

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

Wisconsin

**FY 2023 Application/
FY 2021 Annual Report**

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I. General Requirements

I.A. Letter of Transmittal

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Tony Evers
Governor

Karen E. Timberlake
Secretary



State of Wisconsin
Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET
PO BOX 2659
MADISON WI 53701-2659

Telephone: 608-266-1251
Fax: 608-267-2832
TTY: 711 or 800-947-3529

August 12, 2022

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 Fiona Weeks, Supervisor of the Maternal and Child Health Unit and Wisconsin's Title V Block Grant Director at 608-977-0156 or Fiona.Weeks@dhs.wisconsin.gov.

Sincerely,

DocuSigned by:

B176181CD0B8490...

Debra Standridge
Deputy Secretary

www.dhs.wisconsin.gov

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 F of the 2021 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 *"Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms,"* OMB NO: 0915-0172; Expires: January 31, 2024.

II. Logic Model

Please refer to figure 4 in the "Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms," OMB No: 0915-0172; Expires: January 31, 2024.

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 demonstrating Wisconsin's commitment to our mission of protecting and promoting the health and safety of people throughout the state.

Wisconsin's Title V Program strives to ensure that all families have access to a coordinated, integrated, and sustainable system of services and supports. 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 mothers, children, and families. Title V funds are directed toward building systems that 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 beyond those funded by the Title V Block Grant, including: the Maternal, Infant, and Early Childhood Home Visiting Program; the Wisconsin Injury Prevention Program; the Title X Reproductive Health Family Planning Program; Rape Prevention Education; the Adolescent Health Program; Children's Oral Health, and others.

Wisconsin ranked 10th in the nation for overall child well-being by the Annie E. Casey Foundation, based on the [2021 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 2018, Wisconsin's Black infant mortality rate was 15.2 deaths per 1,000 live births, the worst in the nation among the 36 states and District of Columbia reporting 2018 Black infant mortality rates. The COVID-19 pandemic has brought inequities in maternal and child health to the forefront. Health inequities are "differences in health status between more socially advantaged and less socially advantaged groups, caused by systematic differences in social conditions and processes that effectively determine health" (Braveman, P., 200, Defining equity in health). To disrupt these health inequities, Wisconsin has 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 context 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 (2020): **60,615**
- Ratio of black to white infant mortality: **3.3**
- Percent of births covered by Medicaid: **35.7%**
- Percent of children under 18 years old without health insurance: **4%**
- Percent of children under 18 years old living below the federal poverty level: **14.4%**
- Percent of children under 5 years old living below the federal poverty level: **16.9%**
- Percent of Wisconsinites living in rural areas: **30%**

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

Well Woman Visit (NPM 01): Only 73.7% 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 Reproductive Health and Family Planning Team to raise awareness of the annual well-woman preventive visit through 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. Collaboration with home visiting programs across the state also aims to promote and disseminate information. Equity gaps are addressed through implementation of internal health equity initiatives as well as best practices for data collection.

Infant/ Perinatal

African American Infant Mortality (SPM 01): Infants born to non-Hispanic Black mothers are dying preventable deaths. A new unit within the Family Health Section focusing on maternal and infant mortality prevention 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](#) (PRAMS) 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. 2018-2019 Pregnancy Risk Assessment Monitoring System (PRAMS) data show 54% of non-Hispanic white, 53% of Hispanic and non-Hispanic black, and 58% 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 PRAMS). The Title V Program continues to collaborate with the [Wisconsin Perinatal Quality Collaborative](#) and the maternal psychiatric teleconsultation program [The Periscope Project](#). Additional work is being done to support efforts to implement revised levels of perinatal care assessment for hospitals, and collaboration with Medicaid 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 with breastfeeding initiation and duration rates. About 84% of Wisconsin infants are ever breastfed, yet only 33.4% are breastfed exclusively through 6 months (2018; National Immunization Survey). This performance measure is advanced by strategies to address disparities within the non-Hispanic Black and Indigenous populations focused on policy development, intervention at the local level, and community partnership development. Statewide partners in this work include [Coffective](#) and the [Wisconsin Association for Perinatal Care](#) to focus on hospital practices to increase breastfeeding initiation rates and to support better coordination between clinical and community stakeholders.

Children

Developmental Screening (NPM 06): Only 38% 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). Wisconsin has worked with the National Survey of Children's Health Team at the United States Census Bureau for two years to implement an oversample to help provide more reliable estimates in the future, starting with 2020 data collection that became available for analysis in 2021. The [Wisconsin Medical Home Initiative](#)'s developmental screening training approach was altered due to the COVID-19 pandemic and successfully transitioned to a virtual format to allow for greater reach across the state. Wisconsin's Title V Program is working to forge and strengthen partnerships with WIC and Child Care Resource Centers to increase the number of children who are screened and referred 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. Work in this area is coupled with funding from the [Association of State Public Health Nutritionists](#) to incorporate nutrition-based strategies alongside physical activity promotion. Programmatic focus centers on community leadership through voluntary membership in a statewide steering team (currently under development) comprised of community organizations and partners who work directly with school-aged children in Wisconsin.

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 will continue under **new SPM 05: percent of adolescents 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** (Data source: Wisconsin Youth Risk Behavior Surveillance Survey).

Adolescent Mental Health (SPM 05): In Wisconsin, 27% of adolescents feel so sad or hopeless almost every day that they stop doing some usual activities. The Title V Program supports [Providers and Teens Communicating for Health](#) (PATCH), 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. PATCH Toolkits for parents and teens are publicly available to enhance the reach of the programming. Local and tribal health agencies work with local school districts and community organizations to provide training to adults and peers on recognizing signs of mental distress and taking appropriate action. Local agencies also work with police departments to limit adolescent access to firearms and prescription medications. [Mental Health America of Wisconsin](#) provides training support and technical assistance to these local efforts. Title V nurse consultants work with the [Wisconsin Collaborative for Healthcare Quality](#) to increase the percentage of adolescents who receive comprehensive preventive healthcare visits. Title V staff also help administer some innovative models of mental health care, including the [Child Psychiatric](#)

[Consultation Program](#), a provider teleconsultation program, and Project Apple, a school-based mental health pilot program.

Children and Youth with Special Health Care Needs

Medical Home (NPM 11): Only 41.6% 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 2019-2020 National Survey of Children's Health data). The Title V Program promotes 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% 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 2019-2020 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. The Wisconsin Title V Program recently developed a standard definition and measurement of social connection and aims to incorporate work addressing social connection and access to informal and formal resources throughout 10% of all strategies by 2025. Activities include forming a workgroup to provide expertise on social connections, reviewing existing efforts, aligning with the work of other Wisconsin performance measure teams, and providing trainings on social determinants of health impacts on social connections.

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, Wisconsin implements the [Community Engagement Assessment Tool](#) with Title V-funded programs to assess and support community member. Best practices are developed and implemented for reporting data to stakeholders and the public as well, to advance health equity and support 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 Title V funding directly supports areas identified in the overall State Health Assessment and State Health Improvement Plan and 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 regional centers for children and youth with special health care systems fill a key role in directly supporting families of these children by connecting them to relevant state and local resources and building their knowledge and skills in how to effectively interact with health care systems.

Approximately 60% of Wisconsin's Title V Program funds are subcontracted to all local and tribal health agencies, five Regional Centers for children and youth with special health care needs, and other statewide partners. Title V funds enhance the capacity of local and tribal health agencies to respond to the unique needs of infants, children, adolescents, and pregnant and parenting individuals. The Title V Program's funds, along with 75% match contributions, support systems-building efforts focused on supporting the dissemination of best practices and quality improvement efforts among the institutions that serve Wisconsin's families, including childcare centers, health systems including birth hospitals, schools, law enforcement agencies, home visiting providers, WIC (Women, Infants, Children) sites, and others. Some examples include the promotion of timely development screening, improving hospital practices to support breastfeeding initiation and prevent maternal hypertension, and practicing mental health first aid and means restriction to prevent adolescent injury and self-harm.

Title V dollars also fund key staff 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.)

State and Title V Program funds support a statewide system of community-based women's health services. The Wisconsin Title V Program collaborates with the Title X grant-funded and state general purpose revenue-funded Reproductive Health Family Planning Program, especially with regards to NPM 01 and Title V Priority Need **Assure Access to Quality Health Services**. Specifically, Title V funds basic contraception and sexually transmitted infection prevention services in areas with no or few comprehensive reproductive health care providers.

During the last 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 also support the management and analysis of other key surveillance systems, including the Pregnancy Risk Assessment Monitoring System, Maternal Mortality Review, Birth Defects Registry, and hospitalization data. Additionally, Title V staff, including the epidemiologists, regularly precept interns and fellows on both short-term and long-term bases, contributing to the development of future maternal and child health workforce.

III.A.3. MCH Success Story

Peer Recovery In Supportive Mutuality (PRISM) Collaboration with Harvard Evaluation Practicum Supports **Adolescent Mental Health**

[Mental Health America of Wisconsin](#) provides education, advocacy, and direct support services to promote mental health. They also offer peer support services – including [the PRISM Program](#) – to directly support individuals struggling with mental health. The PRISM Program is funded by the Wisconsin Title V Program to provide mental health support services for LGBTQ+ youth – a community facing mental health-related disparities. PRISM aims to increase access to care and promote mental wellness for LGBTQ+ youth through a no-cost warmline, one-on-one peer mentoring, and support groups.

In January of 2022, colleagues from Mental Health America of Wisconsin and the Wisconsin Department of Health Services represented the PRISM Program at the 2022 [Harvard School of Public Health Program Evaluation Practicum](#). The practicum paired two graduate-level students with public health programs and consisted of a week of trainings, a field study week, and an evaluation plan writing week. The practicum involved ongoing collaboration between the students, PRISM program representatives, and other public health professionals at Mental Health America of Wisconsin and the Wisconsin Department of Health Services. An evaluation plan for the PRISM Program was drafted by the two students, reviewed by Harvard faculty and CDC (Centers for Disease Control) Division of Reproductive Health staff, revised by the students, and returned to the PRISM Program to inform program planning.

Participation in the practicum increased program evaluation capacity within the PRISM Program, and across Mental Health America of Wisconsin as an organization. Following participation in the practicum, the PRISM Program revised and better utilized its data collection systems. They implemented a peer feedback survey to get insight from repeat callers on how peers view the program services and created a plan to conduct focus groups for youth that engage with support groups. The PRISM team presented an overview of the program and some of the data collected through these systems at the 12th annual Prevent Suicide Wisconsin Conference.

In June 2022, Wisconsin was one of two states selected to continue the Harvard Evaluation Practicum over the summer. Three students were selected as summer interns to conduct an evaluation of the PRISM program based on the evaluation plan created during January's practicum. The students plan to focus their work largely on conducting a process evaluation that will provide information on PRISM's outreach, engagement, and services. They also hope to lay the groundwork for a future outcome evaluation that can highlight PRISM's impact on LGBTQ+ youth mental health.

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 improving health outcomes for mothers, children, and families are fundamental building blocks in this mission, and critical elements in accomplishing this vision.

The goal of the 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 works with local and tribal health agencies, 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.

Principal Characteristics of the State

The [US Census Bureau](#) estimates Wisconsin's 2021 population to be 5,895,908, an increase of 3.7% 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.

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 21.7% of Wisconsinites are under 18 years old, and around 17.5% are 65 years or older. The median age is 39.9 years, slightly higher than the national average (38.5). Nearly 98% of the population self-identifies as one race, and 2.0% self-identify as two or more races. Of the total estimated population, 87% identified as White only, 6.7% identified as Black only, and 3% identified as Asian only. Of the total estimated population, 7.1% were of Hispanic ethnicity. From 2015-2019, 64.8% of non-Hispanic Blacks and 36.2% of Hispanics in Wisconsin lived in Milwaukee County.

Wisconsin is home to 11 federally recognized tribes and approximately 92,282 individuals who identify as American Indian/Alaska Native either alone or in combination with other races. 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 23,195 individuals.

Wisconsin is above the national average for high school graduation, though slightly below the national average for higher education. In Wisconsin, 92.8% of the population ages 25 years and older have a high school education or higher (compared with 88.6% in the US), and 31.3% of this age group has received a bachelor's degree or higher (compared with 33.1% nationally).

Wisconsin's unemployment rate in March of 2020 was 3.8%, lower than the national average of 6%, and a 30-year Wisconsin high of 9.2% in January 2010. Wisconsin currently has 6 counties with unemployment rates above 5%: Menominee, Iron, Bayfield, Burnett, Adams, and Forest, all of which are in the northern, more rural half of the state. The cities of Racine (7.7%), Milwaukee (7.4%), and Beloit (6.2%) topped the list of city unemployment rates (not seasonally adjusted); these rates represent an increase over 2019, when the rates in those cities were 5.2%, 4.5%, and 4.2%, respectively. Unemployment in 2021 and 2022 is expected to decrease as businesses recover from the COVID-19

pandemic.

In 2021, the [American Community Survey](#) estimated the median household income in Wisconsin to be \$63,293. Approximately 10% of the population had income in the past 12 months below the Federal Poverty Level.

Birth data for 2021 indicate that out of 60,615 live births to women residing in Wisconsin, 35.7% were covered by Medicaid, and 25.2% benefited from WIC during pregnancy.

Unique Assets and Challenges

A report by the Brookings Institution using 2013-2017 American Community Survey data noted that Milwaukee, the most populous city in Wisconsin, was the most racially segregated metropolitan area in the United States. The legacy of redlining and racialized city planning and public investments is strong in Wisconsin and continues to affect the health and well-being of Wisconsin's communities. Wisconsin is home to diverse people, including 11 federally recognized Native American tribes and significant populations of Hispanic, Black, and Asian individuals. Specifically, Wisconsin has been receiving a steady flow of refugees and has a sizable Hmong population. These groups are not equally represented in the healthcare workforce and therefore do not always receive culturally and linguistically appropriate care. Additionally, about 30% of Wisconsin residents live in rural areas, and many parts of the state have shortages of most types of health care providers, from primary care providers to mental health care providers. Income inequality in Wisconsin is increasing and certain groups, including urban-dwelling people of color, continue to experience higher rates of unemployment than their white peers. Quality employment, in turn, affects access to health insurance, as well as resources to meet families' basic needs.

Moreover, social and political polarization between urban and rural areas, as documented in K. Cramer's book, "The Politics of Resentment," influences policymaking at the state level, including state funding for public health infrastructure, which was \$55 per resident as of 2018, one of the lowest in the country. However, Wisconsin benefits from active community leaders and organizations representing people living with disabilities, families with children with special healthcare needs, Tribal nations, and communities of color. These leaders provide consultation to the state Department of Health Services and create innovative programs in their own communities to promote health.

Health Status of the Population

The [United Health Foundation State Health Rankings](#) (2021) place Wisconsin 31st overall for health outcomes. The measures on which Wisconsin is faring the worst (ranked 50th) relative to other states are excessive drinking among adults and the low birthweight racial gap. Structural challenges in Wisconsin highlighted in the rankings include low public health funding per capita (ranked 49th), high school graduation racial disparity (46th), and drinking water violations (46th), homeownership racial disparity (42nd). Positive trends include a decrease in violent crime, an increase in the proportion of infants who are breastfed exclusively for six months, and a 14% increase in adults who report their health as very good or excellent from 2019 to 2020.

The [Annie E. Casey Foundation Kids Count Data Center](#) (2021) ranks Wisconsin 10th out of all states for overall child well-being, a composite rank based on ranks for economic well-being, education, health, family, and community factors. According to Kids Count data, 4% of minors in Wisconsin did not have health insurance in 2021. Wisconsin's birth outcomes are similar to those in the US overall. However, there are stark differences by race. Kids Count data for 2019 show that 15.2% of babies born to Black women had a low birthweight compared to 7.6% overall. The [2019-2020 National Survey of Children's Health](#) estimated that about 90% of Wisconsin children reported excellent or very good health, but only 76.9% of Black children in Wisconsin enjoyed excellent or very good health. Approximately 254,000 kids or 20.1% of Wisconsin children under age 18 had a special health care need, including 18.7% of White kids and 14.6% of Hispanic kids. An estimated 13% of children have at least one parent who born outside the US.

There were 62,704 deaths of Wisconsin residents in 2020, occurring at a rate of 1,074.5 deaths per 100,000 people. According to vital records, the leading causes of death for all ages were heart disease (20.1%) and cancer (18.6%). Among children and youth between 1 and 17 years of age, accidents (unintentional injuries) were the leading cause of death, followed by assault (homicide).

Infant mortality is a high priority issue in Wisconsin. The Centers for Disease Control and Prevention (CDC) reported that Wisconsin had an overall infant mortality rate similar to the US average in 2020 (5.75 compared to 5.8 deaths per 1,000 live births). Another CDC report showed that in Wisconsin between 2013 and 2015, the non-Hispanic White infant mortality rate was 4.76 deaths per 1,000 live births compared to a non-Hispanic Black infant mortality rate of 14.28 deaths per 1,000 live births, corresponding to a Black/White infant mortality ratio of 3.0—**one of the largest disparities out of all reporting states and District of Columbia.**

The 2020 MCH Needs Assessment for the Wisconsin Title V Block Grant program utilized multiple data sources including [CDC Wonder](#), [Vital Statistics](#), [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 of 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

State Agency Role in Current Priorities and Initiatives

Wisconsin is a “home rule” state, giving local and tribal health agencies jurisdictional precedence in consultation with their local boards of health or tribal leadership. This context has informed the Wisconsin Title V program’s approach to implementing block grant activities; by funding local and Tribal agencies to implement the strategies informed by our needs assessment, we leverage the local knowledge and relationships to improve public health systems, while honoring the authority of local agencies.

The Wisconsin Department of Health Services is required by Wisconsin Statute, [Wis. Stat. § 250.07](#), to develop a state public health agenda at least every 10 years. The Wisconsin Department of Health Services completed a 2019-2020 State Health Assessment, incorporating information collected in the 2020 MCH Needs Assessment, and will be creating a State Health Improvement Plan in the next year, identifying priorities for the next five years.

State Health Systems for Meeting the Needs of Underserved and Vulnerable Populations

The 2020 American Community Survey provides information on health insurance coverage in Wisconsin. The American Community Survey estimates that 94.5% of the population (non-institutionalized civilians) had some form of health insurance coverage. Of Wisconsin children under age 6, 3.8% had no health insurance coverage and 3.9% of children ages 6 to 18 were uninsured. Of employed persons in Wisconsin, 6.7% were uninsured; 18.4% of the foreign-born population in Wisconsin was uninsured compared to 4.7% of the native-born population being uninsured. Wisconsin also has provider shortages in many parts of the state for primary care, mental health services, and dental services.

Despite these challenges, Wisconsin is home to 96 Federally Qualified Health Centers and four children's hospitals.

Wisconsin Medicaid and BadgerCare

[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 covers services for children such as preventive care, vision care, prescription drugs, hospital services and speech and physical therapy. BadgerCare also covers pregnancy-related services such as labor and delivery, nurse midwifery services, dental care, and mental health services. High-risk pregnant women 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.

Prior to the Affordable Care Act, a BadgerCare Plus Core Plan was implemented in 2009 for low-income and childless adults without health insurance. The number of applications submitted exceeded available funding for the capped program, so Department of Health Services suspended enrollment and established a waitlist. In 2010, legislation was enacted into law to implement a self-funded basic plan for those on the Core Plan waiting list, in the hopes that the basic plan would serve as a bridge to gaining coverage through the Federal Marketplace. The 2013-2015 State Budget Bill removed the enrollment cap and added nearly 100,000 childless adults below the Federal Poverty Level to BadgerCare Plus but did so by ending coverage for many parents/caregivers with incomes between 100% and 138% of the Federal Poverty Level. These income limits were implemented in August 2014 and resulted in approximately 63,000 Wisconsinites transitioning from Medicaid to the Federal Marketplace or another form of health insurance coverage.

As of February 2022, there were a total of 1,084,536 [Wisconsinites enrolled in BadgerCare Plus](#) statewide, about a 13% increase over the previous year. Of these, 153,805 were parents/caretakers, 30,075 were pregnant women, and 410,446 were children. Of the 12 states that have not yet expanded Medicaid, Wisconsin is the only one that offers coverage to all adults under the Federal Poverty Level.

Wisconsin Medicaid also supports [Family Planning Only Services](#) through a State Plan Amendment that covers family planning services accessed by low-income, reproductive-aged people of all genders living in Wisconsin. The average monthly enrollment for Family Planning Only Services was around 43,000 in 2021. This is an increase by 6,000 average enrollees compared to the average monthly enrollment of 37,000 in 2020. The 2021-2023 State budget increased Family Planning Only Services funding to \$40,600,000 for the biennium to accommodate the continued need for Family Planning Only Services access among Wisconsin residents. The Family Planning Only Services Medicaid Waiver in Wisconsin provides a much-needed safety net for low-income Wisconsin residents who are not eligible for Medicaid based on income but are still low-income to cover high-quality family planning and reproductive health services.

Enrollment in Wisconsin public assistance programs is facilitated by [ACCESS](#), a set of online tools developed by Wisconsin Department of Health Services for FoodShare, Medicaid, BadgerCare Plus, Family Planning Only Services, and Child Care that allows prospective and current customers to assess eligibility for programs, apply to programs online, check

case benefits, and report case changes.

Wisconsin Medicaid also includes a Prenatal Care Coordination benefit for Medicaid-eligible pregnant women with a high risk for adverse pregnancy outcomes during pregnancy through the first 60 days after delivery. Prenatal Care Coordination services include outreach, initial assessment, care plan development, care coordination and monitoring, and health education and nutrition counseling services (as appropriate). The Title V Program supports regional communities of practice for Prenatal Care Coordination providers and ongoing professional development and training opportunities to improve the quality of services. Strengthening Prenatal Care Coordination services is identified as a strategy to advance State Performance Measures related to African American Infant Mortality and High-Quality Perinatal Care.

Home Visiting Services

Since 2011, the statewide Wisconsin Family Foundations Home Visiting Program has supported pregnant women and families and helps parents of children from birth to age 5 to engage with resources and develop the skills to raise children who are physically, socially, and emotionally healthy and ready to learn. The Maternal, Infant, and Early Childhood Home Visiting grant offered through the federal Maternal Child Health Bureau provides most of the Family Foundations Home Visiting Program's funding. A portion of funding for the Family Foundations Home Visiting Program comes from the Temporary Assistance for Needy Families grant and General-Purpose Revenue from the State of Wisconsin. Additional funding in the 2019-2021 state biennial budget allowed Home Visiting to add two new programs in 2020, serving seven additional counties. The Family Foundations Home Visiting Program is a voluntary, home-based program led by the Wisconsin Department of Children and Families and collaborates closely with the Wisconsin Department of Health Services. The Family Foundations Home Visiting Program is building a strong partner base to enhance supports for medical care, mental health care, early childhood systems, safety, and parenting to foster optimal programming and avoid costly service duplication. The Wisconsin Title V team includes a home visiting nurse consultant who bridges the home visiting programs and the Title V Program to identify opportunities for alignment and collaboration.

Along with federally funded home visiting programs in other states, the Family Foundations Home Visiting Program is working to improve outcomes in six focus areas:

- Improved maternal and child health
- Prevention of child injuries, child abuse, neglect, and maltreatment
- Increased school readiness and achievement
- Reduced domestic violence
- Improved family economic self-sufficiency
- Greater coordination and referrals for other community resources and support

Many planned collaborations between the Family Foundations Home Visiting Program and Title V Program were impacted by the COVID-19 pandemic in 2020, and data collection reflects this. The Family Foundations Home Visiting Program reports data to HRSA annually during the federal fiscal year (October 2020 through September 2021). Home visiting programs began providing services virtually in March 2020, with home visitors adapting to complete screenings and assessments in a virtual environment. The shift to virtual services required technological adaptations for both home visitors and the families they served. Limitations in internet and Wi-Fi capabilities continues to cause gaps in service for some home visiting programs. Due to the sensitive nature of some of the screening tools (i.e. intimate partner violence), there are limitations regarding the ability of a home visitor to accurately assess. In-person visits have since resumed which and will hopefully alleviate some of these virtual barriers.

Regional Centers for Children and Youth with Special Health Care Needs

Wisconsin has five regional centers dedicated to supporting families with children and youth with special health care needs and the providers who serve them. The centers are staffed by specialists who can help get answers, find services, and connect clients to community resources. Their services are free and private. Physicians may refer a child with special health care needs to a regional center using a Consent to Release Medical Information Form. Families with infants who screen positive for blood or hearing disorders or critical congenital heart disease are also given information on how to contact the regional centers and the services that are available.

Women, Infants, and Children (WIC)

The Wisconsin WIC program is co-located with the Title V Program in the Bureau of Community Health Promotion of the Wisconsin Division of Public Health. In addition to providing nutritional education and resources and breastfeeding support, Wisconsin WIC provides childhood lead testing, facilitates access to childhood vaccines, and supports community-based efforts to improve structural supports for breastfeeding.

State Statutes Relevant to Title V Program Authority

The Wisconsin Legislature gives statutory and administrative rule authority to its state and local government to promote and protect the health of Wisconsin citizens. In 1993, [Wisconsin Act 27](#) created statute chapters 250-255 that significantly revised public health law for Wisconsin and created an integrated network for local and tribal health agencies and the State Health Division. In 1998, administrative rules related to public health, [Wis. Admin. Code §§ Department of Health Services 139](#) and [Department of Health Services 140](#), were completed. Wis. Admin. Code § Department of Health Services 139 outlines the qualifications of public health professionals employed by local and tribal health agencies and Wis. Admin. Code § Department of Health Services 140 details the required services necessary for local and tribal health agencies to reach level I, II, or III designations. In 2008, the 10 essential public health services were added to Chapter 250 as a requirement of state and local and tribal health agencies ([Wis. Stat. § 250.03\(1\)\(L\)](#)). These important public health statutes provide the foundation and capacity to promote and protect the health of all mothers and children including CYSHCN in Wisconsin.

[Wis. Stat. ch. 250](#) defines the role of the state health officer, chief medical officers, the public health system, the power and duties of the department, qualifications of public health nursing, public health planning, and grants for dental services.

[Wis. Stat. ch. 251](#) describes the establishment of local boards of health, its members, powers and duties, levels of services provided by local and tribal health agencies, qualifications, and duties of the local health officer, and how city and county health departments are financed.

[Wis. Stat. ch. 253](#) mandates a State maternal and child health program in the Division of Public Health to promote the reproductive health of individuals and the growth, development, health, and safety of infants, children, and adolescents. This chapter addresses: state supplemental food program for women, infants, and children, family planning, pregnancy counseling services, outreach to low-income pregnant women, abortion refused/no liability/no discrimination, voluntary and informed consent for abortions, infant blindness, newly added in 2010 newborn hearing screening, birth defect prevention and surveillance system, tests for congenital disorders, and Sudden Infant Death Syndrome.

[Wis. Stat. ch. 254](#) focuses on environmental health and includes health risk assessments for lead poisoning and lead exposure prevention, screening requirements and recommendations, care for children with lead poisoning/exposure, lead inspections, lead hazard reduction, asbestos testing, abatement, and management, indoor air quality, radiation, and other human health hazards.

[Wis. Stat. ch. 255](#) addresses chronic disease and injuries and outlines cancer reporting requirements, cancer control and prevention grants, breast and cervical cancer screening programs, health screening for low-income women, and the Thomas T. Melvin youth tobacco prevention and education program.

Effective July 3, 2014, the Wisconsin Department of Health Services adopted emergency rule ([EmR1410](#)), adding critical congenital heart disease and organic acidemias as conditions for which newborns must be tested. In 2015, critical congenital heart disease screening was added to the newborn blood screening panel by permanent rule and all conditions must now be listed individually rather than as categories of conditions. [Wis. Stat. § 253.13\(1\)](#), as amended by [2013 Wisconsin Act 135](#), now allows testing for congenital and metabolic disorders using other screening methods, including point-of-care testing.

In 2015, there were 10 Acts signed into law related to the state [Heroin, Opioid Prevention and Education](#) (HOPE) agenda that address Wisconsin's prescription and illicit opioid abuse problem by improving the Prescription Drug Monitoring Program use and reporting, increasing regulation of pain management clinics, requiring detailed reporting from methadone clinics, criminalizing substances or devices that intend to circumvent lawfully administered drug tests, increasing access to opioid treatment facilities, requiring the development of guidelines for best practices in prescribing controlled substances by medical-affiliated boards, and funding Treatment and Diversion programs as alternatives to incarceration.

In 2017, the original Wisconsin Birth Defects Registry legislation and rules were updated. [Wis. Stat. § 253.12](#) originally required parental permission to submit identifiers, such as name and address of child and parents to the Wisconsin Birth Defects Registry. Effective July 1, 2018, all submissions to Wisconsin Birth Defects Registry should include identifying information. However, parents will have the option to opt out of submitting personally identifying information. The revised legislation also simplifies the process of amending the list of Wisconsin Birth Defects Registry reportable conditions (the current list of conditions is available on the last page of the paper reporting form [DPH F-40054](#)).

Legislation: There were 69 bills passed into law during the 2019-2020 legislative session, some of which are directly relevant to the Title V Program:

- [Act 1: Intellectual Disability Language](#) - Deleted any phrase similar to the phrase "mental retardation," or "mentally retarded," from the state's administrative code, replacing these phrases with the term "intellectual disability."
- [Act 24: Vaccines for Children](#) - Pharmacists will now be allowed to administer vaccines to children under age 6 so long as the prescription order is issued within the last 29 days and the pharmacist has successfully completed an approved training course.
- [Act 27: Driver's Education](#) - Technical College and Department of Transportation-licensed private driver schools are now required to offer a commercial motor vehicle driver education course and provide instruction in the recognition and prevention of human trafficking.
- [Act 56: Telehealth Services](#) - The Wisconsin Department of Health Services is now required to treat telehealth services the same as in-person services. This ensures Medicaid can provide reimbursement for remote patient care and monitoring services and ensures Medicaid reimbursement for the same telehealth services that Medicare covers.

III.C. Needs Assessment

FY 2023 Application/FY 2021 Annual Report Update

Wisconsin's ongoing needs assessment activities and the extent to which families, individuals, and other stakeholders were engaged in the process

The Wisconsin Title V Program hired two Community Partnership Specialists in 2021; one specialist dedicated to partnering with Black communities, and one specialist dedicated to partnering with Indigenous communities. These specialists have been working to build trust and rapport among community members for the past year, and the Title V Program will work with them in 2022 to implement various community conversations.

Maternal and child health advisory committee meetings were discontinued in 2021. When asked, committee members identified that participation was important to them because they wanted to receive programmatic updates from Title V regularly. Since this need can be fulfilled in other ways and is not advisory in nature, the Title V Program is working to identify other opportunities to incorporate public input into action plan development and block grant submission.

Noted changes in the health status and needs of Wisconsin's maternal and child health population, as compared to identified priority needs for the block grant

The 2020 MCH Needs Assessment was completed prior to the development of both the COVID-19 pandemic and the resurfacing of racism as a 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. The State Systems Development Initiatives Program plans to implement ongoing needs assessment activities in the coming year to capture shifts in public health concerns in Wisconsin's current landscape, to reconcile any major changes to the 2020 MCH Needs Assessment findings.

Some areas being monitored by the Title V Program currently include social connection, mental health and isolation, breastfeeding initiation, developmental screening and early intervention, and physical activity.

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

Trainings and events continued to be offered in a virtual format throughout 2021. This approach has increased reach to families and professionals with fewer trainings. However, the redirection of local and tribal health agency efforts to respond to the COVID-19 pandemic resulted in lower local capacity for the crucial engagement, coordination, and referral functions that they play for Wisconsin's families. The Title V Program is beginning to see in early 2022 that with the increase of vaccinations and decrease in new COVID-19 cases, local staff can start returning to maternal and child health-focused work. As of April 2022, many local and tribal health agencies have expressed interest and enthusiasm in being able to return to pre-pandemic projects.

The breadth of Wisconsin's Title V partnerships and collaborations with other federal, tribal, state, and local entities that serve the maternal and child health population

The Wisconsin Title V Program spent time in late 2020 intentionally reviewing current, past, and potential partnerships or collaborations with maternal and child health-focused organizations throughout the state. The team agreed that becoming more involved, or "showing up" to many of these organizations moving forward, is vital to the progress of Title V work in the state, as well as the program's commitment to advancing equity and racial justice.

The Title V Program has strong relationships with all local and tribal health agencies in Wisconsin, and funds them to implement projects at the local level to advance Title V performance measures. The Title V Program is also proud of recent partnerships with Wisconsin Medicaid to implement innovative policy initiatives that expand access to doula services and improve prenatal home visiting services. Wisconsin's Title V Program is actively working to strengthen partnerships with the state WIC program and local WIC projects in addition to community-based organizations such as the [African American Breastfeeding Network](#) and [Roots 4 Change](#) community health worker collective.

Wisconsin Title V Program partnerships include national, statewide, local, and tribal affiliations:

National Partnerships

- Coffective
- Association of State Public Health Nutritionists
- National Institute for Children's Health Quality
- National Action Partnership to Promote Safe Sleep Improvement Innovation Network
- United States Breastfeeding Committee
- Collaborative Improvement and Innovation Network to Advance Care for Children with Medical Complexity
- AMCHP Family Engagement Community of Practice
- AMCHP Leadership Lab mentor for Family Leaders
- Advancing Systems of Services for Children and Youth with Special Health Care Needs Café
- Region V Maternal and Child Health Leaders
- Maternal and Child Health National Workforce Development Center
- Go NAPSACC (Nutrition and Physical Activity Self-Assessment for Child Care)
- Council of State and Territorial Epidemiologists
- National Network of Child Psychiatric Consultation Programs
- American Public Health Association MCH Section Leadership
- National Resource Center for Patient/Family-Centered Medical Home

Statewide Partnerships

- Home Visiting, Department of Children and Families
- Wisconsin Child Welfare Professional Development System
- Children's Hospital of Wisconsin
- Department of Health Services Children's Long-Term Support Waiver Program
- Wisconsin Alliance for Women's Health
- Prenatal Care Coordination Taskforce
- Fetal Infant Mortality Review Team
- Family Voices of Wisconsin
- Wisconsin Association for Perinatal Care
- WIC Program
- Office of Children's Mental Health
- Regional Centers for Children and Youth with Special Health Care Needs
- Children's Health Alliance of Wisconsin
- Wisconsin Early Childhood Collaborating Partners
- The Periscope Project
- Wisconsin Breastfeeding Coalition

- Birth to 3 Program
- Wisconsin Department of Justice Office of Crime Victim Services
- Wisconsin Association of Lactation Consultants
- ABC for Health Inc.
- Facebook group for black families of Children and Youth with Special Health Care Needs
- Healthy Early
- Wisconsin Initiative for Stigma Reduction
- Wisconsin Doulas of Color Collective
- Medicaid Services
- Mental Health America
- Children's Committee of the Governor's Council on Mental Health
- Wisconsin Perinatal Quality Collaborative
- Medical College of Wisconsin
- Wisconsin Coalition Against Sexual Assault
- HealthWatch Wisconsin
- Wisconsin Child Abuse and Neglect Prevention Board
- Wisconsin Parent Leadership Collaborative
- Aligning for Adolescent Health
- Wisconsin Care Integration initiative
- Wisconsin Integrated Transition Planning Coalition
- Act Early Wisconsin
- Wisconsin Community on Transition
- Bureau of Children Services Program Access Project
- Children's Long-Term Support Council
- Providers and Teens Communicating for Health (PATCH) Program
- healthTIDE
- YoungStar, Department of Children and Families
- University of Wisconsin-Madison Division of Extension
- Wisconsin Technical College System
- Supporting Families Together
- Lived Experiences Group Input Team
- Division of Medicaid Services Customer First Strategy workgroup

Local Partnerships

- Parent support groups based on child's condition or disability
- Milwaukee Health Department Office of Violence Prevention
- Harambee Village Doulas
- Public Health Madison Dane County
- Wisconsin Child Welfare Professional Development System
- African American Breastfeeding Network
- Foundation for Black Women's Wellness

Tribal Partnerships

- Native Breastfeeding Coalition
- Tribal Health Centers and Community Health Centers

- Great Lakes Inter-Tribal Epidemiology Center

Efforts undertaken by Wisconsin to operationalize its 5-year needs assessment process and findings

The State Systems Development Initiatives Program has developed a plan for ongoing needs assessment activities throughout the 5-year cycle. A core team of Title V Program epidemiologists will work with the State Systems Development Initiatives Coordinator to implement and analyze ongoing needs assessment findings during interim years. The State Systems Development Initiatives Coordinator is immersed in all action planning activities for the Title V Program, ensuring that needs assessment findings and subsequent priority needs are incorporated throughout all planning and coordination of programmatic activities and objectives. This work will continue throughout the entire five-year block grant cycle.

Changes in organizational structure and leadership

The Title V Program hired a new Title V Director and Maternal and Child Health Unit Supervisor, Fiona Weeks, in January 2021. Fiona has a Bachelor's degree in Sociology and Community Health from Tufts University and a Master of Science in Public Health from the Johns Hopkins University, with a focus on perinatal health and a graduate certificate in Maternal and Child Health. She was a recipient of the MCH Training grant and completed a post-graduate Population Health Service Fellowship through the University of Wisconsin. She is also a doctoral candidate in Population Health at the University of Wisconsin. Before moving into this role, she served as the Title V Maternal and Child Health Epidemiologist and Project Director for Wisconsin PRAMS from 2017-2021.

The Wisconsin Department of Health Services' Bureau of Community Health Promotion hired a new Chief Medical Officer, Dr. Jasmine Zapata, in May 2021. Dr. Zapata is a dual-board certified physician in pediatrics and preventive medicine, has a Master of Public Health, and is widely recognized as a community leader and advocate. She has worked as a physician, public health researcher, assistant professor at the University of Wisconsin, and is also an author and advocates for youth empowerment through a variety of initiatives. Dr. Zapata works closely with Title V Leadership.

The Wisconsin Department of Health Services hired a new State Health Officer and Division of Public Health Administrator, Paula Tran, in September 2021. Paula has been a strong public health leader in Wisconsin for more than 10 years and works closely with Title V Program Leadership. She has led and developed community-engaged research projects, statewide health equity efforts and cross-sector alliances, and provided training and technical assistance to affect the social, economic, and environmental determinants of health to advance health equity. Paula has her Master of Public Health degree and Bachelor of Science in Biology from the University of Wisconsin-Madison.

Emerging Issues

The long-term impacts of the COVID-19 pandemic on both maternal and child health populations and the public health workforce are still emerging. While telehealth has made health services and some social supports, like WIC, more accessible to some families, others are still limited by broadband access; moreover, some services, like blood lead screening, cannot be effectively delivered virtually. The Wisconsin Title V program is exploring how to better leverage the new normal of offering virtual services where possible to maximize our reach, while monitoring equity in access to virtual services.

Additionally, the Title V workforce has moved to a hybrid work model, which has also impacted how we work within our teams and how we reach partners and communities. The option to conduct virtual site visits has increased efficiency and decreased the time and travel 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 for better onboarding of new staff and opportunities for team building to foster the success of and collaboration among staff in order to optimize program impact.

Five-Year Needs Assessment Summary
(Next submission 2025)

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

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

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

III.D. Financial Narrative

	2019		2020	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	\$11,402,328	\$10,803,817	\$11,402,328	\$8,518,843
State Funds	\$10,386,240	\$8,433,773	\$11,990,766	\$5,007,277
Local Funds	\$0	\$0	\$0	\$5,742,812
Other Funds	\$0	\$0	\$0	\$0
Program Funds	\$6,045,000	\$2,370,044	\$6,982,159	\$0
SubTotal	\$27,833,568	\$21,607,634	\$30,375,253	\$19,268,932
Other Federal Funds	\$5,601,875	\$3,967,731	\$8,882,767	\$6,572,668
Total	\$33,435,443	\$25,575,365	\$39,258,020	\$25,841,600
	2021		2022	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	\$11,402,328	\$10,092,189	\$11,402,328	
State Funds	\$10,386,240	\$4,721,800	\$5,007,277	
Local Funds	\$0	\$4,025,452	\$5,742,812	
Other Funds	\$0	\$0	\$0	
Program Funds	\$2,370,044	\$0	\$0	
SubTotal	\$24,158,612	\$18,839,441	\$22,152,417	
Other Federal Funds	\$0	\$3,677,713	\$510,020	
Total	\$24,158,612	\$22,517,154	\$22,662,437	

	2023	
	Budgeted	Expended
Federal Allocation	\$11,263,354	
State Funds	\$4,721,800	
Local Funds	\$3,156,457	
Other Funds	\$5,034,473	
Program Funds	\$0	
SubTotal	\$24,176,084	
Other Federal Funds	\$0	
Total	\$24,176,084	

III.D.1. Expenditures

The Wisconsin Department of Health Services has a simple but powerful vision: Everyone Living Their Best Life. 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 building piece of this mission and a critical element in accomplishing this vision. The following expenditure narrative will demonstrate how the awarded funding will be used to achieve this mission.

To continue building a sustainable, statewide network of maternal and child health services, the project must consider three key elements: time, personnel, and resources (i.e., direct service providers). The following expenditure narrative details how the Wisconsin Title V Program will bring personnel and resources together.

Personnel: The 2021 expenditure for salary in total was: **\$957,345**. This is broken down in the following categories across **24.8 total FTE (full-time employees)**: Mothers and Infants: **\$360,502**; Preventive and Primary Care for Children: **\$233,634**; Children and Youth with Special Health Care Needs: **\$363,209**.

In 2021, the Wisconsin Department of Health Services had four units in the Family Health Section in the Bureau of Community Health Promotion in the Division of Public Health: Maternal and Child Health Unit; Children and Youth with Special Health Care Needs Unit; Maternal and Infant Mortality Prevention Unit; Reproductive Health and Family Planning Unit, which also included adolescent health. The units employ a wide variety of professionals including a Medical Director, 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 investment in personnel in 2021 expenditures for personnel was: **\$2,309,455**. Of this total, **\$1,690,762** was salary and **\$618,693** was fringe benefits, 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.**

Travel: The Wisconsin Department of Health Services spent **\$10,940** in 2021 training and travel costs associated with this grant. This consisted of approximately three national conferences or trainings for the Title V Director, Children and Youth with Special Health Care Needs Director, and Violence & Injury, Systems, and Adolescent Health Director, two national conferences or training for other staff including public health nurses, educators, and epidemiologists. Due to travel restrictions in the wake of the COVID-19 pandemic, staff took advantage of more virtual learning opportunities.

Equipment: The Wisconsin Department of Health Services did not expend any Title V-related equipment costs.

Supplies: The amount for **24.8 FTE totaled \$120,190**. 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.

Other: The Wisconsin Department of Health Services expended **\$374,916** in other costs in 2021 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 2020, the Title V contracted services totaled **\$4,808,577**. Of this, **\$1,268,379** went to Mothers and Infants, **\$2,671,203** went to Preventive and Primary Care for Children, and **\$868,995** to children and youth with special health care needs. The 2021 nonfederal (State general-purpose revenue and local match) contracted services amount was **\$6,989,356**. Of this, **\$1,187,985** went to Mothers and Infants, **\$826,335** went to Preventive and Primary Care for Children and **\$1,036,361** to children and youth with special health care needs, and **\$3,938,675** went to all others.

Indirect Charges: The Wisconsin Department of Health Services had an approved indirect rate of 7% of salary (**\$1,772,198**). The 2021 indirect costs expensed to this grant totaled **\$111,478**.

Program Income:

The Wisconsin Title V Program does not collect program income.

III.D.2. Budget

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/or assure quality health services are delivered to mothers, children, and families. Approximately 60% of Title V funds to Wisconsin are 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 is 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 position serves as a liaison between the Title V and Maternal Infant and Early Childhood Home Visiting grants. Alignment between Home Visiting benchmarks and Title V performance measures support individual and systems building activities. Title V is also intentionally aligning with a newly created unit focused on maternal and infant mortality prevention. Staff from this unit serve on Title V performance measure workgroups, consult on strategies and community engagement efforts, and assist with competitive funding process development for Title V funds.

Wisconsin's Title V Program design is framed by [Life Course Theory](#), focusing on systems building strategies and collaboration with community partners because the broader community environment strongly affects the capacity to be healthy. Differential exposures to risk and protective factors among population groups lead to health disparities. With this frame, the Title V Program identified State Performance Measures related to African American infant mortality prevention, social connection, high-quality perinatal care, and representative participation.

Wisconsin's Title V Program takes a multi-faceted approach to effecting change, and addressing national and state performance measures through:

- Leveraging local and tribal health infrastructure to reach community institutions like schools, clinics, and childcare centers
- Working with statewide professional organizations and quality improvement collaboratives to foster best practice and quality improvement in health care settings
- Supporting community-based organizations who are innovating and meeting urgent community needs
- Providing incentives and technical assistance to partners and grantees to advance equity
- Supporting data infrastructure, such as the Pregnancy Risk Assessment Monitoring System and National Survey of Child Health, to monitor population health and track progress
- Connecting community members directly to Title V and partner agency programs through the [Well Badger Resource Center](#)

2021 MCH SUPPLEMENT TO GAC

The MCH contracting process is identified with the understanding that 2021 MCH activities are dependent on local COVID response efforts:

- In GAC, local agencies select 2021 MCH objectives, assign value, and click the notification button.
- Local agencies complete a GAC Supplement for each objective selected and send to their MCH contract monitor via email.
- Contract monitors review the Supplements and notify agencies of approval or recommended edits.
- When GAC Supplements are finalized and approved, both parties enter negotiation notes in GAC and sign off.

Agency: _____

Objective	Strategy or Strategies
<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Support workplaces to become breastfeeding friendly. <input type="checkbox"/> Support childcare sites to become breastfeeding friendly. <input type="checkbox"/> Enhance local community coordination to improve continuity of care by strengthening consistent implementation of prenatal, maternity care, and postpartum practices that support breastfeeding.
<input type="checkbox"/> Developmental Screening	<input type="checkbox"/> Coordinate to promote awareness and education of importance of developmental monitoring and screening with community groups. <input type="checkbox"/> Coordinate and/or provide developmental screening trainings to medical providers. <input type="checkbox"/> Coordinate and/or provide developmental screening trainings to childcare providers. <input type="checkbox"/> Promote education and training of the public health workforce to increase skill and competency in completing an evidenced based developmental screening.
<input type="checkbox"/> Adolescent Suicide and Self-Harm Prevention	<input type="checkbox"/> Coordinate and/or facilitate skills-based, gate keeper, risk behavior recognition, and other evidence-based suicide prevention and mental health promotion trainings with local community coalitions and other partners. <input type="checkbox"/> Collaborate with local schools on the implementation of evidence-based prevention programs or trainings directed to at-risk youth. Local and state-level results from the Youth Risk Behavior Survey can inform program and training development and evaluation. <input type="checkbox"/> Promote Zero Suicide principles and practices with health care providers and health care systems.
<input type="checkbox"/> Health Equity and Community Engagement	<input type="checkbox"/> Implement one practice change to enhance family, youth and community engagement and one additional practice change to advance health equity for the MCH population.
<input type="checkbox"/> Perinatal Depression	<input type="checkbox"/> Implement at least 2 practice changes to improve perinatal depression screening and follow-up services.
Justification for Selecting Objective: Required	
Provide the rationale and baseline data for selecting the new objective and strategy.	

Figure 1: All local and tribal health agencies must fill out the MCH Supplement to GAC and select which initiatives they want to pursue in the upcoming year, in order to receive funds from the Title V Program.

Partnerships with local and tribal agencies

To receive Title V funding, all local and tribal health agencies in Wisconsin are required to complete a Supplement to Grants and Contracts form and select what objectives they will address in the upcoming calendar year (Figure 1). In 2021, all local and tribal health agencies in the state received Title V funds to implement at least one of six objectives aligning with selected performance measures and strategies. Local agencies collaborated with community partners to:

1. Provide infrastructural and leadership support to improve the health of mothers, children, and families during the COVID-19 pandemic.
2. Implement and evaluate strategies to improve breastfeeding initiation and duration rates in workplaces, childcare sites, and community.

3. Implement and evaluate strategies targeting community groups, medical providers, and childcare providers to improve local rates of developmental screening.
4. Decrease rates of adolescent suicides through suicide awareness activities and strategies with community groups, health care providers/health care systems, and local school districts.
5. Implement one practice change to enhance family, youth and community engagement and one additional practice change to advance health equity for the maternal and child health population.
6. Implement at least two practice changes to improve perinatal depression screening and follow-up services.

Traditionally, quarterly virtual Learning Communities are facilitated for each objective to bring participating sites together for collaborative learning, however, this approach was put on hold for many sites in 2020 and 2021 as they became inundated with COVID-19 response activities. Nonetheless, state Title V staff and contracted partners continued to provide technical assistance through one-on-one consultations and webinars. The Title V Program funds partner agencies to provide technical assistance for local efforts. Children's Health Alliance of Wisconsin supports developmental screening and medical home GAC Objectives. Mental Health America of Wisconsin supports agencies implementing suicide prevention activities. The MATCH (Mobilizing Action toward Community Health) Group supports local efforts to advance health equity. Agencies implementing the breastfeeding GAC Objective are supported by Title V Program staff and colleagues in the Chronic Disease Unit and WIC Section of the Wisconsin Department of Health Services. The perinatal depression GAC Objective is primarily supported by Title V Program staff.

Partnerships with state agencies

The Wisconsin Title V program has close working relationships with several state agencies, which facilitates systems and policy change. For example, Title V staff have partnered with the Wisconsin Division of Medicaid Services to enhance the quality of the Prenatal Care Coordination home visiting benefit and to pilot reimbursement of doula services. The Title V Program also funds a partnership with the Wisconsin Department of Public Instruction to conduct the Youth Risk Behavior Surveillance Survey and disseminate its results to inform local public health strategies. Additionally, the Title V Program employs a home visiting nurse consultant who is also part of the Family Foundations Home Visiting core team in the Department of Children and Families. This nurse consultant fosters alignment between Title V Priority Needs and home visiting implementation and provides insight to the Title V team regarding needs of families being served by home visitors.

Partnerships with external agencies

Wisconsin's Title V Program leverages the unique strengths of public health partners in Wisconsin and nationally to effect system change. A new Title V collaboration with Coffective, Wisconsin Perinatal Quality Collaborative, and the Wisconsin Collaborative for Healthcare Quality is working to reach medical providers and promote evidence-based practices for outcomes such as breastfeeding, preventing maternal mortality, and increasing preventive visits for adolescents and women of reproductive age. The Title V Program also partnered with the Children's Health Alliance of Wisconsin and the Wisconsin Women's Health Foundation in 2021 –both of which have regular contact with Wisconsin families – to disseminate consistent, evidence-based public health messaging. Mental Health America is another Title V partner, providing training and technical assistance on suicide prevention to local and tribal health agencies and schools. The Title V Program relies on external partners to reach target audiences and deliver high-quality and evidence-based information and programming.

