



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

WISCONSIN

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Wisconsin

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts






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SSDI Project Director	State Family Leader
Leah Eckstein Family Health Section Manager leahm.eckstein@dhs.wisconsin.gov (715) 365-2708	Mandy Quainoo Newborn Screening Follow-through Coordinator

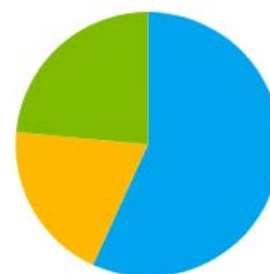
State Youth Leader
No Contact Information Provided

State Hotline: (800) 642-7837

Funding by Source

Source	FY 2024 Expenditures
 Federal Allocation	\$11,073,342
 State MCH Funds	\$3,829,493
 Local MCH Funds	\$4,580,391
 Other Funds	\$0
 Program Income	\$0

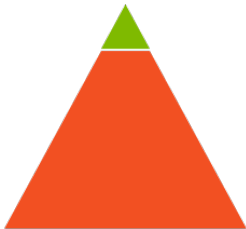
FY 2024 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$2,208,750	\$0
Public Health Services and Systems	\$8,864,592	\$8,409,884

FY 2024 Expenditures
Federal



FY 2024 Expenditures
Non-Federal



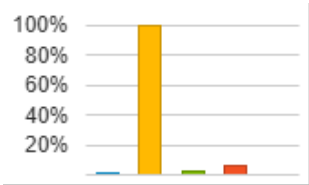
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	1.4%	\$1,847,424
Infants < 1 Year	99.2%	\$1,847,424
Children 1 through 21 Years	2.3%	\$7,563,992
CSHCN (Subset of all infants and children)	6.2%	\$6,228,506
Others *	0.1%	\$1,847,426

FY 2024 Expenditures
Total: \$19,334,772



FY 2024 Percentage Served



*Others– Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2025 Needs Assessment reporting cycle. All states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<p>All women experience the safe and stable supports they need to live and thrive from preconception through 12 months postpartum.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV <ul style="list-style-type: none"> ○ ESM PPV.1: Percent of birth workforce providers who report increased confidence in providing perinatal health education to their clients/patients following a workforce training. 	New	Women/Maternal Health
<p>All infants experience the safe and stable supports they need to live and thrive starting from birth to celebrating their first birthday.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women with a recent live birth who experienced racial/ethnic discrimination while getting healthcare during pregnancy, delivery, or at postpartum care - DSR <ul style="list-style-type: none"> ○ ESM DSR.1: Percent of participants who report increased confidence in applying knowledge or skills as a result of the doula education they received. 	New	Perinatal/Infant Health
<p>All women of reproductive age have nearby and affordable contraceptive care options and have safe, positive sexual experiences.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV <ul style="list-style-type: none"> ○ ESM PPV.1: Percent of birth workforce providers who report increased confidence in providing perinatal health education to their clients/patients following a workforce training. 	New	Women/Maternal Health

<p>All children and their families experience timely, nearby, uncomplicated, coordinated care and supports to live and thrive.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS <ul style="list-style-type: none"> ○ ESM DS.1: Percent of medical providers trained who report using an evidence-based screening tool ○ ESM DS.2: Percent of medical providers trained who report a change in knowledge related to developmental screening age interval recommendations ○ ESM DS.3: Percent of community developmental screening training participants who report an increase in knowledge regarding developmental screening ○ ESM DS.4: Percentage of trainees who report they will begin implementing developmental monitoring and/or developmental screening practices. ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <ul style="list-style-type: none"> ○ ESM MH.1: Percent of Regional Center information & referral staff who report competence in explaining medical home concepts ○ 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 ○ ESM MH.3: Percent of families who receive at least one Regional Center referral that results in needed services received ○ ESM MH.4: Number of unduplicated organizations (hospitals, clinics, or health care systems) collaborating with Title V to implement medical home practices for all children, including children with special health care needs. ○ ESM MH.5: Percent of referrals that resulted in services received at the time of follow-up. ○ ESM MH.6: Percent of youth-serving providers who report a planned behavior change as a result of participating in training. 	New	Child Health
<p>All adolescents have the reliable, timely, nearby mental health supports that they need, and are free from the harms of untreated mental health conditions.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT 	New	Adolescent Health

