends:

 Indicator has a numerator <10 and is not reportable

 Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM LBW - Notes:

None

Data Alerts: None

NOM - Percent of preterm births (<37 weeks) (Preterm Birth, Formerly NOM 5) - PTB

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	10.3 %	0.1 %	6,157	59,994
2021	10.0 %	0.1 %	6,173	61,727
2020	9.9 %	0.1 %	6,013	60,545
2019	10.1 %	0.1 %	6,366	63,226
2018	9.9 %	0.1 %	6,348	64,045
2017	9.6 %	0.1 %	6,260	64,917
2016	9.6 %	0.1 %	6,385	66,576
2015	9.4 %	0.1 %	6,271	66,878
2014	9.2 %	0.1 %	6,163	67,041
2013	9.0 %	0.1 %	5,964	66,519
2012	9.4 %	0.1 %	6,335	67,178
2011	9.3 %	0.1 %	6,281	67,735
2010	8.2 %	0.1 %	5,640	68,424
2009	8.2 %	0.1 %	5,792	70,749

Legends:

🚫 Indicator has a numerator <10 and is not reportable

⚡ Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM PTB - Notes:

None

Data Alerts: None

NOM - Percent of early term births (37, 38 weeks) (Early Term Birth, Formerly NOM 6) - ETB

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	27.8 %	0.2 %	16,663	59,994
2021	26.9 %	0.2 %	16,618	61,727
2020	26.5 %	0.2 %	16,035	60,545
2019	25.6 %	0.2 %	16,174	63,226
2018	25.5 %	0.2 %	16,307	64,045
2017	24.9 %	0.2 %	16,177	64,917
2016	24.5 %	0.2 %	16,327	66,576
2015	24.3 %	0.2 %	16,239	66,878
2014	24.4 %	0.2 %	16,334	67,041
2013	24.5 %	0.2 %	16,271	66,519
2012	25.6 %	0.2 %	17,215	67,178
2011	25.3 %	0.2 %	17,133	67,735
2010	21.3 %	0.2 %	14,573	68,424
2009	21.9 %	0.2 %	15,492	70,749

Legends:

🚫 Indicator has a numerator <10 and is not reportable

⚡ Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM ETB - Notes:

None

Data Alerts: None

NOM - Percent of non-medically indicated early elective deliveries (Early Elective Delivery, Formerly NOM 7) - EED

Data Source: CMS Hospital Compare

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022/Q1-2022/Q4	2.0 %			
2021/Q4-2022/Q3	2.0 %			
2021/Q3-2022/Q2	2.0 %			
2021/Q2-2022/Q1	2.0 %			
2021/Q1-2021/Q4	2.0 %			
2020/Q4-2021/Q3	3.0 %			
2020/Q3-2021/Q1	3.0 %			
2019/Q4-2020/Q3	2.0 %			
2019/Q1-2019/Q4	2.0 %			
2018/Q4-2019/Q3	2.0 %			
2018/Q3-2019/Q2	2.0 %			
2018/Q2-2019/Q1	1.0 %			
2018/Q1-2018/Q4	2.0 %			
2017/Q4-2018/Q3	2.0 %			
2017/Q3-2018/Q2	2.0 %			
2017/Q2-2018/Q1	2.0 %			
2017/Q1-2017/Q4	2.0 %			
2016/Q4-2017/Q3	2.0 %			
2016/Q3-2017/Q2	2.0 %			
2016/Q2-2017/Q1	2.0 %			
2016/Q1-2016/Q4	2.0 %			
2015/Q4-2016/Q3	2.0 %			
2015/Q3-2016/Q2	2.0 %			

Year	Annual Indicator	Standard Error	Numerator	Denominator
2015/Q2-2016/Q1	2.0 %			
2015/Q1-2015/Q4	2.0 %			
2014/Q4-2015/Q3	3.0 %			
2014/Q3-2015/Q2	3.0 %			
2014/Q2-2015/Q1	3.0 %			
2014/Q1-2014/Q4	3.0 %			
2013/Q4-2014/Q3	3.0 %			
2013/Q3-2014/Q2	3.0 %			
2013/Q2-2014/Q1	4.0 %			

Legends:

NOM EED - Notes:

None

Data Alerts: None



NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	5.5	0.3	342	61,956
2020	6.4	0.3	390	60,775
2019	6.1	0.3	386	63,450
2018	5.5	0.3	355	64,262
2017	5.7	0.3	368	65,129
2016	5.8	0.3	387	66,771
2015	5.6	0.3	379	67,199
2014	5.9	0.3	400	67,329
2013	6.2	0.3	411	66,818
2012	6.2	0.3	419	67,495
2011	6.6	0.3	448	68,017
2010	5.9	0.3	402	68,678
2009	5.8	0.3	409	71,021

Legends:

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

NOM PNM - Notes:

None

Data Alerts: None



NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	5.4	0.3	331	61,781
2020	5.9	0.3	360	60,594
2019	5.9	0.3	371	63,270
2018	6.1	0.3	392	64,098
2017	6.4	0.3	415	64,975
2016	6.3	0.3	420	66,615
2015	5.8	0.3	389	67,041
2014	5.7	0.3	384	67,161
2013	6.3	0.3	417	66,649
2012	5.7	0.3	382	67,295
2011	6.2	0.3	423	67,810
2010	5.8	0.3	400	68,487
2009	6.0	0.3	424	70,843

Legends:

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

NOM IM - Notes:

None

Data Alerts: None



NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	3.5	0.2	216	61,781
2020	4.2	0.3	255	60,594
2019	4.0	0.3	253	63,270
2018	3.9	0.3	247	64,098
2017	4.0	0.3	263	64,975
2016	4.3	0.3	284	66,615
2015	4.0	0.3	269	67,041
2014	4.1	0.3	274	67,161
2013	4.5	0.3	299	66,649
2012	4.1	0.3	276	67,295
2011	4.2	0.3	287	67,810
2010	3.9	0.2	265	68,487
2009	4.0	0.2	281	70,843

Legends:

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

NOM IM-Neonatal - Notes:

None

Data Alerts: None



NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	1.9	0.2	115	61,781
2020	1.7	0.2	105	60,594
2019	1.9	0.2	118	63,270
2018	2.3	0.2	145	64,098
2017	2.3	0.2	152	64,975
2016	2.0	0.2	136	66,615
2015	1.8	0.2	120	67,041
2014	1.6	0.2	110	67,161
2013	1.8	0.2	118	66,649
2012	1.6	0.2	106	67,295
2011	2.0	0.2	136	67,810
2010	2.0	0.2	135	68,487
2009	2.0	0.2	143	70,843

Legends:

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

NOM IM-Postneonatal - Notes:

None

Data Alerts: None



NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	182.9	17.2	113	61,781
2020	226.1	19.3	137	60,594
2019	218.1	18.6	138	63,270
2018	198.1	17.6	127	64,098
2017	229.3	18.8	149	64,975
2016	217.7	18.1	145	66,615
2015	208.8	17.7	140	67,041
2014	217.4	18.0	146	67,161
2013	225.1	18.4	150	66,649
2012	209.5	17.7	141	67,295
2011	227.1	18.3	154	67,810
2010	210.3	17.5	144	68,487
2009	225.9	17.9	160	70,843

Legends:

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

NOM IM-Preterm Related - Notes:

None

Data Alerts: None



NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	80.9	11.5	50	61,781
2020	87.5	12.0	53	60,594
2019	88.5	11.8	56	63,270
2018	106.1	12.9	68	64,098
2017	115.4	13.3	75	64,975
2016	78.1	10.8	52	66,615
2015	74.6	10.6	50	67,041
2014	75.9	10.6	51	67,161
2013	60.0	9.5	40	66,649
2012	80.2	10.9	54	67,295
2011	84.1	11.1	57	67,810
2010	94.9	11.8	65	68,487
2009	81.9	10.8	58	70,843

Legends:

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

NOM IM-SUID - Notes:





None

Data Alerts: None


NOM - Percent of women who drink alcohol in the last 3 months of pregnancy (Drinking during Pregnancy, Formerly NOM 10) - DP


Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	NR 	NR 	NR 	NR 
2015	7.4 %	1.1 %	4,631	62,889
2014	7.9 %	1.2 %	4,973	62,635
2013	8.3 %	1.2 %	5,211	62,563
2012	7.9 %	1.1 %	4,951	62,759
2011	7.7 %	1.0 %	4,893	63,483
2009	9.4 %	1.1 %	6,255	66,459
2008	8.5 %	1.1 %	5,718	67,126
2007	6.5 %	0.9 %	4,418	68,198

Legends:

 Indicator has an unweighted denominator <30 and is not reportable

 Indicator has an unweighted denominator between 30 and 59 or confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM DP - Notes:

None

Data Alerts: None



NOM - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations (Neonatal Abstinence Syndrome, Formerly NOM 11) - NAS

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	5.5	0.3	320	58,264
2020	6.4	0.3	365	57,303
2019	6.6	0.3	396	59,960
2018	7.2	0.4	429	59,753
2017	8.5	0.4	535	62,588
2016	7.8	0.4	503	64,667
2015	7.9	0.4	387	49,035
2014	7.6	0.3	492	65,012
2013	8.0	0.4	518	64,458
2012	5.8	0.3	381	65,460
2011	5.4	0.3	359	66,200
2010	4.1	0.3	271	66,701
2009	3.0	0.2	206	69,343
2008	2.5	0.2	177	70,503

Legends:

-  Indicator has a numerator ≤10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

NOM NAS - Notes:

None

Data Alerts: None

NOM - Percent of eligible newborns screened for heritable disorders with on time physician notification for out of range screens who are followed up in a timely manner. (DEVELOPMENTAL) (Newborn Screening Timely Follow-Up, Formerly NOM 12) - NBS

Federally available Data (FAD) for this measure is not available/reportable.

NOM NBS - Notes:

None

Data Alerts: None

NOM - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL) (School Readiness, Formerly NOM 13) - SR

Federally available Data (FAD) for this measure is not available/reportable.