Innovation and promising practices

Several innovative and evidence-informed programs are also supported to advance Title V performance measures. The Periscope Project is a free resource for health care providers caring for pregnant and postpartum women struggling with mental health or substance abuse disorders. Title V is currently supporting a collaboration with Wisconsin Medicaid and community-based doula providers to pilot a Medicaid reimbursement model for doula services within the Prenatal Care Coordination benefit. Providers and Teens Communicating for Health (PATCH) is a youth-driven program that works to ensure adolescent well visits are high-quality and youth-friendly. Wisconsin is looking to fund additional innovative and promising practices in the coming years while supporting robust evaluation to measure the effectiveness of these practices.

Support systems for children and youth with special health care needs

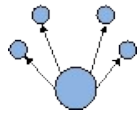
The Title V Program currently funds five regional centers to provide information, referral, and follow-up services for families and providers of children with special health care needs, including with outreach, education, and training. In addition to these regional centers, the [Well Badger Resource Center](#) provides a phone line and website for parents and providers. [Family Voices of Wisconsin](#) supports family leadership, advocacy, public policy, family education, and training. [Parent-to-Parent of Wisconsin](#) provides individual parent matching support. The [Wisconsin Medical Home Initiative](#) promotes medical home implementation for providers and families. [ABC for Health, Inc.](#) provides health benefits assistance in partnership with the regional centers and supports health benefits advocacy for children with special health care needs. The [Youth Health Transition Initiative](#) provides outreach, education, web-based training, a Learning Community, and grants to support youth health transition quality improvement at the practice/health system level. The [Genetics Systems Integration Hub](#) integrates genetics with public health systems to support individuals with genetic conditions. These groups form the *Children and Youth with Special Health Care Needs Network* and work together to advance systems of care for children with special health care needs – including NPM 11 and NPM 12 – by implementing strategies at the individual, family, community, health practice, system, and state levels. The implementation structure for the *Children and Youth with Special Health Care Needs Network* is driven by the [Spectrum of Prevention](#).

Implementing equity in programming

In addition to targeted interventions and improving conditions that shape health, sharing power and leadership with communities is key to achieving equity. The Wisconsin Title V Program supports the integration of representative participation of family, youth and community members into planning and decision-making across all programs and grantees. The [Community Engagement Assessment Tool](#) was created and piloted by the Wisconsin Title V program and is currently being utilized to guide practice changes to enhance family, youth and community engagement (Table 1).

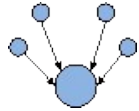
In 2021, most of the members of the Children and Youth with Special Health Care Needs Network completed this assessment and implemented at least one practice or policy change to foster family, youth, and community engagement in their programs. Local and Tribal Health Departments who opted to work on the Health Equity objective also utilized this tool in 2021. This tool will be introduced to all grantees in phases, and the Title V Program will provide technical assistance for creating and implementing an action plan to advance the agencies' level of engagement with the communities they serve.

Table 1: The Overall Categories of Engagement section of the Community Engagement Assessment Tool asks partners to select which category best describes the majority of the work their program is doing related to family, youth and community engagement.



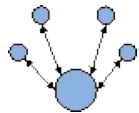
Inform &/or Educate

Family, youth and communities are recipients of information or education. They are informed about the program and activities. There is no other participation from families, youth or communities.



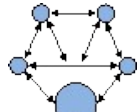
Gather

Family, youth and community members are informers. Their input is solicited through opportunities to provide feedback. Input may not always be incorporated. Typically input is provided through surveys.



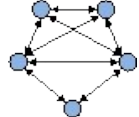
Discuss

Family, youth and communities and program staff discuss issues. The program offers opportunities for family, youth, and community input. This input is included in the program's activities. Typically input is provided through discussions that allow for give and take as well as clarification.



Involve

Family, youth and communities are advisors to a program. They are provided program challenges to problem-solve.



Partner

Family, youth and communities are full partners with programs. They are fully engaged from the start of decisions around policy, programming, implementation, etc.

Quality improvement efforts

Quality improvement has been embedded into the purpose and design of Wisconsin's Title V Program. In addition to quality improvement strategies that enhance engagement, multiple projects are being implemented and supported by the Title V Program. Wisconsin's [Perinatal Quality Collaborative](#) is led by the [Wisconsin Association for Perinatal Care](#). Initiatives address human milk feeding, maternal hypertension, and care for women and infants affected by opioids. The [Wisconsin Collaborative for Healthcare Quality](#) convenes an adolescent and child health steering team, a group of Wisconsin health care systems focused on increasing the number of adolescents receiving annual well visits and the number of young children receiving developmental screening. The Title V Program provides quality improvement grants to clinical practice sites and tribal health agencies to enhance shared care planning for children and youth with special health care needs. In addition, Wisconsin participates in [Collaborative Improvement and Innovation Network initiatives](#) with national partners related to infant mortality prevention and social determinants of health; children's healthy weight; children with medical complexity; and adolescent and young adult behavioral health.

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/or assure quality health services are delivered to mothers, children, and families. Approximately 60% of Title V funds to Wisconsin are 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 is 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 position serves as a liaison between the Title V and Maternal Infant and Early Childhood Home Visiting grants. Alignment between Home Visiting benchmarks and Title V performance measures support individual and systems building activities. Title V is also intentionally aligning with a newly created unit focused on maternal and infant mortality prevention. Staff from this unit serve on Title V performance measure workgroups, consult on strategies and community engagement efforts, and assist with competitive funding process development for Title V funds.

Wisconsin's Title V Program design is framed by [Life Course Theory](#), focusing on systems building strategies and collaboration with community partners because the broader community environment strongly affects the capacity to be healthy. Differential exposures to risk and protective factors among population groups lead to health disparities. With this frame, the Title V Program identified State Performance Measures related to African American infant mortality prevention, social connection, high-quality perinatal care, and representative participation.

Wisconsin's Title V Program takes a multi-faceted approach to effecting change, and addressing national and state performance measures through:

- Leveraging local and tribal health infrastructure to reach community institutions like schools, clinics, and childcare centers
- Working with statewide professional organizations and quality improvement collaboratives to foster best practice and quality improvement in health care settings
- Supporting community-based organizations who are innovating and meeting urgent community needs
- Providing incentives and technical assistance to partners and grantees to advance equity
- Supporting data infrastructure, such as the Pregnancy Risk Assessment Monitoring System and National Survey of Child Health, to monitor population health and track progress
- Connecting community members directly to Title V and partner agency programs through the [Well Badger Resource Center](#)

2021 MCH SUPPLEMENT TO GAC

The MCH contracting process is identified with the understanding that 2021 MCH activities are dependent on local COVID response efforts:

- In GAC, local agencies select 2021 MCH objectives, assign value, and click the notification button.
- Local agencies complete a GAC Supplement for each objective selected and send to their MCH contract monitor via email.
- Contract monitors review the Supplements and notify agencies of approval or recommended edits.
- When GAC Supplements are finalized and approved, both parties enter negotiation notes in GAC and sign off.

Agency: _____

Objective	Strategy or Strategies
<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Support workplaces to become breastfeeding friendly. <input type="checkbox"/> Support childcare sites to become breastfeeding friendly. <input type="checkbox"/> Enhance local community coordination to improve continuity of care by strengthening consistent implementation of prenatal, maternity care, and postpartum practices that support breastfeeding.
<input type="checkbox"/> Developmental Screening	<input type="checkbox"/> Coordinate to promote awareness and education of importance of developmental monitoring and screening with community groups. <input type="checkbox"/> Coordinate and/or provide developmental screening trainings to medical providers. <input type="checkbox"/> Coordinate and/or provide developmental screening trainings to childcare providers. <input type="checkbox"/> Promote education and training of the public health workforce to increase skill and competency in completing an evidenced based developmental screening.
<input type="checkbox"/> Adolescent Suicide and Self-Harm Prevention	<input type="checkbox"/> Coordinate and/or facilitate skills-based, gate keeper, risk behavior recognition, and other evidence-based suicide prevention and mental health promotion trainings with local community coalitions and other partners. <input type="checkbox"/> Collaborate with local schools on the implementation of evidence-based prevention programs or trainings directed to at-risk youth. Local and state-level results from the Youth Risk Behavior Survey can inform program and training development and evaluation. <input type="checkbox"/> Promote Zero Suicide principles and practices with health care providers and health care systems.
<input type="checkbox"/> Health Equity and Community Engagement	<input type="checkbox"/> Implement one practice change to enhance family, youth and community engagement and one additional practice change to advance health equity for the MCH population.
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Figure 1: All local and tribal health agencies must fill out the MCH Supplement to GAC and select which initiatives they want to pursue in the upcoming year, in order to receive funds from the Title V Program.

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Traditionally, quarterly virtual Learning Communities are facilitated for each objective to bring participating sites together for collaborative learning, however, this approach was put on hold for many sites in 2020 and 2021 as they became inundated with COVID-19 response activities. Nonetheless, state Title V staff and contracted partners continued to provide technical assistance through one-on-one consultations and webinars. The Title V Program funds partner agencies to provide technical assistance for local efforts. Children's Health Alliance of Wisconsin supports developmental screening and medical home GAC Objectives. Mental Health America of Wisconsin supports agencies implementing suicide prevention activities. The MATCH (Mobilizing Action toward Community Health) Group supports local efforts to advance health equity. Agencies implementing the breastfeeding GAC Objective are supported by Title V Program staff and colleagues in the Chronic Disease Unit and WIC Section of the Wisconsin Department of Health Services. The perinatal depression GAC Objective is primarily supported by Title V Program staff.

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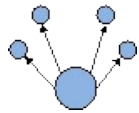
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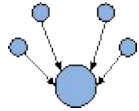
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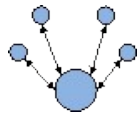
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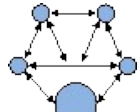
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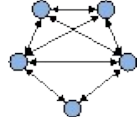
Discuss

Family, youth and communities and program staff discuss issues. The program offers opportunities for family, youth, and community input. This input is included in the program's activities. Typically input is provided through discussions that allow for give and take as well as clarification.



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Quality improvement efforts

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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 defines 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 multi-disciplinary 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 [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, the Wisconsin Department of Health Services Office of the Secretary indicated that the Department of Health Services "be a high performing organization and a destination workplace" as one of the department's three primary focus areas in their strategic plan:

- Advancing health equity
- **Advancing public health workforce development**
- Responding to COVID-19

The Office of the Secretary directed that focus be placed on how the Wisconsin Department of Health Services makes "our people, our environments, and our systems, be the best we can be", and established the Employee Engagement Initiative. Addressing this new initiative to maintain, engage, and retain a competent public health workforce, the Wisconsin Division of Public Health rebooted the Public Health Accreditation Board required Workforce Development Plan, with a guidance team and 5 subgroups. The plan incorporates standards and nationally recognized indicators, gap analyses, training courses and materials, individually designed development plans, and overall employee engagement strategies.

The Title V Program is represented on the following subgroups or guidance teams within the Wisconsin Department of Health Services:

1. [Public Health Competency](#) - Establish a baseline of evidence-based training aligned with core competencies (including Public Health Accreditation Board competencies) for staff and local/tribal health departments.
2. [Survey Support](#) - Conduct regular surveys and analysis to measure and report on employee engagement and satisfaction.

3. Supportive Work Environment - Identify and implement ways to promote and ensure a diverse, supportive work environment through initiatives such as Resilience, Opportunities, and Results; the Health Equity Advisory Team; and quality improvement work.
4. Workforce Development Plan Updates - Manage and maintain the Workforce Development plan (January 2021 through December 2022) update, ensure alignment with Public Health Accreditation Board requirements, and conduct annual review.
5. Employee Hiring and Retention - Identify and develop recruitment and retention strategies that address workforce diversity and capacity and improve the public health system.

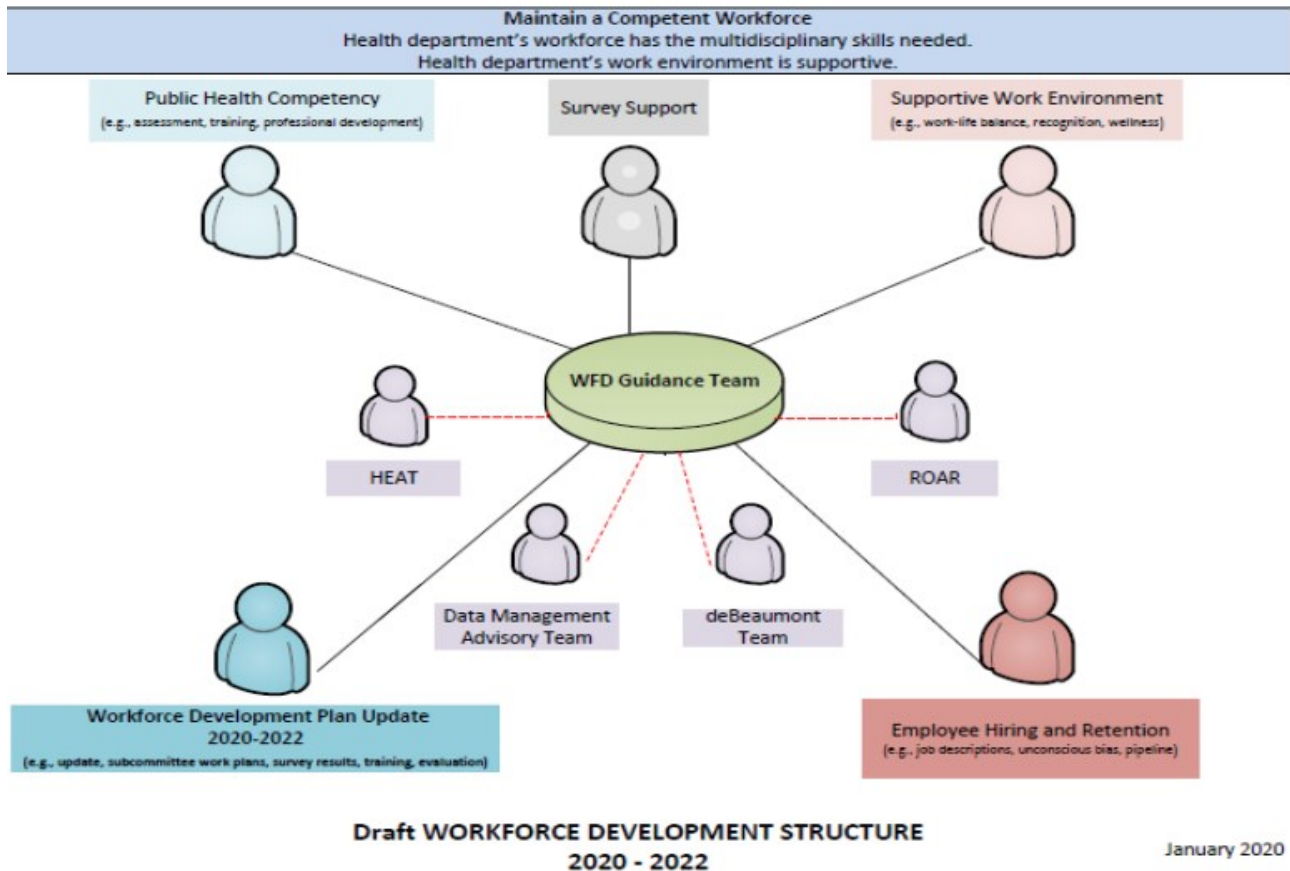


Figure 1: Figure 1: Workforce Development Structure; HEAT: Health Equity Advisory Team; ROAR: Resilience, Opportunities And Results

The Wisconsin Division of Public Health seeks to promote health equity, and one approach to this work has been the establishment of the Division of Public Health's Health Equity Advisory Team (HEAT). The Family Health Section's health equity coordinator serves on this team and bridges equity initiatives at the Division, Bureau, Section, and program levels. In 2019, HEAT released key findings from the health equity survey and focus groups, and subsequently released a recommendations report for state staff use titled *HEAT Recommendations for Advancing Health Equity at DPH*. This framework continues into 2021 for improving health equity and the development of a culture of inclusivity includes:

1. Lead with equity and prioritize it throughout the work of the Division
2. Cultivate the culture necessary to do health equity work

3. Create the infrastructure to build and sustain capacity for equity work
4. Prioritize relationships and partnerships to advance equity
5. Strengthen the information available and processes for sharing and accessing information
6. Identify opportunities for immediate action and begin implementation of these equity-oriented strategies

In support of this framework, the Family Health Section has pursued the hiring of additional persons with lived experience from the community. One great example is the new Chief Medical Officer of the Bureau of Community Health Promotion, who is a key leader for Wisconsin Title V activities. Dr. Zapata is a Black woman from Milwaukee who is recognized both nationally and locally as an outspoken community leader and advocate. She also serves on the Governor's specially convened Health Equity Council. The Family Health Section also hired two Community Partnership Specialists in 2021 to support outreach and prevention strategies in communities most impacted by maternal and infant mortality. One Community Partnership Specialist focuses on Black communities and the other focuses on Native/Indigenous communities.

With a typically younger, new-to-state-government workforce, opportunities and challenges are being addressed at the Division level. This includes Workforce Development Workgroups and the Bureau of Community Health Promotion's Health Equity Workgroup, with rollout of the Bureau's Strategic Framework for 2021-2022. This framework collectively addresses both short-term and long-term goals that look to advance health equity in Wisconsin to better align efforts, resources and achieve important milestones. This work supports using the Division of Public Health HEAT Recommendations as the overall framework for improving health equity and the development of a culture of inclusivity. The Bureau of Community Health Promotion Health Equity Workgroup has developed strategies, metrics and measures to leverage results-based accountability for health equity.

A pilot initiative that was developed and implemented is the Bureau-wide Equity Book Study. The Book Study initiative requires reading a historical autobiographical book of significance about a disparate population and is led by an outside facilitator. In a collective environment, participants are engaged in reflective discussion about who they are and the book. Participants commit 1.5 hours per week (including being able to use worktime to read the book) over a 4.5-week period. The first Book Study group read "Up from Slavery" by Booker T. Washington" and reflected on the African American experience. An evaluation of the first Book Study will inform the format and structure for future book studies.

Family Health Section Workforce

Policies and Plan

The Title V Program hosts a biennial maternal and child health Summit that supports training for contracted agencies. In 2021, the Summit planning team continued to meet regularly to plan for the 2021 Summit. In 2021, the Summit was offered virtually through a series of four webinars to allow local health departments and tribal agencies the flexibility to join either live or view a recording. This flexibility maximized participation, as the maternal and child health workforce continues to prioritize pandemic relief efforts. In recognition of the increased stress local public health and tribal agency staff had been experiencing, the Title V Program offered optional self-care pre-sessions for the summit webinars covering topics such as guided visualization, meditation, gratitude journaling and post-traumatic growth journaling. The theme of the Summit was "Health in All Policies". The first session was on March 30th with presenters sharing their expertise on Health in All Policies, including speakers from the Menominee Nation that developed a culture of health throughout the tribal community. The second Summit session held on June 23rd focused on historical trauma in the Indigenous and African American populations. Session 3 was held on August 11th and focused on the children and youth with special health care needs population with

two panels of presenters. Session 4 was held on October 6th. Jimmy Dills returned to share more about Health in All Policies and walk participants through interactive exercises, providing concrete next steps to bring back to their work. Additional information on the Summit presenters and content can be found in the Cross-Cutting Narrative Domain section.

Inform and Educate

To address the competency area of Cultural Competency within Title V's children and youth with special health care needs-focused work, the Title V Program partnered with Wisconsin Family Voices, beginning in 2021, to develop the Children and Youth with Special Health Care Needs Family Equity and Cultural Workgroup. This group meets bi-monthly. The group's goal is to: support, increase and apply children and youth with special health care needs Network knowledge around health equity and anti-racism issues.

Workforce, and Inform and Educate

The Title V Program hosted several students, interns, and fellows during 2021, including two students through the Title V Maternal and Child Health Summer Internship Program, a University of Wisconsin Population Health Service Fellow, and two Applied Epidemiology Fellow from the Council of State and Territorial Epidemiologists. The program hosted additional MPH (Master's in Public Health) and dietetics students from local universities to work on projects related to COVID-19, breastfeeding, physical activity and nutrition, and maternal and infant mortality prevention.

Access to Care

Due to the workforce shortage of child/adolescent and perinatal psychiatrists, the Family Health Section continues to support the Child Psychiatric Consultation Program and the Periscope project (perinatal psychiatric consultation program). The Family Health Section contracts with the Medical College of Wisconsin to increase capacity of providers to support behavioral health needs of children and families by providing specialized consultation, referral and education, and training. The Well Badger Resource Center assists in providing mental health navigation referral services, and now includes a child behavioral health navigator to help families identify local mental health resources.

Workforce, and Access to Care

The Wisconsin Sound Beginning Program's "Just-in-time" educational packets to physicians was suspended due to COVID-19, however, the program continues to provide electronic information to the county Birth to 3 providers when an infant who is deaf/hard of hearing is referred to their program.

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

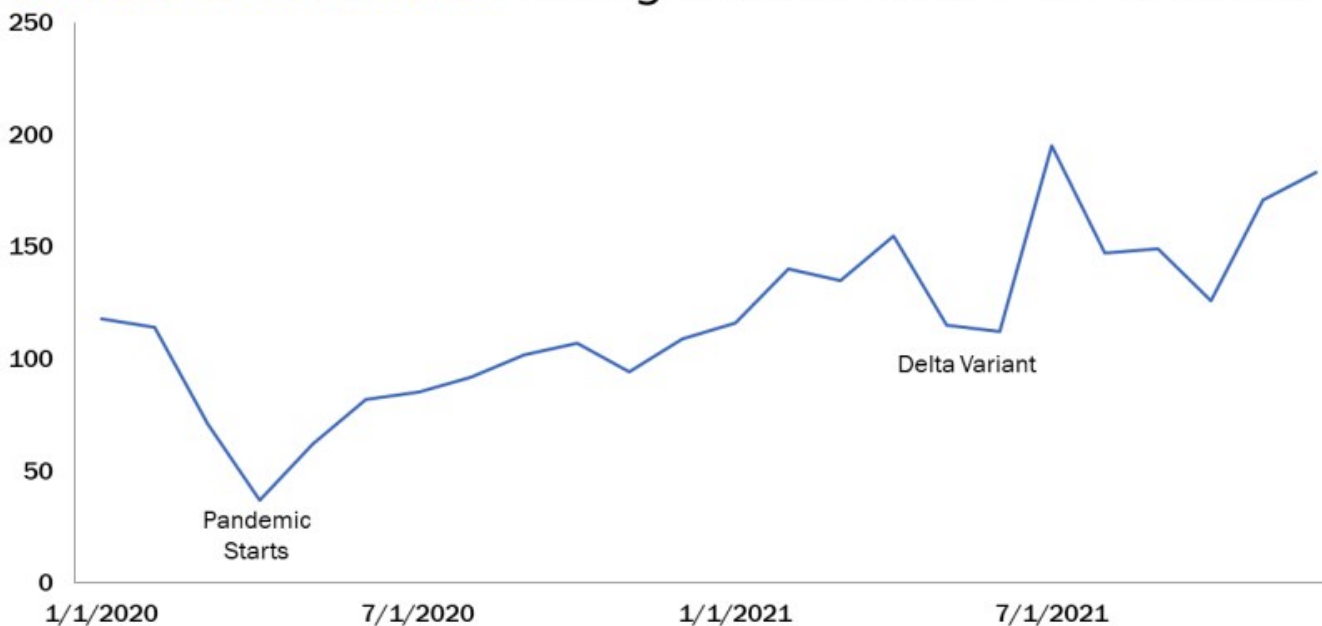
The Title V Program created and adopted a framework for family engagement and leadership that incorporates family, peer support, agency decision-making, and systems change.

Family

Families are supported in their role as experts on, and advocates for their children. Families participate in the development of goals and service plans, as well as programmatic decisions that affect their child or family.

The Children and Youth with Special Health Care Needs Network continued to focus its improvement efforts on family engagement during 2021 despite COVID-19 creating barriers to family engagement. Although COVID-19 influenced the Children and Youth with Special Health Care Needs Network's reach to families, they were able to bounce back and find creative approaches to their work.

Regional Centers were able to consistently increase their **contact with families** throughout the COVID-19 Pandemic.



Peer Support

Families have opportunities to connect with and support other families in their communities, and more broadly.

The Title V Program is fortunate to work with a highly successful youth peer support program to improve adolescent health. [Providers and Teens Communicating for Health \(PATCH\)](#) is a program of the Wisconsin Alliance for Women's Health and is identified as a cutting-edge practice in the [Association of Maternal and Child Health Program's MCH Innovation Hub](#). The PATCH Program strives to improve communication and relationships between adolescents and their health care providers. Teen Educators are trained and empowered to facilitate PATCH workshops for teens and health care providers and advocate for youth-friendly health care services.

PATCH for Teens is the peer-to-peer component of the PATCH Program. Workshops are provided by the Teen Educators for their peers. A toolkit was developed with and for youth to support their experiences with health care. Sessions focus on preventive care, health care rights for adolescents, healthy relationships with health care providers, myths about mandated reporting, and the responsibility of managing their own health care.

Agency Decision-making

Family partnerships with other families, providers and policy makers, in the areas of policy, program development and evaluation, professional education, and the delivery of supports and services increase the likelihood that systems of support and services are helpful, effective, and responsive to families.

This work aligns with broader efforts within the Bureau of Community Health Promotion to address the Division of Public Health's Health Equity Advisory Team recommendation to **prioritize relationships and partnerships to advance equity**. Title V Program staff actively participate in a Bureau-wide Health Equity workgroup which aims to revise organization-wide policies and practices to engage diverse communities in decision making processes. Title V Program staff specifically work to advance the following strategies:

1. Regularly assess demographic make-up of Division of Public Health staffed or managed board/council/committee composition, both internally and externally
2. Develop formal policies promoting diversity, inclusion and equity for internal and external board/council/committees and leverage policy when gaps are identified
3. Identify barriers that may limit participation from some communities and develop strategies to overcome them (consider time, location, accommodations, childcare, etc.)

In 2021, the workgroup drafted a demographic assessment for committees, boards, workgroups, and Councils as well as a document outlining guidelines for working with internal and external committees. To overcome barriers to participation, the group plans to identify a consistent approach within the Bureau of Community Health Promotion for reimbursing community representatives for their time and expertise.

Additionally, maternal and child health-focused staff are committed to actively participating in other community-based meetings to support engagement and collect input. Community conversations utilized during the 2020 MCH Needs Assessment will continue on an ongoing basis in close collaboration with the Family Health Section's two Community Partnership Specialists.

Systems Change

Family perspectives contribute to the quality of systems of supports and services. This is essential for effective policies and practices at all levels of care and systems planning, including access, integration, accountability, and equity.

The Title V Program's commitment to systems change to enhance family partnerships is evident with the identification of the SPM related to Representative Participation. A key strategy within this measure focuses on improving family, youth and community engagement with partners and programs across the maternal and child health population domains. The Title V team works to integrate this work into all performance measure action plans, especially through the utilization of the [Community Engagement Assessment Tool – an emerging practice](#) according to the Association of Maternal and Child Health Program's Maternal and Child Health Innovation Hub – to guide action planning and practice change. See the SPM 04 (Representative Participation) Application narrative for additional information.

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

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

Wisconsin Title V Programmatic work is supported by epidemiologists working in the Family Health Section as well as other staff trained in epidemiology who have non-epidemiologist job responsibilities (including the Bureau of Community Health Promotion Director, Family Health Section Manager, Title V Director, and State System Development Initiatives Coordinator). Five advanced, full-time epidemiologists and one senior epidemiologist employed by the CDC support each of Wisconsin's Title V performance measures including managing and analyzing maternal and child health data. The State System Development Initiatives Coordinator ensures this work is done in an organized and coordinated way, avoiding duplicative efforts while enhancing work across the Family Health Section.

The Maternal Mortality Review Epidemiologist, Emily Morian-Lozano, MPH, MSW, primarily supports SPM 01 and SPM 02. She previously served as the Reproductive Health Family Planning Epidemiologist and completed maternal and child health epidemiology training through the Council of State and Territorial Epidemiologists Applied Epidemiology Fellowship and the Graduate Student Epidemiology Program. She is funded by the [Enhancing Review and Surveillance to Eliminate Maternal Mortality \(ERASE MM\) grant](#) through the CDC.

The Children and Youth with Special Health Care Needs Unit's Epidemiologist, Melissa Olson, MS, primarily supports data needs related to NPM 11 and NPM 12, and works closely with the SPM 01 strategy to support African American women who have experienced infant loss. Melissa has over 10 years of experience working as an Epidemiologist at the Department of Health Services and completed post graduate training through the University of Wisconsin Population Health Service Fellowship Program. She is funded by the Title V Block Grant and serves as the primary mentor for a Council of State and Territorial Epidemiologists Applied Epidemiology Fellow working on birth defects and neonatal abstinence syndrome.

The Reproductive Health Family Planning Unit's Epidemiologist, Alexa DeBoth, MPA, MPH, primarily supports data needs related to NPM 01. Alexa previously worked at the University of Wisconsin Prevention Research Center and Department of Obstetrics and Gynecology. Her work at DHS focuses on using data to support reproductive health and family planning programs, and she is funded by Title X.

The Senior Maternal and Child Health Epidemiologist, Angela Rohan, PhD, has been the CDC assignee to Wisconsin for maternal and child health epidemiology since 2010, and prior to that she completed the Council of State and Territorial Epidemiologists Applied Epidemiology Fellowship. She primarily supports data needs related to NPM 07.2 and SPM 04 and also coordinates monthly collaboration meetings for all epidemiologists within the Family Health Section. Additionally, Dr. Rohan coordinates recruitment and project development for students and fellows to work on analytic projects that support the Title V program. She also serves as the primary mentor for a Council of State and Territorial Epidemiologists Applied Epidemiology Fellow working on projects related to perinatal health and as secondary mentor to the fellow working on birth defects and neonatal abstinence syndrome.

The Maternal and Child Health Unit's Epidemiologist, Mireille Perzan, MPH, (who is also the Wisconsin Pregnancy Risk Assessment Monitoring System Project Director) primarily supports data needs related to NPM 04 and NPM 06, in addition to supporting data entry into the Electronic Hand Book's Title V Information System. Mireille is funded by the Title V Block Grant and previously completed the University of Wisconsin Population Health Service Fellowship.

The Family Health Section Epidemiologist and Evaluator, Stephanie West, PhD, primarily supported data needs related to NPM 08.1 and SPM 03 in 2021. She left her position in early 2022, and the role is being repurposed to be a Title V-specific evaluator and epidemiologist who will support the implementation of a consistent evaluation framework and support infrastructure for tracking evidence-based strategy measures across all performance measures.

In the Summer of 2021, Wisconsin also hosted an intern through the Graduate Student Epidemiology Program, Anna Barcellos, who created a social determinants of health dashboard that has been incorporated into case reviews for the

Wisconsin Maternal Mortality Review Team.

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

The State System 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 System Development Initiative has contributed to Title V Program progress in gaining access to multiple data sources for needs assessment and surveillance purposes, new data linkages, and a new data system to collect real-time data about the implementation of program strategies (REDCap). 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, and Behavioral Risk Factor Surveillance System data.

In 2021, the State System Development Initiatives Coordinator ensured that key activities for the Title V Block Grant application/annual report were carried out. The State System Development Initiatives Coordinator wrote multiple narratives within the block grant, communicated internal deadlines to staff, and entered and submitted block grant narratives and forms into the Title V Information System. To better prepare for the next block grant application/annual report, the State System Development Initiatives Coordinator oversees and tracks the State Action Plan and its strategies. The State System Development Initiatives Coordinator convenes monthly check-ins to review progress, roadblocks, and opportunities for quality improvement for all strategies, which allows program coordinators to assess current activities on an ongoing basis while providing justification for changes when the next State Action Plan is being formed. She also works to strengthen how Wisconsin measures the effort and effects of the implemented strategies. Wisconsin will continue to support these activities through the State System Development Initiative award.

Throughout 2021, the State System Development Initiatives Coordinator participated in the planning and coordination of the 2022 State Action Plan strategies, ensuring this work will reflect the results of the 2020 MCH Needs Assessment. Much of the State System Development Initiative time and effort in the coming year will focus on promoting a mid-cycle needs assessment survey for organizations and community members and utilizing implementation science to support Title V Program staff to develop clear and intentional work plans and data plans for each strategy on the State Action Plan.

The State Systems Development Initiative will ensure results of the 2020 MCH Needs Assessment and any mid-cycle data or input continue to inform the planning and coordination of 2023 State Action Plan Strategies.

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

Wisconsin Title V Programmatic work is supported by epidemiologists working in the Family Health Section as well as other staff trained in epidemiology who have non-epidemiologist job responsibilities (including the Bureau of Community Health Promotion Director, Family Health Section Manager, Title V Director, and State System Development Initiatives Coordinator). Five advanced, full-time epidemiologists and one senior epidemiologist employed by the CDC support each of Wisconsin's Title V performance measures including managing and analyzing maternal and child health data. The State System Development Initiatives Coordinator ensures this work is done in an organized and coordinated way, avoiding duplicative efforts while enhancing work across the Family Health Section.

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In the Summer of 2021, Wisconsin also hosted an intern through the Graduate Student Epidemiology Program, Anna Barcellos, who created a social determinants of health dashboard that has been incorporated into case reviews for the Wisconsin Maternal Mortality Review Team.

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

The Wisconsin Title V program has played an important role in 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 by providing health educators, nurses, and epidemiologists to support the testing and resource hotlines. The Title V Director 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 representing maternal and child health perspectives at Incident Command Structure meetings, providing contact lists for key Title V Program partners and professional organizations, reviewing 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, and quality assurance for personal protective equipment, vaccine distribution and logistics. In 2021, Family Health Section epidemiologists worked with a Master of Public Health student at the University of Wisconsin School of Medicine and Public Health to develop a dashboard to document the impact of COVID-19 on maternal and child health populations. The Maternal Mortality Review team worked with eight other states to develop best practices for identifying SARS-CoV-2 history for all pregnancy-associated deaths and for the review of pregnancy-associated deaths during the COVID pandemic. In late 2021 the Maternal Mortality Review program identified an increase in COVID-19 deaths in unvaccinated pregnant or recently pregnant people in Wisconsin. The Wisconsin Department of Health Services issued a [health alert](#) asking Wisconsin providers to intensify their COVID-19 vaccine education and promotion efforts for people who are pregnant, recently pregnant, trying to get pregnant, or might become pregnant in the near future. A Council of State and Territorial Epidemiologists Applied Epidemiology Fellow is working with the Senior Maternal and Child Health Epidemiologist/CDC Assignee to examine COVID-19 infections during pregnancy in Wisconsin using a data linkage of COVID-19 case data from the Wisconsin Electronic Disease Surveillance System with birth and fetal death records.

Starting in late 2020 through mid-2021, 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, communications, preparedness, WIC, epidemiology, and home visiting.

The Wisconsin Emergency Preparedness and Response Action Learning Collaborative team made great strides in strengthening relationships across Emergency Preparedness and MCH, resulting in stronger contacts to reach out to across program areas with questions or suggestions. A lunch-and-learn session on emergency preparedness was held for all staff in the Bureau of Community Health Promotion – which includes the Family Health Section, Chronic Disease and Cancer Prevention Section, WIC and Nutrition Section, and Tobacco Prevention and Control Program – in October of 2021. Additionally, staff in the Office of Preparedness and Emergency Health Care have a better understanding of the unique needs and challenges for maternal and infant populations in an emergency.

The Wisconsin Emergency Preparedness and Response Action Learning Collaborative team also 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 list of key partners and their contact information. Wisconsin applied for to the Title V internship program to assist with the development of the toolkit and continuation of the work of the Wisconsin Emergency Preparedness and Response Action Learning Collaborative team, and a team of two graduate students have been matched with this project for the Summer of 2022.

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

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

The Wisconsin Title V program supports health care quality collaboratives with both financial and leadership 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.

Title V staff participate in the Wisconsin Collaborative for Healthcare Quality, a member-driven organization comprised of health systems, medical practices, and dental practices. The Wisconsin Collaborative for Healthcare Quality compiles data from its members to benchmark performance, set improvement goals and monitor progress toward quality improvement on specific topics. The Collaborative has been working on improving practice and data on developmental screening and preventive visits for adolescents, in alignment with Title V performance measures.

Wisconsin began partnering with the national organization Coffective to 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.

The Title V Program has a close collaboration with the Maternal, Infant, and Early Childhood Home Visiting grant-funded Family Foundations Home Visiting programs around the state. A home visiting nurse consultant liaises between Title V and Home Visiting, providing expert consultation to the Title V Program. 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.

The Title V Program invests in strong health systems through partnerships with several non-profit agencies, such as the Wisconsin Alliance for Women's Health, which runs the Providers And Teens Connecting for Health (PATCH) program, training and empowering youth to be health educators and advocates. Local health departments 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.

The Wisconsin Title V Program supports the state's Newborn Screening Program and Birth Defects Surveillance and Prevention Program, which leverage state revenue and federal funds to assure that all newborns have access to appropriate and timely screening (blood, heart, and hearing) and referral to services.

Wisconsin's Title V Program is leveraging state and federal funds through a partnership with Wisconsin Medicaid to pilot the integration of doula services into the Medicaid Prenatal Care Coordination benefit. This innovative service structure would increase access to doula services for low-income women in Wisconsin.

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

Health Care Delivery Coordination

Wisconsin's Title V Program and the Division of Medicaid Services convene quarterly and have cultivated a strong working relationship. 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.

Memorandum of Understanding

The Title V Program and Medicaid have an established Memorandum of Understanding that allows for the analysis and exchange of data and data sets, information products, and technical assistance. This memorandum was updated in June of 2022.

Medicaid

Wisconsin's Medicaid program provides health care coverage to over one million residents through access to [28 different programs](#) including pregnant people, children, and 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.

Medicaid Waivers that Influence Care for the maternal and child/special health care needs 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).

Medicaid 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.

[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.

Coordinated Health Care Delivery Access Programs

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.

Through Title V Program contracts, ABC for Health helps address access to insurance coverage for maternal and child health and children and youth with special health care needs, and provides a [video series on Health Reform and changes to BadgerCare Plus](#).

Family Voices of Wisconsin 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.

The [WellBadger Resource Center](#) – through braided funding from the Title V Program, WIC, Wisconsin Well Women Program, and Medicaid – provides information and referral services connecting women, pregnant women, families of children and youth with special health care needs, adolescents, and health professionals with health care resources.

Governor Evers' Administration has identified key health priorities that will contribute to making Wisconsin stronger by investing in children, families and communities, and recognizing that health care is a cornerstone of workforce and economic development in all communities across the state. These priorities are reflected in the [Wisconsin Department of Health Services budget](#).

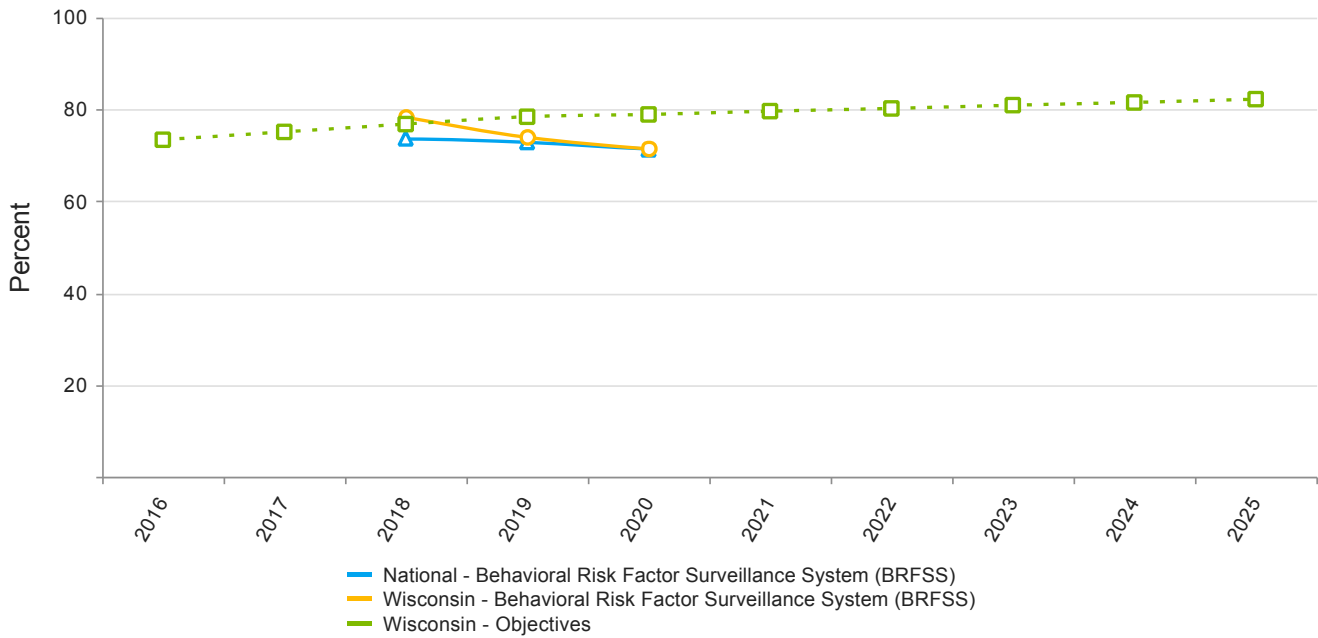
[WisCovered.com](#) was created by the Wisconsin [Office of the Insurance Commissioner](#) to help residents find health insurance experts to assist them in finding insurance plans that meets their needs and budgets and the task force includes the Wisconsin Department of Health Services, partner organizations, insurance companies, and others who want Wisconsin residents to have access to affordable health insurance.

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

Women/Maternal Health

National Performance Measures

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year
Indicators and Annual Objectives



Federally Available Data					
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
	2017	2018	2019	2020	2021
Annual Objective				78.8	79.5
Annual Indicator			73.7	73.7	71.4
Numerator			718,148	718,148	693,615
Denominator			974,077	974,077	971,414
Data Source			BRFSS	BRFSS	BRFSS
Data Source Year			2019	2019	2020

i Previous NPM-1 BRFSS data for survey years 2016 and 2017 that was pre-populated under the 2017 and 2018 Annual Report Years is no longer displayed since it is not comparable with 2018 survey data.

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	80.1	80.8	81.4	82.1

Evidence-Based or –Informed Strategy Measures

ESM 1.1 - Number of Reproductive Health Family Planning partners using marketing tools and materials

Measure Status:	Inactive - This measure is expressly dependent on entities outside of the Title V Program, and progress nor action is within the Title V Program's control.		
State Provided Data			
	2019	2020	2021
Annual Objective			20
Annual Indicator		0	0
Numerator			0
Denominator			100
Data Source		REDCap	N/A
Data Source Year		2020	2021
Provisional or Final ?		Final	Final

ESM 1.2 - Percent of family planning providers trained, who report an increase in knowledge on the relationship between patient outcomes and the annual preventive visit

Measure Status:	Inactive - Determined to be ineffective within the Wisconsin Title V Program's goals, objectives, and alignment with Reproductive Health Family Planning Program		
State Provided Data			
	2019	2020	2021
Annual Objective			100
Annual Indicator		0	0
Numerator			0
Denominator			100
Data Source		REDCap	N/A
Data Source Year		2020	2021
Provisional or Final ?		Final	Final

ESM 1.3 - Percent of Reproductive Health Family Planning agency training attendees who report a practice change after completing implicit bias training

Measure Status:		Inactive - Replaced		
State Provided Data				
	2019	2020	2021	
Annual Objective				100
Annual Indicator				0
Numerator				0
Denominator				100
Data Source				N/A
Data Source Year				2021
Provisional or Final ?				Final

ESM 1.4 - Percent of clients served who have complete race and ethnicity data

Measure Status:		Active		
Annual Objectives				
	2023	2024	2025	
Annual Objective	90.0	95.0	98.0	

State Performance Measures

SPM 2 - A) Percent of 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
Annual Objective			60
Annual Indicator		60	76.7
Numerator			46,509
Denominator			60,615
Data Source		Vital Records (WISH)	Vital Records (WISH)
Data Source Year		2016-2018	2020
Provisional or Final ?		Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	61.5	63.0	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 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past 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 1.1 - Number of Reproductive Health Family Planning partners using marketing tools and materials Inactive

ESM 1.2 - 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 1.3 - Percent of Reproductive Health Family Planning agency training attendees who report a practice change after completing implicit bias training Inactive

ESM 1.4 - Percent of clients served who have complete race and ethnicity data Active

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

Women/Maternal Health - Annual Report

The Wisconsin Title V Program views women and maternal health as part of an ongoing cycle or continuum, including 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 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.

National Performance Measure 01: Percent of women with a past year preventive visit

Too few women receive an annual preventive medical visit in Wisconsin. The goal is to increase the percent of women 18 to 44 who have had a preventive visit in the last 12 months from 70.6% in 2020 to 82.1% by 2025.

Most service providers in the Reproductive Health Family Planning clinic network in Wisconsin reported a lower-than-expected client volume in 2021 on par with low numbers in 2020 due to the COVID-19 pandemic. Reproductive-aged women have continued to delay preventive care through 2021, according to the Guttmacher Institute that published a report on [Financial Instability and Delays in Access to Sexual and Reproductive Health Care Due to COVID-19](#). In Wisconsin, 30% of participants in the study reported they either delayed care or did not access care due to the COVID-19 pandemic. Financial instability was associated with a six-fold increase in odds of reproductive health care delays. While the study asked specifically about contraception and reproductive health services, it's plausible to extend this estimate to Wisconsin women delaying preventive care, including an annual well-visit.

Strategies identified in 2020 for implementation in 2021 have proven difficult to advance. In early 2021, the Reproductive Health Family Planning team onboarded four new staff members. While the team was new, and was unable to completely implement the 2021 strategies, the team had success in developing new partnerships across the Bureau of Community Health Promotion and with external stakeholders. Moving forward, the team is optimistic on identifying strategies that fit well with the reproductive health network, are evidence-based, and within the team's capacity.

Evidence-based Strategy Measures

Measure	2021 Data
Number of Reproductive Health Family Planning partners using marketing tools and materials (discontinued)	0% - the slow approval process at the Wisconsin Department of Health Services resulted in a hold-up of the materials initially planned to be disseminated
Percent of family planning providers trained, who report an increase in knowledge on the relationship between patient outcomes and the annual preventive visit (discontinued)	0% - this team is currently working on building these training modules
Percent of Reproductive Health Family Planning agency training attendees who report a practice change after completing implicit bias training (discontinued)	14% - only one staff member of seven was able to take the agreed-upon training in 2021; the rest of staff will complete this training in 2022
Percent of clients served who have complete race and ethnicity data (new)	88.4% of clients served had complete race and ethnicity data

Increase access to comprehensive Family Planning services by building awareness of annual preventive medical visit by working with partners to identify, create and disseminate marketing tools designed to promote the annual preventive medical visit to Reproductive Health Family Planning partners.

Early in 2021, the Reproductive Health Family Planning team contracted with Health Care Education and Training (HCET) to develop social media messages, infographics, and shareable materials. These materials would target a variety of

audiences and the network could use to these materials to promote reproductive health care and preventive visits. The marketing materials developed by HCET were slow to move through the Wisconsin Department of Health Services' approval process, and the team was unable to disseminate and measure the use of these tools before the end of 2021. The team plans to continue sharing the tools with partners as they are approved for publication.

Here For You Campaign: The social media campaign developed by HCET and the Reproductive Health Family Planning team included images and text easily shareable to social media platforms including Facebook, Instagram, and Twitter. Reproductive Health Family Planning network partners can share these messages from their own social media pages to promote awareness of reproductive and preventive health care services available in their community.

Youth Messaging Campaign: HCET also worked with Providers And Teens Communicating for Health (PATCH), which is an organization of teen educators working with providers, parents, and community members in Wisconsin to improve health care access and delivery for teens and young adults. With the input of PATCH teen educators, HCET developed four posters that were shared with the network of Reproductive Health Family Planning clinics. The posters were formatted like comic strips, with conversations between two adolescents to demystify reproductive health care access.

Increase access to comprehensive Family Planning services by building awareness of annual preventive medical visit by aligning with Home Visiting Programs to ensure the annual preventive medical visit is promoted in all Home Visiting models in Wisconsin.

In 2021, the Reproductive Health Family Planning team strengthened the relationship with the Home Visiting programs to deliver direct messaging to Home Visiting program supervisors on the importance of the annual preventive visit. This relationship has grown over the last year and the two teams continue to work closely together.

There are four Family Foundation Home Visiting (Maternal Infant Early Childhood Home Visiting) funded program models: Parents as Teachers, Healthy Families America, Early Head Start, and Nurse Family Partnership. It was determined through discussion with state model leads, that there was lack of understanding and knowledge of the value, purpose, and distinction of the annual preventive visit. Many Home Visitors did not understand the difference between the annual preventive visit and the eight-week post-partum visit.

The Reproductive Health Family Planning Team's Medical Director, Dr. Landry, presented on the annual preventive medical visit at the Home Visiting All-Grantee meeting in September 2021. There were 82 home visitor supervisors and managers who attended this meeting representing 100% of local implementing programs. The presentation was recorded and is now an interactive module being developed by Department of Health Service Family Health Program Trainer and the Family Foundation Home Visiting Program. This module is funded by the Wisconsin Child Welfare Professional Development. Using survey results from the post-presentation survey completed by home visitors following the presentation, staff worked to make the module more interactive and specifically highlight aspects that home visitors found the most useful. After completion, the module will be shared on the Wisconsin Child Welfare Professional Development website as future resource for Family Foundation Home Visiting local implementing programs and Department of Health Services partners.

While there is some evidence that home visiting programs may not be the most effective way to increase access to the preventive visit, according to publications gathered by the National Center for Education in Maternal and Child Health, there is evidence in those same publications that show an increase in home visiting clients obtaining cancer screenings. The Wisconsin Home Visiting Program and the Reproductive Health Family Planning partnership, through the development of trainings, communications, and materials for engaging with home visitors around the preventive visit, is likely to have some positive impact.

Increase training, educational opportunities, and technical support for Family Planning providers and staff on: Relationship between patient outcomes and the annual preventive medical visit for the target population; Understanding and evidence-based practice of proper documentation and billing procedures for the annual

preventive medical visit for target population; Best practices for communicating importance of the annual preventive medical visit to patients in target populations.