<ul style="list-style-type: none"> ○ ESM MHT.1: Number of youth engaged in planning, creating, implementing, or evaluating Title V-funded adolescent mental health projects and initiatives. 		
<p>All children and youth with special health care needs and their families experience timely, nearby, uncomplicated, coordinated supports to live and thrive.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <ul style="list-style-type: none"> ○ ESM MH.1: Percent of Regional Center information & referral staff who report competence in explaining medical home concepts ○ 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 ○ ESM MH.3: Percent of families who receive at least one Regional Center referral that results in needed services received ○ ESM MH.4: Number of unduplicated organizations (hospitals, clinics, or health care systems) collaborating with Title V to implement medical home practices for all children, including children with special health care needs. ○ ESM MH.5: Percent of referrals that resulted in services received at the time of follow-up. ○ ESM MH.6: Percent of youth-serving providers who report a planned behavior change as a result of participating in training. 	New	Children with Special Health Care Needs
<p>All families experience emotional and physical safety in their communities, are free from discrimination, and have the social support they need.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Percent of children living in supportive neighborhoods. 	New	Cross-Cutting/Systems Building
<p>All families have enough food and adequate nutrition to live and thrive.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Percent of food insecurity in Wisconsin. 	New	Cross-Cutting/Systems Building

Executive Summary

Program Overview

The Wisconsin Title V Maternal and Child Health program, including children and youth with special health care needs, is housed in the Family Health Section of the Bureau of Community Health Promotion within the Division of Public Health of Wisconsin Department of Health Services. The mission of the Wisconsin Title V program is to protect and promote the health and safety of the state's residents by ensuring that all families have access to coordinated, integrated, and sustainable systems of care. The program focuses on health promotion and prevention as well as improving health outcomes. These efforts are guided by the program's overarching goal to address health challenges and improve health outcomes across Wisconsin's maternal and child health populations.

The Wisconsin Title V program works to build systems that integrate and coordinate services, with an emphasis on community-based prevention and health promotion. The program collaborates with local and Tribal health agencies, community-based organizations, and other partners to ensure quality health services are accessible to families. A significant portion of the funding supports the public health workforce and systems-building activities at the local level, enhancing the capacity of agencies to address the unique needs of maternal and child health populations. The program also leverages partnerships with statewide initiatives and quality collaboratives to promote innovative and evidence-based approaches to health care delivery, including:

- Maternal Mortality Review team
- Pregnancy Risk Assessment Monitoring System
- Newborn Screening program
- Wisconsin Perinatal Quality Collaborative

A comprehensive Wisconsin 2025 Title V MCH Needs Assessment conducted by the Wisconsin Title V program identified priority areas and guides strategic planning for 2026-2030. More detail about this assessment can be found in the "Needs Assessment Process Description" and "Needs Assessment Findings" sections of this grant submission. The 2025 Title V MCH Needs Assessment highlighted new priority needs:

- All **women** experience the safe and stable supports they need to live and thrive from preconception through 12 months postpartum.
- All **women of reproductive age** have nearby and affordable contraceptive care options and have safe, positive sexual experiences.
- All **infants** experience the safe and stable supports they need to live and thrive starting from birth to celebrating their first birthday.
- All **children** and their families experience timely, nearby, uncomplicated, coordinated care and supports to live and thrive.
- All **adolescents** have the reliable, timely, nearby mental health supports that they need, and are free from the harms of untreated mental health conditions.
- All **children and youth with special health care needs** and their families experience timely, nearby, uncomplicated, coordinated supports to live and thrive.
- All **families** experience emotional and physical safety in their communities, are free from discrimination, and have the social support they need.
- All **families** have enough food and adequate nutrition to live and thrive.