NOM SR - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year (Tooth decay or cavities, Formerly NOM 14) - TDC

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	13.3 %	1.1 %	158,538	1,188,828
2020_2021	12.1 %	0.7 %	144,427	1,191,633
2019_2020	10.2 %	1.1 %	121,918	1,195,260
2018_2019	11.3 %	1.5 %	135,486	1,195,444
2017_2018	11.0 %	1.5 %	131,836	1,201,925
2016_2017	9.6 %	1.1 %	114,728	1,195,784

Legends:

🚩 Indicator has an unweighted denominator <30 and is not reportable

⚡ Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM TDC - Notes:

None

Data Alerts: None



NOM - Child Mortality rate, ages 1 through 9, per 100,000 (Child Mortality, Formerly NOM 15) - CM

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	21.3	1.9	126	591,260
2021	13.8	1.5	84	607,084
2020	15.0	1.6	91	608,024
2019	18.1	1.7	111	614,370
2018	14.8	1.6	92	619,593
2017	14.6	1.5	91	623,580
2016	17.0	1.7	107	628,170
2015	14.8	1.5	94	633,664
2014	14.7	1.5	94	637,291
2013	15.2	1.5	98	643,596
2012	14.3	1.5	93	649,683
2011	16.0	1.6	104	651,354
2010	16.1	1.6	106	657,614
2009	14.5	1.5	95	655,574

Legends:

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

NOM CM - Notes:

None

Data Alerts: None



NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	35.6	2.2	266	746,849
2021	37.6	2.2	287	763,933
2020	32.8	2.1	243	740,993
2019	29.4	2.0	219	744,359
2018	29.2	2.0	218	747,766
2017	32.5	2.1	243	748,799
2016	33.4	2.1	250	748,549
2015	29.3	2.0	220	749,950
2014	28.5	2.0	215	753,798
2013	25.9	1.9	196	756,573
2012	31.9	2.0	243	762,938
2011	30.7	2.0	237	772,875
2010	31.6	2.0	245	775,136
2009	32.0	2.0	250	781,458

Legends:

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

NOM AM - Notes:

None

Data Alerts: None



NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (Adolescent Motor Vehicle Death, Formerly NOM 16.2) - AM-Motor Vehicle

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2022	9.7	0.9	111	1,146,530
2019_2021	11.0	1.0	125	1,140,538
2018_2020	8.7	0.9	99	1,131,574
2017_2019	10.6	1.0	120	1,136,216
2016_2018	11.1	1.0	127	1,139,826
2015_2017	11.4	1.0	130	1,143,545
2014_2016	10.9	1.0	125	1,146,140
2013_2015	9.2	0.9	106	1,149,686
2012_2014	11.4	1.0	132	1,157,270
2011_2013	11.3	1.0	133	1,172,583
2010_2012	14.1	1.1	167	1,187,068
2009_2011	14.1	1.1	169	1,202,228
2008_2010	15.6	1.1	189	1,214,177
2007_2009	17.5	1.2	215	1,227,804

Legends:

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

NOM AM-Motor Vehicle - Notes:

None

Data Alerts: None



NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2022	6.7	0.6	151	2,251,775
2019_2021	7.0	0.6	158	2,249,285
2018_2020	7.1	0.6	159	2,233,118
2017_2019	8.0	0.6	180	2,240,924
2016_2018	8.2	0.6	185	2,245,114
2015_2017	7.9	0.6	177	2,247,298
2014_2016	7.5	0.6	168	2,252,297
2013_2015	6.7	0.5	151	2,260,321
2012_2014	6.6	0.5	149	2,273,309
2011_2013	6.4	0.5	146	2,292,386
2010_2012	6.3	0.5	146	2,310,949
2009_2011	6.3	0.5	147	2,329,469

Legends:

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

NOM AM-Suicide - Notes:

None

Data Alerts: None

NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17 (CSHCN, Formerly NOM 17.1) - CSHCN


Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	19.1 %	1.1 %	240,532	1,261,952
2020_2021	18.5 %	0.8 %	232,321	1,256,242
2019_2020	19.4 %	1.3 %	245,432	1,264,234
2018_2019	19.3 %	1.5 %	245,218	1,273,079
2017_2018	18.2 %	1.5 %	232,926	1,280,781
2016_2017	18.7 %	1.4 %	240,326	1,284,812

Legends:

 Indicator has an unweighted denominator <30 and is not reportable

 Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM CSHCN - Notes:

None

Data Alerts: None

NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC


Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	15.6 %	2.1 %	37,640	240,532
2020_2021	13.4 %	1.6 %	31,118	232,321
2019_2020	12.2 %	2.1 %	30,062	245,432
2018_2019	10.3 %	2.3 %	25,369	245,218
2017_2018	9.2 %	2.1 %	21,399	232,926
2016_2017	12.8 %	2.2 %	30,658	240,326

Legends:

 Indicator has an unweighted denominator <30 and is not reportable

 Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM SOC - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder (Autism, Formerly NOM 17.3) - ASD

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	2.1 %	0.3 %	22,353	1,055,902
2020_2021	2.8 %	0.4 %	29,648	1,055,739
2019_2020	3.9 %	0.9 %	41,674	1,057,918
2018_2019	3.5 %	0.9 %	37,328	1,060,200
2017_2018	2.8 % ⚡	0.9 % ⚡	29,778 ⚡	1,058,383 ⚡
2016_2017	3.0 %	0.8 %	31,927	1,057,164

Legends:

🚩 Indicator has an unweighted denominator <30 and is not reportable

⚡ Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM ASD - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 3 through 17, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) (ADD or ADHD, Formerly NOM 17.4) - ADHD


Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	10.0 %	1.0 %	105,659	1,058,048
2020_2021	8.2 %	0.6 %	86,190	1,052,754
2019_2020	10.0 %	1.2 %	105,971	1,055,539
2018_2019	10.4 %	1.4 %	108,999	1,043,951
2017_2018	7.2 %	1.2 %	74,927	1,038,883
2016_2017	6.4 %	0.9 %	67,548	1,049,110

Legends:

 Indicator has an unweighted denominator <30 and is not reportable

 Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM ADHD - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	50.8 %	3.7 %	90,234	177,765
2020_2021	51.3 %	2.9 %	87,565	170,835
2019_2020	58.5 %	4.2 %	105,683	180,532
2018_2019	64.8 %	5.1 %	113,549	175,307
2017_2018	51.0 % ⚡	6.1 % ⚡	69,389 ⚡	136,023 ⚡
2016_2017	50.6 % ⚡	5.3 % ⚡	64,596 ⚡	127,656 ⚡

Legends:

🚫 Indicator has an unweighted denominator <30 and is not reportable

⚡ Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM MHTX - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	91.5 %	0.9 %	1,154,411	1,261,229
2020_2021	91.8 %	0.7 %	1,152,338	1,255,286
2019_2020	91.1 %	1.1 %	1,148,936	1,261,706
2018_2019	91.7 %	1.2 %	1,165,561	1,270,456
2017_2018	91.9 %	1.2 %	1,177,186	1,280,453
2016_2017	91.3 %	1.2 %	1,172,242	1,284,208

Legends:

🚩 Indicator has an unweighted denominator <30 and is not reportable

⚡ Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM CHS - Notes:

None

Data Alerts: None


NOM - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile) (Obesity, Formerly NOM 20) - OBS


Data Source: WIC

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	15.2 %	0.2 %	3,977	26,177
2018	14.4 %	0.2 %	5,040	35,043
2016	14.3 %	0.2 %	5,316	37,116
2014	14.7 %	0.2 %	5,893	39,965
2012	15.2 %	0.2 %	6,979	45,988
2010	15.2 %	0.2 %	7,383	48,511
2008	14.1 %	0.2 %	6,047	42,810

Legends:

 Indicator has a denominator <20 and is not reportable

 Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

Data Source: Youth Risk Behavior Surveillance System (YRBSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	13.5 %	1.4 %	31,044	229,456
2019	14.5 %	0.9 %	35,149	241,871
2017	13.7 %	1.0 %	32,401	236,423
2013	11.6 %	1.0 %	29,808	256,038
2011	10.4 %	0.8 %	28,156	269,510
2009	9.3 %	0.7 %	25,406	273,741
2007	11.0 %	0.8 %	31,456	285,878
2005	9.8 %	0.8 %	27,682	281,351

Legends:

🚫 Indicator has an unweighted denominator <100 and is not reportable

⚡ Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	18.8 %	1.6 %	157,092	835,639
2020_2021	16.4 %	1.1 %	135,857	827,033
2019_2020	14.8 %	1.6 %	122,321	826,598
2018_2019	15.4 %	2.0 %	127,372	828,241
2017_2018	18.7 %	2.3 %	154,982	827,293
2016_2017	18.1 %	2.0 %	143,706	793,504

Legends:

🚫 Indicator has an unweighted denominator <30 and is not reportable

⚡ Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM OBS - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 0 through 17, without health insurance (Uninsured, Formerly NOM 21) - UI


Data Source: American Community Survey (ACS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	4.3 %	0.3 %	52,651	1,237,914
2021	4.1 %	0.4 %	52,546	1,271,521
2019	3.7 %	0.3 %	46,643	1,261,838
2018	3.7 %	0.3 %	47,089	1,271,005
2017	3.9 %	0.3 %	50,465	1,280,304
2016	3.3 %	0.2 %	42,727	1,282,032
2015	3.6 %	0.3 %	46,774	1,287,703
2014	4.9 %	0.4 %	63,824	1,296,910
2013	4.4 %	0.3 %	57,723	1,306,510
2012	4.7 %	0.4 %	61,264	1,318,588
2011	4.7 %	0.3 %	61,678	1,323,606
2010	5.3 %	0.4 %	70,600	1,334,502
2009	4.6 %	0.3 %	59,631	1,305,119

Legends:

 Indicator has an unweighted denominator <30 and is not reportable

 Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM UI - Notes:

None

Data Alerts: None

NOM - Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months (Childhood Vaccination, Formerly NOM 22.1) - VAX-Child

Data Source: National Immunization Survey (NIS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018	75.7 %	3.6 %	49,000	65,000
2017	67.7 %	4.1 %	44,000	66,000
2016	75.3 %	3.3 %	50,000	67,000
2015	68.1 %	3.5 %	46,000	68,000
2014	71.6 %	4.1 %	49,000	68,000
2013	72.0 %	3.6 %	50,000	69,000
2012	68.4 %	4.0 %	47,000	69,000
2011	71.8 %	4.1 %	50,000	69,000

Legends:

- 🚫 Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate >1.2
- ⚡ Estimates with 95% confidence interval widths >20 or that are inestimable might not be reliable

NOM VAX-Child - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza (Flu Vaccination, Formerly NOM 22.2) - VAX-Flu

Data Source: National Immunization Survey (NIS) – Flu

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	58.9 %	1.8 %	708,544	1,202,961
2021_2022	59.7 %	1.6 %	703,340	1,177,392
2020_2021	57.1 %	1.9 %	682,529	1,195,322
2019_2020	64.6 %	2.1 %	771,412	1,194,136
2018_2019	60.0 %	1.6 %	729,913	1,215,913
2017_2018	60.0 %	1.8 %	726,575	1,211,183
2016_2017	59.5 %	2.0 %	723,399	1,216,205
2015_2016	60.0 %	2.1 %	735,214	1,225,970
2014_2015	59.3 %	2.1 %	738,200	1,245,697
2013_2014	56.8 %	2.1 %	708,037	1,247,413
2012_2013	54.3 %	2.1 %	682,233	1,255,954
2011_2012	51.6 %	2.2 %	617,790	1,198,178
2010_2011	55.7 %	3.4 %	686,946	1,233,296
2009_2010	42.5 %	2.8 %	561,011	1,320,026

Legends:

■ Estimate not reported because unweighted sample size for the denominator < 30 or because the relative standard error is >0.3.