The Reproductive Health Family Planning Unit did not have capacity to incorporate this strategy into their work in 2021. Most of the clinics within the Reproductive Health Family Planning network are supported by Title X federal funds and are required to complete extensive training and other grant requirements. The team was unable this year to strategically incorporate and support the implementation of this training that complemented the already onerous requirements on Title X subrecipients. Additionally, many of the clinics in the network are local and county health departments that have been stretched beyond capacity since the onset of the COVID-19 pandemic. Given these challenges, the team decided to pause this strategy for 2021. The team is optimistic they can incorporate training specific to increasing access to preventive care in 2022.

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

The Reproductive Health Family Planning team identified a short intensive course offered by the University of Wisconsin called *Cultural Humility to Cultural Reverence for Human Services Professionals*. The Unit Supervisor initially planned on having all Reproductive Health Family Planning staff attend in November. Other Unit Supervisors were invited to extend the opportunity to all section staff, as the University of Wisconsin could offer a group rate for the course. One Reproductive Health Family Planning team member and one section staff member attended the four-part training in November. All other Reproductive Health Family Planning staff deferred their attendance to the course in spring 2022.

One staff member noted that this completely virtual course seems well-organized, and that the facilitators went to great lengths to make it feel “like you were sitting at a table with other students.” The first session focused on building rapport among the students, preparing them to be able to engage in difficult conversations with students they may not know very well. This course will also be offered in the spring, giving staff who had conflicts in fall 2021 an opportunity to complete the course.

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

The Reproductive Health Family Planning program’s epidemiologist joined a Bureau-wide health equity work group. This work group identified equity issues in data collection as a key issue in 2021 and developed a Title V strategy mid-2021 to address and advance this work.

Though this strategy will continue through 2022, the Reproductive Health Family Planning team started to address this issue in 2021. More than 10% of race and ethnicity data is currently missing. The Reproductive Health Family Planning team worked to close that gap by working with their data vendor, doing quarterly data reviews, and finding out where the gaps are.

In 2021 the Reproductive Health Family Planning Epidemiologist focused on mapping the issue and identifying best practices to move the work forward in 2022. The epidemiologist consulted with the Bureau of Community Health Promotion’s Health Equity Data Team to troubleshoot and identify best practices, but the group came upon some roadblocks. The Reproductive Health Family Planning staff heard from a lot from clinics that the race and ethnicity data they are required to report does not align with best demographic information collection practices. Patients reviewing the list of options and have not found representation in how they identify available on the list of options provided. This presents a challenge since it is necessary to comply with federal requirements. The hurdle was to identify how the team can comply with federal requirements while also aligning with best practices for demographic data collection.

In the fall of 2021, the Bureau of Community Health Promotion’s Health Equity Data Team walked through all data sources used by various programs and grants to identify gaps. Since best practices for gender data collection is not in alignment with Title X federal reporting requirements, the team is working to find ways to collect data that align with best practices, while still meeting federal reporting requirements (e.g., collecting sex assigned at birth in addition to gender identity).

Additionally, the Reproductive Health Family Planning team spent a lot of time in 2021 updating documents and tools to be more inclusive and gender neutral. These updates differentiated items specific to patient anatomy instead of sex or gender (e.g., pap smears).

Women/Maternal Health - Application Year

The creation of the new Reproductive Health Family Planning Unit in 2020 strengthened the capacity and expanded reach of existing Title V and Title X Programs, building upon previous work to improve the quality of healthcare service delivery, deepen community partnerships, facilitate cohesive internal operations, and increase internal data capacity and coordination. Fully staffed by summer 2022, the unit will further strengthen Title V and Title X work, and advance reproductive health and family planning services across the state of Wisconsin.

National Performance Measure 01: Percent of women with a past year preventive visit

Based on outcomes from the 2020 MCH Needs Assessment, NPM 01 addresses the priority need to *Assure Access to Quality Health Services*. In 2023, the Reproductive Health Family Planning Program will continue to build on the work from 2022 to increase the proportion of women aged 18 to 44 who receive an annual visit.

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

- 1. Provide training and support tailored to reproductive health providers and staff on the relationship between patient outcomes and preventive care for the target population and best practices for communicating importance of the annual preventive medical visit to patients in target populations.**

The Reproductive Health Family Planning team will support the network of providers and clinics with the most up to date information on preventive care, including the annual wellness visit. The primary audience for this strategy is the network of clinics and providers supported by the Reproductive Health Family Planning unit through Title V and Title X funds. This network of clinics serves roughly 10,000 clients per year. Trainings and resources on the importance of preventive care will be developed and disseminated across the network. Collaborative partnerships between the Wisconsin Department of Health Services, University of Wisconsin Department of Obstetrics and Gynecology, and training partners will be leveraged to disseminate consistent messaging to reproductive health and family planning clinics across the state, ensuring that patients receive high-quality, evidence-based information about their health and well-being. It is critical that family planning providers understand the importance of the annual preventive visit and be able to confidently discuss its importance with their patients so they may receive the care they need. Trainings will be customized to meet the specific needs of the providers and populations they serve. Impact will be measured by percent of training attendees who report an increase in knowledge on the relationship between patient outcomes and the annual preventive medical visit.

- 2. 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.**

The Reproductive Health Family Planning team plans to provide training opportunities and technical assistance to Family Foundation Home Visiting Programs, focusing on promoting the annual preventative medical visit for women. This continued collaboration and discussion will help identify trainings and support information sharing for Family Foundation Home Visiting Programs; with focus on reproductive life plan, contraception, healthy birth spacing, and the importance of connecting with a primary care provider for regular preventive care.

This work will be supported by strengthening collaboration within the Family Health Section and providing training and education to home visiting staff on the annual preventive visit and [Reproductive Life Planning](#) model. Progress will be measured by the percent of home visiting models used in Wisconsin that promote the annual preventive medical visit.

Reproductive life planning activities will be expected to be completed during the prenatal period for families who enroll in home visiting services prenatally, or at least once within the first four months of enrollment for families who enroll in home visiting services postpartum.

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

The need for implicit bias training for health care providers was identified during a health equity training in 2019, as well as a need for adequate information to provide culturally competent, equitable care to populations including but not limited to: racial and ethnic minorities and LGBTQ+ persons in Wisconsin.

The Reproductive Health Family Planning Program staff and its partner agencies will participate in implicit bias trainings to support high-quality direct services, as well as equity-driven systems building activities. It is imperative to use a health equity lens in all facets of this important work. Accountability measures include Percent of Reproductive Health Family Planning Program staff who complete implicit bias training; Percent of Reproductive Health Family Planning Program partner agencies who complete implicit bias training (at least 50% of agency staff must participate to qualify as complete).

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

Health equity efforts will be expanded during 2023 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. To assess whether family planning 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.

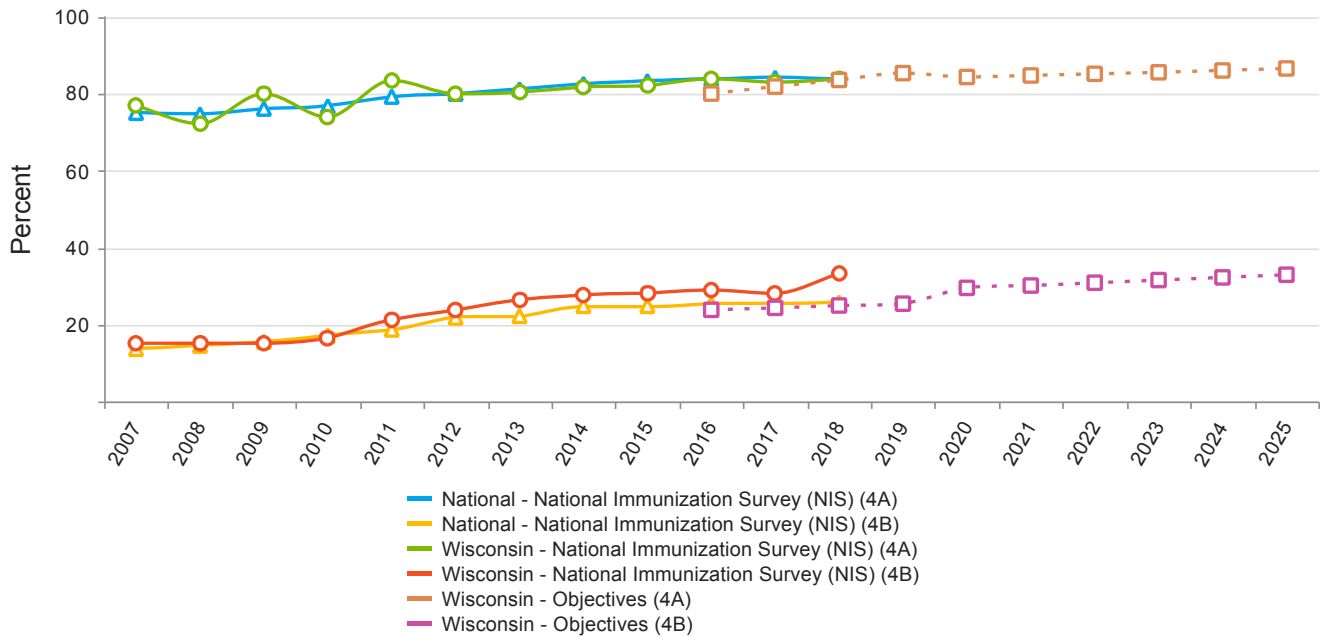
Additionally, a descriptive assessment of populations – including LGBTQ+, adolescents, and persons with disabilities – in need of culturally-competent services will be conducted. With a more complete picture of populations being served, gaps in services can be found and a plan to improve services can 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 to include race and ethnicity information. These data will be collected using REDCap.

A major challenge in accomplishing this strategy in 2023 is a data system transition for the Title X Program. The Office of Population Affairs that administers the Title X grant is changing the data requirements and submission process. The epidemiologist working with clinics and the data vendor to implement this change expects a drop in data completeness and quality. This change does give the opportunity to tackle data quality issues first with the strategy to improve data completeness related health equity.

Perinatal/Infant Health

National Performance Measures

**NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months
Indicators and Annual Objectives**



NPM 4A - Percent of infants who are ever breastfed

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2017	2018	2019	2020	2021
Annual Objective	81.8	83.5	84.3	84.3	84.7
Annual Indicator	81.7	82.2	82.8	82.8	83.7
Numerator	47,252	54,235	49,931	49,931	49,034
Denominator	57,816	65,957	60,272	60,272	58,567
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2014	2015	2017	2017	2018

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	85.1	85.5	86.0	86.5

NPM 4B - Percent of infants breastfed exclusively through 6 months

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2017	2018	2019	2020	2021
Annual Objective	24.4	25	29.6	29.6	30.2
Annual Indicator	27.7	28.3	28.1	28.1	33.4
Numerator	15,403	18,523	16,390	16,390	18,517
Denominator	55,636	65,412	58,419	58,419	55,429
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2014	2015	2017	2017	2018

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	30.9	31.6	32.3	33.0

Evidence-Based or –Informed Strategy Measures

ESM 4.1 - Number of hospitals in Coffective’s Community Match Online Platform

Measure Status:		Inactive - Replaced		
State Provided Data				
	2019	2020	2021	
Annual Objective			52	
Annual Indicator		48	48	
Numerator				
Denominator				
Data Source		Coeffective	Coeffective	
Data Source Year		2021	2021	
Provisional or Final ?		Final	Final	

ESM 4.2 - Percent of non-Hispanic Black infants ever breastfed

Measure Status:		Active		
State Provided Data				
	2019	2020	2021	
Annual Objective			52	
Annual Indicator	51	49	53	
Numerator	51	49	53	
Denominator	100	100	100	
Data Source	Vital Records	Vital Records	Vital Records	
Data Source Year	2019	2020	2021	
Provisional or Final ?	Final	Final	Provisional	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	53.0	54.0	55.0	56.1

ESM 4.3 - Percent of non-Hispanic American Indian/Alaska Native infants ever breastfed

Measure Status:		Active		
State Provided Data				
	2019	2020	2021	
Annual Objective			66.4	
Annual Indicator	65	65	63	
Numerator	65	65	63	
Denominator	100	100	100	
Data Source	Vital Records	Vital Records	Vital Records	
Data Source Year	2019	2020	2021	
Provisional or Final ?	Final	Final	Provisional	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	67.4	68.4	69.4	70.3

ESM 4.4 - Percent of Wisconsin hospitals with an mPINC score of 80 or higher

Measure Status:		Active		
Annual Objectives				
	2023	2024	2025	
Annual Objective	55.0	59.0	63.5	

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
Annual Objective			14.3
Annual Indicator		14.6	12.8
Numerator		290	76
Denominator		19,863	5,932
Data Source		Vital Records	Vital Records
Data Source Year		2016-2018	2021
Provisional or Final ?		Final	Provisional

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	14.0	13.6	13.3	13.0

SPM 2 - A) Percent of 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
Annual Objective			60
Annual Indicator		60	76.7
Numerator			46,509
Denominator			60,615
Data Source		Vital Records (WISH)	Vital Records (WISH)
Data Source Year		2016-2018	2020
Provisional or Final ?		Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	61.5	63.0	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 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

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 (MIECHV) -funded Family Foundations Home Visiting Programs.

ESMs

Status

ESM 4.1 - Number of hospitals in Coffective's Community Match Online Platform Inactive

ESM 4.2 - Percent of non-Hispanic Black infants ever breastfed Active

ESM 4.3 - Percent of non-Hispanic American Indian/Alaska Native infants ever breastfed Active

ESM 4.4 - Percent of Wisconsin hospitals with an mPINC score of 80 or higher Active

NOMs

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

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

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

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 FIMR and MMR 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 birthing persons receiving prenatal care within the first trimester; B) Percent of birthing persons receiving a quality postpartum visit

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.

Perinatal/Infant Health - Annual Report

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 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.

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

The social and physical environment in Wisconsin does not support all families to meet their human milk feeding goals. In choosing to address this national performance measure, Wisconsin has the following goals:

1. 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)

	2016-2018 PRAMS	2019-2020 PRAMS
Percent of non-Hispanic Black women who ever breastfed	74%	76%

2. 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](#)).

	2016 National Immunization Survey	2018 National Immunization Survey
Percent of infants who are exclusively breastfed through 6 months	28.9%	33.4%

Data from 2019-2020 Wisconsin PRAMS continue to show striking racial disparities in the birth hospital experiences of new birthing persons around breastfeeding support.

Evidence-based Strategy Measures

	Data Source	Data
Number of hospitals in Coffective's Community Match Online Platform	Coffective	48
Percent of non-Hispanic Black infants ever breastfed	2021 Birth Records (provisional)	52.7%
	2020 PRAMS	74.7%
Percent of non-Hispanic American Indian/Alaska Native infants ever breastfed	2021 Birth Records (provisional)	62.6%
	2020 PRAMS	80.4%

Overall, 53 sites were contacted about 2021 breastfeeding strategies and 23 sites agreed to participate. Several sites were reported to be more than one site type (i.e. community, workplace, and/or childcare), with local health departments supporting sites to improve their lactation support practices in multiple capacities (e.g., for children attending a childcare site and for the employees of the childcare site.) For this reason, the data from some sites are included in the reports for multiple site types.

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

Four local health departments and one tribal agency selected the worksite strategy in 2021. Despite capacity limitations due to COVID-19 efforts, 11 worksites received educational materials and resources from a local agency in 2021. Notably, one site established two additional lactation rooms. COVID-19 was a barrier shared by all sites. One site reported slow movement from their board to adopt a policy to protect breastfeeding individuals.

In support of the Indigenous community in Wisconsin, a Title V team member participated in the review of a breastfeeding toolkit developed in partnership with the Great Lakes Inter-Tribal Epidemiology Center. The purpose of this toolkit was to provide information and examples for Tribal leaders, health department staff, breastfeeding/ chestfeeding advocates, and community members who are interested in working on developing lactation support laws and policies for their communities. The toolkit focused on policy building in the Indigenous community and builds from the [First Food Policy and Legal Scan](#) project. The First Food Policy and Legal Scan project was a scan of laws and policies shared by federally recognized Tribes and Tribal organizations in the Bemidji Area of the Indian Health Service. The project's goal was to provide information to the Tribes and urban American Indian health centers in the Great Lakes Area about how Tribes and urban health centers are using law and policy to support breastfeeding, and to facilitate the sharing of ideas and approaches across and within communities. The final report for the project is in the process of being released by the [Great Lakes Inter-Tribal Epidemiology Center](#) and will be shared widely.

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

Although much of this work was paused in 2021, 7 childcare sites received materials and resources from local health departments. All 7 sites reported COVID-19 was a barrier to their work, and one site also reported staff turnover as an additional barrier. While no new childcare providers were recognized as Breastfeeding Friendly in 2021, 8 programs renewed their recognition status, meaning they still met the [10 Steps to Breastfeeding Friendly Child Care](#) and all staff completed the [online breastfeeding training](#).

Without sufficient local health agency capacity to train and support childcare providers in improving their policies and practices related to human milk feeding, state partners continued to collaborate to ensure assistance was available when needed. Childcare providers could access the online training, and 212 individual providers completed the training independently for continuing education credit. 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 support from [YoungStar](#) technical consultants. The process of completing the Go NAPSACC self-assessment is linked to YoungStar – Wisconsin's childcare rating and quality improvement system – and helps providers meet *Health and Well-being* and/or *Family Engagement* rating criteria. 74 childcare sites completed Go NAPSACC pre-assessments, and 7 completed post-assessments.

The Title V Program, in collaboration with state partners, spent much of 2021 revising and updating the online breastfeeding training and the associated resources provided to local health agencies and coalitions. Local partners and early childhood experts provided input and feedback, focusing on revisions related to inclusive language and images, updated data, best practices, and equity.

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.

Three agencies selected the community strategy. Because of COVID-19 impacts, only the City of Milwaukee Health Department had the capacity to work on this strategy. The Title V Program partnered with [Coflective](#) to enhance community coordination efforts by collecting baseline information from local agencies to help identify areas of need and inform recommendations for future work and by providing support for integrating community voice into breastfeeding-related initiatives.

Coflective met with the City of Milwaukee Health Department monthly to assess current and potential partnerships to build referrals to public health programming. The City of Milwaukee Health Department and their partners were given access to Community Match, Coflective's online tool to help build partnerships and local networks. A community group leader from Detroit was present at one of the meetings to share lessons learned from a community with a similar landscape to Milwaukee. Coflective continued to provide technical assistance to the City of Milwaukee Health Department on identifying barriers to collaboration, improved access to care, and guidance on building their network of partnerships. Twenty-four agencies in Milwaukee County had profiles in Community Match at the end of 2021, including local WIC agencies, home visiting programs, local health departments, hospitals, and community-based organizations. All community sites received materials and resources from contracted local health departments. COVID-19, scheduling difficulties, virtual work, and space for lactation rooms were reported as barriers.

While local capacity for this strategy was limited, the Title V Program worked with Coflective, the Wisconsin WIC Program, and the Chronic Disease Prevention Unit to build state-level partnerships that could help support local community coordination in the future.

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

The Title V Program partnered with Coflective and Wisconsin Association for Perinatal Care for this strategy. Coflective facilitated monthly meetings to discuss how to re-launch the Wisconsin Perinatal Quality Collaborative's Human Milk Feeding initiative. Planning discussions utilized data from the CDC's national survey of Maternity Practices in Infant Nutrition and Care (mPINC), state birth records, and Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS) to inform future measurement strategies and priority needs for quality improvement. A main goal of the Human Milk Feeding initiative is to improve the quality of maternity care and lactation support by coordinating community-based and hospital efforts related to human milk feeding.

Coflective, Wisconsin Association for Perinatal Care, and the Title V Program collaborated to accomplish the following

planning activities:

1. Streamline current process and outcome measures abstracted from the Electronic Medical Record to be smaller in number, but high in value
2. Explore the inclusion of qualitative data gathering using a Birthing Person Survey
3. Align benchmarks with [Baby-Friendly USA](#) standards
4. Provide technical assistance for transition of quantitative and qualitative data to [LifeQI](#) or other data platform

The Wisconsin Association for Perinatal Care hosted a meeting of stakeholders on November 16, 2021, with the Coffective Clinical Team presenting 2020 mPINC results. The meeting provided a data-based foundation of human milk feeding in Wisconsin, with presentations summarizing data from multiple sources. Attendees actively participated by sharing their concerns and thoughts on strategies. A follow-up meeting was scheduled for early 2022.

When the 2020 mPINC survey results were released, Coffective assembled a customized mPINC package to be distributed statewide in Wisconsin which included:

Newsletter/email template: overview of the mPINC survey, brief overview of survey results, and the contents of the mPINC package.

mPINC Challenge Short Video: overview of mPINC results, the highs and the lows, and quality improvement activities that can be implemented right away to improve practices

mPINC Game Board: customized game board that gives a fun way to display statewide mPINC results

mPINC Resource Guide: customized quality improvement workplan and virtual file cabinet of resources

Coeffective also shared a model Infant Feeding Policy Template and Check-off Tool for Wisconsin hospitals. These resources will be available to facilities who participate in the Human Milk Feeding initiative.

Develop grant opportunities for community agencies to advance breastfeeding efforts within specific populations experiencing disparities in breastfeeding (initiation, duration).

2021 was a planning year for this strategy. Title V staff met with the [Michigan Breastfeeding Network](#) to learn more about their efforts to convene local breastfeeding supporters throughout Michigan, elevate health equity within their statewide network, and prioritize the Indigenous and African American communities that are most affected by disparities in care. After learning more about potential ways to restructure the Wisconsin Breastfeeding Coalition, Title V staff began to meet with the [Mobilizing Action Toward Community Health](#) group at the University of Wisconsin to formalize a partnership to promote health equity within the Wisconsin Breastfeeding Coalition's policies and practices.

Support the work of the Wisconsin Family Foundations Home Visiting Program led by the Wisconsin Department of Children and Families to increase social connections for breastfeeding families participating in the Family Foundations Home Visiting Program.

The implementation of this strategy was not realized due to the on-going impact of COVID; however, during 2021 there was opportunity for planning for future implementation. A survey poll was completed to identify which programs have parent groups and which programs would have the opportunities to support social connectedness. Feedback and results from the survey identified gaps in knowledge, skills, and trainings (surrounding breastfeeding) as opportunities for future professional

development. Twenty seven out of the 36 programs participated in the survey, of which 87 percent provide some type of education and training on breastfeeding, and 11% offer a breastfeeding parent support group. Reported barriers to providing a support group included: limited staff, funding, time, transportation, and COVID- 19. During the pandemic there were many barriers to efficiently supporting lactation; however, there were also bright spots. For example, in rural areas, where there was much reassignment and limited staff capacity, there has been increased collaboration among WIC and home visiting programs. Specifically, a local home visiting program identified that their local WIC contact was reassigned and not available to support lactation services. Therefore, one of the lactation certified home visitors began providing services for both the local implementing agency and the WIC clientele. This collaboration is still occurring with WIC referring lactating clientele to the home visiting program.

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 Vital Records).

	2020 Vital Records	2021 Vital Records (provisional)
Infant mortality rate in babies born to non-Hispanic Black mothers, per 1,000 live births	14.6	12.7

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

Prenatal Care Coordination is a Wisconsin Medicaid benefit that helps pregnant women, and their families gain access to medical, social, educational, and other services related to pregnancy. Prenatal Care Coordination services are provided through local and tribal health departments, clinics and HMOs, and community-based agencies. Studies have found that Prenatal Care Coordination protects against low birthweight, preterm birth, and NICU admission. The Prenatal Care Coordination Program aims to ensure that eligible pregnant women:

- Are identified early in pregnancy
- Receive individual psychosocial support and services
- Receive early and continuous prenatal care
- Receive health and nutrition services
- Are referred to available community services
- Receive assistance in accessing services

A series of educational modules on substance use and pregnancy were developed in collaboration with Title V, Wisconsin Department of Health Services' Overdose to Action grant, the Wisconsin Association for Perinatal Care, people with lived experience, and content experts. Topics included:

- Overview
- Substance Use Screening Tools
- The Screening Conversation
- Screening, Brief Intervention and Referral to Treatment
- Finding Local Resources
- Referral Guidelines
- Wisconsin Reporting Laws
- Stigma and Support
- Medication Assisted Treatment
- Effects on the Baby

Two modules addressing Perinatal Mood and Anxiety Disorders were developed by the Wisconsin Child Welfare Professional Development System. Content from a webinar presentation was included in modules for on-demand viewing.

In addition to educational sessions, new tools and resources were developed to support Prenatal Care Coordination providers. A Prenatal Care Coordination Postpartum Assessment Tool ([F-02774](#)) was developed and approved as an optional resource to support the delivery of Prenatal Care Coordination services during the 60 days after delivery. A revised Pregnancy Questionnaire was drafted and shared with the Division of Medicaid Services. Both forms were based on assessment tools utilized by the Comprehensive Perinatal Services Program of the California Department of Public Health. The tools assess psychosocial, health education, and nutrition needs to align with components of the Medicaid Prenatal Care Coordination benefit.

New and existing resources were compiled and shared with Medicaid to support the future development of a Prenatal Care Coordination Resource Page on the [ForwardHealth \(Medicaid\) portal](#). A Prenatal Care Coordination Task Force was convened twice in 2021 and provided an opportunity for Prenatal Care Coordination providers from across the state to provide input to Medicaid and Title V. Task Force members identified technical assistance strategies, provided input on revisions for the initial assessment, and discussed the benefits and barriers of establishing professional development requirements for Prenatal Care Coordination providers.

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

The doula pilot project was identified as a state initiative to target maternal and infant mortality and reduce racial inequities in health outcomes. The Title V Program collaborated with the Division of Medicaid Services to plan an integrated Prenatal Care Coordination and Doula service for women at high risk of an adverse birth outcome at three pilot sites. Medicaid funded Public Health Madison Dane County with a subcontract to [Harambee Village Doulas](#) to plan the implementation of Prenatal Care Coordination. The [City of Milwaukee Health Department](#) also worked with Medicaid to explore the integration of their Prenatal Care Coordination services and their Birth Outcomes Made Better doula project.

Title V supported the [African American Breastfeeding Network](#) to strengthen and expand their partnerships with community-

based doulas and Prenatal Care Coordination providers. Integrated Prenatal Care Coordination-Doula services were implemented. However, the Prenatal Care Coordination partner dropped out of the pilot mid-year. Discussions began with a potential new Prenatal Care Coordination provider within a Federally Qualified Health Center. A focus group was facilitated with the African American Breastfeeding Network doulas participating in the pilot, and valuable input was collected.

The identification of data metrics for the pilot projects were aided by consultation with Maternity Neighborhood, a company that provides data collection tools and technical assistance to doulas and other community-based maternity care providers across the county.

Develop and implement best practices to increase data capacity of existing data sources and expand partners' capacity to use and leverage data to demonstrate impact and increase funding.

The Title V program facilitated the development of educational sessions called *The Perinatal Health Series* to support program providers to deliver a consistent core set of information and support services. The Perinatal Health Series was informed by and featured data from the Wisconsin Pregnancy Risk Assessment Monitoring System and was developed by community-based providers serving Black birthing people. State Children and Youth with Special Health Care Needs staff developed additional modules. The series includes the following modules:

Pregnancy Health: addresses linkages to medical prenatal care, labor and birth expectations, warning signs during pregnancy, nutrition, assessments, and referral resources.

Postpartum: emphasizes the needs to support screening for perinatal mood and anxiety disorders, tobacco cessation, ongoing medical care, nutrition, and physical activity.

Breastfeeding: explains the value of breastfeeding, identifies common challenges, and shares 10 tips for breastfeeding success.

Social Support: explores "Who's in your village?" and focuses on supporting personal, family and community strengths.

Housing: identifies multiple resources to support safe and stable housing for birthing people.

Family Planning: discusses reproductive life planning and birth spacing to support healthy birth outcomes.

Children and Youth with Special Health Care Needs: provides an overview of the network of programs to support families and providers who support them.

Newborn Screening: describes the state public health program that identifies infants with treatable disorders to avoid or prevent adverse outcomes.

In 2021, the Wisconsin Title V program received data from the 2020 PRAMS oversample of Indigenous birthing people, featuring supplemental questions on housing stability, economic impacts of COVID-19, and intrapartum care. The Wisconsin team collaborated with academic partners and the Great Lakes Inter-Tribal Epidemiology Center to develop an analysis and dissemination plan for these data.

Additionally, Title V-funded epidemiologists, in collaboration with Council of State and Territorial Epidemiologists Fellows, began a Perinatal Periods of Risk Assessment for Black and Indigenous racial disparities in infant mortality to inform the state's infant mortality reduction plan.

Align with and support work of the Maternal and Infant Mortality Prevention Unit and the community partnership

specialists.

In 2021, the Family Health Section data team, in collaboration with the Maternal and Infant Mortality Prevention Unit staff, completed a Perinatal Periods of Risk Assessment for both African American and Indigenous babies. These assessments identified the “maternal health” and “infant health” periods of risk that contribute the most to the observed racial disparities in infant mortality.

The Community Partnership Specialist also met with more than 93 community partners throughout the state in 2021, including federally qualified health centers, faith-based organizations, and community-based organizations to learn about their current efforts to prevent infant deaths and identify opportunities for alignment. Unit staff also began development of a workplan that identifies opportunities to best support current Title V performance measures and outlines a strategic plan for the unit in 2022.

The Wisconsin Infant Mortality Reduction Plan uses data from Perinatal Periods of Risk Analysis to inform recommendations. Opportunities were also explored to provide funding to community-based organizations that support capacity-building in infrastructure and community health workers. The team worked to identify capacity-building needs of partners such as trainings for community-based organizations focused on grant writing, developing a board of directors, budgeting, and how to create a scope of work. The team identified the need for opportunities to provide educational opportunities including community doula training, certification lactation counselor/certified breastfeeding counselor training, and prenatal/postpartum health education.

Support Fetal Infant Mortality Review (FIMR) and Maternal Mortality Review (MMR) efforts.

The Title V Program supported the Children’s Health Alliance of Wisconsin to promote and support the use of a standardized process and data system for all local Child Death Review and Fetal Infant Mortality Review teams. Title V funding also supported local health departments to participate in child death reviews for their jurisdictions.

In July of 2021, Wisconsin released a report on [Pregnancy-associated overdose deaths \(2016-2019\)](#), which was a collaboration between Title V staff, CDC-funded Wisconsin maternal mortality staff, and the University of Wisconsin Prevention Research Center. This report included both an overview of related data and comments and recommendations from community partners.

Support social connections for African American women who have experienced an infant loss.

The impact of an untimely death, especially that of an infant, can have long-term effects on individuals, families, and communities. The need to support individuals in a holistic manner, including support for individuals and communities during time of grief and bereavement, is vital.

In 2021, the Wisconsin Title V program began funding culturally specific grief support for African American families through Healing Our Hearts, a community-based grief support organization and education service supporting families who have experienced a loss. This new work supplements the Infant Death Center that Title V funds through the Children’s Health Alliance of Wisconsin for families who have experienced a stillbirth or sudden infant death. The founder, a person with lived experience, recognized that there were not any groups that offered support aimed to address experiences unique to Black women related to a loss. Services include a monthly grief support group, one-on-one support from a grief support specialist, support kits with handmade items from small minority-owned businesses, grief resources and referrals to wraparound services.

In 2021, the Healing Our Hearts Foundation served forty-six families with grief and loss supportive services and continues to build capacity through word of mouth, advertisement, and referrals. Eighteen hundred brochures were distributed and collaborative partners such as Harambee Village Doulas, Black Maternal Child Health Alliance of Madison, Wisconsin

Children’s Health Alliance, African American Breastfeeding Network and St. Mary’s Hospital provided organizational referrals. Healing Our Hearts also co-hosted the ‘Empty Stoller Walk’ with the Alana Rose Foundation and the ‘We Been Not Breathin’ event with Harambee Village Doulas.

Implement implicit bias trainings for internal staff and grantees.

Workgroups within the Bureau of Community Health Promotion were established in 2021 to support the implementation of recommendations from the Division of Public Health “Health Equity Advisory Team.” One recommendation was to create infrastructure to “build and sustain capacity for equity work.” Activities to address this recommendation for Title V staff have included requiring engagement in health equity-related professional development activities and at least one job-related activity to advance health equity through the annual staff review process of Performance, Expectations and Planning. Additionally, a book club for internal staff was piloted in 2021 with facilitated discussion regarding *Up from Slavery* by Booker T. Washington. Learning objectives for the book club included:

1. Increase understanding of cultural and historical narratives of the African American population
2. Address dominant narratives, bias, misconceptions and stereotypes of the African American population
3. Opportunity to discuss, reflect and connect/engage with colleagues
4. Facilitate engagement in conversations to explore multiple perspectives
5. Apply conversation into action within state programming

One of the 14 participants commented that “Reading was quick...the thoughts that it provoked will stay with me forever.” Another participant commented that “I feel strongly we need this activity as a unit.” The book club was deemed a success as every completed evaluation showed that participants either agreed or strongly agreed that learning objectives #1-4 were met and 50% strongly agreed or agreed that learning objective #5 was met.

The Title V Program hosted a virtual “Maternal and Child Health Summit” series of four webinars in 2021 for Title V grantees, including all Wisconsin local and Tribal health departments. The theme of this summit was “Health in All Policies,” and included expert speakers on historical trauma among Black and Indigenous communities and affecting the social determinants of health through public health work. Please see Social Connections strategies for more information on the 2021 Maternal and Child Health Summit.

Support local and tribal health agencies to advance health equity for the maternal and child health population and enhance representative participation using the Community Engagement Assessment Tool.

The Title V Program funded a Health Equity and Community Engagement objective with local and tribal health agencies. Only 6 local agencies were able to implement the objective in the context of the pandemic. Participating agencies completed a Health Equity Checklist (based on the Foundational Practices for Health Equity) and the [Community Engagement Assessment Tool](#). Based on the assessments, areas for improvement were identified. Action plans were developed and implemented to support practice changes to advance health equity and enhance community engagement.

The Walworth County Public Health Department engaged Health and Human Services staff and leadership in health equity education. A survey was conducted to gather baseline data on training needs and a health equity workgroup offered listening sessions to Health and Human Services staff for discussion on health equity topics.

The City of Milwaukee Health Department developed a plan for six staff retreats to provide high-quality training for all staff and increase public health content knowledge to develop a shared language. Local Milwaukee organizations were recruited

to provide Diversity, Equity, Inclusion training.

The Kenosha County Health Department identified a goal to create a culture of ongoing learning and conversation about equity, diversity, and inclusion, and another goal to foster development of community-driven programming through community partnership and engagement. They worked to expand the work of their Health Equity Taskforce – made up of community leaders of color – to inform their programs and services, and to hire a full-time staff person dedicated to investigating inequities within policies, processes, and programs, and developing recommendations for equitable change.

Local agencies were supported by the Mobilizing Action Toward Community Health Group, a program within the University of Wisconsin Population Health Institute. The program was led by Paula Tran until the end of 2021 when she was appointed Wisconsin Division of Public Health’s State Health Officer and Administrator. Activities for 2021 included the following:

- Completion of one on one’s with all agencies who chose the Health Equity GAC Objective
- Reviewing assessments, action plans, and needs
- Sending health and racial equity resources and tools to support communities
- Providing technical assistance for local agencies requesting partnership on implementing their action plans

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 on the [Wisconsin Pregnancy Risk Assessment Monitoring System survey](#) (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:

1. 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 (baseline is from 2016-2018 Pregnancy Risk Assessment Monitoring System, or PRAMS).

	2020 Vital Records (WISH)	2019-2020 PRAMS
Non-Hispanic American Indian Alaska Native	62.5%	72.45%
American Indian Alaska Native (includes Hispanic)	-	74.1%
Non-Hispanic Black	62.8%	78.4%

2. 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).

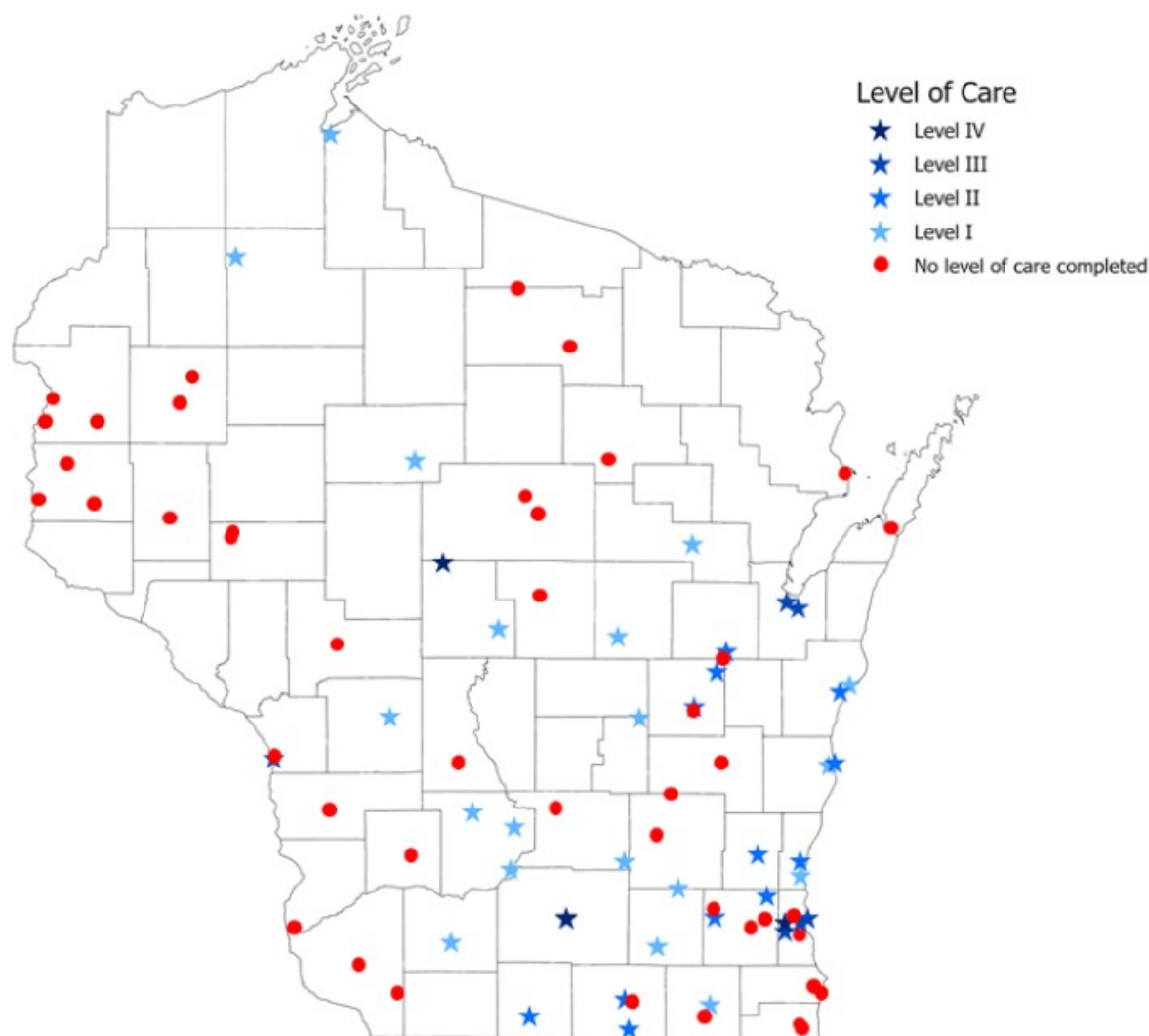
	2019- 2020 PRAMS
All respondents	54%
Respondents who indicated they had a postpartum visit	60%

Convene multiple partners to develop a strategic plan for comprehensive risk-appropriate perinatal care in Wisconsin.

The goal of levels of maternal care risk assessments is to reduce maternal morbidity and mortality, by assuring access to risk-appropriate care, specific to maternal health needs. The Title V Program will support partners including the [Wisconsin Association for Perinatal Care](#), [Wisconsin's Perinatal Quality Collaborative](#), the [American College of Obstetricians and Gynecologists](#), and others to promote the use of a risk assessment tool with health systems and facilities to: Designate their level of perinatal care; Ensure all women have access to services; Identify risks early; Provide linkage to the appropriate level of care facility at time of delivery; Promote efficient use of resources; and Ensure adherence, continuity, comprehensiveness of care at the time of delivery through postpartum.

The [Wisconsin Association for Perinatal Care has promoted a risk assessment document and toolkit](#) for Wisconsin hospitals to self-assess their level of neonatal and maternal care for several years. To date, more than half (53%) of Wisconsin's birthing hospitals providing obstetric care have not completed the Wisconsin Association for Perinatal Care's Level of Care Self-Assessment. To address this, a newly established workgroup will explore opportunities for increasing uptake.

More than half of Wisconsin's birthing hospitals providing obstetric care **have not** completed the Wisconsin Association for Perinatal Care's Level of Care Self-Assessment.



The workgroup is also exploring a shift to a standardized, national tool ([CDC LOCATe](#)) with a focus on a tool which is updated quickly with the most recent guidelines and policy statements issued by the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, and the Society for Maternal-Fetal Medicine and allows review of data from surrounding border states where Wisconsin women and infants might receive care.

Agencies participating on the Wisconsin Perinatal/Neonatal Levels of Care work group/task force include [Children's Hospital of Wisconsin, Froedtert and the Medical College of Wisconsin](#), University of Wisconsin Hospitals and Clinics, Wisconsin Association for Perinatal Care/Wisconsin Perinatal Quality Collaborative, and the Title V Program.

A representative from the Children's Hospital of Wisconsin led efforts to convene task force members and met with the Wisconsin Association for Perinatal Care and other stakeholders to address the maternal/neonatal levels of care in Wisconsin. The Children's Hospital of Wisconsin contacted the CDC regarding levels of care information, and it was brought to their attention that the Wisconsin Department of Health Services was also working to address this structure and system. The Department of Health Services' first meeting with this previously established Wisconsin Perinatal/Neonatal

levels of care workgroup was on December 11, 2020. This workgroup developed a worksheet to address four questions:

1. What is the current problem?
2. What is the anticipated result if nothing is done?
3. What is the current opportunity to do things differently?
4. What is the anticipated future result if these opportunities are achieved?

The workgroup compared the self-assessment tool with the CDC LOCATe tool to determine which tool most accurately identifies the Level of Maternal/Neonatal Care and determined that the LOCATe tool identifies the capacity and capability of a facility, while the self-assessment tool identifies the quality of the care of the facility.

It was determined that the Wisconsin Association for Perinatal Care would work with the facilities to assure comprehensive services are in place to identify the following:

- Monitor and work on the quality of care that the facilities are receiving based on their level of care
- Facilitate partnership agreement between critical access hospitals and higher-level care facility to serve the needs of high-risk women and neonates
- Ongoing monitoring and assessment to assure the facilities continue to meet the determined level of care
- Work with all facilities on levels of care to advance to the highest level of their capacity and competency to address the needs of all birthing people and newborns

Collaborators include the Title V Program, the Wisconsin Association for Perinatal Care, the Wisconsin Perinatal Quality Collaborative, and the Children's Hospital of Wisconsin. Levels of care information will be stored on the the Wisconsin Association for Perinatal Care's website. Committees and work groups were restructured in 2021 to better meet the needs of their community and partners and new goals include: Identify key partners; Begin the implementation planning process; Disband the current risk-based care committee; Post and recruit for the redesigned levels of care workgroup.

The levels of care work group is committed to broad membership inclusion, embracing the idea that a diverse member representation improves the team as it addresses perinatal and neonatal care from a variety of perspectives. Specifically, the workgroup seeks professional, geographic, economic, gender, racial and ethnic diversity. Factors to be considered for work group membership include experience of prospective members and the ability to commit the time that is required to participate.

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

The Title V Program plans to expand a quality improvement project implemented for the Preconception Collaborative Improvement and Innovation Network (CollIN) completed in 2018. This project was implemented to improve rates of postpartum visits through clinic messaging efforts and was a collaboration between the Title V Program and Medicaid. A script and patient tools were developed to describe the importance of the postpartum visit emphasizing post-delivery care, contraception and planning future pregnancies, physical activity, breast health/breastfeeding, emotions/mental health, and ongoing medical care. A brief presentation providing overview of historical/background information, findings of the pilot and a proposal to scale up this project was presented at a Division of Public Health-Division of Medicaid Services Title V coordination quarterly meeting. A comprehensive Power Point outlining the quality improvement project and the experiences

of the two pilot sites was prepared to share with Medicaid Health Management Organizations.

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).

The Medicaid Prenatal Care Coordination benefit continues during the postpartum period, through 60 days after delivery. A [Prenatal Care Coordination Postpartum Assessment Tool](#) was developed as an optional resource to support the delivery of postpartum Prenatal Care Coordination services. The tool collects basic information including date and type of delivery and the baby's birth weight, length and gestational age. Additional questions relate to psychosocial needs, health education needs and nutrition to align with components of the Medicaid Prenatal Care Coordination benefit. The optional Postpartum Assessment Tool was designed to support providers to identify needs and plan services such as referral to resources and education on specific health and nutrition topics, including perinatal mood and anxiety disorders, tobacco use and reproductive life planning.

Educational modules were developed for a Perinatal Health Series to provide on-demand education on topics of interest to Prenatal Care Coordination providers, home visitors, doulas, and others providing services to birthing people. Data from the Pregnancy Risk Assessment Monitoring Systems informed the presentations and demonstrates the need for quality improvement.

The American College of Obstetricians and Gynecologists recommends a comprehensive postpartum visit four to six weeks after delivery. Provider counseling during the postpartum visit should include a full assessment of physical, social and psychological well-being. According to 2018-2019 PRAMS data on what they discuss during provider counseling:

- **92%** of Wisconsin mothers are asked about feeling depressed
- **68%** of Wisconsin mothers are asked if they are smoking cigarettes
- **65%** of Wisconsin mothers are asked if someone is hurting them emotionally or physically
- **52%** of Wisconsin mothers are told to take a vitamin with folic acid
- **50%** are counseled on how long is healthiest to wait before becoming pregnant again

Collaborate with Medicaid to increase enrollment for eligible participants in Text4Baby when applying for Medicaid services.

Text4Baby is a free digital support service offered in English and Spanish for pregnancy and parenting moms via interactive text, app, web and video messaging regarding their pregnancy and baby's first year. While the free Text4Baby tool continues to be available, there is no way to access Wisconsin data regarding the number or participants enrolled in the program or data which measures improvement in maternal and birth outcomes. Title V Program met with the Division of Medicaid Services to discuss potential collaboration; however Medicaid is not considering any new projects for at least 18 months.

Due to the considerable cost associated (>\$20,000) with simply obtaining data on their basic service program for any Wisconsin birthing persons who enroll – not including any customized content we might want to create or additional data points we might want to request – this strategy will not be pursued at this time.

Continue to collaborate with Wisconsin Women's Health Foundation to advance health equity and expand First Breath partnerships with health and social service agencies, to provide evidence-based tobacco cessation

services to pregnant/postpartum women and other caregivers throughout the state.

[First Breath](#) is an evidence-based program that has provided tobacco treatment services to over 23,000 pregnant and postpartum people (birthing people) in Wisconsin since 2001. In the First Breath model, trained perinatal healthcare professional screen pregnant and postpartum (birthing) people for tobacco use, provide brief intervention, and refer them to First Breath. Once referred, individuals receive one-to-one, intensive counseling and/or text message support from pregnancy through six months postpartum. First Breath uses a family-based approach and thus partners, caregivers, and household members are also eligible to receive services. First Breath strives to advance health equity by addressing the root causes of tobacco use and by engaging deeply with-and allocating resources to-the communities with the highest tobacco-related burden.

In 2021, 117 new perinatal healthcare providers completed a First Breath onboarding training and 20 new First Breath sites were established. First Breath provided training and technical assistance to the entire network through monthly activity reports, quarterly e-newsletters, and refresher trainings. There were 68 caregivers and 794 pregnant and postpartum people referred to First Breath by healthcare professionals. There were 87.5% (63 of 72) of Wisconsin counties that had at least one person referred to First Breath in 2021, and the program reached approximately 16% of all pregnant smokers in Wisconsin.

In an annual provider survey, 50% of 212 respondents reported that the COVID-19 pandemic impacted their ability to implement First Breath. Despite impacts of COVID-19, at least one formal First Breath site in each of the 72 counties in Wisconsin remained open.

Regarding one-on-one services, 28 caregivers received one-on-one education sessions and 303 pregnant and postpartum (birthing) people received intensive one-on-one services.

First Breath maintains a texting program with program participants. In 2021, 852 new pregnant and postpartum people joined the texting program, and at the end of the year, 2,403 pregnant and postpartum people were subscribed. In addition, 51 new caregivers joined the texting program for a total of 266 subscribed caregivers by the end of the year.

The average age of First Breath participants was 31 years. Over half (57%) were unemployed and over a third (36%) were single. Many participants were on Medicaid (86%), receiving WIC (65%), and/or had a mental health disorder diagnosis (63%). Nearly a third (31%) had a substance use disorder diagnosis. Some participants also reported high stress (34%) and/or receiving low social support (22%).

Of those who participated in the First Breath Program in 2021, 92% rated First Breath as a “very good” or “excellent” program, and 97% would recommend First Breath to others. Many participants in 2021 achieved a smoke-free home (80%) and/or achieved zero infant exposure to tobacco smoke (82%).

The First Breath Program also maintained a Virtual Participant Advisory Group in 2021. In this group, 67 current and past participants with lived experience took part in the group to provide feedback and suggestions about First Breath’s new perinatal substance use branding kit (logo and tagline), and provide feedback and suggestions on a series of patient education handouts.

In 2021, First Breath continued to engage in planning to expand the program from tobacco to alcohol, cannabis and other substances. Websites for [First Breath participants](#), and [perinatal health care providers](#), and a showcase of [First Breath Success Stories](#) were launched at the end of 2021.

A streamlined referral tracking system was also developed to transfer individuals with complex or unique health and social referral needs to the Well Badger Resource Center. Through this platform, detailed data is collected including referral site and referral outcome. The new system will begin in 2022.

Support Title V-funded programs to align with Home Visiting services, with a focus on women of color, to address

smoking cessation, depression/mental health, and postpartum visits.

The COVID-19 response continued to have an impact throughout 2021. One of the highlights of that impact was the refinement of virtual capabilities. The Family Foundations Home Visiting State team met virtually with the Title V High Quality Perinatal Care workgroup. These meetings provided opportunity for collaboration and planning 2021 and 2022 measures and activities. Virtual capacity also supported ongoing all-grantee meetings for Maternal Infant and Early Childhood Home Visiting-funded home visiting programs. The All-Grantee meetings were six half-day virtual sessions instead of three full-day in-person sessions. The frequency of meetings allowed increased connection with local implementation sites and the virtual platform allowed increased participation of Title V staff provide professional development.