These priorities reflect Wisconsin's commitment to address both proximate and distal community factors that influence health in order to promote opportunities for optimal health outcomes.

One of the Wisconsin Title V program's critical areas of focus is addressing differences in birth outcomes. Collaborative efforts with Medicaid and local and Tribal health agencies aim to enhance prenatal care coordination, integrate reimbursement for doula services, and support community-based interventions. Additionally, the program promotes initiatives such as the Wisconsin Perinatal Quality Collaborative to improve hospital practices and perinatal care systems. These efforts are informed by data from sources like the Pregnancy Risk Assessment Monitoring System and Maternal Mortality Review.

The Title V program also prioritizes mental health across the lifespan. Strategies include supporting school-based mental health initiatives, improving access to adolescent mental health services, and integrating mental health resources into maternal health care. For children and youth with special health care needs, the program promotes the medical home model and facilitates transitions to adult care. Families are engaged as active participants in care planning, and their voices are integrated into program development through public input opportunities facilitated by the Wisconsin Title V program team.

Nutrition and physical activity are addressed through partnerships with organizations like the Healthy Early Collaborative and local and Tribal health agencies. The Wisconsin Title V program focuses on increasing breastfeeding rates for infants, access to healthy foods for families, and physical activity for school-aged children. Programming and support for those at greater risk for poor outcomes are central to these efforts.

The Wisconsin Title V program employs a data-driven approach to inform policy and program development. By analyzing state and local data, including vital records, hospital discharge data, and national surveys, the program identifies trends and evaluates the effectiveness of its initiatives. The integration of community voices into this process ensures that priorities align with the needs of Wisconsin families. Partnerships with academic institutions and technical assistance providers further enhance the program's capacity to implement evidence-based strategies.

The Wisconsin Title V program's commitment to collaboration is evident in its work with Medicaid, Tribal health agencies, and other partners. Medicaid partnerships have facilitated the redesign of benefits such as prenatal care coordination and support for the extension of postpartum coverage. In addition, Tribal collaborations have improved data collection and service delivery for Native American populations. These partnerships exemplify the program's role as a bridge between health systems, providers, and communities.

Through its targeted initiatives and strategic partnerships, the Wisconsin Title V program continues to address the evolving needs of families and communities in our state. By promoting optimal health outcomes, prevention, and system integration, the program works toward its vision of ensuring that all Wisconsinites can achieve their best possible health.

How Federal Title V Funds Complement State-Supported MCH Efforts

The Wisconsin Title V program directly supports areas identified in the overall [State Health Assessment](#) and the [State Health Improvement Plan](#) which serve 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 [Children and Youth with Special Health Care Needs \(CYSHCN\) Children's Resource Centers](#) fill a key role in directly supporting families of these children by proactively connecting them to relevant state and local resources while building their knowledge and skills to effectively interact with health care systems.

In 2024, approximately 21% of the total Title V allocation Wisconsin received was subcontracted directly to local and Tribal health agencies. These funds support the local public health workforce and systems building activities, enhancing the capacity of local agencies to respond to the unique needs of Wisconsinites who are infants, children, adolescents, pregnant, and parenting. An additional 45% of Wisconsin's total 2024 Title V allocation was subcontracted to organizations that engage in key systems-building efforts that serve to integrate health and human services, to support the dissemination of best practices and to advance quality improvement efforts among the organizations which serve Wisconsin's families. These subcontracted partners include childcare centers, health systems, schools, law enforcement agencies, home visiting providers, WIC sites, and others. The systems-building projects conducted by these partners include improving hospital practices to support breastfeeding initiation, enhancing the practices of the community birthing workforce to prevent maternal hypertension, and empowering schools and afterschool programs to promote physical activity and well-being activities.

Title V and the state and local match also fund key staff at the state level to support the coordination and enhancement of state programs, including:

- [Newborn Screening program](#) that ensures appropriate referral to follow-up services.
- [Oral health program](#) that promotes policy change for improved access to preventive dentistry.
- [Chronic disease prevention program](#) that improves access to more nutritionally dense foods.
- [Child and adolescent health program](#) that increases the availability of mental health services.