⚡ Estimates with 95% confidence interval half-widths > 10 might not be reliable

NOM VAX-Flu - Notes:

None

Data Alerts: None

NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine (HPV Vaccination, Formerly NOM 22.3) - VAX-HPV

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	80.5 %	3.1 %	310,221	385,386
2021	82.4 %	2.5 %	304,094	369,040
2020	77.8 %	2.9 %	287,575	369,437
2019	72.2 %	3.0 %	266,573	369,372
2018	69.8 %	2.9 %	258,473	370,070
2017	69.2 %	3.0 %	257,451	372,010
2016	61.9 %	3.2 %	230,204	371,923
2015	53.3 %	3.1 %	199,201	373,951

Legends:

- 🚫 Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate > 1.2
- ⚡ Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM VAX-HPV - Notes:

None

Data Alerts: None


NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine (Tdap Vaccination, Formerly NOM 22.4) - VAX-TDAP


Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	90.2 %	2.2 %	347,613	385,386
2021	93.5 %	1.6 %	345,047	369,040
2020	91.6 %	2.0 %	338,254	369,437
2019	90.7 %	2.0 %	334,939	369,372
2018	87.2 %	2.2 %	322,581	370,070
2017	90.3 %	1.9 %	335,829	372,010
2016	91.6 %	1.8 %	340,509	371,923
2015	88.0 %	2.1 %	328,986	373,951
2014	93.3 %	1.9 %	351,014	376,417
2013	89.6 %	2.1 %	337,538	376,715
2012	89.8 %	2.2 %	338,984	377,457
2011	89.7 %	2.1 %	340,873	380,204
2010	81.3 %	2.8 %	311,630	383,496
2009	72.3 %	2.9 %	277,137	383,437

Legends:

 Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate > 1.2

 Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM VAX-TDAP - Notes:

None

Data Alerts: None


NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine (Meningitis Vaccination, Formerly NOM 22.5) - VAX-MEN


Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	90.3 %	2.2 %	347,904	385,386
2021	91.7 %	1.8 %	338,276	369,040
2020	90.2 %	2.1 %	333,361	369,437
2019	90.6 %	1.9 %	334,757	369,372
2018	85.8 %	2.2 %	317,337	370,070
2017	83.8 %	2.5 %	311,925	372,010
2016	85.6 %	2.2 %	318,377	371,923
2015	81.6 %	2.4 %	305,071	373,951
2014	73.8 %	3.2 %	277,759	376,417
2013	81.4 %	2.5 %	306,801	376,715
2012	74.4 %	3.2 %	280,915	377,457
2011	74.5 %	2.9 %	283,294	380,204
2010	69.4 %	3.3 %	266,018	383,496
2009	55.7 %	3.2 %	213,743	383,437

Legends:

 Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate >1.2

 Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM VAX-MEN - Notes:

None

Data Alerts: None



NOM - Teen birth rate, ages 15 through 19, per 1,000 females (Teen Births, Formerly NOM 23) - TB

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	9.8	0.2	1,832	187,112
2021	10.1	0.2	1,906	189,414
2020	11.5	0.3	2,113	184,120
2019	12.5	0.3	2,318	184,817
2018	13.0	0.3	2,406	185,188
2017	13.8	0.3	2,564	186,254
2016	15.0	0.3	2,808	186,790
2015	16.2	0.3	3,040	187,109
2014	18.0	0.3	3,378	187,412
2013	19.5	0.3	3,692	188,862
2012	21.8	0.3	4,159	190,766
2011	23.3	0.4	4,504	193,311
2010	26.2	0.4	5,100	194,468
2009	29.4	0.4	5,798	197,064

Legends:

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

NOM TB - Notes:

None

Data Alerts: None

NOM - Percent of women who experience postpartum depressive symptoms following a recent live birth (Postpartum Depression, Formerly NOM 24) - PPD

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	9.2 %	1.1 %	5,205	56,639
2021	12.0 %	1.6 %	6,959	57,883
2020	13.8 %	1.3 %	7,906	57,182
2019	13.8 %	1.6 %	8,037	58,280
2018	10.5 %	1.3 %	6,225	59,394
2017	11.7 %	1.3 %	6,998	59,965
2016	11.4 %	1.3 %	6,999	61,289
2015	9.9 %	1.2 %	6,108	61,670
2014	12.4 %	1.3 %	7,728	62,385
2013	9.7 %	1.1 %	6,038	62,409
2012	11.2 %	1.3 %	6,990	62,620

Legends:

🚫 Indicator has an unweighted denominator <30 and is not reportable

⚡ Indicator has an unweighted denominator between 30 and 59 or a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM PPD - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC


Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	3.7 %	0.6 %	46,025	1,258,597
2020_2021	3.6 %	0.4 %	45,297	1,253,182
2019_2020	3.5 %	0.7 %	44,665	1,260,438
2018_2019	3.9 %	0.9 %	48,945	1,267,027
2017_2018	3.8 %	0.9 %	48,992	1,278,275
2016_2017	2.7 %	0.7 %	34,833	1,283,403

Legends:

 Indicator has an unweighted denominator <30 and is not reportable

 Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM FHC - Notes:

None

Data Alerts: None

Form 10
National Performance Measures (NPMs)
State: Wisconsin

NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV

Federally Available Data					
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
	2019	2020	2021	2022	2023
Annual Objective		78.8	79.5	80.1	80.8
Annual Indicator	73.7	73.7	71.4	71.8	73.4
Numerator	718,148	718,148	693,615	713,536	717,715
Denominator	974,077	974,077	971,414	993,299	978,344
Data Source	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2019	2019	2020	2021	2022

Annual Objectives		
	2024	2025
Annual Objective	81.4	82.1

Field Level Notes for Form 10 NPMs:

None

NPM - A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) - BF

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2019	2020	2021	2022	2023
Annual Objective	84.3	84.3	84.7	85.1	85.5
Annual Indicator	82.8	82.8	83.7	87.5	83.7
Numerator	49,931	49,931	49,034	49,228	49,395
Denominator	60,272	60,272	58,567	56,249	59,016
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2017	2017	2018	2019	2020

Federally Available Data	
Data Source: National Vital Statistics System (NVSS)	
	2023
Annual Objective	85.5
Annual Indicator	85.0
Numerator	49,114
Denominator	57,768
Data Source	NVSS
Data Source Year	2022

Annual Objectives		
	2024	2025
Annual Objective	86.0	86.5

Field Level Notes for Form 10 NPMs:

None

NPM - B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2019	2020	2021	2022	2023
Annual Objective	29.6	29.6	30.2	30.9	31.6
Annual Indicator	28.1	28.1	33.4	31.3	34.2
Numerator	16,390	16,390	18,517	16,786	19,388
Denominator	58,419	58,419	55,429	53,554	56,673
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2017	2017	2018	2019	2020

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH)	
	2023
Annual Objective	31.6
Annual Indicator	32.5
Numerator	54,101
Denominator	166,466
Data Source	NSCH
Data Source Year	2021_2022

Annual Objectives		
	2024	2025
Annual Objective	32.3	33.0

Field Level Notes for Form 10 NPMs:

None

NPM - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2019	2020	2021	2022	2023
Annual Objective	43.8	43.8	44.5	45.2	45.9
Annual Indicator	37.9	37.9	42.8	43.9	39.3
Numerator	58,870	58,870	61,909	62,035	55,399
Denominator	155,316	155,316	144,602	141,361	140,958
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2018_2019	2018_2019	2019_2020	2020_2021	2021_2022

Annual Objectives		
	2024	2025
Annual Objective	46.6	47.4

Field Level Notes for Form 10 NPMs:

None

NPM - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent

Federally Available Data					
Data Source: HCUP - State Inpatient Databases (SID)					
	2019	2020	2021	2022	2023
Annual Objective	200	200	199.0	198	197
Annual Indicator	172.6	172.6	180.0	171.0	196.5
Numerator	1,291	1,291	1,340	1,267	1,501
Denominator	747,766	747,766	744,359	740,993	763,933
Data Source	SID- ADOLESCENT	SID- ADOLESCENT	SID- ADOLESCENT	SID- ADOLESCENT	SID- ADOLESCENT
Data Source Year	2018	2018	2019	2020	2021

Annual Objectives		
	2024	2025
Annual Objective	196.0	195.0

Field Level Notes for Form 10 NPMs:

None

NPM - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (Physical Activity, Formerly NPM 8.1) - PA-Child

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CHILD					
	2019	2020	2021	2022	2023
Annual Objective			31.5	32.1	32.7
Annual Indicator	30.8	30.8	29.2	29.9	31.2
Numerator	129,985	132,298	125,830	125,102	131,574
Denominator	421,676	429,126	430,350	418,899	421,426
Data Source	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD
Data Source Year	2017_2018	2018_2019	2019_2020	2020_2021	2021_2022

Annual Objectives		
	2024	2025
Annual Objective	33.3	33.9

Field Level Notes for Form 10 NPMs:

None

NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2019	2020	2021	2022	2023
Annual Objective	43.5	43.5	44.2	44.9	45.6
Annual Indicator	42.4	42.4	41.6	46.6	45.4
Numerator	105,372	105,372	105,574	109,447	109,187
Denominator	248,384	248,384	253,596	234,815	240,532
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2018_2019	2018_2019	2019_2020	2020_2021	2021_2022