The High-Quality Perinatal Care team provided presentations from Title V and partners which continue to be supportive resources and referrals utilized by home visitors to support families enrolled in home visiting programs. The Periscope Project provided information about connecting health care providers with perinatal psychiatric support. A substance use module overview was presented as a resource for home visitors to understand approaches to supporting families with substance use addiction. First Breath was shared as a statewide resource for pregnant women, new moms, and their families to quit smoking. The Reproductive Family Health Unit Title X Medical Director provided a training and learning session on supporting families in scheduling and attending the postpartum and annual well-woman preventative visit

Collaborate with The Periscope Project to provide maternal psychiatric teleconsultation and resources.

[The Periscope Project](#) addresses the lack of sub-specialty perinatal psychiatrists as well as the gap in statewide perinatal depression and anxiety screening practices by building the capacity of front-line providers to address perinatal mental health conditions. Periscope (**P**erinatal **S**pecialty **C**onsult **P**sychiatry **E**xtension) was launched in 2017 as a program of the Medical College of Wisconsin's Department of Psychiatry and Behavioral Medicine.

The core service of Periscope is tele-consultation between local providers and perinatal psychiatrists to address psychiatric and substance use disorders in people who are pregnant, postpartum, and breastfeeding and is especially critical in the context of COVID-19. Tele-consultations are available Monday through Friday from 8am to 4pm to health care providers. Calls are triaged and providers receive a return call from a perinatal psychiatrist within 30 minutes, but usually within six minutes. Most consultations related to perinatal mood disorders (65%) and anxiety disorders (39%).

Periscope's services include education on topics related to diagnosis and management of perinatal psychiatric conditions. A free 6-month continuing education series was provided in 2021 with over 100 attendees across the sessions. Another core service is providing information on community resources to support the mental health of perinatal women including psychotherapy options and peer-to-peer support groups.

Of the three core services offered, there were 2,175 provider-to-perinatal psychiatrist consultations, 833 recipients of community resource information, and 765 attendees of educational presentations (online or in-person).

Periscope continues to see an overall increase in the number of inquiries to the program. Periscope is meeting goals to build capacity in front line providers. As providers attend trainings and utilize the consultation service, they become more comfortable in diagnosis and treatment of perinatal mental health disorders. Thus, these providers do not require a call to Periscope with every patient who is struggling with mental health. COVID-19 protocols, funding, and staffing have limited the amount and type of outreach Periscope was able to conduct in 2020 and 2021 which may contribute to slower year or year growth between 2020 and 2021. Periscope developed an outreach plan for 2022 to reach new clinics and providers.

Periscope utilization has occurred in counties totaling 94% of where Wisconsin births occur with at least one provider in each of 40 counties using the consultation line at least once. In 2021, Periscope received inquiries from 34 out of the 40 total counties demonstrating how Periscope has become a standard practice for many health care providers across the state.

Support the ongoing development of Wisconsin's Perinatal Quality Collaborative through Title V program participation and technical assistance and support of Alliance for Innovation on Maternal Health implementation.

The Alliance for Innovation on Maternal Health (AIM) bundle of Severe Maternal Hypertension was launched in October. There had been a delay in this launch due to COVID-19, however 44 hospitals currently are engaged in the Severe Maternal Hypertension bundle from the Alliance for Innovation on Maternal Health and are working on collecting baseline data, creating specific aims, and deciding their first tests of change related to their existing hypertension work.

The Wisconsin Maternal Mortality Review Team and Perinatal Quality Collaborative have maintained open lines of communication and information sharing throughout the year, which helps the Maternal Mortality Review Team recommendations reach a broader audience.

Newborn Screening

Children from birth to age three with developmental delays and disabilities are eligible for enrollment in Early Intervention in Wisconsin. At the end of 2021, over 97% 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 Program Parents Reaching Out service](#).

Regarding the [newborn screening advisory structure](#), the Umbrella Committee and its eight subcommittees meet biannually to advise on emerging issues, quality assurance, and technology in newborn screening, and make recommendations to add or remove conditions to or from the newborn screening panel. The Secretary's Advisory Committee on Newborn Screening advised the Secretary of Wisconsin's Department of Health Services on policy issues related to newborn screening. The Newborn Screening Program, Wisconsin State Laboratory of Hygiene, Wisconsin Sound Beginnings, Screening Hearts in Newborns Project, Vital Records, and Title V Program collaborated to improve data collection, tracking, and integration with other birth data and data systems.

The [WE-TRAC data system](#) allows for real-time surveillance and tracking of hearing and critical congenital heart disease screening results for all babies born in a Wisconsin hospital or in an out-of-hospital setting to encourage timely interventions that can be applied on behalf of families and babies. The system's enhancements to allow for critical congenital heart disease result entry and updates took effect in 2020 and have improved workflows for out-of-hospital providers and facilities across the state. The Office of Health Informatics continues to work with Newborn Screening Program data staff to design and implement an integrated newborn screening data system which will allow the program to better coordinate data collection and reporting, while centralizing access to relevant point-of-care (critical congenital heart disease and hearing) screening data for current users and primary care providers.

Outreach and Education for Families

The Newborn Screening Program provided outreach and education for submitters, providers, and families and worked with the Newborn Screening Education Subcommittee to educate the public and medical providers about newborn screening. Newborn screening information was provided during the prenatal period using the [three-screen fact sheet](#), providing information on blood, hearing, and critical congenital heart disease screening. Newborn screening brochures are available for parents and newborn screening partners, including a Plain community newborn screening brochure developed for the Amish and Mennonite populations.

Newborn screening websites disseminated up-to-date information to hospitals and health care providers via educational webinars for hospitals and health care providers. A [provider education module](#) incorporating Wisconsin-specific content and material from the Midwest Genetics Network, the Genetics Systems Integration hub, and the Wisconsin Newborn Screening Education Subcommittee remains accessible to support providers in sharing newborn screening information and results

with families. Recently, Family Voices of Wisconsin created [Newborn Screening video factsheets](#) for families with review and feedback from the Newborn Screening Program and its partners.

Outreach and Education for Submitters

Overall, the commitment to quality assurance from newborn screening submitters has remained stable and strong. The Wisconsin State Laboratory of Hygiene delivered several modes of quality improvement initiatives, including educational webinars on specimen collection.

Following impacts to the Newborn Screening Program's courier service during the COVID-19 pandemic, which resulted in many hospitals experiencing delays in specimen pick-up and extended transit times, the Wisconsin State Laboratory of Hygiene explored alternative courier options in 2021 and as of Spring 2022, is moving forward with a new service, Gold Cross, in order to ensure that specimens are received within three days of collection.

Newborn Screening Follow Up

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 Wisconsin Early Hearing Detection and Intervention Tracking Referral and Coordination 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. Several follow-up positions were supported by the Title V Program including the Pre-Identification Lost to Follow-Up Prevention Coordinator, a Regional Outreach Specialist who focuses on the region in Wisconsin with the highest need, an Early Intervention Coordinator hired in December 2019, and a Social Emotional Development Specialist hired in March 2020.

Heart: The Newborn Screening Program 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. Enhancements are underway to allow better integration of critical congenital heart disease case report data with existing newborn screening, and vital records data to improve the program's ability to conduct meaningful analyses of critical congenital heart disease outcomes, and follow-up.

Birth Defects Prevention and Surveillance

The Wisconsin Birth Defect Prevention and Surveillance Program consists of the Wisconsin Birth Defects Registry and the Wisconsin Council on Birth Defect Prevention and Surveillance as outlined in [Wis. Stat. § 253.12](#). By statute, the program's mission and work focuses on the three public health core functions of assessment, assurance, and policy development. In addition, the program collaborates with national, state, and local providers supporting the collection, analyses, and dissemination of state and population-based birth defects surveillance data and on the implementation of prevention programs.

The Registry

The Wisconsin Birth Defects Registry collected information on the child and parents, the birth, referral to services, and diagnostic information for 87 reportable conditions. Due to legislative changes, in 2019 the [Wisconsin Birth Defects Prevention and Surveillance Program](#) added the Wisconsin Birth Defects Registry as a module to an existing system in the Wisconsin Department of Health Services known as the Wisconsin Electronic Disease Surveillance System that is used by healthcare providers, laboratory staff, and local health department staff throughout the state for a variety of conditions. Providers enter information manually into the Wisconsin Electronic Disease Surveillance System or through a monthly

batch upload. System testing was conducted in early 2020 and went live in April 2020. However, due to the COVID-19 pandemic the rollout of the new system was slower than expected and resolving technical issues with the Wisconsin Birth Defects Registry in the new system was delayed because the Wisconsin Electronic Disease Surveillance System was also where COVID-19 cases were being reported. Data collection was put on hold until information technology staff could resolve outstanding issues with the system.

From mid-2004 to the end of 2019, there were 28,888 birth defects reported to the Wisconsin Birth Defects Registry, with cardiovascular birth defects being the most frequently reported.

There were 355 babies in Wisconsin born in 2019 with one or more birth defects that were reported in the registry. This is much less than the expected 1 in 33 babies born with birth defects in the US, according to the CDC. This represents not only a significant gap in understanding the prevalence of birth defects, but also the Wisconsin Birth Defects Prevention and Surveillance Program's ability to provide the necessary family support and services, as well as outreach, education, and prevention activities. However, once necessary fixes are made in the new system and data collection resumes, data quality and completeness will improve.

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

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. Agencies are encouraged to target 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. Some agencies may choose to publicly recognize workplaces as Breastfeeding Friendly if they meet specified criteria.

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 are encouraged to provide outreach to childcare providers who serve families with limited incomes. Training resources have been updated to include current best practices, inclusive language, and more focus on equity. 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 provide technical assistance and resources to help programs meet the Ten Steps. State partnerships will continue with the Wisconsin Breastfeeding Coalition, the Department of Children and Families, Healthy Early, and the Wisconsin Technical College System. The Title V Program and local health agencies will continue to use the Nutrition and Physical Activity Self-Assessment for Child Care ([Go NAPSACC](#)) online database to align with statewide adoption of Go NAPSACC tools and resources.

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.

Collaboration with a statewide partner will continue to offer technical assistance to local agencies interested in improving communication and coordination among stakeholders in their community. The statewide partner 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.

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 statewide partners to support Human Milk Feeding quality improvement initiatives. Support will be offered to participating hospitals, health systems, and public health stakeholders related to strategy development and implementation, data collection, community engagement, and equity. Results from the 2022 CDC mPINC survey will be incorporated into this initiative, when available.

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, duration).

Collaboration with a statewide partner will continue to develop opportunities to bring together local breastfeeding supporters within the Indigenous and African American populations to increase breastfeeding initiation, duration, and ongoing support

for families. This work will be guided by the work taking place in 2022 focused on infrastructure development and community engagement within the state breastfeeding coalition. Community leadership and funding strategies will be developed for implementation and sustainability.

Provide training opportunities and technical assistance to the Family Foundations Home Visiting Program for Home Visitors, to increase breastfeeding support for Maternal, Infant, Early Childhood Home Visiting Grant-funded Family Foundations Home Visiting Programs.

The Home Visiting program will continue to provide trainings and information sharing about breastfeeding with more intentional support on communities of color. Coffective, WIC and Wisconsin Title V staff will partner to provide education with Family Foundation Home Visiting local implementing agencies about resources available with emphasis on supporting underserved. There will be emphasis on health equity through uplifting family voice and bringing in community partners from Black and Indigenous communities to share strategies in support of appropriate cultural response for lactating families. We will also continue to encourage local implementing agencies to utilize the Michigan Breastfeeding network for continuing education. Title V, WIC and Family Foundations Home Visiting have continued in collaboration to contribute funding this as a resource for our programs. We will also encourage lactation training for staff. WIC will be promoting USDA breastfeeding training for their partners including Family Foundation Home Visiting.

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.

The Division of Medicaid Services plans to redesign the Prenatal Care Coordination benefit to improve birth outcomes. Title V representatives will be included in the process. Members will also provide input on their experience and barriers to accessing services. Policy changes that can occur within the current authority will be considered and opportunities to expand authority will be explored.

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

The goal of the Prenatal Care Coordination Doula Pilot Project is both to demonstrate the value of adding doula services to the existing Prenatal Care Coordination benefit, but also to explore structural changes to Prenatal Care Coordination. These changes will help Prenatal Care Coordination better serve its target population and help providers serve that population more effectively. The Pilot Project, in addition to demonstrating the integration of Prenatal Care Coordination and doula services, will provide the opportunity to implement changes and evaluate their impact in anticipation of broader changes to the Prenatal Care Coordination benefit. The ultimate long-term goal is to create a sustainable model which can be replicated in other Prenatal Care Coordination and doula programs throughout the state of Wisconsin.

Support Fetal and Infant Mortality Review (FIMR) and Maternal Mortality Review (MMR) efforts throughout the state and facilitate the implementation of recommendations that emerge from the review teams.

A competitive funding opportunity is being released for work beginning in 2023 to form community action teams to implement recommendations that come out of local FIMR teams and the statewide MMR team. These community action teams will focus on local strategies to prevent future deaths.

In addition, the Wisconsin Maternal Mortality Review team is forming a statewide impact team to identify and advance policy initiatives that could prevent future pregnancy-associated deaths, based on the insights from the Maternal Mortality Reviews.

Title V staff will provide evaluation support for these action and impact teams to document implement and measure impact on severe morbidity and mortality for pregnant and recently pregnant people and for infants.

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

An open-ended competitive funding opportunity is being released for work beginning in 2023. Community-based organizations are being asked to identify and implement promising practices, informed by their lived experience, to meet the needs of Black and Indigenous families. Focus areas for this funding opportunity include:

- Fostering positive mental health
- Developing and support a diverse perinatal care workforce
- Social Determinants of Health (such as food security, affordable housing, employment, social connections, etc.)
- Building responsive and equitable health care systems
- Connecting families to existing resources

The Title V and Maternal and Infant Mortality programs will also work with a contracted agency to provide technical assistance to grantees to help them grow their organizational capacity for sustainable funding. Training and support will be offered in the areas of grant writing, fiscal management, nonprofit management, and other topics as identified by grantees.

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

Action-oriented health and racial equity trainings will be offered to funded partners to assist them with how to operationalize equity principles in their Title V-funded work.

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. According to 2019-2020 Pregnancy Risk Assessment Monitoring System data, 55% of non-Hispanic white women, 51% non-Hispanic Black Women, and 51% of women of other race received a high-quality postpartum visit. Root cause analyses identified barriers to early, high-quality prenatal care, high-quality labor and delivery care, high-quality postpartum care, and reintegration to primary care postpartum. Main themes related to these barriers include fear, mistrust, access, personal perception (of the woman), insurance/payment, and the interpretation/perception of the provider. SPM 2 was selected to address the Priority Need to **Improve Perinatal Outcomes**.

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 linkage to the appropriate level of care
- Ensure adherence, continuity, and comprehensiveness of care
- Promote efficient use of resources

Evidence-based intervention models are being reviewed to determine strategies to be implemented and adapted to support population/system levels of care. Ongoing and new program activities for 2023 are described below.

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

Title V Program will address the need for all hospitals in Wisconsin to have a level of care risk assessment for both the maternal and infant population.

The goal of levels of maternal care is to reduce maternal morbidity and mortality, by assuring access to risk-appropriate care, specific to maternal health needs. The Title V Program will continue to support/collaborate with partners including the Wisconsin Association for Perinatal Care, Wisconsin’s Perinatal Quality Collaborative, American College of Obstetricians and Gynecologists, and others to promote and implement national risk assessment tool with health systems and facilities to:

- Designate their level of perinatal care
- Ensure all women have access to services
- Identify risks early; provide linkage to the appropriate level of care facility at time of delivery
- Promote efficient use of resources
- Ensure adherence, continuity, comprehensiveness of care at time of delivery through postpartum

Success of this work will be measured by the number of workgroup meetings attended by Title V Program staff and core partners to support collaboration and implement the risk assessment tool.

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

The Title V Program plans to expand a quality improvement project implemented for the Preconception Collaborative Improvement and Innovation Network (CollIN) that was completed in 2018. This project was implemented to improve rates of postpartum visits through clinic messaging efforts and was a collaboration between the Title V Program and Medicaid. A script and patient tools were developed to describe the importance of the postpartum visit emphasizing:

- Post-delivery care
- Contraception and planning for future pregnancies
- Physical activity

- Breast health and breastfeeding
- Emotional and mental health
- Ongoing medical care

The Title V Program plans to recruit Wisconsin Medicaid HMO (health maintenance organization) partners in 2022 to expand this pilot in 2023. Success of this work will be measured by the number of Medicaid HMOs and clinics who participate in this quality improvement project.

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).

The Medicaid Prenatal Care Coordination benefit is only available up to 60 days following delivery. It is important to maximize this time to ensure comprehensive education, support, and linkage to appropriate community resources. The Title V Program plans to support workforce development, specifically promoting the following resources:

- Optional Prenatal Care Coordination postpartum assessment tool
- Educational module on postpartum care developed by community partners
- Educational module on family planning developed by community partners
- Family Planning resources approved by the Wisconsin Title X Ad Hoc Advisory Committee
- Educational modules on perinatal mood and anxiety disorders developed by the Wisconsin Child Welfare Professional Development System
- First Breath smoking cessation program of the Wisconsin Women's Health Foundation

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

The Title V Program plans to identify a community partner for this new strategy based on an open-ended call for proposals.

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.

Title V staff will continue to provide training and technical assistance to home visiting programs around the state to improve client education on the importance of primary care and how to access it.

Collaborate with state and local partners to support screening, referral, and treatment for perinatal mental health disorders.

A project option for local and tribal health agencies will continue to be supporting the implementation of two practice changes to improve screening and follow-up services for perinatal mood and anxiety disorders.

Agencies can choose to improve existing services or implement new services within a program area that engages birthing people. Practice changes should relate to screening, referral and follow-up, support, or workforce development. To support these local efforts, a technical assistance provider will be identified through a competitive funding process to provide individual consultation, facilitate regular Learning Community sessions, and develop a toolkit to support policy development and practice changes.

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

The 2020 Wisconsin Pregnancy Risk Assessment Monitoring System included a supplement on labor and delivery care, including a question about being able to have a support person of choice present during labor. Wisconsin PRAMS is collaborating with a doctoral candidate to analyze racial differences in labor and delivery care experiences, and the association between these experiences and postpartum outcomes, including postpartum visit receipt, postpartum depression symptoms, and breastfeeding initiation and maintenance. Results will be used to inform future strategies.

Newborn Screening

Title V Program staff, in partnership with the Wisconsin State Laboratory of Hygiene, will administer the Wisconsin Newborn Screening Program within the Wisconsin Department of Health Services. The Newborn Screening Program consists of blood screening, hearing screening, and heart screening. The Newborn Screening Program will continue to partner with the Birth Defects Program, the Title V Program, the State Vital Records Office and WIC. In addition, the Birth to 3 (Early Intervention) Program, local health departments, the University of Wisconsin Waisman Center, University of Wisconsin Pediatric Cardiology Department, and the Cooperative Education Service Agency #1 enable the Newborn Screening Program to expand reach to local providers and families.

The Newborn Screening Advisory Umbrella Committee and its eight subcommittees will meet biannually to advise the Wisconsin Department of Health Services on emerging issues, quality assurance, and technology in newborn screening and make recommendations to add or delete conditions to or from the panel. The Secretary's Advisory Committee on Newborn Screening will advise the Secretary of the Wisconsin Department of Health Services on policy issues related to newborn screening. Quality assurance measures will be monitored and the Newborn Screening Program, Wisconsin State Laboratory of Hygiene, Wisconsin Sound Beginnings, Screening Hearts in Newborns Project, Vital Records, and Title V Program will continue to work collaboratively to improve data collection, tracking and integration with other birth data and data systems.

The Newborn Screening Program will maintain collaboration with contracted agencies to promote ongoing clinical services, care coordination with the medical home, prevention of loss to follow-up, links to services including early intervention, and transitions for youth with special health care needs to adult care, as well as coordination and tracking of special dietary products for patients with congenital disorders. The contracted agencies will continue to provide data and reporting to the Wisconsin Department of Health Services. The Newborn Screening Program is working with Medicaid to determine best practices for the implementation of the new policy for oral nutrition formula coverage.

Outreach and education will continue to be provided for data submitters, providers, and families about newborn screening. Newborn screening information will be provided to families during the prenatal period using the three-screen fact sheet, on blood, hearing, and heart screening. Newborn screening websites and educational webinars will provide hospitals and health care providers up-to-date information.

The Wisconsin Newborn Screening Program will maintain participation in state workgroups and the Midwest Genetic Network with Wisconsin representatives serving on workgroups and sharing presentations at meetings. Collaborations with

other state newborn screening programs and participation in national conferences will continue.

The [Wisconsin Early Hearing Detection and Intervention Tracking Referral and Coordination data system](#) is undergoing modernization and enhancements. The Office of Health Informatics within the Division of Public Health has received funding to plan, design, and implement an integrated newborn screening data system, which will allow the program to better coordinate data collection and reporting while centralizing access to relevant screening data. Development of the integrated newborn screening data system continues with a planned debut by the beginning of 2023.

The Newborn Screening Program is dedicated to health equity by ensuring all babies born in Wisconsin have the opportunity to access critical newborn screening services. System enhancements are underway and will enable the program to complete more in-depth analyses of social determinants of health, allowing for better identification and addressing of disparities in access and outcomes.

The Wisconsin Sound Beginnings Program has increased efforts to assure access to newborn hearing screening, including outreach and training to home visiting programs across the state, placing otoacoustic emission screeners in five tribal home visitation programs, and creating pediatric tele-audiology programs in two tribal health clinics.

Birth Defects Prevention and Surveillance

Title V continues to support staff who are responsible for administering the Wisconsin Birth Defects Registry and birth defects prevention efforts, and braided funding from the Wisconsin Birth Defects program and Title V are used to support a variety of surveillance and prevention initiatives.

Stillbirth Services - Children's Health Alliance of Wisconsin Infant Death Center: The Infant Death Center, located at Children's Health Alliance of Wisconsin, will continue work on supporting the needs of families who experience a stillbirth through grief and bereavement supports.

The Wisconsin Birth Defects Registry: The Title V Program will continue to enhance the Wisconsin Birth Defects Registry to improve functionality for reporters and data quality. The Wisconsin Birth Defects Registry, as a module to the Wisconsin Electronic Disease Surveillance System, became available in the spring of 2020.

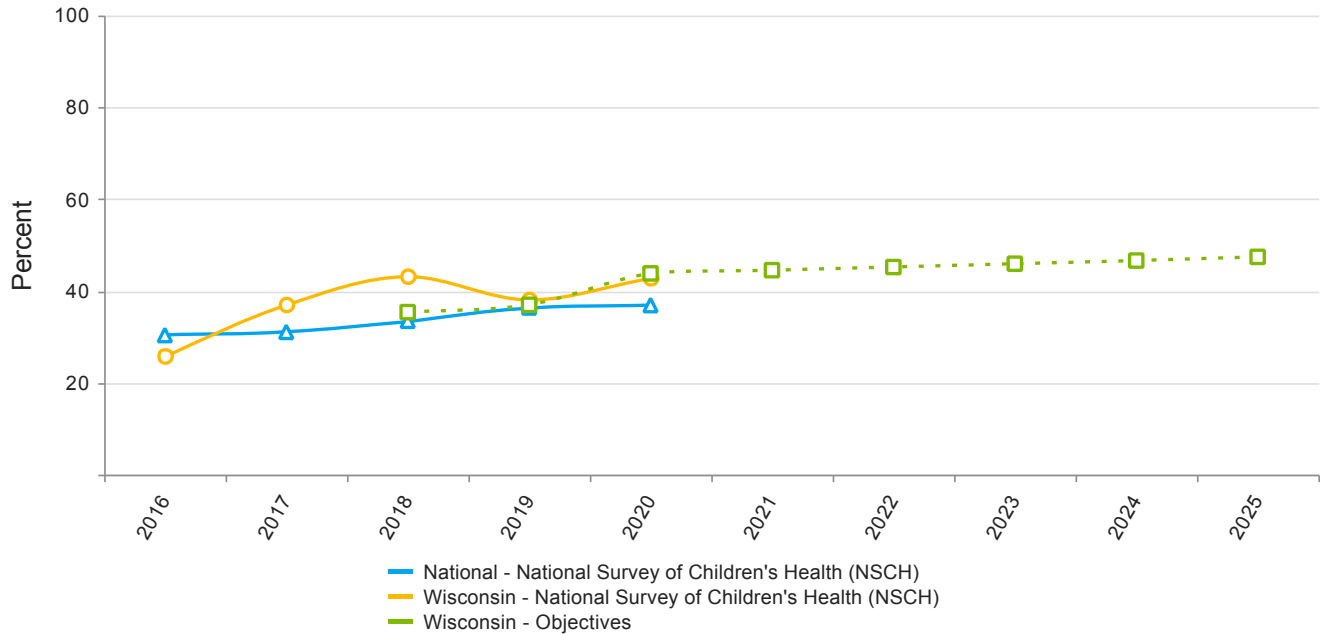
Wisconsin Women's Health Foundation, Well Badger Resource Center: With braided funding from the Wisconsin Birth Defects Prevention and Surveillance Program and Title V, the Well Badger Resource Center will provide educational messaging regarding folic acid, along with other topics related to birth defect prevention. In addition, the program will continue to support the folic acid module in the Behavioral Risk Factor Survey and will use Pregnancy Risk Assessment and Monitoring System data to foster partnerships to improve provider and public awareness of the importance of folic acid, and to drive policy change to increase the use of folic acid for all women of reproductive age.

The Birth Defects Prevention and Surveillance Program will continue partnerships with the Congenital Heart Disease Program's [Screening Hearts in Newborns \(SHINE\) Project](#), [Environmental Public Health Tracking Program](#), Children and Youth with Special Health Care Needs Program's five Regional Centers in Wisconsin, [Wisconsin Newborn Blood Screening Program](#), [Wisconsin Sound Beginnings – Early Hearing and Detection Program](#), [First Breath](#), and the [Well Badger Resource Center](#).

Child Health

National Performance Measures

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



Federally Available Data

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

	2017	2018	2019	2020	2021
Annual Objective		35.4	43.8	43.8	44.5
Annual Indicator	25.9	37.0	37.9	37.9	42.8
Numerator	42,469	62,852	58,870	58,870	61,909
Denominator	164,150	170,003	155,316	155,316	144,602
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016	2016_2017	2018_2019	2018_2019	2019_2020

Annual Objectives

	2022	2023	2024	2025
Annual Objective	45.2	45.9	46.6	47.4

Evidence-Based or –Informed Strategy Measures

ESM 6.1 - Percent of medical providers trained who report using an evidence-based screening tool

Measure Status:		Active		
State Provided Data				
	2019	2020	2021	
Annual Objective			80	
Annual Indicator	0		38	
Numerator	0		38	
Denominator	100		100	
Data Source	SurveyMonkey		SurveyMonkey	
Data Source Year	2019		2021	
Provisional or Final ?	Final		Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	85.0	90.0	95.0	100.0

ESM 6.2 - 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	
Annual Objective			80	
Annual Indicator			0	
Numerator			0	
Denominator			100	
Data Source			N/A	
Data Source Year			2021	
Provisional or Final ?			Final	

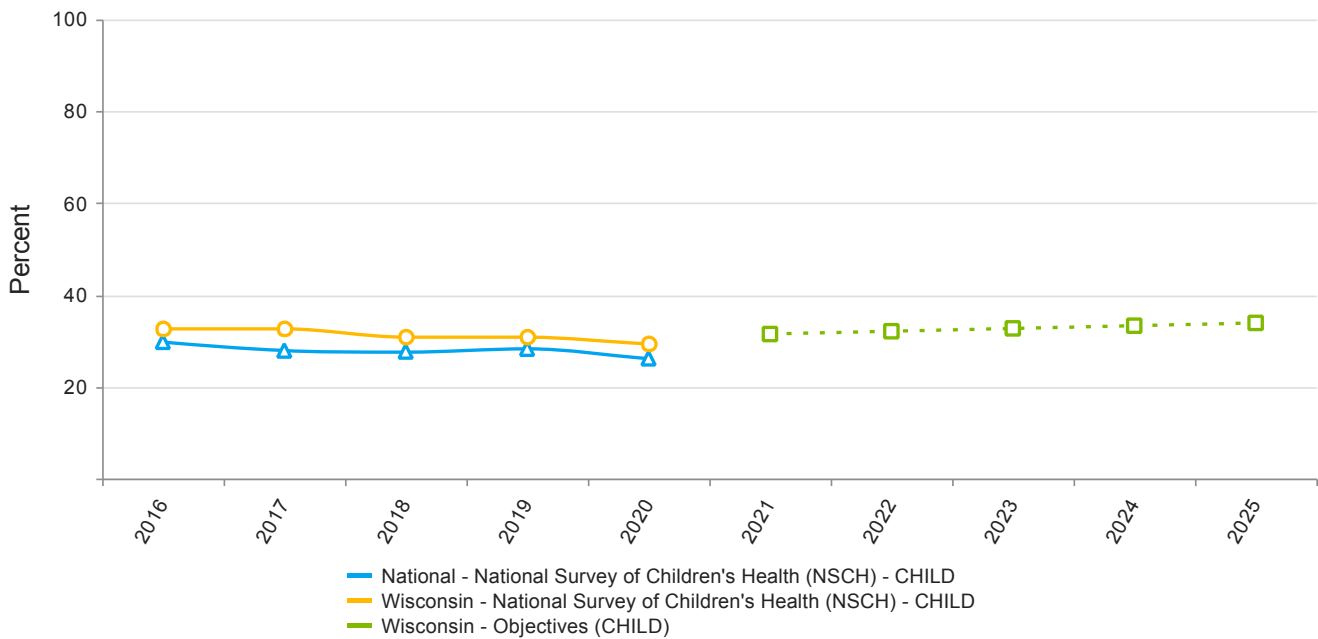
Annual Objectives				
	2022	2023	2024	2025
Annual Objective	85.0	90.0	95.0	100.0

ESM 6.3 - 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	
Annual Objective			80	
Annual Indicator			0	
Numerator			0	
Denominator			100	
Data Source			N/A	
Data Source Year			2021	
Provisional or Final ?			Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	85.0	90.0	95.0	100.0

NPM 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day
Indicators and Annual Objectives



Federally Available Data

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

	2019	2020	2021
Annual Objective			31.5
Annual Indicator	30.8	30.8	29.2
Numerator	129,985	132,298	125,830
Denominator	421,676	429,126	430,350
Data Source	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD
Data Source Year	2017_2018	2018_2019	2019_2020

Annual Objectives

	2022	2023	2024	2025
Annual Objective	32.1	32.7	33.3	33.9

Evidence-Based or –Informed Strategy Measures

ESM 8.1.1 - Percent of partners actively involved with the Wisconsin Title V Program’s physical activity work connected through the PAN StEM

Measure Status:		Inactive - Replaced	
State Provided Data			
	2019	2020	2021
Annual Objective			20
Annual Indicator		0	0
Numerator		0	0
Denominator		40	40
Data Source		Title V Program Internal Documentation	Title V Program Internal Documentation
Data Source Year		2020	2021
Provisional or Final ?		Final	Final

ESM 8.1.2 - Percent of agencies in their first year of Physical Activity and Nutrition work who indicate an increase in knowledge following training

Measure Status:		Active	
Annual Objectives			
	2023	2024	2025
Annual Objective	80.0	90.0	100.0

State Action Plan Table

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

Priority Need

Promote Optimal Nutrition and Physical Activity.

NPM

NPM 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

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) programing to the MCH population through skill building and peer-to-peer learning opportunities.

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

ESMs

Status

ESM 8.1.1 - Percent of partners actively involved with the Wisconsin Title V Program's physical activity work connected through the PAN StEM Inactive

ESM 8.1.2 - Percent of agencies in their first year of Physical Activity and Nutrition work who indicate an increase in knowledge following training Active

NOMs

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

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 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past 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 6.1 - Percent of medical providers trained who report using an evidence-based screening tool Active

ESM 6.2 - Percent of medical providers trained who report a change in knowledge related to developmental screening age interval recommendations Active

ESM 6.3 - Percent of community developmental screening training participants who report an increase in knowledge regarding developmental screening Active

NOMs

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

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

In Wisconsin, only 43% of children ages 9 months through 35 months received a developmental screening using a standardized parent-completed tool (2019-2020, National Survey of Children's Health). Data collection in 2020 included an oversample to help provide more reliable estimates. This represents a 5-percentage point increase from 2018-2019 data, which found that 38% of children ages 9 months through 35 months received a developmental screening (National Survey of Children's Health).

Evidence-based Strategy Measures

Measure	2021 Data
Percent of medical providers trained who report using an evidence-based screening tool	38%
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.
Percent of community developmental screening training participants who report an increase in knowledge regarding developmental screening	No data to report due to COVID-19.

Promote HealthCheck (developmental screening and lead screening) resources to result in greater knowledge and utilization of HealthCheck services within Title V and other programs serving children.

To enhance utilization of [HealthCheck](#) services, a work group was convened in January 2021 with representatives from the Title V Program, Children and Youth with Special Health Care Needs Network, and Division of Medicaid Services to promote cross-system collaboration. The workgroup initially met monthly to develop project plans and supports. [ABC for Health](#) staff led this group and conducted a preliminary environmental scan of four similar programs in other states providing case and coverage management services through HealthCheck. The environmental scan identified best practices that other states used to support access management and case management with HealthCheck. The findings provided ideas and recommendations to inform Medicaid outreach and education.

The Title V Program continued efforts to promote HealthCheck resources within medical providers and health systems through virtual trainings. Promotional pamphlets were added to medical provider training online resource material.

Collaborate with the Wisconsin Lead Program to align and support activities with medical providers, childcare providers, and others.

The Title V Program convened quarterly meetings with the Wisconsin Lead Program to share, plan, and identify cross-promotion activities. Many local and tribal health agency activities (including WIC projects) regarding lead screening were suspended due to staff capacity and a lack of in-person services being offered directly due to the COVID-19 pandemic.

In partnership with the Title V program, the Wisconsin Lead Prevention Program created and completed an educational video which is currently being used for public health orientation.

Developmental screening as a standard of care in children with lead poisoning was highlighted in 2021. The Lead Program presented at the March 2021 Home Visiting All Grantee meeting, sharing information, strategies, and ideas for promoting lead prevention information with families. The Lead Program was invited to present at the [Wisconsin Collaborative for Health](#)

[Care Quality](#)'s Steering Team Meeting planned for February 2022.

As a result of the pandemic and a recall of point-of-care blood lead tests, Wisconsin has seen a drastic decrease in blood lead testing. To increase the rate of testing, the Wisconsin Childhood Lead Poisoning Prevention Program sent Medicaid reports to providers who saw at least five Medicaid patients in calendar year 2020. The report allowed providers to compare themselves to the best performer in the state and listed clients who were not tested.

The Wisconsin Title V program also funded the [Wisconsin Lead program](#) in 2021 to support staff capacity for collecting environmental samples from homes of children who screened positive for lead poisoning. Samples were analyzed to identify whether the isotopic signature of the lead in the samples matches isotopic signatures from the child's blood, which can help pinpoint the source of poisoning. These programs continue to discuss opportunities and collaborative efforts to share messaging around lead exposure and developmental screening.

Plan and coordinate a small pilot program to implement the Developmental Milestone Project in at least two local public health agencies with the Wisconsin WIC Program.

The "[Learn the Signs. Act Early](#)" Program is an evidence-based program developed by CDC, aimed to improve early identification of developmental delays and disabilities, including autism, by promoting developmental monitoring and encouraging screening. The main strategy CDC employs to do this is integrating the use of the "Learn the Signs, Act Early" Program's developmental monitoring tools and messages into existing programs that serve infants, children, and their families, such as the Supplemental Nutrition Program for Women, Infants, and Children (WIC). Title V staff met with State of Missouri WIC Program leaders to learn about how their WIC Developmental Milestone program was implemented. With COVID-19, the WIC Developmental Milestone Project pilot was unable to be implemented in 2021, though project planning and preparation for integration in 2022 took place.

Although the COVID-19 pandemic continued creating multiple barriers and challenges in 2021, the Wisconsin Title V Program and Wisconsin WIC Program continued to pursue the incorporation of the "Learn the Signs, Act Early" Program materials into [Platform One](#) for WIC providers.

The Title V team revised the developmental screening strategy options for local and tribal health agencies in 2021 and added the WIC Developmental Milestone Project as an option in 2022 so that local and tribal health agencies could self-select developmental screening work and elect to be part of the 2022 WIC Developmental Milestone Project Pilot. In the fall of 2021, two local health agencies opted to implement the WIC Developmental Milestone Program for 2022. The Act Early Ambassador (team leader for year 2 of the COVID-19 Response Project) worked collaboratively with the Title V team and WIC to prepare for a 2022 pilot to test the integration of the "Learn the Signs, Act Early" Program materials.

Wisconsin applied to the Association of State and Public Health Nutritionists for technical assistance to gain access and opportunity to learn from other states doing similar work and advance developmental monitoring for young children and their families.

Collaborate with the Wisconsin Department of Public Instruction, Department of Children and Families, and the American Academy of Pediatrics to produce a mini screening guide adopted from Bright Futures for children 0 to 5 years and promote as a standard of care for Wisconsin.

The Title V Program, the Wisconsin Department of Public Instruction, Department of Children and Families, and the American Academy of Pediatrics met to discuss the pros and cons of producing a mini screening guide for Wisconsin. Due to competing priorities, staff capacity, and ongoing pandemic response efforts, this strategy was not identified as a priority and will not continue at this time.

Coordinate and provide developmental screening trainings to medical providers throughout Wisconsin.

The Wisconsin Medical Home Initiative promoted children's health and development through direct, targeted outreach and support to primary care clinicians, public health professionals, and families through the [Medical Home Initiative's website](#), which provides national and state educational resources. The developmental screening web page had 285 views for 2021.

The Title V Program planned to support and collaborate with many agencies and community partners throughout the state to promote optimal physical, social-emotional, and developmental health of children and their families in Wisconsin in 2021. Just as in 2020, COVID-19 response efforts resulted in reduced time to address activities related to developmental screening. In 2021, only two local health departments and three tribal health agencies elected to address developmental screening with their Title V funds. Nevertheless, these agencies provided developmental screening education to 5 sites (35 individuals) which serve a total of 7,876 children younger than 6 years old (this includes the City of Milwaukee Health Department). Educational events conducted with 7 community organizations had 50 total participants in attendance.

The Wisconsin Medical Home Initiative worked with local community coalitions and other partners to coordinate and facilitate developmental screening trainings for medical providers and their teams, and community organizations from January 1, 2021, to December 2021. In 2021, the Wisconsin Medical Home Initiative provided 7 trainings to 79 attendees (44 of whom were clinicians) on developmental screening within well-childcare, as well as mental health screening tools. The training continued to be offered in a virtual format to allow for greater reach across the state and to limit the spread of COVID-19.

Of the 42 developmental screening pre-surveys were completed by medical providers, 12% reported that they do not perform developmental screening using a standardized validated tool. Additionally, 38% reported that they do perform screening. Among those who do perform developmental screenings, 69% reported using the ASQ-3. Of 19 post-training evaluations completed, 5% of respondents indicated that their knowledge of developmental screening increased from training participation. All respondents indicated that their knowledge of recommended referrals and resources for children with concerning screening results increased, and that they were satisfied with the training. Thirty-four attendees claimed CME credit.

The Wisconsin Medical Home Initiative was asked to provide a virtual developmental screening training to Wisconsin based HMO's. Four trainings were scheduled for providers. There was low attendance due to the pandemic. Continued collaboration is planned with Wisconsin based HMO's as they prepare for reporting the CMS Child Health Core Measures beginning in 2024.

Coordinate and provide developmental screening, monitoring, and awareness trainings to childcare providers.

Due to the COVID-19 pandemic, no local public health agencies elected to work with childcare agencies in 2021.

Partner with Supporting Families Together, Child Care Resources & Referral Agencies and Family Resource Centers to increase staff knowledge and awareness of the importance of developmental monitoring.

The Title V program partnered with Supporting Families Together (SFTA), Child Care Resources & Referral Agencies and Family Resource Centers (CCR&R) to increase staff knowledge and awareness of the importance of developmental monitoring. The Title V Program facilitated conversation with SFTA partners and CCR&R directors in Wisconsin to understand their concerns and barriers to developmental screening within childcare agencies. Childcare agencies reported:

- High levels of turnover in 2021. COVID-19 created much anxiety and stress, many centers closed.
- A severe shortage of childcare providers.

- Trusting relationships with childcare providers takes time.
- Challenges balancing competing priorities.
- Negative past experiences where agencies have taken advantage of childcare providers to meet their own needs.

Promote awareness and education on the importance of developmental monitoring and screening among community groups and partners.

Due to the COVID-19 pandemic and public health response there are no activities to report for this strategy.

Promote education and training of the public health workforce to ensure skills and competencies for completing a developmental screening.

Due to the COVID-19 pandemic and public health response there are no activities to report for this strategy.

Coordinate with the Wisconsin Medical Home Initiative to provide technical assistance related to developmental screening to local and tribal health agencies.

Due to the COVID-19 pandemic and public health response there is limited activities to report for this strategy. Title V staff approached technical assistance differently with the pandemic. Staff reached out quarterly to each agency offering space to talk about challenges as the pandemic continued and agencies remained stressed.

Collaborate with the Wisconsin Medical Home Initiative to plan, facilitate, and evaluate quarterly developmental screening learning calls with local and tribal health agencies.

In 2021, there were two learning calls with the 5 local public health departments that selected developmental screening. Learning calls focused on providing a safe environment for teams to share their experiences and self-care as they continue to respond to the COVID-19 Pandemic. Developmental screening, like well child visits, lead screening and immunizations were not completed due to the pandemic. [The Medical Home Initiative's website](#) continued to house national and state educational resources. The web page included learning community call agendas, presentations, archived/recorded meetings for those not able to attend, and additional resources for agencies.

Facilitate and promote social and emotional health and access to mental health services through administration of the Wisconsin Child Psychiatry Consultation Program and HRSA Pediatric Mental Health Access Program, collaboration with the Office of Children's Mental Health, and partnerships with Well Badger Children's Mental Health Navigator and the Wisconsin Medical Home Initiative to conduct mental health screening trainings.

The Child Psychiatric Consultation Program began in late 2014, supported by an allocation from the Wisconsin State Legislature. Since 2014, the Wisconsin Department of Health Services has contracted with the Medical College of Wisconsin to implement the Child Psychiatry Consultation Program across Wisconsin. The Title V Program continues to provide in-kind contract administration, project management and support to the Medical College of Wisconsin to implement this program across Wisconsin's five regions and in Milwaukee County. In addition to the July 2020 funding increase, the Wisconsin State Legislature in 2021 allocated an additional \$500,000 to this project beginning in July 2022. The program continued to build primary care provider capacity to support the behavioral health needs of children and families.

The Child Psychiatry Consultation Program enrolled providers shared a trusting relationship with a child psychiatrist, received efficient and timely expert consultation, access to ongoing education and support, all of which led to increased confidence. They also received referral assistance for local mental health resources. Active primary care provider

enrollment continued across all regions of Wisconsin with 355 clinics enrolled. Since program inception through December 31, 2021, 1,367 providers were enrolled, and there were 5,893 consultations provided to enrolled providers. The Child Psychiatry Consultation Program encounter data continued to show that most primary care providers were calling about children and adolescents ages 6 to 20 years old, with an average age of 10.11 years old.

The four most common reasons for consultation were general medication questions/education, diagnostic question, resources referral, and parent guidance. Title V staff facilitated quarterly check in calls with Child Psychiatry Consultation Program staff, and discussions resulted in program improvements, marketing opportunities and reporting outcomes through intentional joint branding to include Child Psychiatry Consultation Program logo and the Wisconsin Department of Health Services logo on yearly reports. In 2021, staff collaborated to create a yearly 2020-2021 [CPCP Brief Report](#) highlighting cumulative outcome data.

Since receiving a five-year [Pediatric Mental Health Care Access Program grant](#) from the US Maternal Child Health Bureau in October 2018, Child Psychiatry Consultation Program services has been able to expand to additional primary care providers in southern rural Wisconsin, which state funding could not support. A fifth regional hub was established with Viroqua Medical Center. This grant supports a part-time child psychiatrist and regional coordinator. As of December 31, 2021, 107 providers have been enrolled and 239 consultations were completed in this region.

The [Pediatric Mental Health Care Access Program Grant supported the development of a](#) Children's Mental & Behavioral Health Navigator tool in 2020-2021. The tool was developed by the Title V-funded Well Badger Resource Center with guidance from mental health professionals and families with lived experience. [The Well Badger Resource Center](#) is Wisconsin's Title V-funded health information and referral service, connecting families and professionals to social, health and government programs available in their own community. The Wisconsin Children's Mental & Behavioral Health Navigator is a free, confidential, online tool designed to help parents, caregivers and professionals in Wisconsin navigate (find, access, pay for) mental and behavioral health services and support for children, adolescents, and young adults under the age of 21. The Navigator provides a customized guide to connect kids and families with the resources and support they need and deserve. The official launch of this tool was July 1, 2021. Twenty-seven promotional activities were conducted with in six different strategies (e.g., presentations and demos, paid aids, e newsletters, face book and was part of a two-part segment on NBC 15 New: Families Every Day).

A [Medical Home Minute story](#) was created, in partnership with the Wisconsin Women's Health Foundation to include a featured story on the new Children's Mental & Behavioral Health Navigator in August 2021. This story generated awareness and traffic to Navigator Tool with 199 unique clicks. The Medical Home Minute open rate for the story was 28% which was the highest open rates in 2021.

Title V staff collaborated throughout 2021 with the Wisconsin Office of Children's Mental Health (OCHM) and their Collective Impact partner teams. Additional details on this strategy can be found in the Adolescent domain report.

In 2021, The Wisconsin Medical Home Initiative conducted only two Pediatric Mental Health Screening Trainings for medical providers in collaboration with the [Child Psychiatric Consultation Program](#) due to the COVID-19 pandemic. In 2021, the Wisconsin American Academy of Pediatrics and Title V Program, the Child Psychiatric Consultation Program initiated project planning to produce future behavioral health podcast for primary care providers. This work was stalled due to staff capacity but restarted in January of 2022.

In 2021, [First Five Fox Valley](#) launched the first [Help Me Grow](#) affiliate in Wisconsin. First Five Fox Valley is funded through multiple funding streams at a community/grassroots level. Utilizing the Help Me Grow system allowed childcare providers to join the developmental screening efforts while having access to free screenings and navigator support. For example, one childcare center in Appleton participated in the work and completed 29 ASQ-3 screens. 20 were reassuring and 9 were in the monitoring or concerning zones. The Help Me Grow navigator (paid position) worked with families to get connected to Birth to 3 and other resources as needed. The navigators are key to supports to childcare providers, taking the burden off

them, and ensuring that families can maneuver through the complicated system. Throughout 2021, the Title V staff met regularly with First Five Fox Valley to explore collaboration and partnership opportunities. Meetings led to a better shared understanding of each other's programs. In partnership with Act Early Ambassador and the Wisconsin Care Integration program, a Provider Education work group formed to identify and address provider educational needs related to developmental screening.

The [Act Early initiative](#) in Wisconsin encompasses the [Act Early State Team](#), the Centers for Disease Control and Prevention's Act Early Ambassador to Wisconsin, and [Learn the Signs Act Early](#) outreach. The Act Early State team brings the Title V Program together with multiple other key early childhood and disability stakeholders to coordinate the improvement of early identification systems, and care for children with autism spectrum disorder and other developmental disabilities.

The current Wisconsin Act Early State Plan activities were put on hold due to COVID-19, however, activities that continued in 2021 were very successful. Work groups formed to support targeted efforts related to goals. The Provider Education Workgroup monthly meetings led to opportunities to support and collaborate on provider education across Wisconsin. In 2021, the group provided guidance and training to the HMO Children's Community Health Plan as the organization prepared for upcoming changes in developmental screening reporting requirements. The group established a relationship with First 5 Fox Valley (F5FV), Wisconsin's Help Me Grow affiliate. Workgroup members met with the F5FV Director several times in 2021 to identify ways Act Early members could support provider education efforts. The F5FV Director joined the Act Early State Team in 2021 and will join the Provider Education Workgroup in 2022. In addition, the Wisconsin Care Integration Initiative provided an online webinar for primary care providers on supporting optimal child development in their practices in June 2021. Fourteen providers attended.

The Act Early Data & Measurement Workgroup was established in May 2021 to create a shared understanding of how developmental screening, referral and follow-up data are tracked across Wisconsin. This group includes representation from Wisconsin's Birth to 3, Title V team, Family Foundations Home Visiting, Special Education Programs, F5FV Help Me Grow, Supporting Families Together Association, the Wisconsin Care Integration Initiative, the Wisconsin Chapter of the American Academy of Pediatrics, and the Children's Health Alliance of Wisconsin. Monthly meetings explored measures that could be used as statewide performance indicators and discussed efforts to track these measures in Wisconsin.

The Act Early family leader group met monthly to outreach and offer support to medically underserved families, including families living in resource-poor rural or urban areas, and Black and Latinx families. This work group is made up seven leaders and includes representation from rural, urban, Black, Latinx, and LGBTQ+, parent and self-advocate lived experience.

Monthly "Bright Spots" interactive webinars were initiated as an opportunity for Act Early members to spotlight innovative work relevant to [Act Early State Plan](#) goals. These 20-minute presentations followed by group discussions also provided a way for members to stay connected with one another in between Act Early State Team meetings. Examples of Bright Spot presentation in 2021 included: Family Foundations Home Visiting programs efforts to complete developmental monitoring and screening, public service announcement campaign regarding the State's Birth to 3 Program, and the Wisconsin Early Autism Project discussed the advocacy efforts of the Wisconsin Autism Provider Association.

In August of 2021, the CDC funded Year 2 of the Act Early COVID-19 Recovery and Resilience Initiative. During Year 2, work groups including Title V Program staff continued to identify and respond to current barriers and identify opportunities to improving early identification of developmental delay: developmental and autism monitoring; screening; referral and evaluation; and access to early intervention. Project goals included: maintaining an ambassador-led state/territory team that includes key early childhood program partners, and develop, implement, and evaluate a plan to improve early identification of developmental delay/disability. Five community connectors (family members with lived experience or program staff with knowledge of Birth to 3) were hired to disseminate early identification materials in their respective communities.