The Wisconsin Title V program employs two 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. They collaborate with other epidemiologists in the Family Health Section to analyze the Pregnancy Risk Assessment Monitoring System, Maternal Mortality Review data, Birth Defects Registry and hospitalization data. Over the last several years, the Wisconsin Title V program has also invested in targeted oversamples of priority populations to enhance the availability of data to inform maternal and child health programming.

Perhaps most importantly, Title V-funded state staff are instrumental in training and mentoring the next generation of the public health workforce. The Wisconsin Title V program precepts Title V interns, regularly hosts fellows from a variety of fellowships, mentors students and new public health workers, and provides high-quality internship placements for undergraduate, Master of Public Health students, and Doctor of Nursing Practice students, including those enrolled in the University of Wisconsin-Milwaukee Maternal and Child Health graduate certificate program.

MCH Success Story

In 2024, the Wisconsin Title V program requested technical assistance from the [Health Resources and Services Administration](#) to address youth health care transition and special education in Wisconsin's school systems. [Health care transition](#) is the process of preparing youth and young adults for the transition from a pediatric to an adult model of health care. This transition typically takes place between the ages of 12 and 26 and for youth and young adults with delays, disabilities, and/or special health care needs, transition planning is often part of the [Individualized Education Programs \(IEP\)](#). The goals of the technical assistance were to increase:

- Availability of health care transition planning resources to support integrating "health" and "health care" into Individualized Education Plan (IEP) transition planning.
- Knowledge about health care transition planning laws, policy, and administrative rules.
- Collaboration between the Wisconsin Title V program and Wisconsin [Department of Public Instruction](#) to improve health care transition part of transition from school to adult life.

Utilizing the foundational work done building relationships and infrastructure over many years prior to this grant cycle, the Wisconsin Title V program made the following progress in 2024 to improve health care transition:

- Collaborated with Wisconsin Department of Public Instruction's Health and Safety Consultant to build a [webpage](#) for school nurses about health care transition. The site includes videos, resources, handouts, and research to help school nurses take an active role in IEPs and in post-secondary transition planning. In partnership with Got Transition, the national resource center for health care transition, the Wisconsin Title V program developed information sheets for educators and for school nurses to help promote health care transition in their work. Both are available by sending an email request to: healthtransitionwi@waisman.wisc.edu.
- Worked with Wisconsin Department of Public Instruction's Transition Improvement Grant to include a section on the [Beyond Age 18 website](#) for teachers, school nurses, school counselors, and other staff supporting students with Individualized Education Programs about [health care transition](#) in the Individualized Student Transition Planning resources. These resources will support these teams to help students include health care goals in their Individualized Education Program and improve health care transition for these students.
- Promoted the integration of health care into school and employment goals, in activities of daily living and by serving on the Transition Improvement Grant committee. This collaboration also helps to normalize health care transition as an important component of successful transition.
- Presented on health care transition at professional trainings, including the Circles of Life Conference, the National Center for a System of Services for Children and Youth with Special Health Care Needs webinar, the Title V Virtual Café, and at the National Technical Assistance Center on Transition: The Collaborative.
- Worked with the Wisconsin Department of Public Instruction to improve language on their [Health and Safety for Students with Disabilities](#) resource's website.
- Worked with Got Transition and the Wisconsin Department of Public Instruction to add two health care transition questions to the [Indicator 14 Post School Outcomes Survey](#) about the educational and employment experiences of youth with disabilities. This is the first statewide data collection about the health care transition experiences of these youth in the state.
- Collaborated with the [Wisconsin Competitive Integrated Employment](#) team, Wisconsin Department of Public Instruction, and the Wisconsin [Division of Vocational Rehabilitation](#) to develop the joint plan to improve health care transition.

The Wisconsin Title V program will continue to build on this work to integrate health care transition into education, employment, community living, and other key life areas for youth with disabilities in Wisconsin.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Wisconsin

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2024.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.