Annual Objectives		
	2024	2025
Annual Objective	46.3	47.0

Field Level Notes for Form 10 NPMs:

None

NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH - Child Health - All Children

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH) - All Children	
	2023
Annual Objective	
Annual Indicator	50.2
Numerator	633,382
Denominator	1,261,952
Data Source	NSCH-All Children
Data Source Year	2021_2022

Field Level Notes for Form 10 NPMs:

None

NPM - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2019	2020	2021	2022	2023
Annual Objective	21	21	21.4	21.8	22.2
Annual Indicator	28.8	28.8	34.0	34.6	31.2
Numerator	35,732	35,732	41,630	40,088	40,777
Denominator	124,081	124,081	122,493	115,904	130,758
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2018_2019	2018_2019	2019_2020	2020_2021	2021_2022

Annual Objectives		
	2024	2025
Annual Objective	22.6	23.0

Field Level Notes for Form 10 NPMs:

None

NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) - PPV

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2023
Annual Objective	
Annual Indicator	93.6
Numerator	52,855
Denominator	56,444
Data Source	PRAMS
Data Source Year	2022

Field Level Notes for Form 10 NPMs:

None

NPM - B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2023
Annual Objective	
Annual Indicator	83.9
Numerator	43,756
Denominator	52,128
Data Source	PRAMS
Data Source Year	2022

Field Level Notes for Form 10 NPMs:

None

**Form 10
State Performance Measures (SPMs)**

State: Wisconsin

SPM 1 - Infant mortality rate in babies born to non-Hispanic Black mothers

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			14.3	14	13.6
Annual Indicator		14.6	12.8	11.4	14.5
Numerator		290	76	65	
Denominator		19,863	5,935	5,680	
Data Source		Vital Records	Vital Records	Vital Records	Vital Records
Data Source Year		2016-2018	2021	2022	2023
Provisional or Final ?		Final	Final	Final	Provisional

Annual Objectives		
	2024	2025
Annual Objective	13.3	13.0

Field Level Notes for Form 10 SPMs:

None

SPM 2 - A) Percent of non-Hispanic Black and non-Hispanic Native birthing persons receiving prenatal care within the first trimester; B) Percent of birthing persons receiving a quality postpartum visit

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			60	61.5	63
Annual Indicator		60.1	60.7	63	68.7
Numerator		13,220	13,134	63	
Denominator		21,988	21,649	100	
Data Source		Vital Records (WISH)	Vital Records (WISH)	Vital Records	Vital Records
Data Source Year		2016-2018	2018-2020	2019-2021	2022
Provisional or Final ?		Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	64.5	66.0

Field Level Notes for Form 10 SPMs:

1.	Field Name:	2021
	Column Name:	State Provided Data

Field Note:

A) Percent of non-Hispanic Black and non-Hispanic Native birthing persons receiving prenatal care within the first trimester:

Non-Hispanic American Indian and Alaska Native

-Annuals Indicator: 62.5%

-Numerator: 363

-Denominator: 581

-Data Source: Vital Records

-Data Source Year: 2020

Non-Hispanic American Indian and Alaska Native

-Annual Indicator: 76.2%

-Data Source: WI PRAMS

-Data Source Year: 2019-2020

Data note: The annual indicator provided utilizes survey-weighted frequencies.

Non-Hispanic Black

-Annual Indicator: 62.8%

-Numerator: 4,002

-Denominator: 6,374

-Data Source: Vital Records

-Data Source Year: 2020

Non-Hispanic Black

-Annuals Indicator: 75.1%

-Data Source: WI PRAMS

-Data Source Year: 2019-2020

Data note: The annual indicator provided utilizes survey-weighted frequencies.

B) Percent of women receiving a quality* postpartum visit:

All respondents

-Annuals Indicator: 53.9%

-Data Source: WI PRAMS

-Data Source Year: 2019-2020

Respondents who indicated they had a postpartum visit

-Annuals Indicator: 60.7%

-Data Source: WI PRAMS

-Data Source Year: 2019-2020

2.	Field Name:	2022
	Column Name:	State Provided Data

Field Note:

A) Percent of non-Hispanic Black and non-Hispanic Native birthing persons receiving prenatal care within the first trimester:

Non-Hispanic American Indian and Alaska Native

-Annuals Indicator: 64.7%

-Data Source: Vital Records

-Data Source Year: 2021

Data Note: Provisional Data

Non-Hispanic American Indian and Alaska Native

-Annual Indicator: 82.6%

-Data Source: WI PRAMS

-Data Source Year: 2020-2021

Data note: The annual indicator provided utilizes survey-weighted frequencies.

Non-Hispanic Black

-Annual Indicator: 67.4%

-Data Source: Vital Records

-Data Source Year: 2021

Non-Hispanic Black

-Annuals Indicator: 77.8%

-Data Source: WI PRAMS

-Data Source Year: 2020-2021

Data note: The annual indicator provided utilizes survey-weighted frequencies.

B) Percent of women receiving a quality* postpartum visit:

All respondents

-Annuals Indicator: 52.2%

-Data Source: WI PRAMS

-Data Source Year: 2020-2021

Respondents who indicated they had a postpartum visit

-Annuals Indicator: 58.2%

-Data Source: WI PRAMS

-Data Source Year: 2020-2021

3. **Field Name:** 2023

Column Name: State Provided Data

Field Note:

2021-2022 PRAMS data currently unavailable

SPM 3 - Percent of Wisconsin adults who report that they “usually” or “always” get the social and emotional support that they need.

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			60	7	8
Annual Indicator			0	77	76
Numerator			0	77	76
Denominator			100	100	100
Data Source			NA	Wisconsin Behavioral Risk Factor Surveillance Syst	Wisconsin Behavioral Risk Factor Surveillance Syst
Data Source Year			NA	2020	2022
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	9.0	10.0

Field Level Notes for Form 10 SPMs:

1.	Field Name:	2021
	Column Name:	State Provided Data
	Field Note:	Not applicable, the Wisconsin Title V team identified this updated measure in 2022.
2.	Field Name:	2022
	Column Name:	State Provided Data
	Field Note:	<p>Percent of Wisconsin adults who report that they “usually” or “always” get the social and emotional support that they need.</p> <p>Annual Indicator: 76.8%</p> <p>Numerator: 3092</p> <p>Denominator: 3952</p> <p>*The numerator and denominator reflect actual numbers of people who responded, but the overall estimate for this measure is weighted.</p> <p>Percent of high school students who agree or strongly agree that they belong at their school.</p> <p>Annual Indicator: 60.8%</p> <p>Data Source: Wisconsin Youth Risk Behavior Survey</p> <p>Data Source Year: 2021</p> <p>Rate of social associations in Wisconsin (Number of membership associations per 10,000 population).</p> <p>Annual Indicator: 11.4</p> <p>Data Source: Wisconsin County Health Rankings and Roadmaps</p> <p>Data Source Year: 2022</p>

SPM 4 - Percent of performance measures with family, youth, and community engagement embedded into program and policies

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			60	70	80
Annual Indicator			63.6	63.6	63.6
Numerator			7	7	7
Denominator			11	11	11
Data Source			Title V State Action Plan	Title V State Action Plan	Title V State Action Plan
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	90.0	100.0

Field Level Notes for Form 10 SPMs:

None

SPM 5 - Percent of adolescents, ages 12 through 17, reporting feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the last 12 months

Measure Status:		Active		
State Provided Data				
	2020	2021	2022	2023
Annual Objective			26	25.5
Annual Indicator	27		33.7	33.7
Numerator			615	615
Denominator			1,827	1,827
Data Source	Wisconsin YRBSS		Wisconsin Youth Risk Behavior Surveillance Survey	Wisconsin Youth Risk Behavior Surveillance Survey
Data Source Year	2019		2021	2021
Provisional or Final ?	Final		Final	Provisional

Annual Objectives		
	2024	2025
Annual Objective	24.8	24.0

Field Level Notes for Form 10 SPMs:

- Field Name:** 2021

Column Name: State Provided Data

Field Note:
 Due to the extraordinary circumstances of COVID-19, the YRBSS was postponed from Spring 2021 until Fall 2021. The survey was administered to students from September 7, 2021 to December 10, 2021. School, District, and County-level reports are expected to be released in late Spring or early Summer 2022. The Wisconsin Department of Public Instruction is currently analyzing all returned data and will post reports to the Secure Access File Exchange (SAFE) system as soon as it is able to certify the data. The representative statewide sample report will be available later in Fall 2022.
- Field Name:** 2022

Column Name: State Provided Data

Field Note:
 11 students were excluded from this analysis.

**Form 10
Evidence-Based or –Informed Strategy Measures (ESMs)**

State: Wisconsin

ESM WWV.4 - Percent of clients served who have complete race and ethnicity data

Measure Status:		Active	
State Provided Data			
	2021	2022	2023
Annual Objective			90
Annual Indicator	88	90.4	89.3
Numerator	88	15,480	10,696
Denominator	100	17,124	11,979
Data Source	Title X Program Data	Title X Program Data	Title X Program Data
Data Source Year	2021	2022	23
Provisional or Final ?	Provisional	Provisional	Provisional

Annual Objectives		
	2024	2025
Annual Objective	95.0	98.0

Field Level Notes for Form 10 ESMs:

None

ESM BF.2 - Percent of non-Hispanic Black infants ever breastfed

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			52	53	54
Annual Indicator	51	49	53	63.4	65
Numerator	51	49	53	3,600	3,549
Denominator	100	100	100	5,680	5,461
Data Source	Vital Records	Vital Records	Vital Records	Vital Records	Vital Records
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final	Provisional

Annual Objectives		
	2024	2025
Annual Objective	55.0	56.1

Field Level Notes for Form 10 ESMs:

1.	Field Name:	2020
	Column Name:	State Provided Data
	Field Note:	Provisional 2020 WI birth record data; infant breastfed at discharge field 2020 PRAMS data: 74.7% of respondents report their infant was ever breastfed
2.	Field Name:	2022
	Column Name:	State Provided Data
	Field Note:	2021 PRAMS data: 70.9% of respondents report their infant was ever breastfed. Numerator: 170 Denominator: 226 *The numerator and denominator reflect actual numbers of people who responded, but the overall estimate for this measure is weighted. The “ever breastfed” measure from the birth record is based on a healthcare provider’s report about whether the birthing person was breastfeeding at discharge while the measure from PRAMS is based on a birthing person’s self-reporting whether they ever breastfed their baby. Therefore, the data from the two sources are capturing slightly different things. While data from birth records are more stable, they are likely also under-counting “ever-breastfed” babies.
3.	Field Name:	2023
	Column Name:	State Provided Data
	Field Note:	The “ever breastfed” measure from the birth record is based on a healthcare provider’s report about whether the birthing person was breastfeeding at discharge while the measure from PRAMS is based on a birthing person’s self-reporting whether they ever breastfed their baby. Therefore, the data from the two sources are capturing slightly different things. While data from birth records are more stable, they are likely also under-counting “ever-breastfed” babies.