The “Innovation in Care Integration for Children and Youth with Autism Spectrum Disorders and other Developmental Disabilities” continued throughout 2021. Referred to as the [Wisconsin Care Integration Initiative](#), this four-year initiative aims to increase early access to developmental and autism spectrum disorder screening, assessment, and early intervention among medically underserved populations across Wisconsin through provider education, family navigation services, and building sustainability and dissemination. The Wisconsin Care Integration Initiative provided trainings and family navigation to over twelve primary care clinics across the state serving large populations of medically underserved children from birth to 5 years old. In close collaboration with the Act Early State Team members, the Wisconsin Care Integration Initiative worked to integrate efforts with ongoing Title V Program activities related to family engagement, early identification, and health equity. Representation on the team expanded to include additional family leaders working with the Wisconsin Care Integration Initiative. These family leaders bring experiences as parents of children with autism or other developmental disabilities and represent medically underserved populations in Wisconsin. In 2021, two Black family leaders joined the team, joining three family leaders added in 2020 who represent Latinx and rural communities.

Partner with the Wisconsin Collaborative for Healthcare Quality to lead and facilitate the Adolescent and Child Health Collaborative to improve developmental screening and adolescent well visit rates within medical groups and clinics across Wisconsin.

The Wisconsin Department of Health Services, under the Title V Maternal and Child Health partners with Wisconsin Collaborative for Healthcare Quality to facilitate a monthly virtual improvement team to improve the quality of care and health outcomes for adolescent and child health topics in Wisconsin. Additional detail on this strategy can be found in the Adolescent domain report.

Collaborate with the Family Foundations Home Visiting Program to promote developmental screening and referral.

The Title V Program provides support to the Department of Children and Families, Maternal, Infant, and Early Childhood Home Visiting Program known as the Family Foundations Home Visiting Program. The Title V Program continued collaboration with the Home Visiting team to specifically promote development screening and referral. The full-time Home Visiting Nurse Consultant position is funded in partnership with the Maternal, Infant, and Early Childhood Home Visiting Program. The consultant collaborated with the Wisconsin Medical Home Initiative to organize monthly meetings to share and learn more about Title V and Home Visiting-specific activities related to developmental screening and a deeper dive into this data. Meetings also included presentations from Head Start and Early Head Start.

The Wisconsin Maternal, Infant, and Early Childhood Home Visiting Program was awarded funding for the COVID-19 Response Relief Grant from September 2020 to September 2021. The Wisconsin Act Early Ambassador and other project staff promoted “Learn the Signs, Act Early” Program resources. Over 2000 books and resources were distributed to the Wisconsin Family Foundations Home Visiting Program families, and to pediatrician’s offices through the Wisconsin Chapter of the Reach out and Read Program. These books focused on developmental promotion for children ages birth to 3 years old. Reading materials provide an avenue for parents to increase awareness and understanding of developmental milestones. At the All-Grantee Meetings for home visiting programs, the Title V Child Health Consultant presented on the Title V Developmental Screening State Action Plan for 2021, and Wisconsin Childhood Lead Prevention Program staff discussed lead screening initiatives with staff.

The Family Foundations Home Visiting programs track measures that align with Title V goals, including the percent of children with a timely developmental screen, percent of home visits where primary caregivers were asked if they have any concerns regarding their child’s development, behavior, or learning and, percent of children with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner. Data from October 2020 – September 2021 show that 73% of children enrolled in home visiting were screened for developmental delays using a validated parent-completed tool (a 3% increase from 2020), 99% of primary caregivers enrolled in home visiting programs were asked if they had any concerns regarding their child’s development, behavior, or learning, and 68% of children enrolled

in home visiting with positive screens for developmental delays (measured using a validated tool) received services in a timely manner (a 6.6% decrease from 2020). *Note: Birth to 3 enrollments decreased around the state during COVID-19

Family Foundations Home Visiting partnered with the Wisconsin Sound Beginnings Program to promote involvement and use of hearing assessment tools within Family Foundation Home Visiting programs. The Sound Beginnings Program received grant funding to provide hearing equipment and technical training for Home Visiting program staff serving Tribal communities. This project allowed Wisconsin to establish two new tele-audiology centers in rural Wisconsin tribal health agencies through use of audiology equipment. Telemedicine was not being utilized by the Home Visiting programs or the Tribal Health Agencies, especially in the rural north and indigenous communities. In a time of constricted and over-burdened health systems, parental concern about COVID-19 exposure, and diminishing numbers of pediatric audiologists, telemedicine is the most promising approach to increasing access during this pandemic and beyond. Tele-audiology will lay the foundation for accessing additional telemedicine services for rural and Native American residents. No longer will Indigenous families need to travel up to three hours one way to receive audiology and hearing health care. They can now receive care within a culturally responsive clinic from native health care providers. Additionally, non-native families can also access pediatric audiology services after a failed newborn hearing screening closer to home.

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 (30.5% ages 10-17 as a proxy measure from the National Survey of Children’s Health), which is a strong predictor of poor health outcomes throughout their lives. In choosing to address this national performance measure, Wisconsin has the following goals:

1. Decrease the number of children in Wisconsin with an overweight or obese classification by from 30.5% to 28% (-2.5%) by 2025. (As measured in the National Survey of Children’s Health for ages 10-17; Baseline from 2017-2018 National Survey of Children’s Health)
2. 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. (Baseline from 2017-2018 National Survey of Children’s Health)

Evidence-based Strategy Measures

Measure	2021 Data
Percent of partners actively involved with the Wisconsin Title V Program’s physical activity work connected through the physical activity and nutrition StEM (discontinued)	N/A
Percent of local and tribal health agencies in Wisconsin receiving Title V funds who choose a physical activity and nutrition objective (new)	New in 2022; no data currently available

Collaborate with Wisconsin’s Chronic Disease Unit to plan the Physical Activity and Nutrition State Engagement Model, to help the Title V Program connect with other statewide partners who share a common goal and receive project management technical assistance for coordinated efforts.

Being physically active and having nutrition security (access to sufficient and nutritious food options) are critical to the health of our communities, especially as many are still experiencing the impacts of the COVID-19 pandemic and struggling to recover from it. The Wisconsin Department of Health Services’ Chronic Disease Prevention Program, Wisconsin Maternal and Child Health Program, and [healthTIDE](#) partnered to engage stakeholders around the creation and funding of a statewide Physical Activity and Nutrition Road Map that is community-centered, community-driven, and equity-focused.

Listening sessions held in late 2020 engaged community voices and statewide partners to inform the physical activity and nutrition roadmap. Key themes included the need to address systemic and institutional racism, the need to fund capacity building, and the need to leverage cross-sector partnerships.

A full-scale investment in local communities and tribal nations, with stable and flexible funding for dedicated staff, leadership, and resources is needed to implement sustainable change prevention strategies that go beyond pilot efforts and mini-grants. Creating and sustaining environments that make breastfeeding, healthy eating, and physical activity easier for people of all ages and abilities can have a major impact on the prevention of chronic diseases and can help address the vast health inequities that exist across our communities. This type of investment would represent a substantial and unprecedented public-private partnership in state and community-level health promotion and chronic disease prevention in Wisconsin. These are the ideal components needed to establish a Healthy Communities approach for statewide physical activity and nutrition work:

- Rebuild community and state-level resources to adequately support investment in local communities and tribal nations, with stable and flexible funding for dedicated staff, leadership, and resources
- Engage across sectors and mobilize broad multi-sectoral partnerships to build momentum and investment in prevention including meaningful engagement with under-represented groups within each community and groups most affected by health inequities
- Design for statewide implementation and investment across all 72 counties and 11 tribes for broad-based support from stakeholders
- Provide a “menu” of evidence-based change strategies, with an emphasis on breastfeeding, nutrition, and physical activity in populations most impacted by inequities
- Adapt resources for implementation with tribal communities to ensure culturally responsive technical assistance and evaluation strategies are developed in collaboration with the tribes
- Develop and strengthen partnerships with a variety of different sectors to leverage funding and resources for scale and sustainability
- Build broad support for a sustained investment of this scale requires accountability that the program is making a meaningful impact on the health and well-being of our state. The Road Map includes funding for formal and ongoing evaluation of project processes and outcomes

The intention of this road map is to serve and support Wisconsin communities and their efforts to create healthier places and spaces that support optimal health. For communities to be healthier, significant investments and equitable changes are needed. This Road Map outlines how to build and center these necessary supports that are in alignment with what communities’ needs are. To support communities in these efforts, statewide infrastructure, change, and funding are also needed. Of note, the term ‘local’ is discussed in the Road Map and is synonymous with ‘community’. Road Map Action Areas include:

Local-Level Policy, Systems, and Environmental Change Aim: Collectively advance evidence-based and practice-based, culturally appropriate strategies in various settings, including local policies and systems changes. This action area allows for innovative community strategies.

State-Level Policy, Systems, and Environmental Change Aim: Collectively advance state policies and systems-level change strategies that support healthy eating and active living. This action area will require identifying key state-level

strategies and developing a centralized structure for technical assistance and capacity building. This work should align with COVID-19 relief and recovery efforts.

Infrastructure Aim: Establish sustainable funding for investment in local healthy communities and a centralized, statewide infrastructure including dedicated staff and capacity building for physical activity and nutrition work at state and local levels.

Collaborate with community partners to develop strategies for local health and tribal agencies for 2022 which incorporate physical activity and nutrition.

By August 31, 2025, the Title V Program aims to fully integrate public health nutrition into Wisconsin Title V efforts related to NPM 08.1. The first year was focused on the same three main areas as the overall 5-year plan which include partnerships, workforce development, and nutrition-related data. The year one achieved outcomes and process findings lay the groundwork for the beginning phases of partnership collaboration with a large network of initial connections and further collaborations for training opportunities to offer to local agencies.

Acknowledging that physical activity and nutrition were new, unexplored areas within the Wisconsin Title V Program, staff developed an online survey at the start of 2021 that could start to “map” out work that was already occurring throughout the state related to the physical activity and nutrition of school-aged children. Initially, the survey was distributed to existing partners and contacts, with the request that they share it widely within their own networks.

Highly successful, over 300 responses were collected from more than 60 organizations throughout Wisconsin, including local and tribal health agencies, non-profits, and others. The Title V team made it a priority to create a [Physical Activity and Healthy Eating one-pager](#) to display key findings from the survey, so respondents could understand how their responses were being used.

Nearly every respondent indicated that they were interested in attending trainings related to both physical activity and nutrition. According to one respondent, “Food and physical activity are medicine. Teaching kids how to create healthy habits at a young age will help them create optimal health for a lifetime.” When asked what type(s) of projects they would be interested in pursuing in this area, top responses included:

- Youth gardening
- Healthy eating education for parents, especially through COVID-19
- Innovative ideas for year-round outdoor activities
- Social and emotional education, including techniques like mindfulness, meditation, or deep breathing

Once the survey results were assessed and published, Title V staff worked with local and tribal health agencies mid-2021 to identify physical activity and nutrition-related strategies they would want to use their Title V funds to implement. The following three strategies were published in 2021 as options for local and tribal agencies to opt to implement in 2022:

- Partner with University of Wisconsin Extension and FoodWise Programs to support health in children ages 6-11 years old
- Partner with K-5 schools and local partner 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 in children

Build and establish nutrition capacity in Title V work through the Children's Healthy Weight State Capacity Building Program, led by the Association of State and Public Health Nutritionists.

This strategy aims to build state capacity around maternal and child-focused nutrition by increasing nutrition competency of the state Title V workforce and optimizing maternal and child health nutrition-related data sources to contribute to data-driven programs and activities related to assessment, policy development, and assurance.

Many Wisconsin children are at risk for poor health outcomes throughout their lives because they are overweight or obese. Rural and urban areas in Wisconsin face different challenges in nutrition security, safe neighborhoods, transportation, economic inequity, and accessible spaces which decrease the opportunity for healthy living. The people of Wisconsin chose nutrition as a theme they would like to see addressed by Title V in a recent statewide needs assessment. The Children's Healthy Weight Collaborative Innovation and Improvement Network helped with building partnerships across statewide organizations and Wisconsin is well-positioned to leverage these existing partnerships for improving nutrition in maternal and child populations with the Children's Healthy Weight Capacity Building Program. Furthermore, the Wisconsin Title V Program does not currently have a nutrition-focused staff member. Wisconsin is proposing a multi-disciplinary team that includes staff with skills related to: maternal and child health Nurse Consultants, Children and Youth with Special Health Care Needs, Public Health Nutrition, Grants Coordination, Epidemiology, Evaluation, Quality Improvement, YoungStar regulations (Wisconsin's childcare quality rating and improvement system), and networks.

In the first year of this work, over 60 organizations and community champions were identified who are involved in implementing public health nutrition efforts and strategies. The Title V Program worked with these groups to develop a 'stakeholder list' of key partnerships as a means for keeping new and existing partnerships organized.

Wisconsin's Title V team also developed a health equity model of continuous feedback and worked to assess the public health workforce's baseline public health nutrition knowledge, skills and experience through a statewide survey. Results were shared with all partners that completed the survey to 'give data back' and inform their efforts, and the team then identified existing data sources while determining data gaps to inform local and statewide public health nutrition efforts. Existing data sources were also evaluated for nutrition-specific items.

The team also identified valuable collaborations to inform this work. They connected with the University of Minnesota-School of Public Health's Maternal and Child Health Trainee Program regarding potential partnering on maternal and child health workforce training, especially around policy, systems and environmental change strategies. They connected with the University of Wisconsin, Division of Extension, Health and Wellness Institute regarding collaborating on support for school wellness-related strategies connected with tribal and local health department GAC Objectives. They also connected with the Wisconsin Academy of Nutrition and Dietetics to discuss improving and increasing connections between them and the Wisconsin Public Health Association. Finally, the Title V team met with National Survey of Child Health staff and discussed adding nutrition questions to the national survey that informs Title V across the U.S., including items to capture the type of foods available, such as healthy, local foods, and fields focused on the availability of healthy spaces such as safe and accessible walk/bike paths, parks or playgrounds.

Additionally, discussions were started regarding the automation of an out-of-school time environmental assessment tool with the Wisconsin Department of Children and Families and Harvard School of Public Health.

A learning collaborative model was built through connections with FoodWise, University of Wisconsin's Division of Extension, and Dr. Jamie Stang at University of Minnesota's School of Public Health to offer opportunities to increase overall confidence in implementing nutrition-specific public health programming and provide peer-to-peer support.

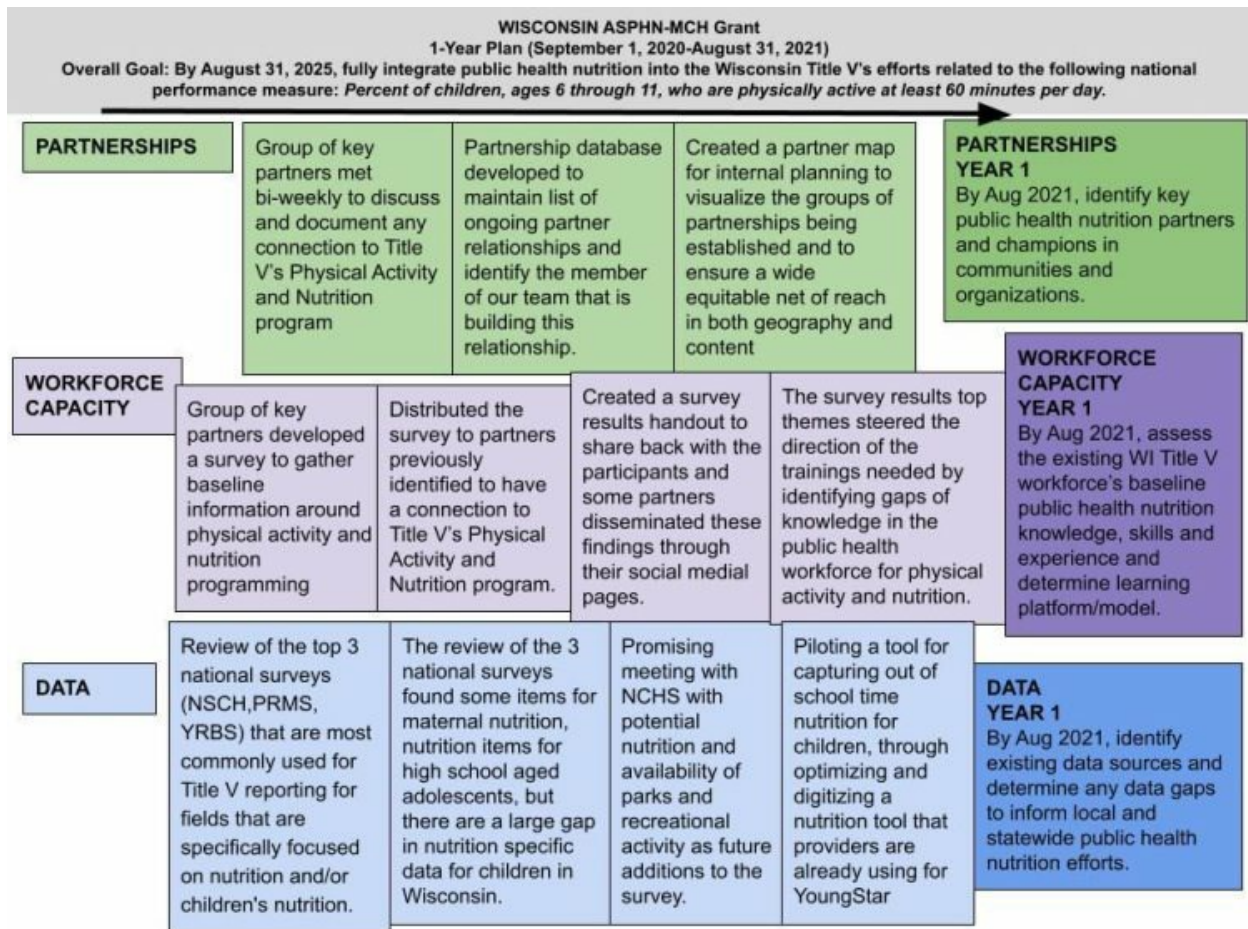


Figure 1: Logic model developed for the evaluation of the Wisconsin Title V MCH and Association of State and Public Health Nutritionists Program Year 1

Based on evaluation findings from year one, there has been extensive growth as the collaborative and iterative feedback model utilized by this program is strengthening nutrition connections with other state government agencies, academic partners, statewide partners and local health departments. Wisconsin has learned how to leverage partners and other ongoing events and data gathering already occurring to incorporate iterative community level feedback.

Addressing gaps in nutrition-specific items in national surveillance data will be a long process, but we have made some initial gains. Additionally, Wisconsin is piloting a data collection tool for capturing out of school time nutrition for children. This data will provide state and county level nutrition data and will fill a needed and large gap of information for nutrition programs throughout the state. If the pilot is successful, this same process could be shared widely as a potential method to address the gap in nutrition data across other states, as well as provide an opportunity for states to collect, analyze, and share nutrition information.

Continue Title V representation in Healthy Early meetings to support statewide collaboration among stakeholders.

The Healthy Early Collaborative was formed in 2017 from the former Wisconsin Early Childhood Obesity Prevention Initiative. It is a team of over 90 multi-sector partners in Wisconsin whose work advances equitable eating and physical activity opportunities for all children and their families. Priorities include engagement of families, strengthening of resources, growing their network, and exploration of out-of-school time needs. The collaborative conducted an equity evaluation in 2021, which resulted in a plan for restructure to include more diverse partners. This plan will be in process in 2022. Engagement with this network of experts will help the Title V Program to align across sectors regarding physical activity and

nutrition.

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

The American Academy of Pediatrics Bright Futures recommends screening children for developmental problems using a standardized screening tool and referring at-risk patients to early intervention or subspecialists. Adoption of these guidelines has been slow and gradual with research showing many children still not being screened and referred. There have been some gains as noted from [the Trends in Pediatricians' Developmental Screening: 2002-2016](#) article. Results show pediatricians' use of developmental screening tools tripled from 2002 to 2016, and they self-reported making more referrals for early intervention. Additional efforts are needed to improve early identification. Wisconsin's Title V Program remains committed to addressing the problem through established partnerships with statewide and local programs, within the medical community and local community as everyone's efforts are needed to increase the rate of developmental screening.

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.

The Wisconsin Medical Home Initiative will offer trainings to medical providers and with other professionals through targeted outreach and the [Children's Health Alliance of Wisconsin website](#). The trainings will integrate resources from other community programs, promoting a coordinated approach to increasing developmental screenings. Activities will encourage and enhance the use of a valid standardized developmental screening tool, such as the ASQ-3, to ensure adoption of the American Academy of Pediatrics' Bright Futures (4th Edition) recommendations. The Title V Program will promote and integrate Medical Home tools, lead screening recommendations, HealthCheck awareness, and common messaging throughout the state.

Local and tribal health agencies will choose at least one community outreach strategy to increase awareness of importance and standards of developmental screening, as well as awareness of other resources such as Women, Infants, and Children (WIC), the Lead Program, Medical Home, Regional Centers for Children and Youth with Special Health Care Needs, the Birth to 3 Program, and HealthCheck. Outreach strategies could include:

Strengthen collaboration and partnerships with other programs and or grant-funded projects (of others doing similar work) to increase knowledge, promote resource utilization and tools to increase developmental screening rates, referrals, and early intervention (i.e., Birth to 3, Help Me Grow, Lead Screening, Health Check, Home Visitation).

Through partnership with the Wisconsin Medical Home Initiative, the Title V Program will continue to provide expertise and assistance to local and tribal health agencies, while fostering connections with other state and local resources. Communicating a common message about the importance of children having a developmental screening across community members, medical providers, and childcare providers over time will help solidify a universal understanding. Agencies selecting developmental screening objective in 2023 and other projects promoting developmental screening will also be encouraged to promote and share other agencies or groups that also promote developmental screening such as, Birth to 3, Help Me Grow, Lead Screening, Health Check, and the Family Foundations Home Visiting Program.

Title V staff will continue to meet on a quarterly basis with the Wisconsin Lead Program to identify and implement cross-promotional activities to programs and partners throughout the state, including education around lead testing and the need for ongoing developmental monitoring and screening. The Title V Program plans to offer training and educational

opportunities from the Lead-Safe Homes Program to Title V partners working on developmental screening. The Title V Program will resume collaboration with the Lead Program's Meet-N-Greets Pilot Program, which increases networking opportunities for local health and tribal agencies and childcare centers across the state to revive awareness of commonalities in each program's work.

The Title V Program will continue to collaborate, align, and promote local and regional activities related to developmental screenings such as with the First Five Fox Valley Organization. Launching *Help Me Grow Fox Valley* in 2021, First Five is the Wisconsin affiliate of *Help Me Grow National Center* and, the program plans to leverage impact on a larger more sustainable scale for the important work of cultivating a community that empowers and supports every family in building a solid foundation for young children. The establishment of the *Help Me Grow* project in Wisconsin is the next step in creating a community hub for linking early childhood resources; and expanding developmental screening and assessment. The Title V Program will continue to assess and gather data for identifying best practice, sharing innovation, identifying potential gaps, and integrating cross-promotion of tools and resources. The Title V Program will continue to support the Department of Public Instruction, Wisconsin Early Childhood Collaborating Partners through braided funding, participation, and promotion of outreach and resources for children.

The [Act Early State Team](#) remains committed to reducing disparities and determining which families are not accessing the network of family supports offered through the Title V Program and its partners. Through collaboration with CDC's Act Early Ambassador for Wisconsin, the Act Early State Plan efforts will be implemented. Meetings in 2022 will support the Act Early Ambassador and other team members in successfully implementing activities identified in the "Innovation in Care Integration for Children and Youth with Autism Spectrum Disorders and other Developmental Disabilities" grant and supporting quality improvement initiatives to increase early access to diagnosis and early intervention among medically underserved children in Wisconsin. Activities will be integrated with ongoing state efforts related to family and youth engagement, developmental screening, resource and referral database and quality improvement work.

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

The [Wisconsin WIC Program](#) received a Tufts University Telehealth Innovation Grant to deliver nutrition education and breastfeeding support to WIC participants to overcome access barriers, especially in rural settings. The Title V Program will continue to coordinate with WIC as they develop a multifaceted mobile-optimized website through the [ONE System](#) to eventually include the CDC WIC Developmental Milestone Checklist Program and resources. This innovative tool will combine videoconferencing, online education including developmental milestones, lessons supporting secondary material, a message center, and a link to the WIC App. The Title V Program will continue to offer the CDC WIC Developmental Milestone Checklist Program to local public health agencies and encourage partnership development with WIC programs/staff. Interested sites in 2023 will be offered CDC tools, technical assistance, and evaluation of implementation. Information from this work will be used to improve, revise, and spread delivery of the Developmental Milestone Project in Wisconsin beyond 2023.

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

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 Program staff will continue to play a leadership role in this project until the end of the pilot in June 2023. The school-based mental health pilot provides consultation services to support school-based providers, assisting with the management of students with behavioral health problems and provide referral support for students, and education. The Wisconsin Department of Health Services will submit a report of the school-based mental health program to the committee of legislators upon completion in 2023. The Psychiatric Registered Nurse will support marketing to additional schools through calls, in person meetings and school events monitor district's enrollment. The consultation program may develop additional educational modules for school staff.

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.

Collaboration with the Office of Children’s Mental Health Executive Council will continue to promote linkages to Title V work and vice versa, including Office of Children’s Mental Health groups, such as the Access Workgroup, Resilience Workgroup, Trauma- Informed Care Workgroup, Parent & Youth Partners, and Infant Mental Health.

Implement the Wisconsin Child Psychiatric Consultation Program the Health Resources and Services Administration’s Pediatric Mental Health Access Program.

Social-emotional developmental screening and pediatric mental health screening trainings will be sustained, supported, and promoted through Wisconsin’s Title V Program. The Wisconsin Medical Home Initiative will provide trainings and ongoing technical assistance to encourage use of social and emotional developmental screening and advancing a system of care that uses the ASQ- SE 3 to help children reach their fullest potential during their early years.

The Child Psychiatry Consultation Program which encompasses the Pediatric Mental Health Access grant activities for primary care providers will remain in place with ongoing commitment to increasing program reach and access across the state. The Medical College of Wisconsin will continue to collect encounter data, promote, and evaluate provider trainings, and track referrals and recommendations to community resources and services. There will be continued targeted outreach to pediatric and family medicine practices to enroll new providers and to engage providers who may not be utilizing the program. The current Child Psychiatry Consultation Program infrastructure will be sustained to provide statewide services across Wisconsin. Coordination and collaboration with existing and new partners will advance work toward building a statewide system of care for Wisconsin children and adolescents struggling with behavioral health needs. The Child Psychiatry Consultation Program outcomes will be collected, assessed, and reported to track progress and ensure programmatic goals are attained. The Child Psychiatry Consultation Program logo branding and marketing will continue to be implemented to ensure stakeholders know this is a state-funded program. A yearly brief report will be prepared in 2023 and approved by the Department of Health Services and shared with statewide constituents. Federal reporting will be completed for Year 4 of the Pediatric Mental Health Access Program.

Partner with [the Wisconsin Collaborative for Healthcare Quality](#) to lead and facilitate the Adolescent and Child Health Collaborative to improve developmental screening and adolescent well visit rates within medical groups and clinics across Wisconsin.

The Title V Program will continue to collaborate with the Wisconsin Collaborative for Healthcare Quality to lead the adolescent and child health quality improvement initiative, expand interest and participation, and promote continued learning events for members. This steering team guides the development, dissemination, and monitoring of goals, strategies, and tools to improve adolescent and child health outcomes across Wisconsin. This collaboration will identify improvement resources to consider, test, and track, as well as identify barriers to future success. Monthly steering team planning calls and the Wisconsin Collaborative for Healthcare Quality’s Adolescent and Child Health Quality Improvement Steering Team calls will facilitate sharing and learning, and child health-specific agenda items will be recommended for discussion. Measures of improvement will include, percent of children ages 9 to 71 months receiving a developmental screening using a parent- completed screening tool; percent of adolescents 12-21 years of age who received at least one comprehensive well-care visit with a primary care provider in the last year and immunizations. The Title V Program will continue to promote alignment with other quality improvement efforts.

Collaborate with the Family Foundations Home Visiting Program to promote developmental screening and referral.

The Wisconsin Department of Children and Families Family Foundations Home Visiting Program directly interacts with

marginalized women, infants, children, and families across the state. The Title V Program will maintain this partnership through regular meetings and seek opportunities for alignment when applicable. Title V Program staff will also continue to share technical assistance and trainings when agencies participate in common measures, objectives, and initiatives especially particularly around developmental screening and referrals to services.

The team may use late 2022 and all of 2023 to review all developmental screening data and measures, specifically to enhance data collection and analyzation for Black/Indigenous families enrolled in Family Foundation Home Visiting Programs. Plans include looking at the number of screening completed for Black/Indigenous families enrolled in Family Foundation Home Visiting Program and tracking referrals (and the links to early intervention if available). This initial step may help the team identify why these families may not be connecting to services.

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 Body Mass Index (BMI) standards, which is a strong predictor of poor health outcomes throughout their lives. The Wisconsin Title V Program will continue work to improve physical activity and nutrition among Wisconsin children throughout 2023.

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.

Local and tribal health agencies were able to elect to use their Title V formula funding for physical activity and nutrition projects for the first time, beginning in January of 2022. The nine agencies who did elect to use their Title V formula funding for this work spent the first half of 2022 completing learning modules. The second half of the year was spent working collectively to develop implementation plans for 2023.

FoodWise and the University of Wisconsin Extension assisted and consulted with local and tribal health agencies during their education and their planning processes in 2022, and it is anticipated that both organizations will be key collaborating partners with the local and tribal health agencies throughout the implementation of their plans in 2023.

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

Local and tribal health agencies will be able to elect to use their Title V formula funding for this work in 2023. Agencies choosing to partner with schools will support overburdened schools to complete the school wellness assessment from the Wisconsin Department of Public Instruction and assist with updating school wellness policies as needed. Schools with up-to-date wellness assessments are eligible for increased funding opportunities. Once the assessment is complete, local and tribal health agencies will work together with schools to prioritize policy, systems, and environmental changes needed to improve the health and wellbeing of the students, families, and staff of the participating school. The Title V Program and the Wisconsin Department of Instruction will provide technical assistance as needed.

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.

Local and tribal health agencies will be able to elect to use their Title V formula funding for this work in 2023. Agencies choosing to partner with out of school time programs will work with the Wisconsin Department of Children and Families and its Quality Rating and Improvement System to administer the new [Healthy Bites](#), Out of School Time Assessment tool. This tool was developed through a collaboration between the Title V Program, Department of Children and Families, healthTide,

Healthy Early, the University of Wisconsin Madison School of Human Ecology, and the University of Minnesota School of Public Health.

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

The Title V team plans to conduct key informant interviews throughout 2023 with people and organizations that could support or contribute to increasing physical activity in Wisconsin children. The team also plans to set up community conversations – especially in marginalized Wisconsin communities and those facing health disparities – to better understand facilitators and barriers to healthy eating and physical activity.

Additionally, the team will continue using [results from the Healthy Eating and Physical Activity Survey](#) to guide strategy development, revision, and implementation.

The Title V team will continue connecting agencies with child health-oriented resources and will continue to build and maintain relationships that support increased connections with communities, especially communities impacted most by health disparities.

Continue to identify points of alignment with the Association of State Public Health Nutritionists' efforts around increasing public health nutrition/nutrition capacities in the MCH workforce.

This work will involve close collaboration with the Association of State Public Health Nutritionists. The Title V team plans to meet with them monthly to support their efforts.

Build and establish nutrition capacity in Title V work through the Children's Healthy Weight State Capacity Building Program, led by the Association of State and Public Health Nutritionists.

This work will build capacity in maternal and child-focused nutrition by increasing nutrition competency of the state Title V workforce and optimizing maternal and child health nutrition-related data sources to contribute to data-driven programs and activities related to assessment, policy development, and assurance. The specific objective of the Children's Healthy Weight State Capacity Building Program is to develop three state models in the Title V Program's nutrition integration, which can then be implemented and replicated in states nationwide. The state models will increase access to high-quality, evidence-based nutrition services for maternal and child populations, including all women of childbearing age and their children, using innovative strategies to integrate nutrition statewide into Title V programs.

This program will support states to strengthen, align, and coordinate current nutrition programs, services, and resources to build and expand capacity around maternal and child-centered nutrition. The Children's Healthy Weight State Capacity Building Program will build on lessons learned from, and formative work currently underway in, the Children's Healthy Weight Collaborative Innovation and Improvement Network to support states in developing and/or increasing capacity to improve the nutritional status of maternal and child populations across the lifespan. The program will increase partnerships and collaboration across maternal and child health-focused agencies to support nutrition integration into Title V programs and increase awareness of the importance of coordinated statewide nutrition services.

The Title V Program will continue convening a Physical Activity and Nutrition Workgroup which includes partners from Wisconsin Department of Instruction and Wisconsin Department of Children's and Families, healthTIDE, and the Chronic Disease Prevention Unit. Many of the members of this workgroup are also members of the collaboration strategy between the Wisconsin Title V and Chronic Disease and Prevention programs, outlined in NPM 8.1 Strategy 1, fostering alignment of goals, projects and strategies needed to support the broader goal of a Comprehensive Statewide Nutrition and Physical Activity coordination.

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

The Healthy Early Collaborative was formed in 2017 from the former Wisconsin Early Childhood Obesity Prevention Initiative. It is a team of over 90 multi-sector partners in Wisconsin whose work advances equitable eating and physical activity opportunities for all children and their families. Priorities include engagement of families, strengthening of resources, growing their network, and exploration of out-of-school time needs. The collaborative conducted an equity evaluation in 2021, which resulted in a plan for restructure to include more diverse partners. This plan took effect in 2022. Engagement with this network of experts will help the Title V Program to align across sectors regarding physical activity and nutrition work in the state.

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

The Title V team plans to collaborate with an external partner to be identified based on a competitive funding process implemented in 2022 to convene a statewide steering team consisting of volunteers who participated in the Healthy Eating and Physical Activity Survey distributed in 2021. The purpose of this steering team will be to align relevant Title V State Action Plan strategies with other work being done by a diverse array of interested organizations around the state.

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

The Title V team plans to work closely with the University of Minnesota Maternal and Child Health Traineeship Program and other partners focused on maternal, child, and adolescent health – such as the University of Wisconsin Extension, the Department of Public Instruction, and the Department of Children and Families – to offer the Systems Approaches for Healthy Communities online course for local and tribal health departments that have selected the physical activity objective in 2023. For agencies who have already completed this education, the Title V team will work to build upon their foundational knowledge gained from the course, and improve agency efficacy in implementing project plans developed during 2022 – their first (foundational) year focusing on this work.

These efforts are highly dependent on which organizations receive 2023-2025 funding, based on the Title V Program's competitive funding process.

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

The Title V team plans to utilize nutrition and physical activity-related data from school wellness assessments and the Healthy Bites out of school time Assessment to inform strategic planning efforts. The Title V Program also plans to utilize data from the road map collaboration with Wisconsin's Chronic Disease Program and nutrition-related data from the [Survey of the Health of Wisconsin](#), while working to identify additional nutrition-related data sources to continue informing physical activity and nutrition work throughout the state.

Utilize data from Active Out of School Time Healthy Bites Assessment-Youngstar technical consultants for childcare providers.

Wisconsin public health professionals have a reputation for being a creative and collaborative team, working together across disciplines to stretch limited funding and maximize outcomes. The idea for this tool was developed as a creative way to utilize the strengths and meet the needs of two different organizations. Professionals working with the Wisconsin

Department of Health Services – including the Title V Program – noticed that there was a lack of data available for the monitoring and reporting of the physical activity and nutrition status of children during out-of-school time. They had tools available for data collection, but sources of data were limited. At the same time, professionals working with YoungStar – Wisconsin's quality rating and improvement system for childcare settings – expressed that they had an abundance of data, but needed an updated, electronic method to collect and store their data to assist with data organization and utilization.

These organizations came together to help develop a new electronic assessment and database that allowed the YoungStar team to automate their data collection and allow the Wisconsin Department of Health Services to utilize the data for reporting and monitoring – a win-win!

The original tool, the [Out-of-School Physical Activity and Nutrition tool](#), was developed out of the Harvard University Prevention Research Center on Nutrition and Physical Activity. Dr. Rebekka Lee worked with this interdisciplinary team to adapt her original tool to an electronic assessment that met the specific needs and resources of Wisconsin childcare providers. The new assessment is based on the original and includes new and updated questions.

Upon implementation of the tool, childcare sites participating in YoungStar will take the survey once a year with additional iterations as desired. Consultants with YoungStar will be able to access completed assessments in the REDCap online database to assist sites with goal setting, track change over time, and compare regional data. The Wisconsin Department of Health Services, including the Title V Program, will also be able to access data for reporting and monitoring purposes.

This project is currently at the end of the design and testing phases and will begin implementation soon. Trainings will be conducted in 2022 to instruct professionals from YoungStar and the Wisconsin Department of Health Services on the use of the tool. While the new assessment is based on a validated tool, the team hopes to validate each question of the new tool and conduct a rigorous evaluation of its implementation and efficacy in enhancing physical activity and healthy eating during out-of-school time.

Work with the National Survey of Children's Health and other relevant partners to incorporate additional data points to the National Survey of Children's Health related to physical activity and nutrition.

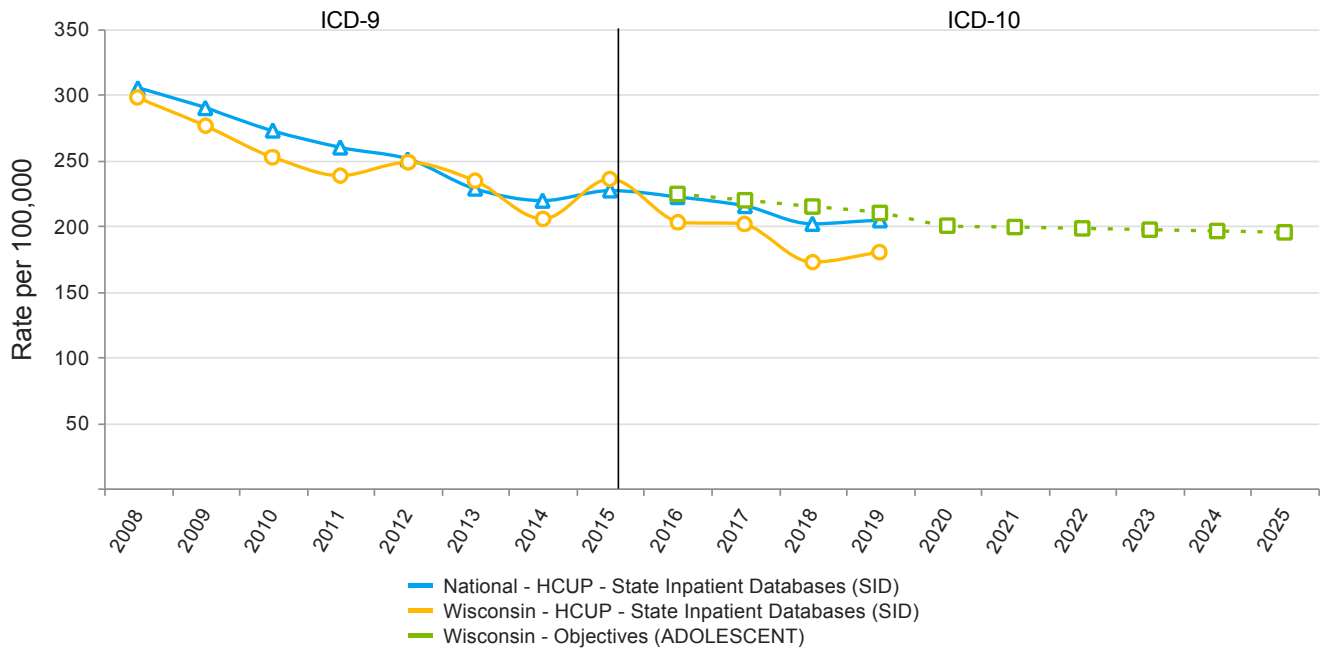
National data available on children's nutrition is sparse and Title V does not currently offer a national performance measure specific to nutrition in the child domain. The Title V team worked with the Association of State Public Health Nutritionists to submit a proposal to the National Survey of Children's Health that would expand child nutrition and physical activity data points. The proposal was reviewed by the National Survey of Children's Health in 2022, and the Title V team will wait to hear whether the proposed questions will move into the testing phase.

The Title V team plans to work with staff from the National Survey of Children's Health as needed on further developments. If Wisconsin's proposal is accepted, the additional data could help inform countless program initiatives and activities nationwide and provide valuable justification for new national performance measures in the future.

Adolescent Health

National Performance Measures

**NPM 7.2 - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19
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)					
	2017	2018	2019	2020	2021
Annual Objective	219.4	214.6	200	200	199
Annual Indicator	235.5	202.1	172.6	172.6	180.0
Numerator	1,326	1,513	1,291	1,291	1,340
Denominator	562,956	748,549	747,766	747,766	744,359
Data Source	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT
Data Source Year	2015	2016	2018	2018	2019

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	198.0	197.0	196.0	195.0

Evidence-Based or –Informed Strategy Measures

ESM 7.2.1 - 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	
Annual Objective			72.6	
Annual Indicator	72		84	
Numerator	72		84	
Denominator	100		100	
Data Source	Wisconsin Youth Risk Behavior Surveillance Survey		Wisconsin Youth Risk Behavior Surveillance Survey	
Data Source Year	2018		2019	
Provisional or Final ?	Final		Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	73.6	74.6	75.6	76.6

ESM 7.2.2 - Annual number of individuals who receive gatekeeper training (e.g., QPR, Mental Health First Aid) in suicide prevention

Measure Status:		Active			
State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective	12,678	14,678	16,678	18,678	0
Annual Indicator	17,712	30,542	37,656	0	1,272
Numerator					
Denominator					
Data Source	REDCap	REDCap	REDCap	REDCap	REDCap
Data Source Year	2017	2018	2019	2020	2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	0.0	0.0	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
Annual Objective		
Annual Indicator	27	
Numerator		
Denominator		
Data Source	Wisconsin YRBSS	
Data Source Year	2019	
Provisional or Final ?	Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	26.0	25.5	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 7.2 - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

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

ESM 7.2.1 - 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

ESM 7.2.2 - Annual number of individuals who receive gatekeeper training (e.g., QPR, Mental Health First Aid) in suicide prevention Active

NOMs

NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

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

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 mental health warm line (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.

National Performance Measure 07.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

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 youth with special health care needs, LGBTQ+ and Black, Indigenous, and/or People of Color (BIPOC). Please be sure to review the work described under SPM 05 in addition to NPM 07.2, in order to have the best understanding of the work being done in Wisconsin to address this issue.

Evidence-based Strategy Measures

Measure	2021 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)
Annual number of individuals who received gatekeeper training (e.g., Question Persuade Refer, Mental Health First Aid) in suicide prevention	1,272

Work with local and tribal health agencies to support skills-based and peer-based risk-recognition suicide prevention trainings in multiple settings, with special emphasis on including school districts currently receiving grant funding from the Wisconsin Department of Public Instruction to expand middle and high school peer-to-peer trainings.

In 2021, although only 9 local and tribal health agencies in Wisconsin chose the adolescent suicide and self-harm prevention objective for their Title V work (due to competing priorities with COVID-19 response), many agencies remained engaged in the work and attended quarterly Learning Community calls. The Title V Program continued partnership with [Mental Health America](#) of Wisconsin to support and advise all the local county and tribal health agencies working to implement evidence-based practices to prevent adolescent suicide and self-harm in their communities.

In 2021, the scope of trainings that were promoted through Local and Tribal Health Departments expanded from traditional gatekeeper trainings such as [Question, Persuade and Refer](#), [Youth Mental Health First Aid](#), and peer-based prevention trainings such as [Hope Squad](#), [Sources of Strength](#) or [Signs of Suicide](#), to include trainings in other priority areas, including trauma-informed care and adverse childhood experiences. The objectives of gatekeeper trainings are to:

- 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 risk behavior, provide friendship and connection, identify suicide-warning signs, and seek help from adults.

State Performance Measure 05: Percent of adolescents 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

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 Youth with Special Health Care Needs, LGBTQ+ and BIPOC. By this as a state performance measure, Wisconsin has the following goals:

1. By 2025, decrease the percentage of youth reporting feeling hopeless from 27% to 24% (baseline is from 2019 Wisconsin Youth Risk Behavior Surveillance System)
2. Decrease the percent of youth reporting being bullied on school property from 24% to 20% by 2025 (baseline is from 2019 Wisconsin Youth Risk Behavior Surveillance System)
3. By 2025, increase the percent of adolescents with a past year preventive visit by 10% from 64.0% to 70.4% (baseline is from 2018 National Survey of Children's Health)

Provide technical assistance for the implementation and evaluation of LGBTQ+ support groups and mental health warm line (PRISM).

In 2021, Title V funds were braided with injury prevention funds to support the development of the Peer Recovery in Supportive Mutuality (PRISM) project to promote the positive mental health of LGBTQ+ youth and young adults. The project includes a warm line (phone number staffed by support specialists who respond within 24 hours) and several peer support groups. The support groups were offered virtually in 2021 and were the most popular of the program. In 2021, Title V staff also supported Mental Health America staff to apply for the [CDC/Harvard Evaluation Practicum](#) to receive technical assistance with developing an evaluation plan to assess the reach and impact of the PRISM program. The project was accepted and included in the 2022 evaluation practicum course.

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.

Wisconsin [state statute](#) requires that all school districts adopt an anti-bullying policy. The Wisconsin Department of Public Instruction has developed a [model policy](#) and compiled [resources](#) for supporting youth at higher risk of bullying, like LGBTQ+ youth. In 2021, Wisconsin Title V added a strategy for funded Local and Tribal health departments to promote these resources with their school district partners.

Continue Title V representation in Healthy Early meetings to support statewide collaboration among stakeholders.

See the Child Domain Annual Report for more detail.

Support the Providers And Teens Communicating for Health (PATCH) Program to empower youth and equip providers to provide appropriate, responsive and high-quality health care.

The Providers and Teens Communicating for Health (PATCH) Program is based in Wisconsin and is committed to improving adolescent health alongside and in true partnership with youth. PATCH serves as a key asset in the state's youth engagement efforts - implementing its own positive youth development programming and providing expertise and technical assistance statewide. PATCH leadership actively serves on the state's Adolescent Health Project Support Team, supporting the alignment of adolescent state-based adolescent health efforts and working with Wisconsin Adolescent Health grantees on effectively engaging youth in their related work.

PATCH implements two youth programs which are supported by Title V funds: PATCH Teen Educator Program and PATCH Youth Advocacy Fellowship. Both are listed in the Association for Maternal and Child Health Program's Innovation Hub as a Best and Promising Practice, respectively. Therefore, PATCH excitedly supports and provides mentorship to replication partners who seek to bring these programs to their jurisdiction too. The goal of these two programs is to bring youth voice into important adolescent health conversations while also providing them the necessary knowledge, resources, support, skills, and opportunities needed to become healthy, connected, and thriving adults.

PATCH Teen Educators (part of the PATCH Teen Educator Program) are hired to facilitate educational workshops for both health care providers and their peers. Concurrently, they are designed to empower young people to begin managing their own health care. They work to improve health care experiences and to enhance health care transition. In 2021, these teams supported Title V's efforts towards National Performance Measure 10: Adolescent Well-Visit. Evaluation of this program was accepted for publication in the Wisconsin Medical Journal in March 2021: *Enhancing Communication among Adolescents and Health*

Care Providers: Evolution and Evaluation of Youth-Driven Initiative Addressing Barriers.

PATCH also has developed wrap-around resources that help support the PATCH Teen Educator Program and its efforts towards improving quality adolescent care, services, and education. For example, the PATCH for Teens and PATCH for Parents Toolkits provide educators, of all kinds, the information and materials needed to facilitate important health education sessions to teens and/or their parents/guardians about adolescent rights and responsibilities in healthcare settings – helping young people gain more independence and responsibility over their health and health care decisions.

PATCH Youth Advocates (part of the PATCH Youth Advocacy Fellowship) are responsible for independently completing an advocacy learning series, which culminates in an advocacy plan on a topic of personal interest. They also consult on various adolescent health initiatives, such as those related to the state's needs assessments, state-based adolescent health programs, and COVID-19 response.

PATCH's youth programming is centered on strong and meaningful youth-adult partnerships and encompasses aspects of employment, education, and empowerment. PATCH is thoughtful about hosting and mentoring interns to assist in comprehensive planning and implementation support while gaining experience and exposure to real-world adolescent health efforts. They typically engage youth and interns for an entire academic year, although they have done some shorter-term commitments. Thus, this report encompasses the completion of one program year (July 1, 2020 – June 30, 2021) and the start of a new one (July 1, 2021 – June 30, 2022).

The 2020-2021 program year was conducted virtually for the first time in PATCH history. Typically, all youth who participate in PATCH complete an in-person training and onboarding process. Yet, due to health and safety concerns of the COVID-19 pandemic, both PATCH Teen Educators and PATCH Youth Advocates were predominately interviewed, hired, trained, and engaged virtually. This created unique challenges and lessons learned which were shared at the 2021 Association for Maternal and Child Health Program Conference held in May 2021: *Making Shifts to Better Support and Engage Young People in Public Health during Uncertain Times: Stories and Lessons Learned from the PATCH Program in its COVID-19 Response*. PATCH also participated in the Wisconsin Public Health Association's Annual Meeting (breakout and poster presentation); Michigan's Adolescent Health Initiative Conference; the 2021 Health Care Education Association Conference; and Wisconsin's Now is the Time Conference. Many of the presentation were presented with youth since travel and funding restraints did not restrict their involvement (virtual platforms).

Many transitions occurred in the summer of 2021 to prepare PATCH for the 2021-2022 youth programming year (e.g., ongoing quality improvement efforts and organizational changes). Most notably, they sought out five incredible youth workers to support their exponential growth in Wisconsin youth work for the 2021-2022 program year. Compared to the three PATCH Teen Educator teams and one PATCH Fellowship Team in 2020-2021, Wisconsin PATCH entered the 2021-2022 program year with five regional PATCH Teen Educator teams (one per Wisconsin public health region) and three PATCH Youth

Advocacy Fellowship teams (each has their own focus – one is on social and emotional health of adolescents particularly in response to COVID-19 pandemic; one on sexual and reproductive health; and one on general health and wellness of adolescents) – a total of 10 adult staff and over 70 youth! The strategic and robust programming has brought enhanced communication, collaboration, and unity to PATCH's youth engagement efforts statewide.