ESM BF.3 - Percent of non-Hispanic American Indian/Alaska Native infants ever breastfed

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			66.4	67.4	68.4
Annual Indicator	65	65	55	65	73.3
Numerator	65	65	55	65	357
Denominator	100	100	100	100	487
Data Source	Vital Records	Vital Records	Vital Records	Vital Records	Vital Records
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final	Provisional

Annual Objectives		
	2024	2025
Annual Objective	69.4	70.3

Field Level Notes for Form 10 ESMs:

1.	Field Name:	2020
	Column Name:	State Provided Data
	Field Note:	Provisional 2020 WI birth record data; infant breastfed at discharge field
2.	Field Name:	2022
	Column Name:	State Provided Data
	Field Note:	<p>2021 PRAMS data: 88.1% of respondents report their infant was ever breastfed. Numerator: 19 Denominator: 22 *The numerator and denominator reflect actual numbers of people who responded, but the overall estimate for this measure is weighted.</p> <p>The “ever breastfed” measure from the birth record is based on a healthcare provider’s report about whether the birthing person was breastfeeding at discharge while the measure from PRAMS is based on a birthing person’s self-reporting whether they ever breastfed their baby. Therefore, the data from the two sources are capturing slightly different things. While data from birth records are more stable, they are likely also under-counting “ever-breastfed” babies.</p>

ESM BF.4 - Percent of Wisconsin hospitals with an mPINC score of 80 or higher

Measure Status:	Inactive - Completed		
State Provided Data			
	2021	2022	2023
Annual Objective			55
Annual Indicator	54	57.8	57.8
Numerator	54	37	37
Denominator	100	64	64
Data Source	mPINC	mPINC	mPINC
Data Source Year	2020	2022	2022
Provisional or Final ?	Final	Final	Final

Field Level Notes for Form 10 ESMs:

None

ESM DS.1 - Percent of medical providers trained who report using an evidence-based screening tool

Measure Status:		Active			
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			80	85	90
Annual Indicator	0		38	48.3	48.3
Numerator	0		38	340	340
Denominator	100		100	704	704
Data Source	SurveyMonkey		SurveyMonkey	SurveyMonkey	SurveyMonkey
Data Source Year	2019		2021	2022	2022
Provisional or Final ?	Final		Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	95.0	100.0

Field Level Notes for Form 10 ESMs:

- Field Name:** 2022

Column Name: State Provided Data

Field Note:
 Percent of medical providers trained who report they do not use an evidence-based screening tool.
 Annual Indicator: 51.7%
 Numerator: 364
 Denominator: 704
- Field Name:** 2023

Column Name: State Provided Data

Field Note:
 This measure is not accurate in 2023, as the agency responsible for data collection did not limit their data collection to only medical providers.

ESM DS.2 - Percent of medical providers trained who report a change in knowledge related to developmental screening age interval recommendations

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			80	85	90
Annual Indicator			0	91.9	91.9
Numerator			0	306	306
Denominator			100	333	333
Data Source			N/A	SurveyMonkey	SurveyMonkey
Data Source Year			2021	2022	2022
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	95.0	100.0

Field Level Notes for Form 10 ESMs:

1.	Field Name:	2021
	Column Name:	State Provided Data
	Field Note:	There is no data to report due to the COVID-19 Pandemic affecting this work and putting much of it on hold.
2.	Field Name:	2022
	Column Name:	State Provided Data
	Field Note:	Percent of medical providers trained who report an increase in awareness of the recommended referrals and resources for children with concerning screening results. Annual Indicator: 90.9% Numerator: 303 Denominator: 333
3.	Field Name:	2023
	Column Name:	State Provided Data
	Field Note:	This measure is not accurate in 2023, as the agency responsible for data collection did not limit their data collection to only medical providers.

ESM DS.3 - Percent of community developmental screening training participants who report an increase in knowledge regarding developmental screening

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			80	85	90
Annual Indicator			0	91.9	95
Numerator			0	306	95
Denominator			100	333	100
Data Source			N/A	SurveyMonkey	SurveyMonkey
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	95.0	100.0

Field Level Notes for Form 10 ESMs:

1.	Field Name:	2021
	Column Name:	State Provided Data
	Field Note:	There is no data to report due to the COVID-19 Pandemic affecting this work and putting much of it on hold.
2.	Field Name:	2022
	Column Name:	State Provided Data
	Field Note:	Percent of medical providers trained who report an increase in awareness of the recommended referrals and resources for children with concerning screening results. Annual Indicator: 90.9% Numerator: 303 Denominator: 333
3.	Field Name:	2023
	Column Name:	State Provided Data
	Field Note:	*Data reported for 2022 and 2023 includes all participants (both medical providers and community partner participants).

ESM IH-Adolescent.1 - Percent of students who report feeling comfortable seeking help from 1+ adult if they had an important question affecting their life, according to the Wisconsin YRBSS

Measure Status:		Active			
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			72.6	73.6	74.6
Annual Indicator	72		84	82.4	82.4
Numerator	72		84	1,466	1,466
Denominator	100		100	1,779	1,779
Data Source	Wisconsin Youth Risk Behavior Surveillance Survey		Wisconsin Youth Risk Behavior Surveillance Survey	Wisconsin Youth Risk Behavior Surveillance Survey	Wisconsin Youth Risk Behavior Surveillance Survey
Data Source Year	2018		2019	2021	2021
Provisional or Final ?	Final		Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	75.6	76.6

Field Level Notes for Form 10 ESMs:

1. **Field Name:** 2021

Column Name: State Provided Data

Field Note:

Due to the extraordinary circumstances of COVID-19, the YRBSS was postponed from Spring 2021 until Fall 2021. The survey was administered to students from September 7, 2021 to December 10, 2021. School, District, and County-level reports are expected to be released in late Spring or early Summer 2022. The Wisconsin Department of Public Instruction is currently analyzing all returned data and will post reports to the Secure Access File Exchange (SAFE) system as soon as it is able to certify the data. The representative statewide sample report will be available later in Fall 2022.

2. **Field Name:** 2022

Column Name: State Provided Data

Field Note:

A) Percent of students who report feeling comfortable seeking help from 1+ adult if they had an important question affecting their life, according to the Wisconsin Youth Risk Behavior Surveillance System

Denominator: N = 1779 although the survey overall was completed by 1838 students. A foot note indicates 59 students were excluded from this analysis.

ESM IH-Adolescent.2 - Annual number of individuals who receive gatekeeper training (e.g., QPR, Mental Health First Aid) in suicide prevention

Measure Status:		Active			
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective	16,678	18,678	0	0	0
Annual Indicator	37,656	0	1,272	2,586	6,475
Numerator					
Denominator					
Data Source	REDCap	REDCap	REDCap	REDCap	REDCap
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	0.0	0.0

Field Level Notes for Form 10 ESMs:

None

ESM PA-Child.3 - Percent of local and tribal health agencies in Wisconsin receiving Title V funding who chose the physical activity and nutrition objective.

Measure Status:		Active
State Provided Data		
	2022	2023
Annual Objective		
Annual Indicator	9.4	12.5
Numerator	9	12
Denominator	96	96
Data Source	Grants and Contracts Supplement	Grants and Contracts Supplement
Data Source Year	2022	2023
Provisional or Final ?	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	12.0	14.0

Field Level Notes for Form 10 ESMs:

None

ESM MH.1 - Percent of Regional Center information & referral staff who report competence in explaining medical home concepts

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			75	76	78
Annual Indicator			100	85.7	100
Numerator			100	6	9
Denominator			100	7	9
Data Source			Self-Report Survey	Self-Report Survey	Self-Report Survey
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	79.0	80.0

Field Level Notes for Form 10 ESMs:

None

ESM MH.2 - Percent of family members, health care providers, and community professionals trained on Medical Home-related concepts who report a change in knowledge or skills or behavior following the training

Measure Status:		Active			
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			75	76	78
Annual Indicator			96	95.3	94.7
Numerator			96	61	18
Denominator			100	64	19
Data Source			Self-Report Survey	Self-Report Survey	Self-Report Survey
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	79.0	80.0

Field Level Notes for Form 10 ESMs:

None

ESM MH.3 - Percent of families who receive at least one Regional Center referral that results in needed services received

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			40	43	46
Annual Indicator			66	64.5	47.4
Numerator			66	522	1,132
Denominator			100	809	2386
Data Source			REDCap	REDCap	REDCap
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	48.0	50.0

Field Level Notes for Form 10 ESMs:

None

ESM TR.1 - Percent of Regional Center information and referral staff who report competence in explaining youth health transition concepts

Measure Status:				Active	
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			75	76	77
Annual Indicator			92	85.7	100
Numerator			92	6	11
Denominator			100	7	11
Data Source			Self-Report Survey	Self-Report Survey	Self-Report Survey
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	79.0	80.0

Field Level Notes for Form 10 ESMs:

None

ESM TR.2 - Percent of participants trained on youth health care transition concepts who report a change in knowledge, skills, or intended behavior following the training

Measure Status:		Active			
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			75	76	77
Annual Indicator			98	98.4	98.9
Numerator			98	63	86
Denominator			100	64	87
Data Source			Self-Report Survey	Self-Report Survey	Self-Report Survey
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	79.0	80.0

Field Level Notes for Form 10 ESMs:

None

ESM TR.3 - Percent of systems or practices that have a transition policy or guideline (formal written commitment)