PATCH continues to work through the welcomed growing pains that come with additional staffing (adults and youth), management, and budgets. As they continue to meld and adapt organizationally, staff is first and foremost committed to the youth they hired and trained this program year. Youth meet with their teams on a regular basis and have ongoing communication with their direct supervisor. This has been the primary focus. For a plethora of reasons (COVID, youth mental health, new staff/programmatic capacity building and relational bonding), it has been difficult to expect any additional programmatic outputs from a "typical" program year such as workshops and youth advocacy projects. PATCH is hopeful that this building year has set up a solid foundation for years to come.

PATCH has continued to make great connections and have found new opportunities to engage youth both locally and nationally. The shift to virtual workspaces has enhanced collaboration, strengthened relationships, and reinvigorated innovation. The value of youth voice has also become more prominent and in turn, PATCH has surfaced as a respected program among colleagues for youth voice, youth connection, and youth engagement. PATCH youth have participated in various external focus groups and listening sessions, served on panels, tabled at local festivals, presented at professional conferences, and served as consultants on various adolescent projects.

PATCH has also worked to formally develop an evaluation team and are in the process of piloting newly created assessment approaches for the 2021-2022 program year. They are capitalizing on the exponential growth and statewide reach and look forward to future dissemination opportunities to showcase their findings.

Participate in the statewide Office of Children's Mental Health Collective Impact Council and serve as a member of subgroup teams such as the Resiliency and Access Teams. Additionally, participate on the Children's Committee of the Governor's Council on Mental Health.

Title V staff collaborated throughout 2020 with the Wisconsin Office of Children's Mental Health and their Collective Impact partner teams. These teams reflect the voice of youth and families with lived experience. [This flyer](#) was created to help understand what lived experience means. The teams support timely access to high quality, trauma-informed, and culturally appropriate mental health services that promote children's social and emotional development. The Office of Children's Mental Health continues to serve as the backbone organization to support collective impact activities through a multidisciplinary stakeholder group known as the Collective Impact Executive Council, which met virtually in 2021. The Title V Program is a council partner and actively participated in the council meetings. There were four collective impact workgroups: access, trauma-informed care, resiliency, and the infant and early childhood mental health consultation. Each workgroup met monthly to work on strategies, then presented activities and challenges to the council for large group analysis. To celebrate 2021 Children's Mental Health Awareness Week, the Office of Children's Mental Health and other stakeholders hosted the [Office of Children's Mental Health Wisconsin Youth Virtual Art Gallery 2021](#).

Also, a youth panel discussion was part of Mental Health Awareness Week, where teens talked about how they maintain their mental health. The discussion was part of a virtual event hosted by the State [Office of Children's Mental Health](#) as part of its Mental Health Awareness Week. Wisconsin Governor Tony Evers [declared](#) Thursday May 6, 2021 as Children's Mental Health Awareness Day.

Title V Program staff continued to ensure connections to council activities such as suicide prevention and the Wisconsin Youth Risk Behavior Surveillance System, Child Psychiatry Consultation Program, Project Apple and Children's Mental Health Navigator Resource. The Office of Children's Mental Health created and completed an [annual report](#) in January of 2021, including current data on the well-being of children, teens, and young adults in Wisconsin. The report highlighted its efforts to address the system of children's mental health and outlined Wisconsin's 48 Child Well-Being Indicators.

The Office of Children’s Mental Health created monthly [fact sheets](#) on various important topics related to well-being of youth in Wisconsin in English and Spanish. These fact sheets offer up-to-date research and actionable suggestions for families, communities, and decision makers and were distributed and shared widely across child-serving agencies and social venues.

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

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. This pilot was extended to June of 2023. Wisconsin Title V Program staff play a leadership role in this project, administering grant funds under contract with the Medical College of Wisconsin. The school-based mental health pilot operates between 8:00 A.M. and 5:00 P.M. each day of the five-day school week to provide consultation services to support school-based providers, assisting with the management of students with behavioral health problems and providing referral support for students. 2020 and 2021 work focused on infrastructure building for this pilot program. Bi-monthly meetings continued with the participating school districts to strategize, gather feedback, review enrollment and evaluation forms, preview educational training, design tip sheets and create a Project Apple Information Flyer for school staff. The Wisconsin Department of Health Services and Project Apple staff met monthly to check progress of project development. At times it was difficult to gather school input given the competing priority of COVID-19. The Psychiatric Registered Nurse supported marketing to schools through calls, in person meetings and school events. The consultation program developed six educational modules for school staff. Currently there are eight school districts and 153 unique staff enrolled (i.e., teachers, guidance counselors, administrators, and psychologists). Seventeen consultations were provided to enrolled school staff in 2021. Of the six educational modules these four were viewed most:

- Mental Health and Coping Needs Among Youth During COVID-19 (Elementary School)
- Mental Health and Coping Needs Among Youth During COVID-19 (Middle School)
- Mental Health and Coping Needs Among Youth During COVID-19 (High School)
- Communicating with Families About Mental Health

Continue involvement with Adolescent and Child Health Quality Improvement Steering Team as a part of the Wisconsin Collaborative for Healthcare Quality.

The Wisconsin Department of Health Services, under the Title V Maternal and Child Health partners with Wisconsin Collaborative for Healthcare Quality to facilitate a monthly virtual improvement team to improve the quality of care and health outcomes for adolescent and child health topics in Wisconsin. The Adolescent and Child Health Improvement Team continued its informational and in-depth meetings in 2021, discussing the health and wellbeing of children and adolescents and reviewed 2021 project goals.

In 2021 the Adolescent and Child Health Improvement Team shared best practices to improve adolescent and child health outcomes. The Team evaluated measures including the 2021 Medicaid and Children’s Health Insurance Program (CHIP) Core Set of [Children’s Health Quality Measures](#) (Child Core Set). The Improvement Team set a goal in 2021 to select at least one additional pediatric quality measure to report internally from the Child Core Set. The Child Core Set of quality measures will become required reporting for Medicaid and CHIP in 2024. By beginning to collect data related to these measures now, Wisconsin Collaborative for Healthcare Quality members will be better prepared to assist in data collection for future state reporting. The Improvement Team reviewed the entire suite of Core Measures to identify measures with the potential of a large impact, ease of reporting and data collection, and strong clinical evidence. Currently, the Adolescent and

Child Health team internally reports two measures from this suite of metrics: 1) Percent of children, ages 9 months to 71 months, receiving a developmental screening using a parent-completed screening tool and, 2) Percent of adolescents aged 12-17 years who receive a well-care visit in the last year. There are several other publicly reported Wisconsin Collaborative for Healthcare Quality measures that also align with reporting effort, including Childhood Immunization Status, Adolescent Immunization Status, and Human Papillomavirus Vaccine.

Over the past year, the Wisconsin Collaborative for Healthcare Quality Adolescent and Child Health Improvement Team balanced education and quality improvement with supporting its members as the COVID-19 pandemic continued to disrupt health care delivery systems. The team was able to transition both meeting formats and content to provide support, feedback and best practices as members managed rollouts of COVID-19 vaccines to children and facilitated testing and treatment for their patients. Meetings shifted to include regular COVID-19 huddles, during which members were encouraged to share the issues and successes they saw in their own clinics in addressing the pandemic in the pediatric patient population and their families. Lessons learned regarding vaccine clinics, partnerships with schools and community organizations, and strategies for addressing staff burnout and fatigue were regularly discussed by Improvement Team members from across the state. Participants benefited from networking with peers and learning from subject matter experts related to emerging needs of children in 2021. Meetings included education and networking sharing CDC guidance and resources for catching up on well child visits and recommended vaccines as throughout the COVID-19 pandemic, many families delayed well-child visits to avoid exposure. In the early months of the pandemic, [vaccination rates](#) and [blood lead level testing](#) for children decreased significantly. The team strategized how to bring children in to catch up on any missed screenings or vaccinations.

The Adolescent and Child Health Improvement Team discussed their health systems plans to address flu vaccination clinics and worked on logistics related to vaccinating the public against influenza and COVID-19 simultaneously knowing that it is possible to develop influenza and COVID-19 concurrently, magnifying the severity of respiratory symptoms. This presented a unique opportunity to vaccinate more eligible children and adults against COVID-19 when they present for an influenza vaccine. As the COVID-19 pandemic continued, the emerging need to address mental health of children and adolescents became a priority. Recent national news coverage highlighted the effects of isolation due to remote learning and anxiety due to COVID-19 on children as young as [eight years old](#). A CDC report published in November 2020 found that mental health-related emergency department visits for children aged 5-11 and 12-17 years old increased by 24 percent and 31 percent, respectively when compared with [2019 data](#).

The Wisconsin Collaborative for Healthcare Quality's Adolescent and Child Health Improvement Team created opportunities to address best practices and assist with identifying strategies and supports to address the mental health crisis facing children and adolescents as the pandemic persisted. The pandemic's impact on the mental health of children and adolescents was the focus of a November 16, 2021, virtual Assembly hosted by the Wisconsin Collaborative for Healthcare Quality. The Assembly was titled, "Understanding the Impact of the Pandemic on Adolescent and Child Health". The topics presented were built on the theme of gaining a better understanding of how health care providers can identify behavioral health issues and offer resources and expertise for managing the behavioral health needs of their patients. "This Assembly was among our best this year in terms of helping our clinicians connect with resources they need to help our kids," according to Wisconsin Collaborative for Healthcare Quality President and CEO Gabrielle Rude. "Every speaker was knowledgeable and increased our members' understanding of how deeply the pandemic is affecting our children, but they also shared 'what works.'"

The following organizations presented on November 16, 2021: the Voices of Wisconsin Students Project, the [PATCH Program](#), and [The Wisconsin Child Psychiatry Consultation Program](#). The assembly dealt with emerging needs as they surfaced; talked about these topics in a timely manner while supporting health systems working on this during COVID. The Adolescent and Child Health Improvement Team wrapped up 2021 prioritizing education and quality improvement strategies driven by member priorities. The team voted to drive forward measurement priorities in adolescent and child health, with plans for analyzing new metrics related to well-child visits and immunizations. In addition to reviewing potential new metrics, the team will begin to review stratified data to possibly identify disparities in care in the pediatric population.

Collaborate with Department of Public Instruction to support the implementation and update of the Youth Risk Behavior Surveillance Survey to support school-based mental health quality improvement efforts.

Title V continued to support the Department of Public Instruction to promote school district participation in the Youth Risk Behavior Surveillance Survey. Due to the extraordinary circumstances of COVID-19, the Youth Risk Behavior Surveillance Survey was postponed from Spring 2021 until Fall 2021. The survey was administered to students from September 7, 2021, to December 10, 2021. The outreach efforts encouraging participation in 2021 were successful, with 734 schools (middle and high schools) participating in the Youth Risk Behavior Surveillance Survey and garnering over 200,000 responses.

Adolescent Health - Application Year

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 those with minoritized identities including young people who are LGBTQ+, Black, Indigenous, and/or People of Color (BIPOC), or youth with special health care needs. The Covid-19 pandemic furthered these challenges for young people in Wisconsin and nationwide. Populations who experienced more inequity before the pandemic had greater risks during the Covid-19 pandemic related to mental health, suicide, substance use, abuse, and racism. According to the [Center for Disease Control and Prevention's Adolescent Behaviors and Experiences Survey](#), more than 1 in 3 high school students experienced poor mental health during the pandemic and nearly half of students felt persistently sad or hopeless.

Suicide remains a high-profile public health issue in Wisconsin. The release in late 2020 of the report, *Suicide in Wisconsin: Impact and Response* (a collaboration between the Title V Program, the Core Injury Prevention team, and multiple other state programs and partners) provided extensive analyses on burden of suicide across the life span and among youth as well as an extensive, multi-strategy and multi-sector statewide suicide prevention plan that will inform Title V and partners' adolescent well-being efforts through 2023.

Wisconsin's Title V Program addresses these needs through work to address National Performance Measure 07.2 *Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19* and State Performance Measure 05 *Percent of adolescents 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*. Additionally, findings from the 2020 MCH Needs Assessment led to a long-term plan to shift the Title V Program's adolescent injury prevention work to a more upstream approach, grounded in the public health shared risk and protective factor framework. SPM 05 addresses the 2020 Priority Need to Foster Positive Mental Health and Associated Factors.

Public health can improve outcomes and reduce harm across multiple high-risk behaviors among adolescents that drive rates of injury-associated hospitalization among this age group, including bullying, suicide and self-harm, lack of social connectedness or belonging, substance misuse, and interpersonal violence or sexual assault. The Title V Program's public health approach is directed to disrupting negative behavior patterns and fostering protective factors like peer and adult support. Evidence strongly supports the direction of limited public health resources and capacity building toward both promoting protective factors and reducing risk factors to effectively reduce adolescent injury. For example, an intervention that promotes an adolescent's sense of connectedness or belonging can increase a protective factor and reduce that adolescent's risk of engaging in behaviors such as suicide and self-harm, bullying, or substance misuse. Similarly, interventions that reduce rates of untreated depression, post-traumatic stress disorder and anxiety among adolescents are also focused on reduction of risk factors associated with adolescent injury, thus potentially reducing morbidity and mortality rates associated with these risk factors.

With that framework in mind, Wisconsin plans to be in close collaboration with partners throughout 2023, to promote strategies that support the enhancement of protective factors, and the reduction of risk factors associated with adolescent injury. The Wisconsin Violent Death Reporting System will continue to inform Title V Program prevention planning and guidance for partners, with analyses and reports of adolescent suicide death investigation, as well as other types of violent death among youth and adults. A robust Child Death Review structure will also be supported across the state in collaboration with local and tribal health agencies. Local and tribal health agencies in Wisconsin have built a strong foundation for adolescent well-being work through partnerships with local school districts and other partners. The significant mental health effects of the COVID-19 pandemic have amplified local interest in adolescent well-being work and highlighted the need for expanded capacity and broader collaboration across and within agencies.

National Performance Measure 07.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

Work with local and tribal health agencies to support skills-based, risk-recognition suicide prevention trainings in multiple settings.

Local and tribal health agencies receiving Title V funds will continue to have the option of addressing suicide risk reduction and mental health promotion activities in 2023 in collaboration with local school districts, public safety and emergency medical systems, hospital systems, community-based coalitions, and other local partners. Specifically, local public health agencies will be supported to pursue coordinating and/or facilitating skills-based, gatekeeper, risk behavior recognition, and other evidence-based suicide prevention and mental health promotion trainings with local community coalitions and other partners and collaborating with local schools on the implementation of evidence-based suicide prevention programs or trainings directed to youth. Local and state-level results from the Youth Risk Behavior Survey will continue to inform program and training development and evaluation.

Support for this strategy will be provided by a content-expert technical assistance provider identified through a competitive process following state procurement standards. The technical assistance provider will lead quarterly learning community calls with local and tribal health departments and partners to share best practices, troubleshoot any potential challenges and identify alignment for collective impact.

The target population for this strategy is young people in communities who are identified as struggling with mental health challenges and/or suicidal ideation. Progress for this strategy will be measured via quarterly reports from local public health agencies via REDCap. Reporting will identify numbers of individuals trained who obtain skills needed to recognize suicide warning signs, ask about suicide, and persuade people to accept professional help.

The Title V Program also continues to address NPM 07.2 through much of the work outlined under SPM 05.

State Performance Measure 05: Percent of adolescents 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

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.

This strategy will involve building local and tribal health agency capacity and readiness to provide consultation to school districts on promoting student mental and social well-being and the compilation of existing resources, including equity tools.

Support for this strategy will be provided by a content-expert technical assistance provider identified through a competitive funding process. The technical assistance provider will lead quarterly learning community calls with local and tribal health departments and partners to share best practices, troubleshoot any potential challenges and identify alignment for collective impact. Additionally, Title V and the technical assistance provider will promote the extensive resources developed by the Wisconsin Department of Public Instruction to support the implementation of school-based anti-bullying and protective environment policies and interventions that are utilized by local school districts around the state.

Title V Program will work closely with the Wisconsin Department of Public Instruction, the technical assistance provider, and local partners to disseminate these resources and provide technical assistance for creating public health approaches to bullying prevention. The Title V Program will specifically build capacity among local partners for the development of policies or programs that aim to establish inclusive, safe spaces for BIPOC, LGBTQ+, and youth with special health care needs, as well as the degree of social connection or sense of belonging among students.

This collaboration will focus on expanding attention and developing policies to shift social norms against the acceptance of

bullying. LGBTQ+ youth, youth with special health care needs, and youth of color face a disproportionate impact of bullying and violence and are a priority population for this strategy, though anti-bullying policies benefit all school age youth. Protective environments and anti-bullying policies are associated with reduced levels of bullying and self-harm, hopelessness, depression, and other negative mental health outcomes. Schools that have these policies are considered safe spaces for students and increase protective factors for students such as having a trusted adult, sense of belonging, and a sense of connectedness to the school environment. Implementation of these policies also decreases risk factors for adolescent injury.

Progress for this strategy will be measured via quarterly reports from local agencies via REDCap. Reporting will identify numbers of area school districts partnering to implement these policies and create supportive environments for young people.

Support mental health of underrepresented populations through tools such as support groups or warm lines.

Support for this strategy will be provided by a content-expert partner identified through a competitive process in line with state procurement standards. This strategy will emphasize supporting peer support programs and hot/warm lines for underrepresented youth, such as LGBTQ+ individuals, who are more likely than their straight cis peers to experience suicidal ideation. Programs will not diagnose or prescribe treatment, but rather listen, validate, and help youth set and reach their own goals and provide help with things like coming out, finding gender affirming care, relationship issues, and more. The selected partner will monitor progress for this strategy utilizing a robust evaluation plan developed based on the specific intended outcomes of their programs, including data on individuals served.

Empower youth and equip providers to provide appropriate, responsive, and high-quality health care.

Support for this strategy will be provided by a content-expert partner identified through a competitive funding process. This strategy will emphasize youth-driven programs that empower young people to take charge of their own health care as well as educating medical providers about best practices for delivering responsive, inclusive health care services to adolescents. Target populations for this strategy include young people and their caregivers as well as health care providers who receive training.

The selected partner will monitor progress for this strategy utilizing a robust evaluation plan developed to include numbers of participating youth, caregivers, and providers, as well as the percent of providers trained who implement a practice change after attending training. Additionally, the content-expert partner will engage and educate families about key components and recommendations for young people receiving an adolescent well-visit, and how to empower them to take an active role in their own healthcare.

Further, the content-expert partner will encourage youth leadership opportunities allowing young people to serve on a youth advisory board to adolescent health programs and provide guidance on building a system of adolescent health best practices throughout the state.

Collaborate with Department of Public Instruction to support the implementation and update of the Youth Risk Behavior Survey to support school-based mental health quality improvement efforts.

The Title V Program will continue to support implementation of the bi-annual Youth Risk Behavior Surveillance Survey administered by the Wisconsin Department of Public Instruction. This survey captures many data points that are key to informing suicide and self-harm prevention work, including questions about suicidality that can be broken down by demographic variables (such as race, sex, or sexual orientation). It is a valuable data source for local communities to learn about their youth, particularly for smaller communities where a youth suicide is a rare event and mortality data is not very useful to them. Title V supports the Department of Public Instruction as well as local and tribal health departments to work intentionally with local school districts to recruit and support their participation in the Youth Risk Behavior Survey. There have

been challenges in reaching a representative sample in the state in prior years, which have been mitigated by Title V investments in this area. The data from the Youth Risk Behavior Survey in turn both inform and motivate school districts' efforts to provide supportive environments for enrolled youth.

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.

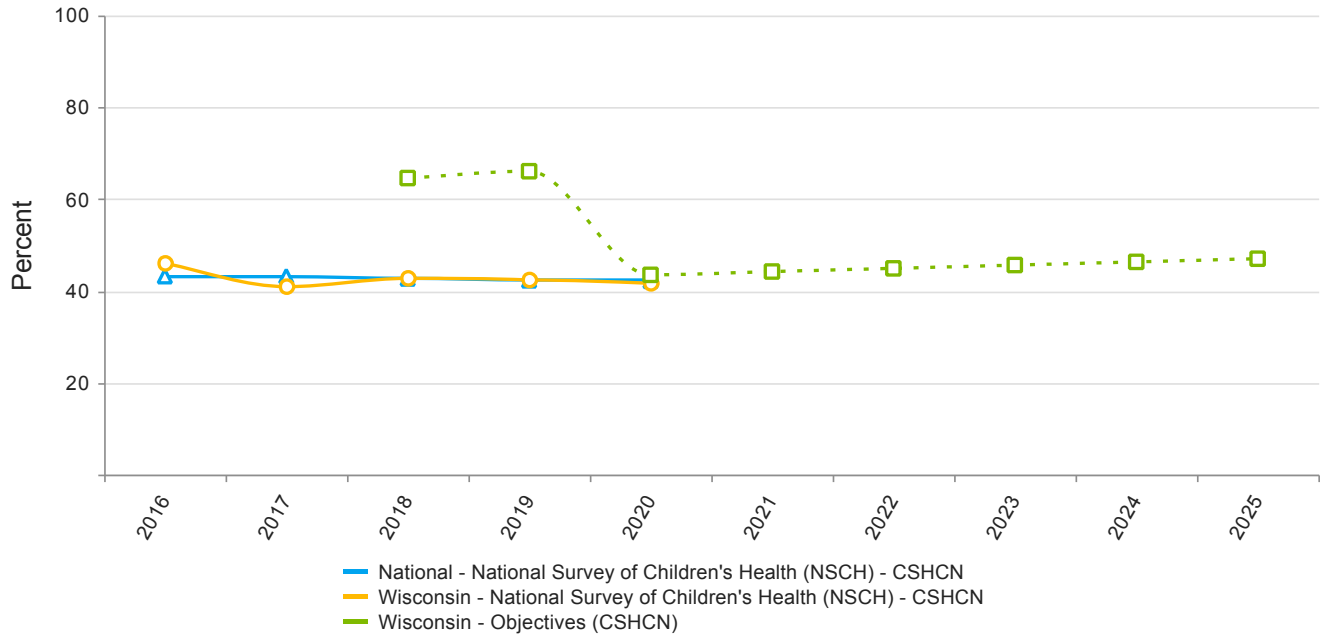
Title V Program staff will continue to collaborate with the Wisconsin Office of Children's Mental Health in 2023, with five collective impact partner teams contributing to enhancement of protective factors and reduction of risk factors in promotion and protection of mental health and wellbeing for all children. These teams reflect the voice of youth and families with lived experience and work to support timely access to high quality, trauma-informed, and culturally appropriate mental health services that promote children's social and emotional development. Additionally, actively participating in these teams promotes inter-agency collaboration and identifies areas for collective impact in supporting the well-being of Wisconsin's young people.

Children with Special Health Care Needs

National Performance Measures

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Indicators and Annual Objectives



NPM 11 - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2017	2018	2019	2020	2021
Annual Objective		64.5	43.5	43.5	44.2
Annual Indicator	46.0	41.0	42.4	42.4	41.6
Numerator	112,937	93,950	105,372	105,372	105,574
Denominator	245,736	229,153	248,384	248,384	253,596
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016	2016_2017	2018_2019	2018_2019	2019_2020

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	44.9	45.6	46.3	47.0

Evidence-Based or –Informed Strategy Measures

ESM 11.1 - Percent of Regional Center information & referral staff who report competence in explaining medical home concepts

Measure Status:		Active		
State Provided Data				
	2019	2020	2021	
Annual Objective			75	
Annual Indicator			100	
Numerator			100	
Denominator			100	
Data Source			Self-Report Survey	
Data Source Year			2021	
Provisional or Final ?			Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	76.0	78.0	79.0	80.0

ESM 11.2 - 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	
Annual Objective			75	
Annual Indicator			96	
Numerator			96	
Denominator			100	
Data Source			Self-Report Survey	
Data Source Year			2021	
Provisional or Final ?			Final	

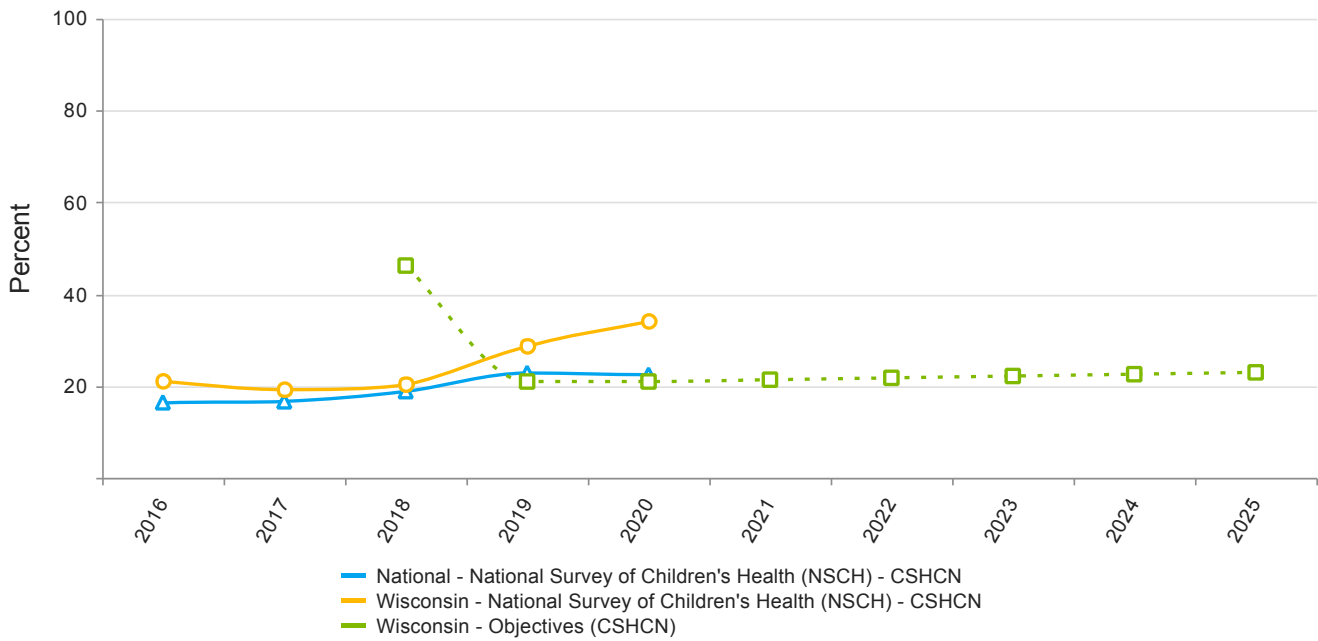
Annual Objectives				
	2022	2023	2024	2025
Annual Objective	76.0	78.0	79.0	80.0

ESM 11.3 - 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	
Annual Objective			40	
Annual Indicator			66	
Numerator			66	
Denominator			100	
Data Source			REDCap	
Data Source Year			2021	
Provisional or Final ?			Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	43.0	46.0	48.0	50.0

NPM 12 - 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
Indicators and Annual Objectives



NPM 12 - Children with Special Health Care Needs

Federally Available Data

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

	2017	2018	2019	2020	2021
Annual Objective		46.2	21	21	21.4
Annual Indicator	21.2	19.1	28.8	28.8	34.0
Numerator	24,689	23,756	35,732	35,732	41,630
Denominator	116,744	124,293	124,081	124,081	122,493
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016	2016_2017	2018_2019	2018_2019	2019_2020

Annual Objectives

	2022	2023	2024	2025
Annual Objective	21.8	22.2	22.6	23.0

Evidence-Based or –Informed Strategy Measures

ESM 12.1 - 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	
Annual Objective			75	
Annual Indicator			92	
Numerator			92	
Denominator			100	
Data Source			Self-Report Survey	
Data Source Year			2021	
Provisional or Final ?			Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	76.0	77.0	79.0	80.0

ESM 12.2 - 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	
Annual Objective			75	
Annual Indicator			98	
Numerator			98	
Denominator			100	
Data Source			Self-Report Survey	
Data Source Year			2021	
Provisional or Final ?			Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	76.0	77.0	79.0	80.0

ESM 12.3 - Percent of systems or practices that have a transition policy or guideline (formal written commitment)

Measure Status:		Active	
State Provided Data			
	2019	2020	2021
Annual Objective			0
Annual Indicator			1
Numerator			
Denominator			
Data Source			Wisconsin Title V Program
Data Source Year			2021
Provisional or Final ?			Provisional

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	0.0	0.0	0.0	0.0

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 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

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 11.1 - Percent of Regional Center information & referral staff who report competence in explaining medical home concepts Active

ESM 11.2 - 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 11.3 - Percent of families who receive at least one Regional Center referral that results in needed services received Active

NOMs

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

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

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 12 - 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

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 12.1 - Percent of Regional Center information and referral staff who report competence in explaining youth health transition concepts Active

ESM 12.2 - 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 12.3 - Percent of systems or practices that have a transition policy or guideline (formal written commitment) Active

NOMs

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

Children with Special Health Care Needs - Annual Report

The Wisconsin Children and Youth with Special Health Care Needs (CYSHCN) Network currently includes five Regional Centers – which connect families to training and resources – and five specialty hubs that provide specialty training or counseling on genetics, health benefits, family leadership, medical home, and youth health care transition. The Children and Youth with Special Health Care Needs Network directors gathered virtually in March 2021 to use the [Planning Alternative Tomorrows with Home process](#) to map out the activities and values of the Network.

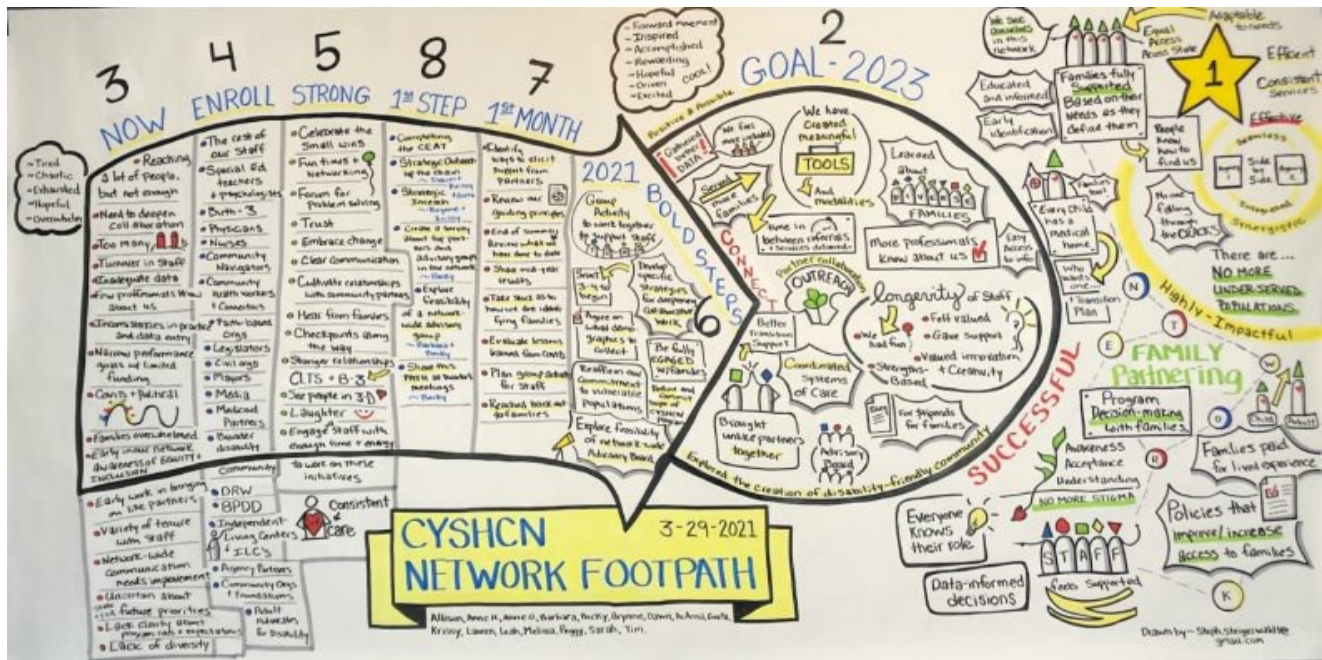


Figure 1: The Children and Youth with Special Health Care Needs Network used the Planning Alternative Tomorrows with Home process to create the following graphic representing their goals.

National Performance Measure 11: Percent of children with special health care needs, ages 0 through 17, who have a medical home

Too many children with special health care needs do not receive medical care within the context of a medical home – defined as accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective. In choosing to address this national performance measure, Wisconsin’s goal is to **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** (baseline is from 2017-2018 National Survey of Children’s Health).

The percentage of children and youth with special health care needs with a Medical Home is lower for children who are: low-income; with public insurance only; with an emotional, behavioral, or developmental issue requiring treatment; with more complex health care needs. The [Wisconsin Medical Home Initiative](#) was funded to lead Title V Medical Home-related activities in 2021, in partnership with Title V and the Children and Youth with Special Health Care Needs Network.

Evidence-based Strategy Measures

Measure	2021 Data
Percent of Regional Center information & referral staff who report competence in explaining medical home concepts	100%
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	96%
Percent of families who receive at least one Regional Center referral that results in needed services received	66%

Promote implementation of Medical Home best practices and develop and disseminate consistent strategies and tools with common messaging that includes actionable steps for specific audiences.

Wisconsin’s Title V Block Grant funds a medical home initiative where staff monitor the application of medical home concepts across the state and within health care systems. In 2021, medical home initiative staff provided updated content through the Medical Home Initiative [website](#) and a newsletter called “Medical Home Minute.” In 2021, the website was accessed 1,926 times with more than 1,200 new users. The electronic brochure, “[What is a Medical Home](#),” was visited 71 times in English and 72 times in Spanish. The listserv reached 1,290 members. The most viewed content included the [Children’s Mental and Behavioral Health Resource Navigator](#) provided by [Well Badger](#), and a report on a food security project in Milwaukee.

To simplify communication about medical home and share information with a wider audience, the Medical Home Initiative worked on a communication support plan with the assistance of a professional communication consultant. Three key messages were created that addressed the need for a medical home, the support system, and the facilitators, connectors, and conveners of a medical home.

After a successful pilot of the medical home and youth health care transitions competency assessment tool in 2020, it was launched with the full Children and Youth with Special Health Care Needs Network in 2021. In the competency assessment there are 18 questions related to medical home knowledge and skills. Each Regional Center information and referral specialist rated themselves as either Novice, Advanced Beginner, Competent, or Proficient on each item. The score is the percent of items in rated at the competent or proficient level. Results were assessed from 12 Regional Center information and referral specialists who have been in their position for a year or more. All these staff rated themselves as “competent” or “proficient” on at least 50% of medical home concepts and 83% were competent on at least 80% of the medical home concepts.

It is interesting to note that staff in their positions for less than a year were, on average, 30% competent, which may illustrate the value of on-the-job training.

To address equity in health care, the Spanish language version of [Finding Your Way Navigation Guide](#) was published in 2021 and added to the Waisman Center website where it has been viewed over 400 times. Regional Center staff have also participated in the “Padres e Hijos” (Parents and Children) radio program on [La Movida](#) and [La Sabrosa](#). One Regional Center worked to adapt their “rack cards” in Spanish and Hmong and translated their webpage into [Spanish](#). Likely the most impact to date has been through the hiring of center staff who are bilingual in Spanish and English and another person who is a parent of a child with special health care needs from the Bad River tribe.

Success Story: During a routine disease investigation call, health department staff talked with a family who tested positive for COVID-19. They discovered that one of their children, a 10-year-old boy, had recently been diagnosed with a malignant brain tumor. The family had medical specialists, but not a medical home. Regional Center staff, who were also based at the health department, assisted the family with information, connected them with various resources and services, and even located an agency to sponsor the children for Christmas. They were able to advocate for this family to obtain a variance for Children’s Long-Term Support Medicaid Waiver in their county immediately. As a result of this contact, Regional Center staff were able to help the family understand the concept of

having a medical home and assisted them with this and much more.

Implement trainings, use quality improvement strategies, and provide technical assistance opportunities for families, community professionals, health care providers, and health care systems.

This strategy aims to increase knowledge and skills related to Medical Home and care coordination within and across systems. In 2021, the Children and Youth with Special Health Care Needs Network provided two different training topics for families to increase their understanding of a medical home, and more than 150 participants were trained through the 26 training sessions held.

C.A.R.E.: Medial Home Series for Families: This is comprised of four short, focused trainings entitled: **C**aring for the Whole Family, **A**ssembling a Care Notebook, **R**equesting a Shared Plan of Care and **E**xploring Care Mapping. Eleven training sessions were conducted, and 56 participants (37 parents and 19 professionals) were trained. Of the 20 who completed participant evaluations, 95% agreed or strongly agreed that as a result of participating, they are better able to support their child/young adult (or those they assist) with special health care needs and 89% agreed or strongly agreed they are better able to partner with others (providers, professionals or families). Whenever a training is provided to an audience of family members, they are asked to share something they will do as a result of attending the session. Some responses included:

- “Join the parent-to-parent program”
- “Access support and resources which will help my whole family thrive”
- “Create a care notebook for my son”
- “Share what I’ve learned with other families”

Did You Know? Now You Know!: Regional Center staff offered 15 sessions of this curriculum and reached 106 participants – about equally divided between family members and community professionals. In 2021, a request was received from the Green Bay school district asking that the training be provided in Spanish rather than using an interpreter. With support from [Family Voices of Wisconsin](#), a bilingual speaker was trained to meet this request. All the completed evaluations indicated that participants could better support their child/young adult (or those they assist) with special health care needs, and better partner with others such as providers, professionals, or families. Some commitments participants made following the training included taking information back to school staff, claiming mileage reimbursement, investigating what their insurance covers, and speaking up more at their child’s appointments to get the services they need.

The Collaborative Improvement and Innovation Network to Advance Care for Children with Medical Complexity ended in 2021. Wisconsin did not apply for an optional fifth year because all members of the team wanted to continue working together regardless of involvement or financial support from the Collaborative Improvement and Innovation Network. Title V staff were central members of this project. The Wisconsin team learned that many barriers limit families of children with medical complexities from being on the Children’s Long-Term Support Waiver. In 2018 only 33% of children with medical complexities in the Complex Care Programs were enrolled in Children’s Long-Term Support, even though over 90% were eligible. Second, the team identified a need to move beyond simply having a Shared Plan of Care to ensuring the Shared Plan of Care is useful and relevant to families.

The team focused on two initiatives throughout the project:

1. Improving enrollment in the Children’s Long-Term Support waiver
2. Developing and implementing “Goal Cards” to spur discussions about goals that matter most to the child and family, as part of the Shared Plan of Care

Iterative quality improvement cycles were used to establish new workflows for Complex Care Programs' staff to discuss the Children's Long-Term Support waiver with patients and families. Enrollment in the waiver increased from 33% to 62% between 2018 and 2020. This represents a net gain of 297 children in the Complex Care Programs receiving Children's Long-Term Support waiver services to help meet unmet needs. With average spending of \$949 per child per month, this represents an increase of over \$3 million annually being directed to help families meet their needs for supplies and services they previously went without or that families sacrificed other spending to afford.

Goal cards were developed to help the family and care team break down the many complex needs that children with medical complexities may have into smaller, achievable goals. Goal Cards are now offered in English and Spanish on a [website](#), with recommended resources and action steps related to each chosen goal.

In August, the Project Team identified new priorities, including the development of an "Anticipatory Guidance Tool" for children with medical complexities – a tool that can offer guidance for patients who do not fit into Bright Futures guidelines. Implementation and evaluation will be discussed as the work continues in 2022.

The 2021 Tribal Health Center work plan was developed in partnership with the Wisconsin Department of Health Services and the Wisconsin Medical Home Initiative. The work plan included using a Shared Plan of Care, and planning calls were completed in January of 2021 with each tribal agency to gather general information related to workplan activities for the year.

Despite high interest and good intentions to complete required activities, tribal health agencies endured significant staff resignations and turnover, and remained closed on and off throughout 2021 due to the COVID-19 pandemic. Many staff were reassigned to pandemic-related activities such as vaccination efforts. The Wisconsin Medical Home Initiative and Title V staff remained in contact with the seven tribal agencies throughout 2021. Two learning calls were held (February and June) with five of the seven teams attending each call. Individual team calls were completed in the fall of 2021.

Quarter 3 and 4 surveys included the question "During the quarter indicated, did the COVID-19 Pandemic cease and/or suppress your work on the Shared Plan of Care project?" All teams agreed that COVID-19 suppressed their work. Due to stagnated work related to the Shared Plan of Care Project in 2021, Title V staff met with tribal staff individually to gather input on 2022 project plans to pivot this project to better meet identified needs in their community. By the end of 2021, each of the seven Tribal Health Center selected a community need they want to work on and completed a brief project proposal for their 2022 work.

Increase access to cross-system care coordination services for children and youth with special health care needs and their families and design a pilot with evaluation strategies that include partnering with local public health and other community agencies with healthcare systems regarding referrals and resources, including the social determinants of health.

In early 2021, the Wisconsin Medical Home Initiative brought together seven partners from health systems and community-based organizations to create the Food Insecurity and Health Pilot. This new partnership fostered an increase in knowledge, new relationships, and connected families to the resources they need.

The partners – [Children's Wisconsin](#), [Feeding America Eastern Wisconsin](#), [Friedens Food Pantries](#), and the [Salvation Army Milwaukee County](#) – worked toward linking health systems and community-based organizations to connect families to food and health resources.

"In Wisconsin, more than half a million individuals are experiencing food insecurity. Therefore, solving hunger will require an innovative, strong partnership that will work at a new level to meet the need. By joining in the Children's Alliance of Wisconsin pilot project, we are creatively showing a commitment to addressing food insecurity and the

health of our communities,”

- Martha Collins, director of advocacy and outreach for Feeding America Eastern Wisconsin

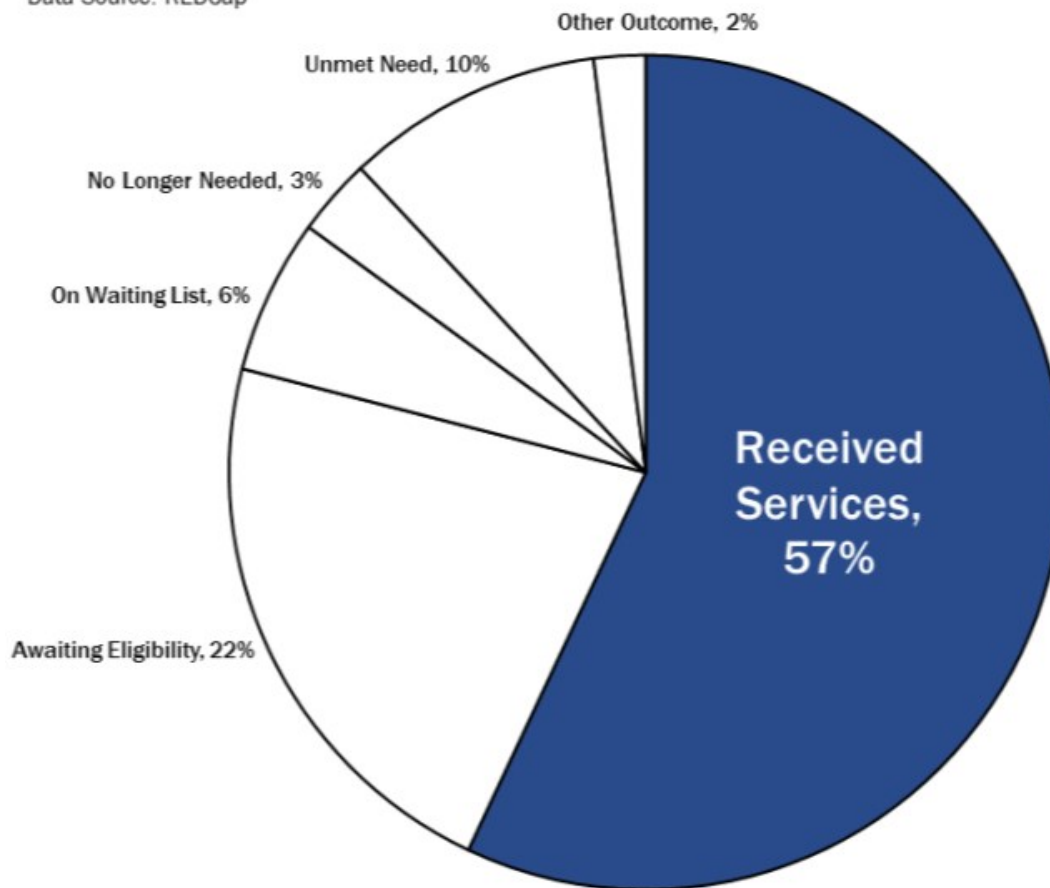
2021 work focused on building trust and establishing relationships across sectors. The next step will be to focus on coordinated care and support for families to connect them to services they want.

Improve access to specialty health care using technology such as telehealth and telemedicine.

Although access to specialty health care using telehealth and telemedicine is a priority, the Children and Youth with Special Health Care Needs Network did not need to be involved in this process. Due to the pandemic, more specialty clinics provided this service and did not require technical assistance.

More than half of referrals were **successfully connected to services** by the time of follow up.

Data Source: REDCap



Provide easily accessible referral resource information to families and providers, to link families to needed supports and services.

After working through a temporary lull due to COVID-19, Regional Centers experienced an increase in contacts from families – a total of 1,525 unique families, which includes 1,009 families through the traditional route of a family reaching out

to the Regional Centers, as well as 516 additional families who were connected to the southeast regional center through a pilot program with the Children's Wisconsin Emergency Department. Of those 516 families, 140 had special health care needs. As part of a pilot project the emergency department conducted screening for food insecurity and provided information to the Southeast Regional Center. Due to these families reaching the Regional Centers through a different pathway – and the fact that not all of the children had special health care needs, these data were separated from the other Regional Center information and referral data. Through all contacts with regional centers, 1,190 families were referred to services, including 741 through the traditional pathway and 449 through the pilot. **These families received 2,364 referrals, which was considerably more than the 1,547 referrals in 2020 (a 53% increase).** Most families require more than one referral, and the trajectory has been increasing steadily over the past three years. Through their contacts with families, conversations about medical home took place with 512 families through the traditional pathway and 65 families through the pilot.

Regional Centers exceeded their goal of successfully linking 50% families who contact them to needed supports. In 2021, at the time of follow up, 57% of referrals from the traditional pathway had resulted in receiving services, and 476 (66%) families were connected to at least one service. At the time of follow up, 22% of referrals were awaiting an eligibility determination; 10% of referrals demonstrated an unmet need; 6% of referrals had connected but were on a waiting list, 3% of referrals were no longer needed and 2% had another outcome. For families reaching the southeastern regional center through the pilot, 50% of families with a child or youth with special health care needs were linked to at least one needed support or service, while 43% of those in the pilot without a special health care need were linked.

Only 10% of referrals (130) were unmet at the time of follow up. Of those, the highest number of unmet needs were for behavioral and mental health services (27), Children's Long-Term Support waiver (19), health care (18), and health benefits (16).

In 2021 – among referrals through the traditional pathway – the largest number of referrals were for Children's Long-Term Support (272), health benefits (220), behavioral and mental health services (205), health care (160), and support for families (109). The work of the pilot focused on social determinants of health, and the top referrals for these families were for basic needs (414), transportation (158), parenting (139), Women, Infants, and Children Program (50), and health benefits (29).

Regional Centers provided 866 consultations with community providers, which was a 10% increase from last year. The largest number of consultations were with health care providers (299) followed by education professionals (141). In addition, Regional Centers conducted more outreach activities this year. They collectively attended **489 events promoting the Regional Centers**, including 40 statewide events. Outreach occurred in 63 of the 72 counties.

Other programs in the Children and Youth with Special Health Care Needs Network also provided support to families. The Well Badger Resource Center supported over 2,400 people in Wisconsin in 2021, and 264 of them had children with special health care needs. They also maintain an online directory of 5,000 verified health resources. They had 23,733 users of the directory in 2021 with 1,633 pageviews related to children and youth with special health care needs.

ABC for Health provided benefits counseling to 139 families who had children with special health care needs. They are known for their video collection. In 2021, they posted 201 new videos and there were over a million views of their [video collection](#).

To provide more culturally appropriate support to families, the Children and Youth with Special Health Care Needs Network established a learning group about race and the history of cultures in the United States. With financial support from Family Voices of Wisconsin, Katie Hamm provided content in an honest and trusting environment. Katie Hamm, MSW, is a consultant to non-profits and an Adjunct Faculty member of University of Wisconsin-Milwaukee's Helen Bader School of Social Welfare. The sessions included:

- Laying the Foundation: Privilege, Implicit Bias, and Systemic Oppression

- A Systemic View of Black and African American People in the US
- A Brief Introduction to Native and Indigenous People in the US
- A Brief Introduction to Hispanic and Latino/x People in the US
- Moving Forward: Integration, Continued Growth, and Action

Between these learning sessions, the 35 participants engaged in small group discussions to digest and reflect on the content being shared.

In 2021, Title V hosted four virtual sessions that composed the Maternal and Child Health Summit, and children and youth with special health care needs staff hosted one of the sessions. In addition to providing an overview of the Children and Youth with Special Health Care Needs Unit and its work, two panels shared their lived experience. Guests included Family Voices United to End Racism against Children and Youth with Special Health Care Needs and Families, and youth from the Office of Children’s Mental Health. The first panel told stories about raising children with special health care needs as a family of color and shared the challenges of getting equitable health care. The second panel reflected on their experiences as youth who are gender fluid and what it is like to live in our society with different identities. Evaluations were completed by 78 participants and nearly all (96%) agreed that the information was useful and indicated that the objective – describe two strategies that create opportunities to connect and engage stakeholders in conversations necessary to dismantle racism – was met (98%). Comments included:

- *“Presenters were so compelling to listen to throughout their presentation. I appreciate every single one for sharing their stories to give us all better perspective”*
- *“I LOVED all of the presenters today. This was an extremely powerful Summit. They were very courageous to share their stories.”*

The genetics system integration hub planned and implemented the annual 2021 Wisconsin Genetics Exchange – this year held virtually in partnership with Medical College of Wisconsin – with an audience of 147 participants. Genetics system integration hub staff reviewed and updated the online Wisconsin Newborn Screening continuing medical education module, accessed by 165 learners in 2021. Additional continuing education was provided in partnership with the Midwest Genetics Network with a shared purpose of promoting equity and access to genetic services. Genetics system integration hub staff contributed as presenters to two of four sessions in a series for primary care providers sponsored by Midwest Genetics Network called “Improving Care for Developmental Disabilities and Dysmorphic Features.” There were 66 learners who participated in the series.

The Title V-funded Parent-to-Parent program in Wisconsin experienced significant challenges throughout the year. New staff replaced veteran staff who had been with the program for nearly 20 years. In addition, the matching database crashed and was not able to be fixed, so the contact information for over 500 participants was lost. The program spent the second half of the year rebuilding the program, which included a developing a new [website](#) that is more user friendly and better represents the of diversity of families. They conducted a statewide social media recruitment for additional support parents. A new database was created to capture both referral and support parent contact information going forward. There were over 150 referrals to the program but only 37 matches were made. Moving into the coming year, more staff time has been dedicated to assist this program with re-establishing its reach.

Title V staff – along with Children and Youth with Special Health Care Needs Network partners – were part of the Wisconsin Care Integration Initiative grant of the Waisman Center, serving on both its advisory team and the larger Learn the Signs Act Early state team. This project aims to improve linkage to services for children with autism spectrum disorder and their

families.

Success Story: A father contacted a Regional Center with questions about “out of home” treatment options for his 14-year-old son. His son has an Autism diagnosis and was displaying more challenging behaviors, with the most problematic being sexual in nature. This impacted the whole family. The father stated that things were going okay academically, but his son had had a few socially inappropriate interactions with others.

Staff confirmed that this child was being served by the Children’s Long-Term Support Medicaid waiver and learned that the family had an upcoming home visit with their service and supports coordinator. Staff encouraged the family to be transparent with the service and supports coordinator because that program needed to know that the living situation may need to change, and it would be important to discuss all recommendations or actions they can or will take prior to an out of home placement. The primary care physician also reached out to the Regional Center for consultation on behalf of this child. Staff connected with the father, one father to another. They discussed residential treatment options and supports to reduce the family’s stress. In a follow up contact, the father stated that he had made progress to help his son access the additional supports he needed for his medical home.

Develop and implement best practices for increasing data capacity of existing data sources and expanding partners’ capacity to use and leverage data to ensure the needs of underserved families are met.

Children and Youth with Special Health Care Needs Unit staff collaborated with ABC for Health to develop a survey of the Children and Youth with Special Health Care Needs Network members on data collection methods, collection of demographic data, and comfort with collecting these data. The survey was conducted in the summer and responses were analyzed in the fall. Among 26 responding staff who interview with families, more than half (54%) indicated they feel extremely confident they can explain to families why they are collecting demographic data. Respondents were asked how frequently they get pushback when asking about households, income, race, health conditions, and insurance coverage and 38% reported that they never get pushback. Additionally, 54% sometimes get pushback and only 8% often get pushback.

The Children and Youth with Special Health Care Needs team continued to partner with the Health Resources and Services Administration and the US Census Bureau on a statewide oversample in the National Survey of Children’s Health. The second year of data collection was completed throughout 2021. In October, data for the first year of the oversample were received and analysis began for the CYSHCN team’s first ever surveillance report.

To strengthen family, youth, and community member engagement, all CYSHCN programs will use the Community Engagement Assessment Tool to measure progress and design an annual action plan.

Ten of the Children and Youth with Special Health Care Needs Network partners completed the Community Engagement Assessment Tool in 2021. Plans for improvement included the following activities:

Providing staff education: Learning sessions were conducted with Katie Hamm.

Creating a Spanish email template for information and referral follow up messages: Although interpretation is available for Spanish speaking families, the follow up emails have traditionally been offered only in English. Now there is an email template that not only recounts what was discussed on the phone, but also includes desired resources in Spanish.

Updating websites translated into Spanish: Several programs worked on updating their websites by adding Spanish translation as well as images that represent people from a variety of cultures.

Hiring staff: Four programs were able to hire staff who are bilingual in Spanish and English. This has tremendously improved the ability to communicate with that population and better understand their cultural needs.

National 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 through 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% to 23% (+10%) by 2025 (baseline is from 2017-2018 National Survey of Children's Health). Wisconsin has exceeded the target of 23% and is significantly greater than the nationwide average (22.5%), where 34% of Wisconsin adolescents with special health care needs ages 12 through 17 received services necessary to make transitions to adult health care (National Survey of Children's Health 2019-2020).

Evidence-based Strategy Measures

Measure	2021 Data
Percent of Regional Center information and referral staff who report competence in explaining youth health care transition concepts	92%
Percent of participants trained on youth health care transition concepts who report a change in knowledge, skills, or intended behavior following the training	98%
Percent of systems or practices that have a transition policy or guideline (formal written commitment)	<i>collection of these data was delayed and will not be complete until late 2022</i>

To promote best practice in youth health care transition planning, develop and disseminate consistent strategies and tools with common messaging.

To promote common messaging and best practices, the websites for the [youth health care transition initiative](#) and Regional Centers link to the [Got Transition website](#). There were 2,694 browsing sessions and 2,083 new users of the Got Transition website in 2021.

The youth health care transition initiative maintained regular contact with the Children and Youth with Special Health Care Needs Network through participation in quarterly Network Directors meetings, calls with Regional Center staff, and collaborating on promoting and delivering transition training events for families. Regional Centers discussed youth health care transition concepts with 41% of the traditional contacts with families regarding their youth ages 12 through 25 years old.

There were 22 parent or youth advisors involved in 2021 youth health care transition initiative activities by presenting at virtual conferences, recording videos, reviewing materials, and providing their perspective during meetings of the Wisconsin Transition Planning Coalition. Engaging with people who have the lived experience has strengthened the messages about the importance of youth health care transition.

In 2021, the [Wisconsin Integrated Transition Planning Project](#) aimed to develop an integrated transition pilot plan for youth and adults with intellectual and/or developmental disabilities in medically underserved Wisconsin communities, for achieving coordinated access to adult health care, educational, vocational, and other services to support community living. Several Children and Youth with Special Health Care Needs staff from Title V, Regional Centers, and the youth health care transition initiative are part of this project, resulting in more connections and opportunities for technical assistance including the Rhinelander School District, Headwaters Incorporated, Barron County Developmental Services Inc, Inclusa, University of

Wisconsin Whitewater, LOV Inclusively, University of Wisconsin Eau Claire School of Public Health, Bridge to Community Health, National Alliance on Mental Illness Wisconsin, TransCen, and YMCA of Metro Milwaukee among others.

As mentioned in the medical home section of this report, a medical home and youth health care transition competencies assessment was implemented in 2021. In the competency self-assessment there are 21 questions related to youth health care transition knowledge and skill. In 2021, 11 of the 12 (92%) Regional Center staff were competent or proficient on more than 50% of the Youth Health Transition concepts. In addition, 10 (83%) of those staff were competent on at least 80% of the concepts.

Success Story: In February 2021, a Regional Center staff member talked with a mother about her daughter's needs. The staff connected the family to information in an email. The case was lost to follow-up and closed in May. The parent finally responded in November 2021:

"I just wanted to say thank you and give you a status update. I know you do not get to hear how your good work panned out. I was able to follow up with the resource center, then onto the adult aging disability center. She was approved for long term care. We are making our way onto that. Next, we are finalizing the last details from her disability application. My daughter was able to use some of her 529 fund in an ABLE account and she has now moved into her own accessible positive apartment. She also got a cat which has helped her therapeutically as well. Still lots to do, but just wanted to take a moment to thank you. The list you provided was my road map. It has been successful thus far. I was not able to reach out as my caregiving was so high then. Now I'm even able to get a job. Grateful for how far we have come."

To increase knowledge and skills about youth health care transition, implement trainings, use quality improvement strategies, and provide technical assistance opportunities for families, community professionals, healthcare providers, and healthcare systems.

In 2021, four curricula were offered virtually in collaboration with the youth health care transition initiative. The fifth curriculum, "*What's After High School?*" – offered by Family Voices of Wisconsin – addressed transition more generally and included similar content and messaging on the topic of healthcare transition. Nearly 900 participants were trained through 56 youth health care transition training sessions in 2021 and evaluations from participants were very positive.

Build Your Bridge: For families of youth who are of transition age, this curriculum was offered 4 times, reaching 28 people. It was modified to a 60-minute virtual session with the understanding that participants had watched a brief overview of youth health care transition prior to the online training to reduce the screen time for families. Whenever a training was provided to an audience of family members, they were asked to share something they would do as a result of attending the session. For this training, parents identified activities such as:

- "Develop more of a safety plan"
- "Collaborate with others who could play a role"
- "Help my 17-year-old understand their health care responsibilities and what resources are available"

Dreaming Differently: This curriculum utilizes the same workbook as *Build Your Bridge* and has material selected for families whose children have complex health conditions and intellectual and/or developmental disabilities. It was piloted in 2021 and was well received by the 18 participants at 3 sessions. Participants shared that because of attending the session:

- "I will look into care mapping"

- “Start writing our letter of intent”
- “I will create a Shared Plan of Care”
- “I will discuss adult providers with my son’s current pediatrics providers.”

One participant shared, *“Thank you all! I gathered a lot of information that previous to the training was not always concrete and clear and feel it was a highly beneficial training to attend.”*

Bridging the Gap: The youth health care transition initiative supported dissemination of this curriculum for mixed audiences of families and professionals to increase awareness of youth health care transition, describe existing tools to support planning for the transition to adult health care, and how to apply the tools in the participants’ setting. Between the youth health care transition initiative and Regional Center staff, 22 sessions were provided, reaching 468 participants. All participants completing an evaluation of these sessions indicated that they met the learning objectives, which include defining youth health care transition, describing the youth health care transition assessment, accessing tools to include health goals in transition planning and including health and health care planning when discussing options after high school.

Closing the Gap: This is an educational series for providers and health systems. This curriculum was offered at 4 events, reaching 92 professionals. Content is tailored to professional audiences and topics requested included “Healthcare Provider’s Guide to Working with Individuals with intellectual and/or developmental disabilities,” “Supported Decision-Making and Guardianship,” or simply “Supporting Youth to Adult Health Care Transition.”

What’s After High School?: Family Voices of Wisconsin conducted 23 training events that reached 285 participants. Afterwards, attendees indicated that as a result of this training, they would:

- “Find out more information regarding alternatives to ‘guardianship’”
- “Call my son’s social worker to get the next step going”
- “Try to create a timeline of things to get done before my child turns 18.”

Total participation in these virtual training activities – 891 attendees – met statewide goals for 2021, and partly due to COVID-19 and the opportunities for reaching out to community audiences, has shifted to more general education versus classes for families or in-service training for professionals. It appears that competing priorities, different ones for families and professionals, were a factor in attending events for both groups. Unfortunately, only about half of the participants who register for a training event attend.

Multiple videos were produced involving youth health care transition initiative youth and family advisors. These short videos contain messages regarding health care transition strategies to be included in the youth health care transition initiative’s training curricula. These videos will highlight the voices of youth and their parents, and most will be available on their website in 2022.

One of the Regional Centers offered “Transition Talk Tuesdays” in their region of the state. By collaborating with school districts and adult service providers, they offered a multi-week program where each week’s talk addressed one of the elements of transition from being a youth to an adult. One of the weeks focused on the content of youth health care transition.

In Wisconsin there are “County Community on Transition” groups – groups of stakeholders who have made the commitment to collaborate around identifying barriers to transition planning and to organize the supports needed and to develop solutions for youth with disabilities in the local county they serve. Regional Center staff participated in 63% of the

counties' activities in 2021.

To build state healthcare system capacity across the state, evaluate and build upon existing champion models of transition service delivery and reimbursement.

The youth health care transition initiative conducted quarterly [Learning Community online video sessions](#) in 2021. They maintain a listserv of over 450 members who are the primary audience for the Learning Communities. Most people who attended the sessions were professionals serving children and youth with special health care needs and their families through state and network partners, schools, and healthcare systems. On average, 22 people attended each learning community session, ranging from 16 to 32 participants at each. Evaluation from participants occurs through a survey link shared at the end of the virtual session and sent later with the link to the recording and slides. Among respondents, nearly all indicated they were better able to complete learning objective items following the webinar.

In 2021, the youth health care transition initiative began reaching new providers and health care systems through interviews as a part of an environmental scan to determine which health care systems in Wisconsin have a transition policy, and what these organizations are doing to promote more successful transitions from pediatric to adult health care.

Initial data have been collected on health systems in Wisconsin. A process for interviewing key stakeholders was planned and piloted with the Gundersen Health System. The interview process was then revised slightly, and three additional interviews were conducted with selected health care systems (Froedert, Ascension, University of Wisconsin Health). One of these systems has a policy in place – University of Wisconsin Health has a Best Practice Guideline. One of the three systems have a transition policy or guideline in place, and none of the systems reported working on any plans for policy. The goal is to conduct interviews with key informants of the 10 largest health systems in Wisconsin. The pandemic made it difficult to identify specific people within a health care organization working on youth health care transition at the system level, so this activity is planned to continue through 2022.

Early indicators from the environmental scan work suggests that there are no formal systems in place to support transition activities in major health care systems in Wisconsin, and that youth health care transition continues to occur on a local level by a “word of mouth” system. Early data indicate there is significant opportunity to develop organization and/or state level transition supports. An educational module for adult providers titled “Healthcare Provider’s Guide to Working with Individuals with Intellectual/Developmental Disability” debuted in early December 2021. Providing this content may assist in identifying additional providers in health care systems in the state that are motivated and comfortable accepting young adults with special needs into their practices.

To strengthen family, youth, and community member engagement, all Children and Youth with Special Health Care Needs Programs will use the Community Engagement Assessment Tool to measure progress and design an annual action plan.

More information about this strategy can be found in the NPM11 (Medical Home) narrative.

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 an external partner – to be determined by a competitive funding process – to maintain a collection of best practices and the latest strategies related to medical home. This partner will be responsible for ensuring that Network members are aware of the most up to date, national approaches to implementing and maintaining medical homes for children and youth with special health care needs.

Additionally, the identified partner will assist in developing the workforce of the Children and Youth with Special Health Care Needs Network to increase their level of competency in medical home concepts. The impact of these efforts will be measured by the percent of Resource Center staff with at least one year experience who self-report that they are competent in explaining medical home concepts.

Resource Center staff will share medical home concepts 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 Resource Center informational contacts where medical home information is shared.

To increase knowledge and skills about Medical Home and care coordination within the community: Implement trainings 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 of medical home concepts. An external partner – to be identified through a competitive funding process – will partner with families and community professionals to create the content for these events. Content may be presented in the form of classes, webinars, “ask the experts” sessions, 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 home sessions, and the percent of participants trained on medical home concepts who report a change in knowledge, skill, 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.

This strategy will involve identifying opportunities to increase medical home knowledge and skills of health care providers and systems supporting children and youth with special health care needs. The Title V Program will identify an external partner through a competitive funding process to lead this work, and work with them to create appropriate measures based on agreed-upon activities.

The identified partner should provide technical assistance to the professional workforce to implement best practices of medical home. Methods will be determined in collaboration with medical professionals (e.g., webinars, grand rounds, individual classes, etc.). The number and percent of practice changes because of technical assistance will serve as the

measure of impact.

Additionally, the identified partner will closely collaborate and communicate with the Title V Program to continue supporting seven Wisconsin tribal health centers. In 2022, the Title V Program pivoted from using a very structured workplan that included using a Shared Plan of Care to working with tribal agencies individually, assisting them in identifying what unique needs their community might have. The Title V Program anticipates that tribes will continue to propose projects based on their unique community needs rather than using the standard Shared Plan of Care approach – with the Title V Program offering technical assistance to support them. The Title V Program will measure the effort of this work by the number of tribal health centers receiving technical assistance. Impact will be measured by the percent of tribal health centers 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.

Children and Youth with Special Health Care Needs Resource Centers – (also known as “Regional Centers” in the 2021 Annual Report) to be identified through a competitive funding process – will provide consultation to families, providers, and community professionals serving children and youth with special health care needs and their families. Accountability will be measured through:

- Number of contacts from families seeking information from the Resource Centers (by topic)
- Percent of families who receive referrals that result in at least one service received
- Percent of referrals that resulted in services received by the time of follow-up
- Number professionals who receive consultations or technical assistance from the Resource Center

Additionally, an external partner - to be determined by a competitive funding process – will provide health benefits counseling to families who have children with special health care needs. This program’s activities will be measured by the number of families receiving health benefits assistance each year and the percent who secured the necessary health benefits.

Other partner(s) will be identified through the Wisconsin Title V Program’s competitive funding process to provide parental peer support for all families – including those with children and youth with special health care needs – ideally using the Parent-to-Parent model of matching. They should recruit and maintain diverse (culture, geography, diagnosis) parents as potential matches. Depending on the partner(s) identified, tentative accountability measures for this work include:

- Number of referrals
- Number of successful matches
- Number of new support parents
- Percent of parents engaged from underrepresented communities

The Title V Program is committed to providing opportunities for parents of children with special health care needs to learn the important skills of advocacy and leadership. An external partner will also be identified – through a competitive funding process – to create, maintain, and implement an effective, best-practice curriculum for parents that focuses on the knowledge and skills of family leadership. Regardless of the design of the educational opportunity created, 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, skill, or behavior following the trainings. This information will be collected regularly and used to inform future training opportunities and other programmatic aspects of Title V work, as applicable.

The Title V Program will provide the necessary support to promote equitable access to newborn screening, hearing screenings, and genetics screening and counseling. Annual measures will be in place to reflect the percent of infants screened and the amount of technical assistance offered to genetics counseling providers.

Wisconsin's online Well Badger Resource Center includes resources focused on the needs of children and youth with special health care needs and their families. An external partner – identified through a competitive funding process – will provide and maintain this statewide resource depository. Success of this online resource will be monitored by measuring the number of children and youth with special health care needs resources available and the number of families of children and youth with special health care needs who access these resources.

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 an external partner – to be determined by a competitive funding process – to maintain a collection of best practices and the latest strategies related to youth health transition. This partner will be responsible for ensuring that Network members are aware of the most up to date, national approaches to implementing and maintaining medical homes for children and youth with special health care needs.

Additionally, the identified partner will assist in developing the workforce of the Children and Youth with Special Health Care Needs Network to increase their level of competency in youth health transition concepts. The impact of these efforts will be measured by the percent of Resource Center staff with at least one year experience who self-report that they are competent in explaining medical home concepts.

Resource Center staff 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 Resource Center informational contacts where medical home information is shared.

To increase knowledge and skills about youth health care transition within the community: Implement trainings 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. An external partner – to be identified through a competitive funding process – will partner with families and community professionals to create the content for these events. Content may be presented in the form of classes, webinars, “ask the experts” sessions, 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 youth health transition educational sessions, and the percent of participants trained on youth health transition concepts who report a change in knowledge, skill, 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 care providers and systems supporting children and youth with special health care needs. The Title V Program will identify an external partner through a competitive funding process to lead this work, and work with them to create appropriate measures based on agreed-upon activities.

The identified partner should 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 because of technical assistance will serve as the measure of impact.

Cross-Cutting/Systems Building

State Performance Measures

SPM 3 - Percent of strategies on the Wisconsin State Action Plan promoting social connectivity, or connection to community-based resources

Measure Status:		Active		
State Provided Data				
	2019	2020	2021	
Annual Objective			60	
Annual Indicator			5.2	
Numerator			5	
Denominator			97	
Data Source			Title V State Action Plan	
Data Source Year			2021	
Provisional or Final ?			Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	7.0	8.0	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
Annual Objective			60
Annual Indicator			63.6
Numerator			7
Denominator			11
Data Source			Title V State Action Plan
Data Source Year			2021
Provisional or Final ?			Provisional

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	70.0	80.0	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 strategies on the Wisconsin State Action Plan promoting social connectivity, or connection to community-based resources

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

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 MCH local and tribal health agencies, CYSHCN Network partners, adolescent health programs, and Reproductive Health Family Planning Programs.

State Performance Measure 03: Percent of strategies on the Wisconsin State Action Plan promoting social connectivity, or connection to community-based resources

Due to environmental and social barriers, too many Wisconsinites lack meaningful social connection, which can lead to increased risk of adverse health outcomes. By identifying this as a state performance measure, Wisconsin's main goal is to have 10% of Wisconsin Title V State Action Plan strategies promote social connectivity and access to both formal and informal relevant resources by 2025. In 2021, 18% of Wisconsin Title V State Action Plan strategies promoted social connectivity and access to both formal and informal relevant resources.

Use a developed internal process to track, measure, and define Social Connection throughout Title V work.

Social connections work was led by a two staff who lead this performance measure's work and an epidemiologist. This group created a tracking process using an Excel spreadsheet located on SharePoint so that it is accessible to any Title V state staff who needs to track social connection work throughout the year. The spreadsheet included which performance measures currently had strategies that focused on social connections and identified staff responsible for incorporating a social connections strategy within the next year.

Measurements were also tracked using a spreadsheet and included the objective, the strategy, and updates throughout the year. Performance Measure leads and epidemiologist met regularly with other performance measure leads to update the spreadsheet.

A work group focused on improving social connections was created with internal staff from multiple programs including Title V, the Children and Youth with Special Health Care Needs Unit, the Department of Children and Families' Home Visiting Program, and the Chronic Disease Prevention Unit. Members of the work group were either leads of performance measures that already had a strategy addressing social connections or wanted to learn more so they could incorporate social connection work within their own work plans in a way that complemented and collaborated with the Title V Program's work. Ideally, external partners would have also been a part of the work group, however continuing COVID-19 relief efforts greatly diminished the capacity of potential participants in 2021.

The social connections work group met monthly throughout 2021. Their first goal was to develop a shared definition of social connection. The work group used a Jamboard to facilitate discussions over several sessions to create a shared definition of "social connection." The definition agreed upon was: "Social connection refers to the ways people are physically, emotionally, and socially connected to others. When people have a sense of belonging (they feel valued and included) their health and well-being are positively influenced." This definition was an important part of laying the foundation for planning and implementation moving forward.

Review existing statewide social connection efforts to inform the 2022 state action planning process.

As COVID-19 relief efforts continued in our state, the Title V Program was unable to reach out to local public health agencies that had been previously focused on social connections work. Instead, Wisconsin's Title V team followed up with the Minnesota's Title V team and scheduled regular meetings to network and discuss programs, including social connections. Bi-monthly lunch and learn sessions were held to learn more about each other's programming efforts including a strong focus on how social connections was being integrated and measured.

Social Connection was also a focus of Wisconsin's Bureau of Aging and Disability Resources. The Title V Director met with

the Bureau of Aging and Disability Resources Director to discuss social connections and learned that their team adopted a collective impact model for their work, divided into four workgroups: Research and Shared Measurement, Advocacy and Public policy, Detection and Access to Resources and Raising Public Awareness. These groups met regularly, and a member of the social connections team participated in each group. By the third quarter, social connection team members withdrew from these work groups as the Bureau of Aging and Disability Resources decided to focus their work on preventing isolation among the aging and disabled. The Title V team still receives regular update on progress from their collective impact work.

Planning began in October of 2021 to develop a statewide survey to assess what local health departments and tribal agencies were doing to address social connection within their communities, and what current needs are. The survey was ultimately incorporated into the Title V Program's larger mid-cycle Needs Assessment online survey that was published in early 2022.

Within Wisconsin's 2021 Title V State Action Plan, 14 of 75 strategies (18.6%) directly address social connection:

SPM01	Support the work of the Wisconsin Family Foundations Home Visiting Program led by the Wisconsin Department of Children and Families, in partnership with the Wisconsin DHS/DPH, to increase social connections for breastfeeding families participating in the Family Foundations Home Visiting Program.
SPM01	Support social connections for African American women who have experienced an infant loss.
SPM02	Collaborate with the Wisconsin Women's Health Foundation to advance health equity and expand First Breath Partnerships with health and social service agencies, to provide evidence-based tobacco cessation services to pregnant/postpartum women and other caregivers throughout the state.
SPM05	Provide technical assistance for the implementation and evaluation for LGBTQ+ support groups and mental health warm line (PRISM)
SPM05	Support the Providers and Teens Communicating for Health (PATCH) Program to empower youth and equip providers to provide appropriate, responsive, and high-quality health care.
NPM11	Increase access to cross-system care coordination services for children and youth with special health care needs and their families, and design, pilot, and evaluate strategies to better connect local public health and other community agencies with health care systems regarding referrals/resources, including social determinants of health
NPM11	Provide easily accessible referral resource information to families and providers, to link families to needed supports and services.
SPM03	Utilize social connection definition and tracking method to ensure social connection work progresses throughout the Title V team
SPM03	Continue scan of statewide and national social connection work to inform the 2023 State Action Plan
SPM03	Align with and support the work of other Title V performance measures and programs to incorporate Social Connections work within their strategies; align with and support the work of the Wisconsin Family Health Section programs to incorporate Social Connections within their work plans.
SPM03	Plan to provide training on social connection as a social determinant of health, embracing the role or sense of community and culture.
SPM03	Leverage and further develop established partnerships with state agencies to increase awareness and implement social connections work within programming.
SPM03	Support and provide education and awareness efforts to increase Family Health Section staff knowledge, understanding and importance of social connections.
SPM03	Collect information on social connection as it relates to historical trauma and social determinants of health, and equity for future Maternal and Child Health State Summits.

A) Align with and support the work of other performance measures and programs to incorporate Social Connection within their Title V strategies; B) Align with and support the work of Family Health Section programs to incorporate Social Connection within their work plans.

1. This strategy was led by the Title V team's internal social connection work group who met almost monthly to discuss

specific strategies, share ideas, and plan for 2022. The work group met nine times during 2021. The social connection core team also met with performance measure leads to provide technical assistance as needed.

2. The two leaders of Wisconsin Title V's social connection work attended a Children and Youth with Special Health Care Needs Directors meeting on 07/29/2021 to present on the importance of social connection and how it can be used in public health, specifically among children and youth with special health care needs and their families. A PowerPoint presentation was developed to be used when presenting Title V social connections work to internal and external partners.

Provide training on social connection as a Social Determinant of Health, embracing the role or sense of community and culture.

Please see the strategy below for more details on how this work was implemented throughout 2021.

Provide training for 2021 Wisconsin Maternal and Child Health Summit attendees, focusing on how social connection and historical trauma impacts trust, relationships and health.

Due to COVID-19 relief efforts, the biennial Maternal and Child Health Summit for Wisconsin Title V-funded partners pivoted to a virtual platform. Partnering with the [Wisconsin Association for Perinatal Care](#), a two-hour live, virtual session was offered in each quarter of 2021. The sessions were recorded so participants could view them later. The Wisconsin Association for Perinatal Care provided their virtual platform with recorded links, handled registration, and offered continuing education units for participants. They also tracked participation and evaluations for each session.

The summit theme was *Health in All Policies* and aimed to integrate health equity into each session. The summit focused on equity as a topic area and carefully selected a diverse panel of presenters and moderators for each session. The first Summit session held in March 2021 brought a panel of national and statewide presenters to share their expertise. National speaker Jimmy Dills from the Georgia Health Policy Center laid the foundation of what Health in All Policies is and how it can look on a national and local level. From the Menominee Nation in Wisconsin, Jerry Waukau and Wendell Waukau shared how they integrated a [Culture of Health](#) throughout multiple tribal settings. A local health officer shared how they used Health in All Policies to positively impact public health policies in their county. Learning objectives included:

- Identify two factors associated with health disparities
- Identify two benefits of a health impact assessment
- Describe one strategy for promoting health in all policies
- Describe why health in all policies addresses health disparities

The second Summit session – held in June 2021 – focused on historical trauma in the Indigenous and African American populations. Jeneile Luebke, RN, PhD Native American researcher from the University of Wisconsin shared her research on domestic violence within the Indigenous population and how historical trauma has impacted health and wellness. Dr. Jasmine Zapata, the Bureau of Community Health Promotion's Chief Medical Officer and State Epidemiologist for Community Health shared her expertise on historical trauma and the African American population. Learning objectives included:

- Define historical trauma
- Describe the impact historical trauma has on health-related behaviors

- Implement one strategy in the workplace to acknowledge historical trauma

Out of 81 evaluations, 70 stated that the presentations were good or excellent.

The third session was held in August 2021 and focused on children and youth with special health care needs and had two presenter panels. The first panel was Families United to End Racism against Children and Youth with Special Health Care Needs and Families. Presenters shared powerful personal stories of racism and caring for their children with special health care needs. The second panel was two young adults from the Office of Children's Mental Health who shared their experiences as LGBTQ+ youth. Learning objectives included:

- Describe the complexity of "identity"
- Describe two strategies to create opportunities to connect and engage stakeholders in conversations necessary to dismantle racism
- Describe two strategies to support youth with mental health diagnoses who identify with marginalized communities

One participant commented in their evaluation:

"I learned a great deal about what to say and what not to say about a person's gender identity. I feel like we all need more education about HOW to ask questions as well".

Overall evaluations were positive, and participants reported an overall increase in their knowledge.

The final session in October 2021 welcomed Jimmy Dills back to share more about Health in All Policies and walk participants through some interactive exercises to give them concrete next steps to bring back to their work. Learning objectives included:

- Describe two implications of "health in all policies" to public health
- Describe two benefits of considering "health in all policies" to maternal and child health
- Identify two strategies for ensuring "health in all policies"

In the evaluation, participants were asked "How likely are you to use what you learned during this session?" Out of 87 evaluations that were submitted, 83% stated that they were likely, very likely, or absolutely likely to use what they had learned.

In recognition of the increased stress local public health and tribal agency staff have experienced in the past few years, each summit session offered optional self-care pre-sessions that included activities such as guided visualization, meditation, gratitude journaling, and post-traumatic growth journaling. This optional time was provided in recognition of the importance of self-care during stressful times.

Support the work of the Wisconsin Family Foundation Home Visiting Program, led by the Wisconsin Department of Children and Families in partnership with the Wisconsin Department of Health Services/Division of Public Health, to increase Social Connections for breastfeeding families participating in the Family Foundation Home Visiting Program.

Implementation of this strategy was not realized due to ongoing COVID-19 response efforts affecting staff capacity both within the Title V team as well as the Family Foundations Home Visiting Program. The ability to increase social connectedness for breastfeeding families will require further conversations, planning, and connections within private, inter-personal group settings.

Despite not being able to physically bring families together, there were opportunities to plan. During a Home Visitors All-Grantee meeting a poll was taken to identify which Home Visiting Programs have parenting groups, and what is occurring within those groups specific to breastfeeding. More information can be found in the NPM 04 (Breastfeeding) section of the Infant/Perinatal narrative of this block grant submission.

The Family Foundations Home Visiting Program has its own performance measure identifying social connection and interaction between infants/children and their caregivers. Home Visiting programs in Wisconsin are required to complete an assessment of caregiver-child interaction using a validated tool. Since many programs continued providing virtual visits throughout 2021, Home Visitors faced challenges in their efforts to optimally use the tool and observe parent-child interaction.

There were 54% of caregivers who were observed interacting with infants or children. The value of this observation is to provide a framework for Home Visitors to view caregivers and children interacting in their natural environment, which allows the team to assess important aspects of the caregiver-child relationship. Observation also provides opportunity for Home Visitors to support families with their programs' (models') information and tools promoting positive parenting interaction.

Support and provide education and awareness efforts to increase Family Health Section staff knowledge, understanding, and importance of Social Connections, including supportive workforce development practices of Social Connection for Family Health Section staff within the Wisconsin Department of Health Services.

The Title V Program's social connection team presented twice at monthly Family Health Section meetings during 2021. The first presentation was in April and focused on improving participants' understanding of social connections, why Title V chose this performance measure, and how social connection relates to public health.

At the second presentation in July, the Wisconsin Title V Program's definition of social connection was presented, and presenters asked participants to discuss the following prompts:

- How do you see this definition reflected in your current work?
- How would you like to see your current work evolve to better support Social Connection?

Using a Jamboard, the social connections team facilitated an interactive discussion. Some examples of how the social connections definition was reflected in current work included:

- Children and Youth with Special Health Care Needs Regional Centers helping families find one-on-one peer support or support groups
- Starting meetings with a "Connection Before Content" activity
- Holding regular, virtual team huddles
- Holding a virtual coffee hour for all Family Health Section staff (about 48 people) every other week

Some ideas for evolving work to better support social connections included:

- Creating toolkits to help organizations operationalize the social connections theory and research
- Helping schools to foster safe spaces for social connections
- Identify external programs or organizations that address mental health among adolescents that are successful, and expand such programs to other populations

Thirty-five evaluations were completed and all of them indicated that participants viewed the presentation as relevant, felt that they increased their knowledge, and rated brainstorming sessions for implementing social connection in programs as a high priority.

State Performance Measure 04: Percent of performance measures with family, youth, and community engagement embedded into program and policies

Wisconsin Title V programs do not consistently and effectively embed family, youth and community member perspectives into their programs' policies and practices. By identifying this as a state performance measure, Wisconsin's main goal is to have all their Title V performance measures demonstrate measurable, annual progress in family, youth, and community engagement.

Identify roadblocks to engagement and address in future training opportunities.

The first roadblocks identified were related to the process of completing the Community Engagement Assessment Tool. Every time a new program was expected to complete the assessment and address a practice change, they required extensive orientation and technical assistance from Title V staff.

By the end of 2021, [seven modules](#) were created to address common stumbling blocks so everyone would have easy access to consistent information. Each video was specific to a small piece of the process, so they were not very long. Videos topics/titles include:

1. Overview of the Community Engagement Assessment Tool
2. Steps in the Annual Process
3. 14 Indicators of Engagement
4. Why do we do this?
5. Engaging with the People you Serve
6. Selecting an Indicator and Action Planning
7. Compiling and Reporting Final Answers in the Community Engagement Assessment Tool

Moving forward, the Title V Program anticipates the development of additional modules to address roadblocks that arise when programs try to make significant practice changes.

Increase family, youth, and community member participation in maternal and child health efforts including but not limited to the Maternal and Child Health Advisory Committee and ongoing MCH Needs Assessment.

At the start of 2021, the Title V team was considering various committee structures, such as requiring at least half of the Maternal and Child Health Advisory Committee be composed of people with lived experience. By the end of the year – as a result of many internal and external conversations – the team chose to discontinue the Maternal and Child Health Advisory Committee. Due to the way these meetings had traditionally been facilitated, partners were receiving many programmatic updates from the Title V team, but the Title V team was not receiving much input from committee members, families, or community representatives.

Discussions with funded Title V partners made it clear that the majority of them saw programmatic updates as the most valuable part of advisory committee, meetings – an activity that is not “advisory” in nature and can be accomplished through alternative methods such as an e-Newsletter or updated website. Moving forward, the Title V team plans to use state staff time more effectively by identifying opportunities for Title V to be represented at the tables where Wisconsin citizens are talking about their needs or holding specific community conversations with populations heard from less often. The Title V team plans to meet communities where they are, rather than create expectations of communities to “show up” for Title V. The team hopes this new approach will generate more meaningful and actionable information from the people who need Title V’s support most throughout the state. Future efforts will also focus on gathering ongoing feedback for Wisconsin Title V’s five-year needs assessment.

Incorporate the Community Engagement Assessment Tool within local and tribal health agencies, CYSHCN Network partners, Adolescent Health programs, and Reproductive Health Family Planning Programs.

Implementation of the [Community Engagement Assessment Tool](#) supports participating programs to identify areas for improvement, develop action plans, and implement practice changes to enhance engagement. Twelve local and tribal health agencies integrated community engagement activities into their Title V-funded activities related to health equity and breastfeeding promotion. Several local agencies implemented practice changes that expanded community voice in their Community Health Assessment process.

In one instance, the Kenosha County Health Department developed a Health Equity Task Force and engaged community leaders of color to improve equity in their COVID-19 vaccine distribution.

In Sheboygan County, small group meetings were held in communities of color to identify strategies to support access to healthcare and vaccination resources. Based on community input, their health department hired two Community Health Workers to engage with Latinx and Hmong communities and streamlined language translation of all their materials – including bi-weekly COVID-19 updates.

Read more about the activities and outcomes from the Title V Program’s Children and Youth with Special Health Care Needs partners in the NPM11 (Medical Home) section.

This strategy is in its third year, and this year, the Title V Program noticed that the programs completing the Community Engagement Assessment Tool reported more indicators on average in the “Progress being made” range compared to previous years (Figure 1). The Title V Program continues to track progress for the original aim and two process measures with the goals for each being met in 2021 (Figure 2).

FIGURE 1

Programs completing the Community Engagement Assessment Tool in 2021 reported average responses in the “Progress being made” range for 11 of the 14 indicators compared to only 1 of 14 for programs completing the tool in 2019.

Data source: Community Engagement Assessment Tools completed by funded programs (2019=7; 2020=16; 2021=19)

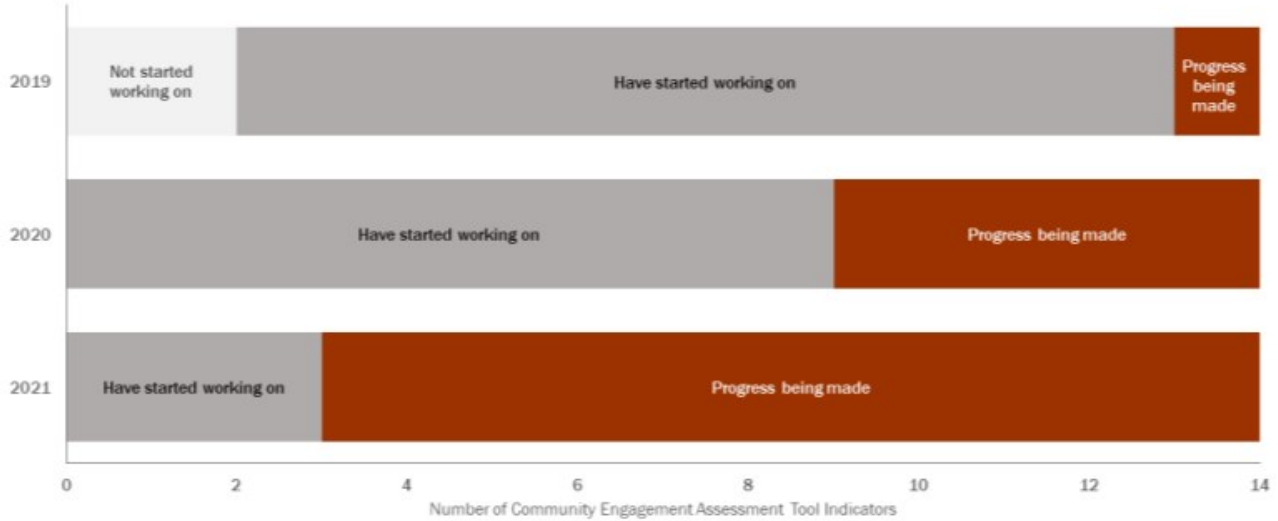
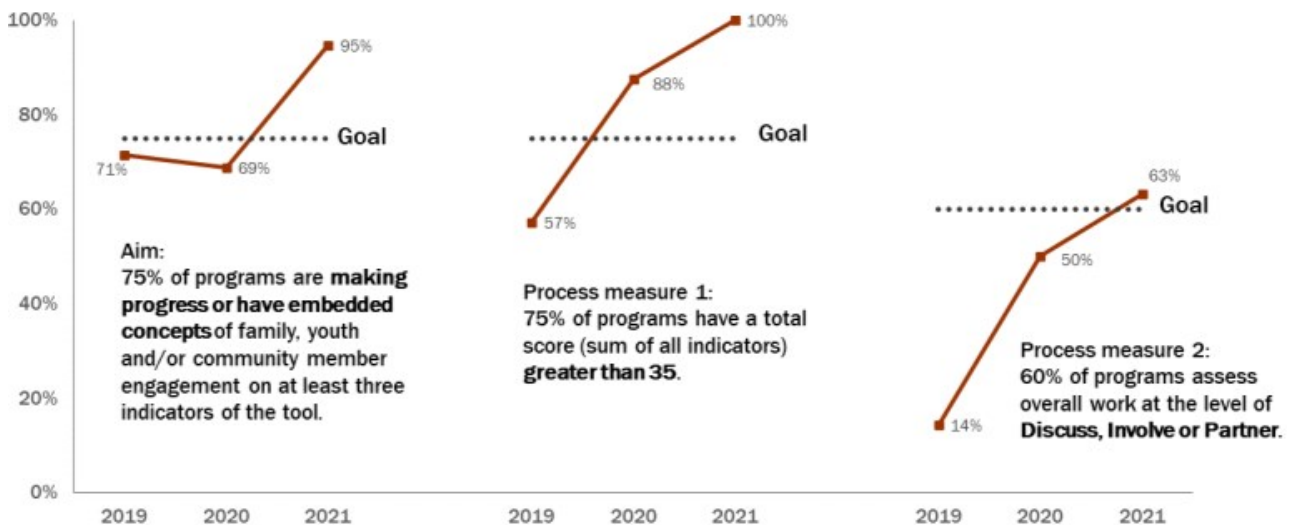


FIGURE 2

In 2021, goals were met for each of the tracked Aims and Process Measures for the Community Engagement Assessment Tool.

Data source: Community Engagement Assessment Tools completed by funded programs (2019=7; 2020=16; 2021=19)



Support Title V action planning with the intent that all action plans will have a Representative Participation (family, youth, and community engagement) strategy.

Work related to this strategy has been negatively impacted by COVID-19 and the need to redirect finite resources. Originally aiming to work with the Reproductive Health Family Planning team, the Title V team planned to see how the Community Engagement Assessment Tool process could be modified to fit their program. Although repeated efforts were made to connect, there was no response from Reproductive Health Family Planning partners. The Title V Program plans to fold this work into the third strategy of this state performance measure moving forward.

State Performance Measure 03: Percent of strategies on the Wisconsin State Action Plan promoting social connectivity, or connection to community-based resources

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.

Social connection efforts will build on a tool created in 2022 to organize and leverage data. The Title V Program's internal social connection team, including an epidemiologist and one or two maternal and child health nurse consultants, will facilitate this strategy, including assisting in the compilation and distribution of social connection data, within the Wisconsin Department of Health Services, as well as to partners and the public.

In 2022, the Wisconsin Title V Program will have an online, mid-cycle Needs Assessment Survey available for organizations as well as individual community members to complete. One component of this mid-cycle Needs Assessment will address social connection and community needs at the local level. Findings will be compiled and distributed widely to help guide future efforts throughout the state – especially regarding the improvement of social connections for Wisconsinites.

Support the work of other performance measure work groups and Title V-funded programs to incorporate Social Connection into their work.

The Title V Program plans to collaborate with a statewide partner – to be identified through a competitive funding process in 2022 – to progress this strategy. The identified partner will ideally perform the following activities:

- Provide support to all agencies throughout Wisconsin pursuing social connection work with Title V funding, including providing content-area expert consultation on how to promote social connections, and convening quarterly learning community calls/collaboration
- Coordinate and cross-promote statewide social connections-related initiatives
- Prioritize equity and actively incorporate community voice into program planning, and provide related technical assistance to other agencies (including the Wisconsin Department of Health Services) working on promoting social connections

The Title V Program intends for this collaboration to develop new ways to improve social connections at a community level. Efforts will be guided by results of the mid-cycle Needs Assessment online survey for organizations and individual community members – to be implemented in 2022. Accountability measures will be determined at which time a partner is identified to lead this work.

Support and provide education and awareness efforts to increase Family Health Section staff knowledge, understanding, and importance of Social Connections.

This strategy focuses on providing technical assistance to Family Health Section staff – around 50 staff members – who are leading projects related to or incorporating social connection components. Trainings will be provided periodically at monthly Family Health Section staff meetings, and presentation topics will be guided by current work and staff feedback. At the end of each training session, an evaluation will be distributed to assess the impact of each presentation among staff. Progress will be measured by documenting the number of topics presented, and the percent of Family Health Section staff in

attendance who report that they have incorporated what they learned from social connection education sessions into their work.

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 them in future training opportunities.

This strategy aims to address reimbursement for persons with lived experience and streamlining access to reimbursement for transportation and other in-person meeting expenses. Additionally, there are issues relevant to program staff that need addressing, such as program staff not having a relationship with the people they serve, overcoming tokenism, and sharing power. This work will be undertaken in partnership with the Bureau of Community Health Promotion's Health Equity Work Group, which is also committed to fostering meaningful partnerships and includes representation from many Title V Program staff.

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 plans to fund up to three external agencies in 2023 – through a competitive funding process implemented in 2022 – to convene priority populations for the purpose of collecting focused input on Title V programming. Funded agencies will be expected to recruit community members from Title V priority populations (such as youth leaders, families with children and youth with special health care needs, and Black and Indigenous families), to provide leadership training for the recruited individuals, and to facilitate a forum for these individuals to provide regular program input in a way that is appropriate and comfortable for them.

The Wisconsin Title V program will also fund a health equity and representative participation technical assistance provider to develop and provide training to Title V staff on developing meaningful community partnerships. This technical assistance provider will be identified through a competitive funding process implemented in 2022 and be expected, at a minimum, to perform the following activities:

- Provide support to all local and tribal agencies throughout Wisconsin using their Title V funds to advance community engagement and partnership, including providing content-area expert consultation, and convening quarterly learning community calls
- Provide training to Title V program staff and grantees on equitable community partnership and operationalizing health equity principles
- Provide consultation to the Wisconsin Title V program on how to operationalize family and community leadership in establishing program priorities and strategies
- Prioritize equity and actively incorporate community voice into program planning and provide related technical assistance to other agencies working on community engagement and partnership
- Maintain a detailed list of organizations and community groups that Title V-funded agencies participate in, solicit feedback from, or assist in other ways

- Provide technical assistance to all Title V-funded agencies who use the [Community Engagement Assessment Tool](#) as part of their work plan

In 2023, the Title V Program plans to continue mapping staff participation in and attendance at community forums and events hosted by partners to minimize duplication of efforts. This may include implementing a template reporting system for staff to document the needs, priorities, and assets that are communicated by community members and partners to inform our ongoing needs assessment.

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.

Implementation of the Community Engagement Assessment Tool supports the programs who participate to identify areas for improvement, develop action plans, and implement practice changes to enhance engagement. Community engagement activities will continue to be core activities for local and tribal health agencies implementing Title V projects related to health equity and breastfeeding. These activities will also continue to be incorporated into work plans and contracts of Title V's Children and Youth with Special Health Care Needs-focused partners, and adolescent health work plans related to the Personal Responsibility Education Program and the Sexual Violence Prevention Program.

In 2023, GAC Objectives – Title V projects that local and tribal health agencies can elect to use their Title V funding to support – will be revised to include engagement work related to adolescent health and child physical activity and nutrition:

1. Complete the Community Engagement Assessment Tool
2. Identify an area for improvement and develop and action plan
3. Implement a practice change to enhance engagement

Linking engagement activities with additional GAC Objectives will significantly spread this effort.

Generally, over 40 local agencies elect to focus on adolescent well-being each year. Community engagement resources will be reviewed at Learning Community sessions with participating local agencies and technical assistance partner agencies. To support the expansion of this project, a representative participation work group will create an implementation toolkit and revise steps to help make this process more accessible to a variety of programs.

III.F. Public Input

Title V Program staff have actively participated in the Bureau of Community Health Promotion's Health Equity Work Group, where they are working to identify opportunities to compensate community members for their time, expertise, and vulnerability in a way that aligns with state policies and regulations, follows guidance set by Title V and HRSA, and allows community members to be compensated in a way that meets their needs. This was especially apparent since the dissolution of the Maternal and Child Health Advisory Committee in late 2021 – see the SPM 04 (Representative Participation) Annual Report narrative for more information.

Title V staff also convened a bi-monthly work group comprised of state staff and staff from Title V-funded agencies around the state to identify the best ways to incorporate public input into Title V's work plan. The team plans to leverage the two Community Partnership Specialists and their community connections to seek public input in the future, however these staff are fairly new to their roles – which are also newly-created positions – and plan to spend 2021 and 2022 mainly building relationships with Black and Indigenous communities throughout the state. Once these positions are more established, the Title V Program plans to collaborate closely with them to incorporate more public input activities into their outreach efforts.

In the end of 2021, the State Systems Development Initiative Coordinator revised and enhanced one of the online community surveys used for community input during the 2020 MCH Needs Assessment. Since the 2020 MCH Needs Assessment was conducted before many events that have drastically altered the landscape of public health in recent years, this revised survey – known as the Mid-Cycle Needs Assessment – aims to engage both public health workers and community members through personalized questions that will help the Wisconsin Title V Program understand:

- The reach of certain Title V projects and public perception of them
- Unique assets and challenges to health from the view of those working in public health
- Unique assets and challenges observed by community members throughout Wisconsin
- How the picture of health has shifted in the face of so many unprecedented events occurring throughout the nation over the past two years

Due to staff turnover and vacancies, this survey will not be published and made available to Wisconsinites until late Spring of 2022. The Title V Program intends to keep the survey available for the remainder of 2022 and promote it heavily among public health agencies and community members especially throughout the summer months. The team hopes to utilize findings that are collected before October of 2022 to enhance 2023 contract negotiations and scope-of-work development for all agencies and organizations that will be funded by Title V in 2023.

Related to contracting and funding plans, Wisconsin's Title V Team spent late 2021 and early 2022 developing a new minimally competitive funding process to determine what agencies to fund and which projects to invest in for the 2023 calendar year. As part of this process, staff from community-based organizations, local and tribal health agencies, and statewide organizations were invited to participate on more than half of the 19 new funding application category interview teams. The Title V team identified content experts in the various funding categories and ensured that these participants' agencies were not planning to apply for the funding category they would help review. Interviews to determine 2023 agency and project funding are scheduled to take place throughout August 2022.

III.G. Technical Assistance

The Wisconsin Title V Program has received one-on-one technical assistance from the National Maternal and Child Health Workforce Development Center from the end of 2021 through most of 2022. The Wisconsin Title V Program does not require additional, specialized 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 - [30_MedicaidMOU_2022.pdf](#)

V. Supporting Documents

The following supporting documents have been provided to supplement the narrative discussion.

Supporting Document #01 - [AppendixA_Acronyms_FINAL.pdf](#)

VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - [31_FHSOrgChart_20220629.pdf](#)

VII. Appendix

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Form 2
MCH Budget/Expenditure Details

State: Wisconsin

	FY 23 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	\$ 11,263,354	
A. Preventive and Primary Care for Children	\$ 3,566,206	(31.6%)
B. Children with Special Health Care Needs	\$ 3,462,178	(30.7%)
C. Title V Administrative Costs	\$ 576,546	(5.2%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	\$ 7,604,930	
3. STATE MCH FUNDS (Item 18c of SF-424)	\$ 4,721,800	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	\$ 3,156,457	
5. OTHER FUNDS (Item 18e of SF-424)	\$ 5,034,473	
6. PROGRAM INCOME (Item 18f of SF-424)	\$ 0	
7. TOTAL STATE MATCH (Lines 3 through 6)	\$ 12,912,730	
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	
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)	\$ 24,176,084	

OTHER FEDERAL FUNDS

FY 23 Application Budgeted

No Other Federal Programs were provided by the State on Form 2 Line 9.