Measure Status:		Inactive - Replaced			
State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			0	0	0
Annual Indicator			50	50	50
Numerator			2	2	2
Denominator			4	4	4
Data Source			Wisconsin Title V Program	Wisconsin Title V Program	Wisconsin Title V Program
Data Source Year			2021	2022	2022
Provisional or Final ?			Final	Final	Provisional

Field Level Notes for Form 10 ESMs:

1.	Field Name:	2021
	Column Name:	State Provided Data
	Field Note:	The collection of these data were delayed and were completed in late 2022.
2.	Field Name:	2023
	Column Name:	State Provided Data
	Field Note:	Data not collected in 2023

Form 10
State Performance Measure (SPM) Detail Sheets

State: Wisconsin

SPM 1 - Infant mortality rate in babies born to non-Hispanic Black mothers
Population Domain(s) – Perinatal/Infant Health

Measure Status:	Active								
Goal:	By 2025, reduce the infant mortality rate in babies born to non-Hispanic Black mothers from 14.6 to 13.0 per 1,000 live births								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Rate</td> </tr> <tr> <td>Unit Number:</td> <td>1,000</td> </tr> <tr> <td>Numerator:</td> <td>number of infants born alive to non-Hispanic black women who die before one year of age</td> </tr> <tr> <td>Denominator:</td> <td>total number of live births born to non-Hispanic Black mothers in Wisconsin</td> </tr> </table>	Unit Type:	Rate	Unit Number:	1,000	Numerator:	number of infants born alive to non-Hispanic black women who die before one year of age	Denominator:	total number of live births born to non-Hispanic Black mothers in Wisconsin
Unit Type:	Rate								
Unit Number:	1,000								
Numerator:	number of infants born alive to non-Hispanic black women who die before one year of age								
Denominator:	total number of live births born to non-Hispanic Black mothers in Wisconsin								
Data Sources and Data Issues:	Baseline is 2016-2018 infant mortality data from Vital Records. Vital Records will continue to inform this measure.								
Significance:	Infants born to non-Hispanic Black mothers are dying preventable deaths (prematurely).								

SPM 2 - A) Percent of non-Hispanic Black and non-Hispanic Native birthing persons receiving prenatal care within the first trimester; B) Percent of birthing persons receiving a quality postpartum visit
Population Domain(s) – Women/Maternal Health, Perinatal/Infant Health

Measure Status:	Active								
Goal:	By 2025, A) increase the percent of non-Hispanic Black and Native birthing persons receiving prenatal care in the first trimester from 60% to 66%; B) increase the percent of birthing persons receiving a quality postpartum visit from 56% to 67%.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>A) number of pregnant birthing persons in Wisconsin receiving prenatal care in the first trimester; B) number of birthing persons who report receiving a quality postpartum visit on the Wisconsin PRAMS survey (weighted)</td> </tr> <tr> <td>Denominator:</td> <td>A) number of birthing persons who gave birth in Wisconsin; B) total number of birthing persons who report attending a postpartum visit on the Wisconsin PRAMS survey (weighted)</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	A) number of pregnant birthing persons in Wisconsin receiving prenatal care in the first trimester; B) number of birthing persons who report receiving a quality postpartum visit on the Wisconsin PRAMS survey (weighted)	Denominator:	A) number of birthing persons who gave birth in Wisconsin; B) total number of birthing persons who report attending a postpartum visit on the Wisconsin PRAMS survey (weighted)
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	A) number of pregnant birthing persons in Wisconsin receiving prenatal care in the first trimester; B) number of birthing persons who report receiving a quality postpartum visit on the Wisconsin PRAMS survey (weighted)								
Denominator:	A) number of birthing persons who gave birth in Wisconsin; B) total number of birthing persons who report attending a postpartum visit on the Wisconsin PRAMS survey (weighted)								
Data Sources and Data Issues:	<p>A) WISH (https://www.dhs.wisconsin.gov/wish/index.htm)</p> <p>B) Wisconsin PRAMS survey question #70. "Quality" is defined by those who report receiving these services on Wisconsin PRAMS Question #70: postpartum depression screening, tobacco use screening, and EITHER contraception OR birth spacing discussion.</p>								
Significance:	Wisconsin lacks a comprehensive, high-quality, regionalized perinatal care system that successfully engages birthing persons throughout the continuum of care, from preconception through the postpartum transition to ongoing well woman care.								

SPM 3 - Percent of Wisconsin adults who report that they “usually” or “always” get the social and emotional support that they need.

Population Domain(s) – Cross-Cutting/Systems Building

Measure Status:	Active								
Goal:	By 2025, increase the percent of adults who report they “usually” or “always” get the social and emotional support that they need from 76.8% to 78.8%.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of adults who report they “usually” or “always” get the social and emotional support that they need.</td> </tr> <tr> <td>Denominator:</td> <td>Total number of adults participating in the Wisconsin Behavioral Risk Factor Surveillance System</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of adults who report they “usually” or “always” get the social and emotional support that they need.	Denominator:	Total number of adults participating in the Wisconsin Behavioral Risk Factor Surveillance System
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of adults who report they “usually” or “always” get the social and emotional support that they need.								
Denominator:	Total number of adults participating in the Wisconsin Behavioral Risk Factor Surveillance System								
Data Sources and Data Issues:	Wisconsin Behavioral Risk Factor Surveillance System								
Significance:	Via environmental and social barriers, too many Wisconsinites are lacking meaningful social connections, which can lead to increased risk of adverse health outcomes.								

SPM 4 - Percent of performance measures with family, youth, and community engagement embedded into program and policies

Population Domain(s) – Cross-Cutting/Systems Building

Measure Status:	Active	
Goal:	By 2025, have 100% of action plans demonstrate measurable annual progress in family, youth, and community engagement.	
Definition:	Unit Type:	Percentage
	Unit Number:	100
	Numerator:	Number of performance measures with family, youth, and community engagement embedded into program and policies
	Denominator:	Number of performance measures
Data Sources and Data Issues:	Wisconsin State Action Plan	
Significance:	Wisconsin Title V Programs do not consistently and effectively embed family, youth, and community member perspectives into their programs' policies and practices.	

SPM 5 - Percent of adolescents, ages 12 through 17, reporting feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the last 12 months
Population Domain(s) – Adolescent Health

Measure Status:	Active								
Goal:	A) By 2025, decrease the percentage of youth reporting feeling hopeless on the Wisconsin YRBSS from 27% to 24%. B) By 2025, decrease the percent of youth reporting being bullied on school property on the Wisconsin YRBSS from 24% to 20%.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>A) number of youth reporting feeling hopeless on the Wisconsin YRBSS</td> </tr> <tr> <td>Denominator:</td> <td>total number of youth participating in the YRBSS</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	A) number of youth reporting feeling hopeless on the Wisconsin YRBSS	Denominator:	total number of youth participating in the YRBSS
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	A) number of youth reporting feeling hopeless on the Wisconsin YRBSS								
Denominator:	total number of youth participating in the YRBSS								
Data Sources and Data Issues:	Wisconsin Youth Risk Behavior Surveillance System								
Significance:	Wisconsin adolescents lack strong, positive, and consistent sources of social connection and support, impacting both their psychological and physical health. The negative health impacts of this lack of sufficient support especially affect youth with minoritized identities including YSHCN, LGBTQ+ and BIPOC.								

Form 10
State Outcome Measure (SOM) Detail Sheets

State: Wisconsin

No State Outcome Measures were created by the State.

Form 10
Evidence-Based or –Informed Strategy Measures (ESM) Detail Sheets

State: Wisconsin

ESM WWV.4 - Percent of clients served who have complete race and ethnicity data

NPM – Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV

Measure Status:	Active									
Goal:	95%									
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of clients served who have complete race and ethnicity data</td> </tr> <tr> <td>Denominator:</td> <td>Total number of clients served</td> </tr> </table>		Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of clients served who have complete race and ethnicity data	Denominator:	Total number of clients served
Unit Type:	Percentage									
Unit Number:	100									
Numerator:	Number of clients served who have complete race and ethnicity data									
Denominator:	Total number of clients served									
Data Sources and Data Issues:	Reproductive Health Family Planning Program									
Evidence-based/informed strategy:	Identify and develop mechanisms to improve equity issues in clinic-level data collection.									
Significance:	More than 10% of race and ethnicity data is currently missing.									

ESM BF.2 - Percent of non-Hispanic Black infants ever breastfed

NPM – A) Percent of infants who are ever breastfed B) Percent of children, ages 6 months through 2 years, who were breastfed exclusively for 6 months (Breastfeeding, Formerly NPM 4) - BF

Measure Status:	Active								
Goal:	Increase the percent of non-Hispanic Black infants ever breastfed according to Vital Records from 51% to 56.1% (+10%) by 2025.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of non-Hispanic Black infants ever breastfed in Wisconsin</td> </tr> <tr> <td>Denominator:</td> <td>Number of non-Hispanic Black infants born alive in Wisconsin</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of non-Hispanic Black infants ever breastfed in Wisconsin	Denominator:	Number of non-Hispanic Black infants born alive in Wisconsin
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of non-Hispanic Black infants ever breastfed in Wisconsin								
Denominator:	Number of non-Hispanic Black infants born alive in Wisconsin								
Data Sources and Data Issues:	Vital Records will be the main data source for this ESM. One issue is that Vital Records is often missing information. Additionally, “ever breastfed” is filled out by health care workers at time of hospital discharge, so there are gaps in this information. The strength of this data source over others such as PRAMS or Home Visiting data is that Vital Records is more reflective of the entire population. It is also reported in a timely manner, and collects information on a larger number of individuals than other sources.								
Significance:	Breastfeeding offers both short and long term benefits for the mother and child. Breastfeeding is also a protective factor for Sudden Unexpected Infant Death. Disparities persist in Wisconsin related to breastfeeding initiation and duration rates for the African American community.								

ESM BF.3 - Percent of non-Hispanic American Indian/Alaska Native infants ever breastfed
NPM – A) Percent of infants who are ever breastfed B) Percent of children, ages 6 months through 2 years, who were breastfed exclusively for 6 months (Breastfeeding, Formerly NPM 4) - BF

Measure Status:	Active								
Goal:	Increase the percent of non-Hispanic American Indian/Alaska Native infants ever breastfed according to Vital Records from 65.4% to 70.3% (+7.5%) by 2025.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of non-Hispanic American Indian/Alaska infants ever breastfed</td> </tr> <tr> <td>Denominator:</td> <td>Number of non-Hispanic American Indian/Alaska infants born alive</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of non-Hispanic American Indian/Alaska infants ever breastfed	Denominator:	Number of non-Hispanic American Indian/Alaska infants born alive
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of non-Hispanic American Indian/Alaska infants ever breastfed								
Denominator:	Number of non-Hispanic American Indian/Alaska infants born alive								
Data Sources and Data Issues:	Vital Records will be the main data source for this ESM. One issue is that Vital Records is often missing information. Additionally, “ever breastfed” is filled out by health care workers at time of hospital discharge, so there are gaps in this information. The strength of this data source over others such as PRAMS or Home Visiting data is that Vital Records is more reflective of the entire population. It is also reported in a timely manner, and collects information on a larger number of individuals than other sources.								
Significance:	Breastfeeding offers both short and long term benefits for the mother and child. Breastfeeding is also a protective factor for Sudden Unexpected Infant Death. Disparities persist in Wisconsin related to breastfeeding initiation and duration rates for the Indigenous community.								

**ESM BF.4 - Percent of Wisconsin hospitals with an mPINC score of 80 or higher
 NPM – A) Percent of infants who are ever breastfed B) Percent of children, ages 6 months through 2 years, who were breastfed exclusively for 6 months (Breastfeeding, Formerly NPM 4) - BF**

Measure Status:	Inactive - Completed								
Goal:	63.5% (10% increase from 2020 score)								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of Wisconsin hospital who completed the mPINC survey and had a score of 80 or higher</td> </tr> <tr> <td>Denominator:</td> <td>Number of Wisconsin hospital who completed the mPINC survey</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of Wisconsin hospital who completed the mPINC survey and had a score of 80 or higher	Denominator:	Number of Wisconsin hospital who completed the mPINC survey
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of Wisconsin hospital who completed the mPINC survey and had a score of 80 or higher								
Denominator:	Number of Wisconsin hospital who completed the mPINC survey								
Data Sources and Data Issues:	Centers for Disease Control and Prevention Maternity Practices in Infant Nutrition and Care (mPINC) survey of hospitals that provide maternity care services; Survey is conducted every two years.								
Evidence-based/informed strategy:	Support hospital use of quality improvement strategies that align with the Ten Steps to Successful Breastfeeding and/or Baby Friendly Hospital Initiative guidelines.								
Significance:	This measure helps track progress in practices and policies of Wisconsin hospitals that provide maternity care services related to infant feeding. mPINC scores for participating hospitals indicate their overall level of maternity care practices and policies that support optimal infant feeding. Scoring of practices and policies is consistent with recommendations from national and international experts in infant feeding within maternity care settings and supported by evidence from peer-reviewed research. The national average mPINC score of 80 was selected as the measure threshold to evaluate Wisconsin’s progress compared to the nation.								

ESM DS.1 - Percent of medical providers trained who report using an evidence-based screening tool
NPM – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS

Measure Status:	Active								
Goal:	100% of medical providers trained will report using an evidence-based screening tool by 2025.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of medical providers trained who report using an evidence-based screening tool</td> </tr> <tr> <td>Denominator:</td> <td>Number of medical providers trained who complete an evaluation</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of medical providers trained who report using an evidence-based screening tool	Denominator:	Number of medical providers trained who complete an evaluation
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of medical providers trained who report using an evidence-based screening tool								
Denominator:	Number of medical providers trained who complete an evaluation								
Data Sources and Data Issues:	Training evaluation will be distributed via the Wisconsin Medical Home Initiative using Survey Monkey, and reported to the Wisconsin Title V Program. No data issues anticipated.								
Significance:	Too few children receive a developmental screening using a standardized parent-completed tool. Providers, especially pediatricians, report that use of a standardized screening tool increased from 21% in 2002 to 63% in 2016. Progress has been made, but more is needed. Unfortunately, AAP screening guidelines have not yet been uniformly embraced. All providers serving children must embrace screening guidelines and, be trained to increase their knowledgeable of using a standardized developmental screening tool.								

ESM DS.2 - Percent of medical providers trained who report a change in knowledge related to developmental screening age interval recommendations

NPM – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS

Measure Status:	Active								
Goal:	100% of medical providers trained will report a change in knowledge related to developmental screening age interval recommendations by 2025.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of medical providers trained who report a change in knowledge related to developmental screening age interval recommendations</td> </tr> <tr> <td>Denominator:</td> <td>Number of medical providers trained</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of medical providers trained who report a change in knowledge related to developmental screening age interval recommendations	Denominator:	Number of medical providers trained
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of medical providers trained who report a change in knowledge related to developmental screening age interval recommendations								
Denominator:	Number of medical providers trained								
Data Sources and Data Issues:	Training evaluation will be distributed via the Wisconsin Medical Home Initiative using Survey Monkey, and reported to the Wisconsin Title V Program. No data issues anticipated.								
Significance:	Too few children receive a developmental screening using a standardized parent-completed tool. Providers, especially pediatricians, report that use of a standardized screening tool increased from 21% in 2002 to 63% in 2016. Progress has been made, but more is needed. Unfortunately, AAP screening guidelines have not yet been uniformly embraced. All providers serving children must embrace screening guidelines and, be trained to increase their knowledgeable of using a standardized developmental screening tool.								

ESM DS.3 - Percent of community developmental screening training participants who report an increase in knowledge regarding developmental screening

NPM – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS

Measure Status:	Active								
Goal:	100% of community developmental screening training participants will report an increase in knowledge regarding developmental screening by 2025.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of community developmental screening training participants who report an increase in knowledge regarding developmental screening</td> </tr> <tr> <td>Denominator:</td> <td>Number of community developmental screening training participants who complete an evaluation</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of community developmental screening training participants who report an increase in knowledge regarding developmental screening	Denominator:	Number of community developmental screening training participants who complete an evaluation
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of community developmental screening training participants who report an increase in knowledge regarding developmental screening								
Denominator:	Number of community developmental screening training participants who complete an evaluation								
Data Sources and Data Issues:	Training evaluation will be distributed via the Wisconsin Medical Home Initiative using Survey Monkey, and reported to the Wisconsin Title V Program. No data issues anticipated.								
Significance:	Too few children receive a developmental screening using a standardized parent-completed tool. Community education and training is needed to educate, support, and empower communities and their families on the importance of developmental monitoring and screening, and to know what action to take when a child has a possible concern.								

ESM IH-Adolescent.1 - Percent of students who report feeling comfortable seeking help from 1+ adult if they had an important question affecting their life, according to the Wisconsin YRBSS
NPM – Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent

Measure Status:	Active								
Goal:	Increase the percent of students who report feeling comfortable seeking help from 1+ adult if they had an important question affecting their life, according to the Wisconsin YRBSS, from 71.6% to 76.6% by 2025.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of students who report feeling comfortable seeking help from 1+ adult if they had an important question affecting their life, according to the Wisconsin YRBSS</td> </tr> <tr> <td>Denominator:</td> <td>Number of students who complete the Wisconsin YRBSS</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of students who report feeling comfortable seeking help from 1+ adult if they had an important question affecting their life, according to the Wisconsin YRBSS	Denominator:	Number of students who complete the Wisconsin YRBSS
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of students who report feeling comfortable seeking help from 1+ adult if they had an important question affecting their life, according to the Wisconsin YRBSS								
Denominator:	Number of students who complete the Wisconsin YRBSS								
Data Sources and Data Issues:	Data will be pulled from the YRBSS. Data issues may arise from lack of in person schooling due to the COVID-19 Pandemic. Due to the rapidly-evolving nature of school environments in the midst of the COVID-19 Pandemic, collection and release of data in upcoming years may be affected.								
Significance:	Students who report feeling comfortable seeking help from 1+ adult if they had an important question affecting their life are associated with decreases in negative mental health concerns, such as isolation, loneliness, depression, self-harm, and suicidal ideation. These mental health concerns are of emphasized concern during the COVID-19 Pandemic. Enhanced protective factors and reduced risk factors are associated with reduced risk of adolescent injury.								

ESM IH-Adolescent.2 - Annual number of individuals who receive gatekeeper training (e.g., QPR, Mental Health First Aid) in suicide prevention

NPM – Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent

Measure Status:	Active								
Goal:	To increase the number of individuals that receive gatekeeper training in suicide prevention								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Count</td> </tr> <tr> <td>Unit Number:</td> <td>50,000</td> </tr> <tr> <td>Numerator:</td> <td>Cumulative number of individuals who receive gatekeeper training in suicide prevention</td> </tr> <tr> <td>Denominator:</td> <td></td> </tr> </table>	Unit Type:	Count	Unit Number:	50,000	Numerator:	Cumulative number of individuals who receive gatekeeper training in suicide prevention	Denominator:	
	Unit Type:	Count							
	Unit Number:	50,000							
	Numerator:	Cumulative number of individuals who receive gatekeeper training in suicide prevention							
Denominator:									
Data Sources and Data Issues:	REDCap; 2016 data will be available early 2017								
Significance:	Training individuals who receive gatekeeping training will decrease the likelihood that an adolescent attempts or commits suicide.								

ESM PA-Child.3 - Percent of local and tribal health agencies in Wisconsin receiving Title V funding who chose the physical activity and nutrition objective.

NPM – Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (Physical Activity - Child, Formerly NPM 8.1) - PA-Child

Measure Status:	Active								
Goal:	Increase the percentage of local and tribal health agencies that select the physical activity and nutrition objective from 9% to 14% by 2025.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of local and tribal health agencies in Wisconsin selected the physical activity and nutrition objective.</td> </tr> <tr> <td>Denominator:</td> <td>Total number of local and tribal health agencies in Wisconsin.</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of local and tribal health agencies in Wisconsin selected the physical activity and nutrition objective.	Denominator:	Total number of local and tribal health agencies in Wisconsin.
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of local and tribal health agencies in Wisconsin selected the physical activity and nutrition objective.								
Denominator:	Total number of local and tribal health agencies in Wisconsin.								
Data Sources and Data Issues:	Annual Grants and Contracts Supplement								
Evidence-based/informed strategy:	<p>Enhance Title V’s workforce capacity to implement nutrition and physical activity (social, physical, and mental) programming for the Maternal and Child Health (MCH) population through skill building and peer-to-peer learning opportunities.</p> <p>Develop and implement strategies for local and tribal health agencies focused on physical activity and nutrition, based on community input from 2021 survey results.</p>								
Significance:	<p>Too few children ages 6 to 11 in Wisconsin are active for at least 60 minutes per day.</p> <p>Increasing the number of local and tribal agencies that select the physical activity and nutrition objective will increase interventions at the local level that are based on community need and elevate the priority of this work throughout the state.</p>								

ESM MH.1 - Percent of Regional Center information & referral staff who report competence in explaining medical home concepts

NPM – Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling (Medical Home, Formerly NPM 11) - MH

Measure Status:	Active								
Goal:	80% of Regional Center information and referral staff, who have been in their position for one year or more, will self-evaluate at a minimum of 50% “competent” or “proficient” in Medical Home competencies.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of Regional Center information and referral staff, who have been in their position for one year or more, who self-evaluate at a minimum of 50% “competent” or “proficient” in Medical Home competencies</td> </tr> <tr> <td>Denominator:</td> <td>Number of Regional Center information and referral staff who have been in their position for one year or more who complete a self-evaluation</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of Regional Center information and referral staff, who have been in their position for one year or more, who self-evaluate at a minimum of 50% “competent” or “proficient” in Medical Home competencies	Denominator:	Number of Regional Center information and referral staff who have been in their position for one year or more who complete a self-evaluation
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of Regional Center information and referral staff, who have been in their position for one year or more, who self-evaluate at a minimum of 50% “competent” or “proficient” in Medical Home competencies								
Denominator:	Number of Regional Center information and referral staff who have been in their position for one year or more who complete a self-evaluation								
Data Sources and Data Issues:	Qualtrics tracking system will be used. The system was piloted in 2020 and no issues are anticipated.								
Significance:	Because Regional Centers for CYSHCN serve in a leadership capacity in their region to promote the use of Medical Home tools and common messages with regional and community partners (local and tribal health agencies, home visiting programs, and others) it is critical that they have the necessary knowledge of Medical Home concepts. In an effort to maintain a competent Regional Center work force related to Medical Home concepts, the CYSHCN Program, with the Wisconsin Medical Home Initiative, developed a Medical Home self-assessment. At the beginning of 2021, all Regional Center information and referral staff will complete the Medical Home self-assessment. The results of this self-assessment will guide staff training and onboarding.								

ESM MH.2 - Percent of family members, health care providers, and community professionals trained on Medical Home-related concepts who report a change in knowledge or skills or behavior following the training
NPM – Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling (Medical Home, Formerly NPM 11) - MH

Measure Status:	Active								
Goal:	200 participants will be trained, and 80% of those completing an evaluation following their training will report a change in knowledge, skills, or intended behavior.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of participants trained on Medical Home concepts who report a change in knowledge, skills, or intended behavior following the training</td> </tr> <tr> <td>Denominator:</td> <td>Number of participants trained on Medical Home concepts, who complete an evaluation following their training</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of participants trained on Medical Home concepts who report a change in knowledge, skills, or intended behavior following the training	Denominator:	Number of participants trained on Medical Home concepts, who complete an evaluation following their training
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of participants trained on Medical Home concepts who report a change in knowledge, skills, or intended behavior following the training								
Denominator:	Number of participants trained on Medical Home concepts, who complete an evaluation following their training								
Data Sources and Data Issues:	REDCap. No data concerns anticipated.								
Significance:	Trainings will increase the knowledge and skills about Medical Home concepts among families, health care providers, and other community health professionals, and evaluations following the training will assure the effectiveness of these trainings.								

ESM MH.3 - Percent of families who receive at least one Regional Center referral that results in needed services received

NPM – Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling (Medical Home, Formerly NPM 11) - MH

Measure Status:	Active	
Goal:	50% of families who receive at least one Regional Center referral will receive needed services.	
Definition:	Unit Type:	Percentage
	Unit Number:	100
	Numerator:	Number of families who receive at least one Regional Center referral that results in needed services received
	Denominator:	Number of families who receive at least one Regional Center referral, and follow up is reported
Data Sources and Data Issues:	REDCap. No issues anticipated.	
Significance:	Families of CYSHCN are linked to needed supports and services through Regional Center information and referral services. This service linkage provides easily accessible referral resource information to families and providers to link families to needed supports and services.	

ESM TR.1 - Percent of Regional Center information and referral staff who report competence in explaining youth health transition concepts

NPM – Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transitions to adult health care (Transition, Formerly NPM 12) - TR

Measure Status:	Active								
Goal:	80% of Regional Center information and referral staff, who have been in their position for one year or more, will self-evaluate at a minimum of 50% “competent” or “proficient” in Transition competencies.								
Definition:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of Regional Center information and referral staff, who have been in their position for one year or more, who self-evaluate at a minimum of 50% “competent” or “proficient” in Transition competencies</td> </tr> <tr> <td>Denominator:</td> <td>Number of Regional Center information and referral staff who have been in their position for one year or more who complete a self-evaluation</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of Regional Center information and referral staff, who have been in their position for one year or more, who self-evaluate at a minimum of 50% “competent” or “proficient” in Transition competencies	Denominator:	Number of Regional Center information and referral staff who have been in their position for one year or more who complete a self-evaluation
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of Regional Center information and referral staff, who have been in their position for one year or more, who self-evaluate at a minimum of 50% “competent” or “proficient” in Transition competencies								
Denominator:	Number of Regional Center information and referral staff who have been in their position for one year or more who complete a self-evaluation								
Data Sources and Data Issues:	Qualtrics tracking system will be used. The system was piloted in 2020 and no issues are anticipated.								
Significance:	Based on the results of this self-assessment, staff from the Youth Health Transition Initiative will assist Regional Centers to ensure that the Network has the necessary skills and knowledge to address any questions that arise. As new staff are onboarded, this survey can be used as a thorough training guide, to assure the competency and effectiveness of the workforce.								

ESM TR.2 - Percent of participants trained on youth health care transition concepts who report a change in knowledge, skills, or intended behavior following the training
NPM – Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transitions to adult health care (Transition, Formerly NPM 12) - TR

Measure Status:	Active								
Goal:	600 participants will be trained, and 80% of those completing an evaluation following their training will report a change in knowledge, skills, or intended behavior.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of participants trained on youth health care transition concepts who report a change in knowledge, skills, or intended behavior following the training</td> </tr> <tr> <td>Denominator:</td> <td>Number of participants trained on youth health care transition concepts, who complete an evaluation following their training</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of participants trained on youth health care transition concepts who report a change in knowledge, skills, or intended behavior following the training	Denominator:	Number of participants trained on youth health care transition concepts, who complete an evaluation following their training
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of participants trained on youth health care transition concepts who report a change in knowledge, skills, or intended behavior following the training								
Denominator:	Number of participants trained on youth health care transition concepts, who complete an evaluation following their training								
Data Sources and Data Issues:	REDCap. No data concerns anticipated.								
Significance:	Trainings will increase the knowledge and skills about transition among families, health care providers, and other community health professionals, and evaluations following the training will assure the effectiveness of the trainings.								

**ESM TR.3 - Percent of systems or practices that have a transition policy or guideline (formal written commitment)
 NPM – Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transitions to adult health care (Transition, Formerly NPM 12) - TR**

Measure Status:	Inactive - Replaced	
Goal:	In 2021, establish a baseline through an environmental scan, and develop a realistic goal for improvement based on findings.	
Definition:	Unit Type:	Percentage
	Unit Number:	100
	Numerator:	Number of systems or practices that have a transition policy or guideline (formal written commitment)
	Denominator:	Number of systems that respond to the Wisconsin DHS during an environmental scan
Data Sources and Data Issues:	REDCap Data System. No issues anticipated.	
Significance:	An environmental scan of major health care providers and systems regarding transition policies or guidelines (formal written commitment) or an interest in developing standards around Youth Health Transition within their practices will provide information on how health care systems in Wisconsin transition youth with special health care needs into adult health care systems at an adult level. Through key informant interviews and similar techniques, they will identify advocates of Youth Health Transition within healthcare systems. This will establish a baseline.	

Form 11
Other State Data
State: Wisconsin

The Form 11 data are available for review via the link below.

[Form 11 Data](#)

Form 12
Part 1 – MCH Data Access and Linkages

State: Wisconsin

Annual Report Year 2023

Data Sources	Access				Linkages	
	(A) State Title V Program has Consistent Annual Access to Data Source	(B) State Title V Program has Access to an Electronic Data Source	(C) Describe Periodicity	(D) Indicate Lag Length for Most Timely Data Available in Number of Months	(E) Data Source is Linked to Vital Records Birth	(F) Data Source is Linked to Another Data Source
1) Vital Records Birth	Yes	Yes	Daily	0		
2) Vital Records Death	Yes	Yes	Daily	0	Yes	
3) Medicaid	No	No	Never	NA	Yes	
4) WIC	No	No	Never	NA	No	
5) Newborn Bloodspot Screening	Yes	No	Annually	0	Yes	
6) Newborn Hearing Screening	Yes	Yes	Daily	1	Yes	
7) Hospital Discharge	Yes	Yes	Quarterly	0	Yes	
8) PRAMS or PRAMS-like	Yes	Yes	Annually	0	Yes	

Other Data Source(s) (Optional)

Data Sources	Access				Linkages	
	(A) State Title V Program has Consistent Annual Access to Data Source	(B) State Title V Program has Access to an Electronic Data Source	(C) Describe Periodicity	(D) Indicate Lag Length for Most Timely Data Available in Number of Months	(E) Data Source is Linked to Vital Records Birth	(F) Data Source is Linked to Another Data Source
9) Reproductive Health Program	Yes	Yes	Quarterly	3	No	
10) CYSHCN Program	Yes	Yes	Quarterly	3	No	
11) Newborn Heart Screening	Yes	Yes	Daily	1	Yes	
12) Youth Risk Behavior Survey	Yes	Yes	Less Often than Annually	10	No	
13) National Survey of Children's Health	Yes	Yes	Less Often than Annually	10	No	
14) Family Health Survey	Yes	Yes	Annually	2	No	
15) Behavior Risk Factor Surveillance Survey	Yes	Yes	Annually	8	No	

Form Notes for Form 12:

None

Field Level Notes for Form 12:

None

Form 12
Part 2 – Products and Publications (Optional)

State: Wisconsin

Annual Report Year 2023

Products and Publications information has not been provided by the State.