	FY 21 Annual Report Budgeted		FY 21 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	\$ 11,402,328 (FY 21 Federal Award: \$ 10,748,387)		\$ 10,092,189	
A. Preventive and Primary Care for Children	\$ 3,493,089	(30.6%)	\$ 3,065,857	(30.3%)
B. Children with Special Health Care Needs	\$ 3,534,730	(31%)	\$ 3,846,785	(38.1%)
C. Title V Administrative Costs	\$ 152,651	(1.3%)	\$ 111,478	(1.2%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	\$ 7,180,470		\$ 7,024,120	
3. STATE MCH FUNDS (Item 18c of SF-424)	\$ 10,386,240		\$ 4,721,800	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	\$ 0		\$ 4,025,452	
5. OTHER FUNDS (Item 18e of SF-424)	\$ 0		\$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	\$ 2,370,044		\$ 0	
7. TOTAL STATE MATCH (Lines 3 through 6)	\$ 12,756,284		\$ 8,747,252	
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)	\$ 24,158,612		\$ 18,839,441	
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		\$ 3,677,713	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	\$ 24,158,612		\$ 22,517,154	

OTHER FEDERAL FUNDS	FY 21 Annual Report Budgeted	FY 21 Annual Report Expended
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Sexual Risk Avoidance Education Program		\$ 748,497
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)		\$ 219,317
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program		\$ 916,567
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Early Hearing Detection and Intervention (EHDI) State Programs		\$ 150,902
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Pediatric Mental Health Care Access Program		\$ 621,755
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)		\$ 89,896
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Personal Responsibility Education Program (PREP)		\$ 930,779

Form Notes for Form 2:

None

Field Level Notes for Form 2:

1.	Field Name:	1.FEDERAL ALLOCATION
	Fiscal Year:	2021
	Column Name:	Annual Report Expended
	Field Note:	The amount budgeted was inaccurately determined.
2.	Field Name:	Federal Allocation, A. Preventive and Primary Care for Children:
	Fiscal Year:	2021
	Column Name:	Annual Report Expended
	Field Note:	Since the overall budgeted amount was inaccurately estimated, this amount (based on the inaccurate total estimate) was inaccurately calculated as a result.
3.	Field Name:	Federal Allocation, C. Title V Administrative Costs:
	Fiscal Year:	2021
	Column Name:	Annual Report Expended
	Field Note:	Since the overall budgeted amount was inaccurately estimated, this amount (based on the inaccurate total estimate) was inaccurately calculated as a result.
4.	Field Name:	3. STATE MCH FUNDS
	Fiscal Year:	2021
	Column Name:	Annual Report Expended
	Field Note:	The state and local MCH funds were budgeted as a single line item.
5.	Field Name:	4. LOCAL MCH FUNDS
	Fiscal Year:	2021
	Column Name:	Annual Report Expended
	Field Note:	The state and local MCH funds were budgeted as a single line item.
6.	Field Name:	5. OTHER FUNDS
	Fiscal Year:	2021

	Column Name:	Annual Report Expended
	Field Note:	Add match from PO invoices
7.	Field Name:	6. PROGRAM INCOME
	Fiscal Year:	2021
	Column Name:	Annual Report Expended
	Field Note:	This amount was inaccurately estimated in the FY21 budget due to programmatic shifts, staff vacancies, and strategic planning updates.

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 23 Application Budgeted	FY 21 Annual Report Expended
1. Pregnant Women	\$ 1,370,111	\$ 1,176,850
2. Infants < 1 year	\$ 1,669,834	\$ 1,360,949
3. Children 1 through 21 Years	\$ 3,566,206	\$ 3,065,857
4. CSHCN	\$ 3,462,178	\$ 3,846,785
5. All Others	\$ 618,479	\$ 530,270
Federal Total of Individuals Served	\$ 10,686,808	\$ 9,980,711

IB. Non-Federal MCH Block Grant	FY 23 Application Budgeted	FY 21 Annual Report Expended
1. Pregnant Women	\$ 954,107	\$ 566,607
2. Infants < 1 year	\$ 1,089,272	\$ 701,772
3. Children 1 through 21 Years	\$ 4,546,203	\$ 2,671,203
4. CSHCN	\$ 1,658,995	\$ 868,995
5. All Others	\$ 3,938,675	\$ 3,938,675
Non-Federal Total of Individuals Served	\$ 12,187,252	\$ 8,747,252
Federal State MCH Block Grant Partnership Total	\$ 22,874,060	\$ 18,727,963

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 23 Application Budgeted	FY 21 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	\$ 1,970,878	\$ 2,825,378
3. Public Health Services and Systems	\$ 9,292,476	\$ 7,266,811
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	\$ 11,263,354	\$ 10,092,189

IIB. Non-Federal MCH Block Grant	FY 23 Application Budgeted	FY 21 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	\$ 5,590,795
3. Public Health Services and Systems	\$ 0	\$ 3,156,457
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	\$ 8,747,252

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: 61,801

Data Source Year: 2021

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	61,051 (98.8%)	1,304	217	213 (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	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
Newborn Critical Congenital (CCHD) Heart Disease Screening	58,272 (94.3%)	75	75	75 (100.0%)

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 (NBS) 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 (CF) and metabolic conditions. Wisconsin NBS contracts with clinical centers to provide a medical home for patients with metabolic conditions, CF, 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. Wisconsin Sound Beginnings 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 interventions.

Form Notes for Form 4:

None

Field Level Notes for Form 4:

1.	Field Name:	Total Births by Occurrence
	Fiscal Year:	2021
	Column Name:	Total Births by Occurrence Notes
	Field Note:	Provided by Wisconsin State Vital Records Office. This count of births to Wisconsin residents includes reported births that occurred anywhere in the U.S. states/territories and was provisional at the time of reporting.
2.	Field Name:	Core RUSP Conditions - Total Number Referred For Treatment
	Fiscal Year:	2021
	Column Name:	Core RUSP Conditions
	Field Note:	4 confirmed cases still receiving program follow-up and connection to care at time of data extraction from WE-TRAC.
3.	Field Name:	Newborn Critical Congenital (CCHD) Heart Disease Screening - Total Number Presumptive Positive Screens
	Fiscal Year:	2021
	Column Name:	Other Newborn
	Field Note:	75 infants had failing results for the screen. 37 were not screened and had "Confirmed heart disease" selected as the reason why they did not receive screening.
4.	Field Name:	Newborn Critical Congenital (CCHD) Heart Disease Screening - Total Number Confirmed Cases
	Fiscal Year:	2021
	Column Name:	Other Newborn
	Field Note:	We are currently unable to report out actual confirmed cases from our data system. At the direction of the head of the CCHD screening program, we have historically used the reported prevalence of CCHD (18 per 10,000 live births) and the SVRO's occurrent birth count to generate this estimate.
5.	Field Name:	Newborn Critical Congenital (CCHD) Heart Disease Screening - Total Number Referred For Treatment
	Fiscal Year:	2021
	Column Name:	Other Newborn
	Field Note:	An estimated 100% diagnosed were referred for treatment.

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 2021

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	1,073	35.1	0.0	60.8	3.6	0.5
2. Infants < 1 Year of Age	350	35.1	0.0	60.8	3.6	0.5
3. Children 1 through 21 Years of Age	10,246	29.1	0.0	66.0	4.9	0.0
3a. Children with Special Health Care Needs 0 through 21 years of age^	9,638	46.6	0.0	50.5	2.9	0.0
4. Others	4,081	10.3	0.0	84.2	5.5	0.0
Total	15,750					

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	60,594	No	61,549	80.0	49,239	1,073
2. Infants < 1 Year of Age	60,293	No	61,549	99.0	60,934	350
3. Children 1 through 21 Years of Age	1,508,948	Yes	1,508,948	20.0	301,790	10,246
3a. Children with Special Health Care Needs 0 through 21 years of age^	315,913	Yes	315,913	20.0	63,183	9,638
4. Others	4,260,948	Yes	4,260,948	16.0	681,752	4,081

^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:	2021
	Field Note:	Includes pregnant individuals who received services at Title V-supported dual protection clinics, and those who utilized the MCH hotline for information, resources, and referrals. The percentages of primary source of coverage are based on Wisconsin State Vital Records Office field expected payor for birth.
2.	Field Name:	Infants Less Than One Year Total Served
	Fiscal Year:	2021
	Field Note:	Includes infants who received referral and support services based on a positive newborn screening and infants whose families received information, resources, and referrals on their behalf through the MCH hotline. The percentages of primary source of coverage are based on Wisconsin State Vital Records Office field expected payor for birth.
3.	Field Name:	Children 1 through 21 Years of Age
	Fiscal Year:	2021
	Field Note:	Includes children and adolescents who received services at Title V-supported dual protection clinics, and those who received information and referrals through the MCH hotline or programs. The percentages of primary source of coverage are based on 2019-2020 National Survey of Children's Health.
4.	Field Name:	Children with Special Health Care Needs 0 through 21 Years of Age
	Fiscal Year:	2021
	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 regional centers for CSHCN, the MCH hotline, or CYSHCN programs. The percentages of primary source of coverage are based on 2019-2020 National Survey of Children's Health.
5.	Field Name:	Others
	Fiscal Year:	2021
	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. The percentages of primary source of coverage are based on the 2019 Family Health Survey.

Field Level Notes for Form 5b:

1.	Field Name:	Pregnant Women Total % Served
	Fiscal Year:	2021
	Field Note:	Includes individuals who gave birth at hospitals where Title V-funded breastfeeding support strategies are in place. This also includes pregnant individuals reached by COVID-19 response efforts (including emergency response, contact tracing, community outreach and education, dissemination of COVID-19 educational materials), for which Title V dollars could be used.
2.	Field Name:	Pregnant Women Denominator
	Fiscal Year:	2021
	Field Note:	Count of individuals who gave birth at a Wisconsin facility. Wisconsin Vital Records, provisional at the time of reporting.
3.	Field Name:	Infants Less Than One Year Total % Served
	Fiscal Year:	2021
	Field Note:	Includes infants who received at least one screening for a blood disorder, hearing loss, or critical congenital heart defect. The Wisconsin Newborn Screening Program receives coordination and data infrastructure support from Title V.
4.	Field Name:	Infants Less Than One Year Denominator
	Fiscal Year:	2021
	Field Note:	Count of live births at a Wisconsin facility. Wisconsin Vital Records, provisional at the time of reporting.
5.	Field Name:	Children 1 through 21 Years of Age Total % Served
	Fiscal Year:	2021
	Field Note:	Includes children who were reached by Title V-funded community-based efforts to promote use of and increase awareness around developmental screening, children reached through Nourishing Special Needs Network sites; children reached by Title-V supported webpages and social media pages; young people served by Title V-supported dual protection clinics; young people reached by the Providers and Teens Communicating for Health (PATCH) program; children reached by COVID-19 response efforts for which Title V dollars could be used (including emergency response, contact tracing, community outreach and education, dissemination of COVID-19 educational materials).
6.	Field Name:	Children with Special Health Care Needs 0 through 21 Years of Age Total % Served
	Fiscal Year:	2021

Field Note:

Includes children with special health care needs who were reached by Title V-funded community-based efforts to promote use of and increase awareness around developmental screening, children reached by Title-V funded trainings; children reached by Title-V supported webpages and social media pages; children served by Title V-supported dual protection site clinics; children reached by Title V partnerships with WIC; children reached by COVID-19 response efforts for which Title V dollars could be used (including emergency response, contact tracing, community outreach and education, dissemination of COVID-19 educational materials). Many children and youth with special health care needs are also reached by the activities targeted at children and adolescents. Therefore, the percentage of children and youth with special healthcare needs reached is estimated to be equivalent to the percentage of children reached.

7. **Field Name:** **Others Total % Served**

Fiscal Year: **2021**

Field Note:

Includes non-pregnant individuals over 21 years of age who were reached by Title V-funded trainings, webinars, educational events, and workshops. The estimated reach of Title V-related webpages and social media pages was also included. Additionally, this includes a conservative estimate of adults in Wisconsin who were reached through COVID-19 response efforts (including emergency response, contact tracing, community outreach and education, dissemination of COVID-19 educational materials), for which Title V dollars could be used.

Data Alerts: None

Form 6
Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX

State: Wisconsin

Annual Report Year 2021

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	61,549	43,704	5,916	6,942	535	2,547	0	1,492	413
Title V Served	61,275	43,515	5,883	6,915	531	2,533	0	1,488	410
Eligible for Title XIX	21,595	9,833	4,732	4,585	376	911	0	858	300
2. Total Infants in State	61,549	43,704	5,916	6,942	535	2,547	0	1,492	413
Title V Served	61,275	43,515	5,883	6,915	531	2,533	0	1,488	410
Eligible for Title XIX	21,595	9,833	4,732	4,585	376	911	0	858	300

Form Notes for Form 6:

Form data are provisional at the time of reporting, from Wisconsin Vital Records.

Field Level Notes for Form 6:

1.	Field Name:	1. Total Deliveries in State
	Fiscal Year:	2021
	Column Name:	Total
	Field Note:	Total number of deliveries in Wisconsin.
2.	Field Name:	1. Title V Served
	Fiscal Year:	2021
	Column Name:	Total
	Field Note:	Includes deliveries where infant received newborn screening.
3.	Field Name:	1. Eligible for Title XIX
	Fiscal Year:	2021
	Column Name:	Total
	Field Note:	Presumed eligibility, based on expected payor source for birth from Wisconsin Vital Records.
4.	Field Name:	2. Total Infants in State
	Fiscal Year:	2021
	Column Name:	Total
	Field Note:	Estimated to be approximately equal to total number of deliveries in state.
5.	Field Name:	2. Title V Served
	Fiscal Year:	2021
	Column Name:	Total
	Field Note:	Includes deliveries where infant received newborn screening.
6.	Field Name:	2. Eligible for Title XIX
	Fiscal Year:	2021
	Column Name:	Total
	Field Note:	Presumed eligibility, based on expected payor source for birth from Wisconsin Vital Records.

Form 7
State MCH Toll-Free Telephone Line and Other Appropriate Methods Data

State: Wisconsin

A. State MCH Toll-Free Telephone Lines	2023 Application Year	2021 Annual Report Year
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 642-7837	(800) 642-7837
2. State MCH Toll-Free "Hotline" Name	Well Badger Resource Center	Well Badger Resource Center
3. Name of Contact Person for State MCH "Hotline"	Mary Rosecky	Mary Rosecky
4. Contact Person's Telephone Number	(608) 405-0231	(608) 405-0231
5. Number of Calls Received on the State MCH "Hotline"		1,926

B. Other Appropriate Methods	2023 Application Year	2021 Annual Report Year
1. Other Toll-Free "Hotline" Names	Wisconsin Informed Consent Help Lines, 877-855-7296	Wisconsin Informed Consent Help Lines
2. Number of Calls on Other Toll-Free "Hotlines"		767
3. State Title V Program Website Address	https://www.wellbadger.org/	https://www.wellbadger.org/
4. Number of Hits to the State Title V Program Website		23,733
5. State Title V Social Media Websites	https://www.facebook.com/wellbadger/	https://www.facebook.com/wellbadger/
6. Number of Hits to the State Title V Program Social Media Websites		76

Form Notes for Form 7:

Well Badge Resource Center is the service provider supporting the MCH/CYSHCN required information and Referral service for Wisconsin. As identified below, Well Badger supports multiple methods for connection. For Live Voice, Live CHAT, Text, or email connection, services are provided by Certified Resource Specialists Monday through Friday, 7:00AM to 6:00PM. After hours inquiries are handled within one business day. Interpretive services are available over the phone.

Phone number: 1-800-642-7837

Web address: www.wellbadger.org

Text number: 608-360-9328

Email address: help@wellbadger.org

Live Chat: www.wellbadger.org

Facebook Messenger: @WellBadger

Email or text alerts: Visit the Well Badger Resource Center web address (www.wellbadger.org) to subscribe to text or email alerts with important health information, resources, and support.

Form 8
State MCH and CSHCN Directors Contact Information

State: Wisconsin

1. Title V Maternal and Child Health (MCH) Director

Name	Fiona Weeks
Title	Title V Director, Maternal and Child Health Unit Supervisor
Address 1	1 West Wilson Street
Address 2	Room 233
City/State/Zip	Madison / WI / 53703
Telephone	(608) 977-0156
Extension	
Email	Fiona.Weeks@dhs.wisconsin.gov

2. Title V Children with Special Health Care Needs (CSHCN) Director

Name	Ashley Bergeron
Title	Family Health Section Manager
Address 1	1 West Wilson Street
Address 2	Room 233
City/State/Zip	Madison / WI / 53703
Telephone	(608) 556-2007
Extension	
Email	Ashley.Bergeron@dhs.wisconsin.gov

3. State Family or Youth Leader (Optional)

Name	Katrina Alber
Title	State Systems Development Initiative Coordinator
Address 1	1 West Wilson Street
Address 2	Room 233
City/State/Zip	Madison / WI / 53703
Telephone	(608) 504-1336
Extension	
Email	Katrina.Alber@dhs.wisconsin.gov

Form Notes for Form 8:

Recruitment for the Children and Youth with Special Health Care Needs Director is in progress at the time of reporting. The Family Health Section Manager is providing interim support.

Form 9
List of MCH Priority Needs

State: Wisconsin

Application Year 2023

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 1 - Percent of pregnant women who receive prenatal care beginning in the first trimester


Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 1 - Notes:

None

Data Alerts: None



NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 2 - Notes:

None

Data Alerts: None

NOM 3 - Maternal mortality rate per 100,000 live births


Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 3 - Notes:

None

Data Alerts: None

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 4 - Notes:

None

Data Alerts: None

NOM 5 - Percent of preterm births (<37 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 5 - Notes:

None

Data Alerts: None

NOM 6 - Percent of early term births (37, 38 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 6 - Notes:

None

Data Alerts: None

NOM 7 - Percent of non-medically indicated early elective deliveries

Data Source: CMS Hospital Compare

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020/Q3-2021/Q2	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 %			
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 7 - Notes:

None

Data Alerts: None

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 8 - Notes:

None

Data Alerts: None

NOM 9.1 - Infant mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 9.1 - Notes:

None

Data Alerts: None

NOM 9.2 - Neonatal mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 9.2 - Notes:

None

Data Alerts: None



NOM 9.3 - Post neonatal mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 9.3 - Notes:

None

Data Alerts: None

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 9.4 - Notes:

None

Data Alerts: None



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

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 9.5 - Notes:

None

Data Alerts: None

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 10 - Notes:

None

Data Alerts: None



NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 11 - Notes:

None

Data Alerts: None

NOM 12 - 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)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 12 - Notes:

None

Data Alerts: None

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 13 - Notes:

None

Data Alerts: None

NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year

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

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	10.4 %	1.1 %	124,366	1,198,570
2018_2019	11.7 %	1.6 %	139,492	1,195,399
2017_2018	11.1 %	1.5 %	133,008	1,199,250
2016_2017	9.4 %	1.1 %	112,837	1,199,493
2016	9.8 %	1.3 %	118,079	1,202,862

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 14 - Notes:

None

Data Alerts: None

NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 15 - Notes:

None

Data Alerts: None



NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 16.1 - Notes:

None

Data Alerts: None



NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 16.2 - Notes:

None

Data Alerts: None



NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018_2020	11.2	1.0	127	1,131,574
2017_2019	12.9	1.1	147	1,136,216
2016_2018	13.9	1.1	159	1,139,826
2015_2017	13.8	1.1	158	1,143,545
2014_2016	13.2	1.1	151	1,146,140
2013_2015	11.4	1.0	131	1,149,686
2012_2014	10.6	1.0	123	1,157,270
2011_2013	10.4	0.9	122	1,172,583
2010_2012	10.4	0.9	123	1,187,068
2009_2011	10.6	0.9	128	1,202,228
2008_2010	9.1	0.9	111	1,214,177
2007_2009	8.1	0.8	100	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 16.3 - Notes:

None

Data Alerts: None

NOM 17.1 - Percent of children with special health care needs (CSHCN), ages 0 through 17

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

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	20.1 %	1.3 %	253,843	1,264,691
2018_2019	19.5 %	1.5 %	248,384	1,272,559
2017_2018	17.5 %	1.5 %	223,826	1,280,123
2016_2017	17.8 %	1.3 %	229,153	1,285,543
2016	19.1 %	1.5 %	245,736	1,287,642

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 17.1 - Notes:

None

Data Alerts: None

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

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

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	12.6 %	2.2 %	31,885	253,843
2018_2019	11.1 %	2.4 %	27,599	248,384
2017_2018	9.2 %	2.1 %	20,544	223,826
2016_2017	12.3 %	2.2 %	28,094	229,153
2016	16.4 %	3.1 %	40,306	245,736

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 17.2 - Notes:

None

Data Alerts: None

NOM 17.3 - Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder

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

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	4.3 %	1.0 %	45,748	1,058,021
2018_2019	3.9 %	1.0 %	41,053	1,049,984
2017_2018	2.9 % ⚡	0.9 % ⚡	30,147 ⚡	1,055,338 ⚡
2016_2017	2.9 %	0.8 %	30,727	1,063,961
2016	1.8 %	0.4 %	19,257	1,066,714

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 17.3 - Notes:

None

Data Alerts: None

NOM 17.4 - Percent of children, ages 3 through 17, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

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

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	10.5 %	1.3 %	110,370	1,055,610
2018_2019	10.5 %	1.4 %	108,542	1,033,700
2017_2018	6.8 %	1.0 %	70,210	1,036,189
2016_2017	6.2 %	0.9 %	65,415	1,055,983
2016	6.9 %	1.0 %	73,653	1,060,280

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 17.4 - Notes:

None

Data Alerts: None

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

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

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	59.6 %	4.2 %	109,099	182,968
2018_2019	65.3 %	5.0 %	112,694	172,664
2017_2018	52.6 % ⚡	6.0 % ⚡	70,136 ⚡	133,287 ⚡
2016_2017	51.7 % ⚡	5.4 % ⚡	66,806 ⚡	129,154 ⚡
2016	57.6 % ⚡	5.5 % ⚡	85,711 ⚡	148,690 ⚡

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 18 - Notes:

None

Data Alerts: None

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

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

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	90.4 %	1.2 %	1,141,002	1,262,243
2018_2019	91.4 %	1.3 %	1,161,060	1,269,999
2017_2018	92.1 %	1.2 %	1,178,313	1,279,787
2016_2017	91.4 %	1.2 %	1,174,238	1,284,955
2016	91.5 %	1.2 %	1,177,100	1,286,467

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 19 - Notes:

None

Data Alerts: None

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

Data Source: WIC

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 <50 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
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
2019_2020	14.6 %	1.9 %	80,926	553,989
2018_2019	14.2 %	2.2 %	78,320	551,770
2017_2018	14.2 %	2.1 %	80,338	567,435
2016_2017	14.3 %	2.0 %	76,236	532,845
2016	14.6 %	2.2 %	74,328	507,773

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 20 - Notes:

None

Data Alerts: None

NOM 21 - Percent of children, ages 0 through 17, without health insurance

Data Source: American Community Survey (ACS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 21 - Notes:

None

Data Alerts: None

NOM 22.1 - Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months

Data Source: National Immunization Survey (NIS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 22.1 - Notes:

None

Data Alerts: None

NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

Data Source: National Immunization Survey (NIS) – Flu

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 22.2 - Notes:

None

Data Alerts: None

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 22.3 - Notes:

None

Data Alerts: None



NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 22.4 - Notes:

None

Data Alerts: None


NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine


Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 22.5 - Notes:

None

Data Alerts: None



NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 23 - Notes:

None

Data Alerts: None


NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth


Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 24 - Notes:

None

Data Alerts: None

NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

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

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	3.3 %	0.6 %	41,028	1,261,123
2018_2019	3.7 %	0.8 %	46,238	1,266,715
2017_2018	3.9 %	0.9 %	50,444	1,277,599
2016_2017	2.9 %	0.8 %	36,811	1,283,105
2016	2.2 %	0.6 %	28,031	1,282,766

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 25 - Notes:

None

Data Alerts: None

Form 10
National Performance Measures (NPMs)
State: Wisconsin

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Federally Available Data					
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
	2017	2018	2019	2020	2021
Annual Objective				78.8	79.5
Annual Indicator			73.7	73.7	71.4
Numerator			718,148	718,148	693,615
Denominator			974,077	974,077	971,414
Data Source			BRFSS	BRFSS	BRFSS
Data Source Year			2019	2019	2020

i Previous NPM-1 BRFSS data for survey years 2016 and 2017 that was pre-populated under the 2017 and 2018 Annual Report Years is no longer displayed since it is not comparable with 2018 survey data.

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	80.1	80.8	81.4	82.1

Field Level Notes for Form 10 NPMs:

None

NPM 4A - Percent of infants who are ever breastfed

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2017	2018	2019	2020	2021
Annual Objective	81.8	83.5	84.3	84.3	84.7
Annual Indicator	81.7	82.2	82.8	82.8	83.7
Numerator	47,252	54,235	49,931	49,931	49,034
Denominator	57,816	65,957	60,272	60,272	58,567
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2014	2015	2017	2017	2018

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	85.1	85.5	86.0	86.5

Field Level Notes for Form 10 NPMs:

None

NPM 4B - Percent of infants breastfed exclusively through 6 months

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2017	2018	2019	2020	2021
Annual Objective	24.4	25	29.6	29.6	30.2
Annual Indicator	27.7	28.3	28.1	28.1	33.4
Numerator	15,403	18,523	16,390	16,390	18,517
Denominator	55,636	65,412	58,419	58,419	55,429
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2014	2015	2017	2017	2018

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	30.9	31.6	32.3	33.0

Field Level Notes for Form 10 NPMs:

None

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

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2017	2018	2019	2020	2021
Annual Objective		35.4	43.8	43.8	44.5
Annual Indicator	25.9	37.0	37.9	37.9	42.8
Numerator	42,469	62,852	58,870	58,870	61,909
Denominator	164,150	170,003	155,316	155,316	144,602
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016	2016_2017	2018_2019	2018_2019	2019_2020

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	45.2	45.9	46.6	47.4

Field Level Notes for Form 10 NPMs:

None

NPM 7.2 - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

Federally Available Data					
Data Source: HCUP - State Inpatient Databases (SID)					
	2017	2018	2019	2020	2021
Annual Objective	219.4	214.6	200	200	199
Annual Indicator	235.5	202.1	172.6	172.6	180.0
Numerator	1,326	1,513	1,291	1,291	1,340
Denominator	562,956	748,549	747,766	747,766	744,359
Data Source	SID- ADOLESCENT	SID- ADOLESCENT	SID- ADOLESCENT	SID- ADOLESCENT	SID- ADOLESCENT
Data Source Year	2015	2016	2018	2018	2019

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	198.0	197.0	196.0	195.0

Field Level Notes for Form 10 NPMs:

None

NPM 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

Federally Available Data			
Data Source: National Survey of Children's Health (NSCH) - CHILD			
	2019	2020	2021
Annual Objective			31.5
Annual Indicator	30.8	30.8	29.2
Numerator	129,985	132,298	125,830
Denominator	421,676	429,126	430,350
Data Source	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD
Data Source Year	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	32.1	32.7	33.3	33.9

Field Level Notes for Form 10 NPMs:

None

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2017	2018	2019	2020	2021
Annual Objective		64.5	43.5	43.5	44.2
Annual Indicator	46.0	41.0	42.4	42.4	41.6
Numerator	112,937	93,950	105,372	105,372	105,574
Denominator	245,736	229,153	248,384	248,384	253,596
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016	2016_2017	2018_2019	2018_2019	2019_2020

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	44.9	45.6	46.3	47.0

Field Level Notes for Form 10 NPMs:

None

NPM 12 - 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 - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2017	2018	2019	2020	2021
Annual Objective		46.2	21	21	21.4
Annual Indicator	21.2	19.1	28.8	28.8	34.0
Numerator	24,689	23,756	35,732	35,732	41,630
Denominator	116,744	124,293	124,081	124,081	122,493
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016	2016_2017	2018_2019	2018_2019	2019_2020

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	21.8	22.2	22.6	23.0

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
Annual Objective			14.3
Annual Indicator		14.6	12.8
Numerator		290	76
Denominator		19,863	5,932
Data Source		Vital Records	Vital Records
Data Source Year		2016-2018	2021
Provisional or Final ?		Final	Provisional

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	14.0	13.6	13.3	13.0

Field Level Notes for Form 10 SPMs:

None

SPM 2 - A) Percent of 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
Annual Objective			60
Annual Indicator		60	76.7
Numerator			46,509
Denominator			60,615
Data Source		Vital Records (WISH)	Vital Records (WISH)
Data Source Year		2016-2018	2020
Provisional or Final ?		Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	61.5	63.0	64.5	66.0

Field Level Notes for Form 10 SPMs:

1.	Field Name:	2021
	Column Name:	State Provided Data

Field Note:

B) PRAMS question 70 doesn't ask about tobacco use, it asks about smoking cigarettes

Percent of women receiving prenatal care within the first trimester:

- Year of data: 2019-2020 WI PRAMS
- Numerator: 142,495
- Denominator: 164,460

Data note: Numerator and denominator provided are survey-weighted frequencies.

Percent of women receiving a quality* postpartum visit:

- Year of data: 2019-2020 WI PRAMS
- Numerator: 54,474
- Denominator: 118,133

Data note: Numerator and denominator provided are survey-weighted frequencies. Denominator includes those with no postpartum visit.

SPM 3 - Percent of strategies on the Wisconsin State Action Plan promoting social connectivity, or connection to community-based resources

Measure Status:		Active		
State Provided Data				
	2019	2020	2021	
Annual Objective			60	
Annual Indicator			5.2	
Numerator			5	
Denominator			97	
Data Source			Title V State Action Plan	
Data Source Year			2021	
Provisional or Final ?			Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	7.0	8.0	9.0	10.0

Field Level Notes for Form 10 SPMs:

None

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
Annual Objective			60
Annual Indicator			63.6
Numerator			7
Denominator			11
Data Source			Title V State Action Plan
Data Source Year			2021
Provisional or Final ?			Provisional

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	70.0	80.0	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
Annual Objective		
Annual Indicator	27	
Numerator		
Denominator		
Data Source	Wisconsin YRBSS	
Data Source Year	2019	
Provisional or Final ?	Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	26.0	25.5	24.8	24.0

Field Level Notes for Form 10 SPMs:

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.

**Form 10
Evidence-Based or –Informed Strategy Measures (ESMs)**

State: Wisconsin

ESM 1.1 - Number of Reproductive Health Family Planning partners using marketing tools and materials

Measure Status:	Inactive - This measure is expressly dependent on entities outside of the Title V Program, and progress nor action is within the Title V Program's control.		
State Provided Data			
	2019	2020	2021
Annual Objective			20
Annual Indicator		0	0
Numerator			0
Denominator			100
Data Source		REDCap	N/A
Data Source Year		2020	2021
Provisional or Final ?		Final	Final

Field Level Notes for Form 10 ESMs:

1.	Field Name:	2020
	Column Name:	State Provided Data

Field Note:

The development of materials and tools were delayed due to the COVID-19 pandemic as many of the reproductive health family planning clinical and administrative staff were redirected to address the COVID-19 pandemic in Wisconsin and fewer family planning patients were seen overall. Materials and tools including social media messages and communication strategies are being developed with HCET for implementation in 2021.

ESM 1.2 - Percent of family planning providers trained, who report an increase in knowledge on the relationship between patient outcomes and the annual preventive visit

Measure Status:	Inactive - Determined to be ineffective within the Wisconsin Title V Program's goals, objectives, and alignment with Reproductive Health Family Planning Program		
State Provided Data			
	2019	2020	2021
Annual Objective			100
Annual Indicator		0	0
Numerator			0
Denominator			100
Data Source		REDCap	N/A
Data Source Year		2020	2021
Provisional or Final ?		Final	Final

Field Level Notes for Form 10 ESMs:

1.	Field Name:	2020
	Column Name:	State Provided Data

Field Note:

Trainings to increase providers' knowledge on the importance of the preventive visit were delayed due to COVID-19.

ESM 1.3 - Percent of Reproductive Health Family Planning agency training attendees who report a practice change after completing implicit bias training

Measure Status:	Inactive - Replaced		
State Provided Data			
	2019	2020	2021
Annual Objective			100
Annual Indicator			0
Numerator			0
Denominator			100
Data Source			N/A
Data Source Year			2021
Provisional or Final ?			Final

Field Level Notes for Form 10 ESMs:

None

ESM 1.4 - Percent of clients served who have complete race and ethnicity data

Measure Status:		Active		
Annual Objectives				
	2023	2024	2025	
Annual Objective	90.0	95.0	98.0	

Field Level Notes for Form 10 ESMs:

1.	Field Name:	2021
	Column Name:	State Provided Data

Field Note:

This measure was identified in 2022 and this information was not previously collected.

ESM 4.1 - Number of hospitals in Coffective's Community Match Online Platform

Measure Status:	Inactive - Replaced		
State Provided Data			
	2019	2020	2021
Annual Objective			52
Annual Indicator		48	48
Numerator			
Denominator			
Data Source		Coeffective	Coeffective
Data Source Year		2021	2021
Provisional or Final ?		Final	Final

Field Level Notes for Form 10 ESMs:

None

ESM 4.2 - Percent of non-Hispanic Black infants ever breastfed

Measure Status:		Active		
State Provided Data				
	2019	2020	2021	
Annual Objective			52	
Annual Indicator	51	49	53	
Numerator	51	49	53	
Denominator	100	100	100	
Data Source	Vital Records	Vital Records	Vital Records	
Data Source Year	2019	2020	2021	
Provisional or Final ?	Final	Final	Provisional	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	53.0	54.0	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

ESM 4.3 - Percent of non-Hispanic American Indian/Alaska Native infants ever breastfed

Measure Status:		Active		
State Provided Data				
	2019	2020	2021	
Annual Objective			66.4	
Annual Indicator	65	65	63	
Numerator	65	65	63	
Denominator	100	100	100	
Data Source	Vital Records	Vital Records	Vital Records	
Data Source Year	2019	2020	2021	
Provisional or Final ?	Final	Final	Provisional	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	67.4	68.4	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

ESM 4.4 - Percent of Wisconsin hospitals with an mPINC score of 80 or higher

Measure Status:		Active		
Annual Objectives				
	2023	2024	2025	
Annual Objective	55.0	59.0	63.5	

Field Level Notes for Form 10 ESMs:

None

ESM 6.1 - Percent of medical providers trained who report using an evidence-based screening tool

Measure Status:		Active	
State Provided Data			
	2019	2020	2021
Annual Objective			80
Annual Indicator	0		38
Numerator	0		38
Denominator	100		100
Data Source	SurveyMonkey		SurveyMonkey
Data Source Year	2019		2021
Provisional or Final ?	Final		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	85.0	90.0	95.0	100.0

Field Level Notes for Form 10 ESMs:

None

ESM 6.2 - 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	
Annual Objective			80	
Annual Indicator			0	
Numerator			0	
Denominator			100	
Data Source			N/A	
Data Source Year			2021	
Provisional or Final ?			Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	85.0	90.0	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.

ESM 6.3 - 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	
Annual Objective			80	
Annual Indicator			0	
Numerator			0	
Denominator			100	
Data Source			N/A	
Data Source Year			2021	
Provisional or Final ?			Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	85.0	90.0	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.

ESM 7.2.1 - 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
Annual Objective			72.6
Annual Indicator	72		84
Numerator	72		84
Denominator	100		100
Data Source	Wisconsin Youth Risk Behavior Surveillance Survey		Wisconsin Youth Risk Behavior Surveillance Survey
Data Source Year	2018		2019
Provisional or Final ?	Final		Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	73.6	74.6	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.

ESM 7.2.2 - Annual number of individuals who receive gatekeeper training (e.g., QPR, Mental Health First Aid) in suicide prevention

Measure Status:		Active				
State Provided Data						
	2017	2018	2019	2020	2021	
Annual Objective	12,678	14,678	16,678	18,678	0	
Annual Indicator	17,712	30,542	37,656	0	1,272	
Numerator						
Denominator						
Data Source	REDCap	REDCap	REDCap	REDCap	REDCap	
Data Source Year	2017	2018	2019	2020	2021	
Provisional or Final ?	Final	Final	Final	Final	Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	0.0	0.0	0.0	0.0

Field Level Notes for Form 10 ESMs:

None

ESM 8.1.1 - Percent of partners actively involved with the Wisconsin Title V Program's physical activity work connected through the PAN StEM

Measure Status:		Inactive - Replaced	
State Provided Data			
	2019	2020	2021
Annual Objective			20
Annual Indicator		0	0
Numerator		0	0
Denominator		40	40
Data Source		Title V Program Internal Documentation	Title V Program Internal Documentation
Data Source Year		2020	2021
Provisional or Final ?		Final	Final

Field Level Notes for Form 10 ESMs:

1.	Field Name:	2020
	Column Name:	State Provided Data

Field Note:

The official PAN StEM meeting was delayed until early 2021 due to COVID-19, so a steering team roster is still in development.

ESM 8.1.2 - Percent of agencies in their first year of Physical Activity and Nutrition work who indicate an increase in knowledge following training

Measure Status:	Active		
Annual Objectives			
	2023	2024	2025
Annual Objective	80.0	90.0	100.0

Field Level Notes for Form 10 ESMs:

None

ESM 11.1 - Percent of Regional Center information & referral staff who report competence in explaining medical home concepts

Measure Status:		Active		
State Provided Data				
	2019	2020	2021	
Annual Objective			75	
Annual Indicator			100	
Numerator			100	
Denominator			100	
Data Source			Self-Report Survey	
Data Source Year			2021	
Provisional or Final ?			Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	76.0	78.0	79.0	80.0

Field Level Notes for Form 10 ESMs:

None

ESM 11.2 - 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	
Annual Objective			75	
Annual Indicator			96	
Numerator			96	
Denominator			100	
Data Source			Self-Report Survey	
Data Source Year			2021	
Provisional or Final ?			Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	76.0	78.0	79.0	80.0

Field Level Notes for Form 10 ESMs:

None

ESM 11.3 - 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	
Annual Objective			40	
Annual Indicator			66	
Numerator			66	
Denominator			100	
Data Source			REDCap	
Data Source Year			2021	
Provisional or Final ?			Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	43.0	46.0	48.0	50.0

Field Level Notes for Form 10 ESMs:

None

ESM 12.1 - 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
Annual Objective			75
Annual Indicator			92
Numerator			92
Denominator			100
Data Source			Self-Report Survey
Data Source Year			2021
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	76.0	77.0	79.0	80.0

Field Level Notes for Form 10 ESMs:

None

ESM 12.2 - 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	
Annual Objective			75	
Annual Indicator			98	
Numerator			98	
Denominator			100	
Data Source			Self-Report Survey	
Data Source Year			2021	
Provisional or Final ?			Final	

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	76.0	77.0	79.0	80.0

Field Level Notes for Form 10 ESMs:

None

ESM 12.3 - Percent of systems or practices that have a transition policy or guideline (formal written commitment)

Measure Status:		Active	
State Provided Data			
	2019	2020	2021
Annual Objective			0
Annual Indicator			1
Numerator			
Denominator			
Data Source			Wisconsin Title V Program
Data Source Year			2021
Provisional or Final ?			Provisional

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	0.0	0.0	0.0	0.0

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 will not be complete until late 2022.

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" style="width: 100%;"> <tr> <td style="width: 25%;">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 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 strategies on the Wisconsin State Action Plan promoting social connectivity, or connection to community-based resources

Population Domain(s) – Cross-Cutting/Systems Building

Measure Status:	Active								
Goal:	By 2025, have 10% of Wisconsin State Action Plan strategies promote social connectivity and access to both formal and informal relevant resources.								
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 strategies on the Wisconsin State Action Plan promoting social connectivity, or connection to community-based resources</td> </tr> <tr> <td>Denominator:</td> <td>Number of strategies on the Wisconsin State Action Plan</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of strategies on the Wisconsin State Action Plan promoting social connectivity, or connection to community-based resources	Denominator:	Number of strategies on the Wisconsin State Action Plan
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of strategies on the Wisconsin State Action Plan promoting social connectivity, or connection to community-based resources								
Denominator:	Number of strategies on the Wisconsin State Action Plan								
Data Sources and Data Issues:	Wisconsin State Action Plan								
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 1.1 - Number of Reproductive Health Family Planning partners using marketing tools and materials
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Inactive - This measure is expressly dependent on entities outside of the Title V Program, and progress nor action is within the Title V Program's control.									
Goal:	100% of sites will use Reproductive Health Family Planning Program marketing tools and materials.									
Definition:	<table border="1" style="width: 100%;"> <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 Reproductive Health Family Planning partners using marketing tools and materials</td> </tr> <tr> <td>Denominator:</td> <td>Number of Reproductive Health Family Planning partners</td> </tr> </table>		Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of Reproductive Health Family Planning partners using marketing tools and materials	Denominator:	Number of Reproductive Health Family Planning partners
Unit Type:	Percentage									
Unit Number:	100									
Numerator:	Number of Reproductive Health Family Planning partners using marketing tools and materials									
Denominator:	Number of Reproductive Health Family Planning partners									
Data Sources and Data Issues:	Reproductive Health Family Planning Program mid-year reviews									
Significance:	Too few women ages 18 through 44 have an annual preventive medical visit. Marketing tools and materials gives consistent and common messaging throughout Wisconsin. It is a Title X requirement and creates a network and continuity of care so that women receive information about preventive care beyond their well woman visit.									

ESM 1.2 - Percent of family planning providers trained, who report an increase in knowledge on the relationship between patient outcomes and the annual preventive visit

NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Inactive - Determined to be ineffective within the Wisconsin Title V Program's goals, objectives, and alignment with Reproductive Health Family Planning Program								
Goal:	100% of family planning providers trained will report an increase in knowledge on the relationship between patient outcomes and the annual preventive visit								
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 family planning providers trained, who report an increase in knowledge on the relationship between patient outcomes and the annual preventive visit</td> </tr> <tr> <td>Denominator:</td> <td>Number of family planning providers trained</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of family planning providers trained, who report an increase in knowledge on the relationship between patient outcomes and the annual preventive visit	Denominator:	Number of family planning providers trained
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of family planning providers trained, who report an increase in knowledge on the relationship between patient outcomes and the annual preventive visit								
Denominator:	Number of family planning providers trained								
Data Sources and Data Issues:	SurveyGizmo pre- and pos-tests at trainings								
Significance:	Too few women ages 18 through 44 receive an annual preventive medical visit. It is critical that family planning providers understand the importance of the annual preventive visit, and confidently discuss its importance with their patients so they may receive the care they need.								

ESM 1.3 - Percent of Reproductive Health Family Planning agency training attendees who report a practice change after completing implicit bias training

NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Inactive - Replaced	
Goal:	100% of Reproductive Health Family Planning agency training attendees will report a practice change after completing implicit bias training.	
Definition:	Unit Type:	Percentage
	Unit Number:	100
	Numerator:	Number of Reproductive Health Family Planning agency training attendees who report a practice change after completing implicit bias training
	Denominator:	Number of Reproductive Health Family Planning agency personnel who complete implicit bias training
Data Sources and Data Issues:	SurveyGizmo	
Significance:	Too few women ages 18 through 44 have an annual preventive medical visit. The Reproductive Health Family Planning Program identified a need for implicit bias training during a health equity training in 2019. Providers have not been given adequate information to provide culturally competent, equitable care to populations including but not limited to racial and ethnic minorities, and LGBTQ+ persons in Wisconsin.	

ESM 1.4 - Percent of clients served who have complete race and ethnicity data
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

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 4.1 - Number of hospitals in Coffective's Community Match Online Platform

NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Measure Status:	Inactive - Replaced								
Goal:	Increase the number of hospitals in Coffective's Community Match Online Platform from 48 to 68 by 2025.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Count</td> </tr> <tr> <td>Unit Number:</td> <td>68</td> </tr> <tr> <td>Numerator:</td> <td>Number of hospitals that are using Coffective's Community Match Online Platform</td> </tr> <tr> <td>Denominator:</td> <td></td> </tr> </table>	Unit Type:	Count	Unit Number:	68	Numerator:	Number of hospitals that are using Coffective's Community Match Online Platform	Denominator:	
Unit Type:	Count								
Unit Number:	68								
Numerator:	Number of hospitals that are using Coffective's Community Match Online Platform								
Denominator:									
Data Sources and Data Issues:	Coffective will report this information to the Title V Program. No data issues anticipated.								
Significance:	The social and physical environment does not support all families to meet their human milk feeding goals. Local coordination of partners is essential to ensure breastfeeding families experience continuity of care and receive consistent communication and support throughout the perinatal period. Hospitals play a significant role in this coordination. The Community Match platform can help facilitate local connections and lead to collaborative activities between partners.								

ESM 4.2 - Percent of non-Hispanic Black infants ever breastfed

NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

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 4.3 - Percent of non-Hispanic American Indian/Alaska Native infants ever breastfed
NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

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 4.4 - Percent of Wisconsin hospitals with an mPINC score of 80 or higher

NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Measure Status:	Active								
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 6.1 - Percent of medical providers trained who report using an evidence-based screening tool
NPM 6 – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

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 6.2 - Percent of medical providers trained who report a change in knowledge related to developmental screening age interval recommendations

NPM 6 – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

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 style="background-color: #2c5e8c; color: white;">Unit Type:</td> <td>Percentage</td> </tr> <tr> <td style="background-color: #2c5e8c; color: white;">Unit Number:</td> <td>100</td> </tr> <tr> <td style="background-color: #2c5e8c; color: white;">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 style="background-color: #2c5e8c; color: white;">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 6.3 - Percent of community developmental screening training participants who report an increase in knowledge regarding developmental screening

NPM 6 – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

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 7.2.1 - 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 7.2 – Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

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 7.2.2 - Annual number of individuals who receive gatekeeper training (e.g., QPR, Mental Health First Aid) in suicide prevention

NPM 7.2 – Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

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 8.1.1 - Percent of partners actively involved with the Wisconsin Title V Program's physical activity work connected through the PAN StEM

NPM 8.1 – Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

Measure Status:	Inactive - Replaced								
Goal:	25% of partners will be actively involved with the Wisconsin Title V Program's physical activity work connected through the PAN StEM.								
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 partners actively involved with the Wisconsin Title V Program's physical activity work</td> </tr> <tr> <td>Denominator:</td> <td>Number of partners connected with the Title V Program from the PAN StEM meeting</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of partners actively involved with the Wisconsin Title V Program's physical activity work	Denominator:	Number of partners connected with the Title V Program from the PAN StEM meeting
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of partners actively involved with the Wisconsin Title V Program's physical activity work								
Denominator:	Number of partners connected with the Title V Program from the PAN StEM meeting								
Data Sources and Data Issues:	REDCap data system								
Significance:	Too few children ages 6 to 11 in Wisconsin are active for at least 60 minutes per day. Engaging new partners through the PAN StEM will increase access and elevate the priority of this work throughout the state. This is a multi-faceted approach to bring in multiple systems to advance this work, aligning with other work that is being done in this area throughout Wisconsin through agencies such as the Wisconsin Department for Public Instruction and Department of Children and Families.								

ESM 8.1.2 - Percent of agencies in their first year of Physical Activity and Nutrition work who indicate an increase in knowledge following training

NPM 8.1 – Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

Measure Status:	Active								
ESM Subgroup(s):	Children 6 through 11								
Goal:	100% of agencies in their first year of Physical Activity and Nutrition work will indicate an increase in knowledge following training.								
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 agencies in their first year of Physical Activity and Nutrition work who indicate an increase in knowledge following training</td> </tr> <tr> <td>Denominator:</td> <td>Number of agencies in their first year of Physical Activity and Nutrition work</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of agencies in their first year of Physical Activity and Nutrition work who indicate an increase in knowledge following training	Denominator:	Number of agencies in their first year of Physical Activity and Nutrition work
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of agencies in their first year of Physical Activity and Nutrition work who indicate an increase in knowledge following training								
Denominator:	Number of agencies in their first year of Physical Activity and Nutrition work								
Data Sources and Data Issues:	Alchemer and/or Title V documentation Data collection will be contingent on agency contracted to provide the trainings to agencies in their first year of physical activity and nutrition work.								
Evidence-based/informed strategy:	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.								
Significance:	<p>Local and tribal health agencies will be able to elect to use their Title V formula funding for this work for the FIRST TIME in 2022. Agencies choosing to partner with out of school time programs will need training, support, and technical assistance to begin work in this area.</p> <p>Agencies will eventually work with the Wisconsin Department of Children and Families and its Quality Rating and Improvement System to administer the new Healthy Bites, Out of School Time Assessment tool. This tool was developed through a collaboration between the Title V Program, Department of Children and Families, healthTide, Healthy Early, the University of Wisconsin Madison School of Human Ecology, and the University of Minnesota School of Public Health. In order to advance this work with efficiency and efficacy, improved knowledge following their first year trainings will be vital for agencies choosing to address this area for the first time with Title V.</p>								

ESM 11.1 - Percent of Regional Center information & referral staff who report competence in explaining medical home concepts

NPM 11 – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

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 11.2 - 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 11 – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

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 11.3 - Percent of families who receive at least one Regional Center referral that results in needed services received

NPM 11 – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Measure Status:	Active								
Goal:	50% of families who receive at least one Regional Center referral will receive needed services.								
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 families who receive at least one Regional Center referral that results in needed services received</td> </tr> <tr> <td>Denominator:</td> <td>Number of families who receive at least one Regional Center referral, and follow up is reported</td> </tr> </table>	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
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 12.1 - Percent of Regional Center information and referral staff who report competence in explaining youth health transition concepts

NPM 12 – 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

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"> <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 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 12.2 - Percent of participants trained on youth health care transition concepts who report a change in knowledge, skills, or intended behavior following the training

NPM 12 – 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

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 12.3 - Percent of systems or practices that have a transition policy or guideline (formal written commitment)
NPM 12 – 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

Measure Status:	Active								
Goal:	In 2021, establish a baseline through an environmental scan, and develop a realistic goal for improvement based on findings.								
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 systems or practices that have a transition policy or guideline (formal written commitment)</td> </tr> <tr> <td>Denominator:</td> <td>Number of systems that respond to the Wisconsin DHS during an environmental scan</td> </tr> </table>	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
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
MCH Data Access and Linkages**

State: Wisconsin

Annual Report Year 2021

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	No	No	Annually	1	Yes	
6) Newborn Hearing Screening	Yes	Yes	Daily	1	Yes	
7) Hospital Discharge	Yes	Yes	Quarterly	4	Yes	
8) PRAMS or PRAMS-like	Yes	Yes	Annually	10	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	1	No	
10) Newborn Heart Screening	Yes	Yes	Daily	0	Yes	

Form Notes for Form 12:

None

Field Level Notes for Form 12:

Data Source Name: **3) Medicaid**

Field Note:

Some programs that work closely with Wisconsin's Title V Program do have direct access to Medicaid data, such as the MMR (Maternal Mortality Review) Program.

Other Data Source(s) (Optional) Field Notes: