



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **WISCONSIN**

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

### Title V Federal-State Partnership – Wisconsin

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website ( <https://mchb.tvisdata.hrsa.gov> )

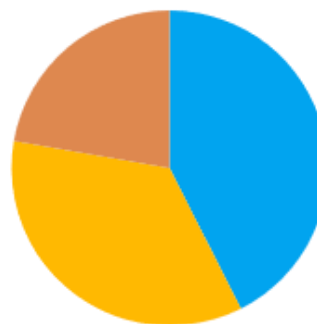
#### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
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#### Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$10,796,339
State MCH Funds	\$8,939,131
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$5,646,208

FY 2014 Expenditures



#### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$4,234,657
Enabling Services	\$1,134,243	\$3,537,879
Public Health Services and Systems	\$9,662,096	\$6,812,803

FY 2014 Expenditures Federal



FY 2014 Expenditures Non-Federal



### Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	4,414	\$2,149,146	8.7%
Infants < 1 Year	66,856	\$2,791,880	11.3%
Children 1-22 Years	88,266	\$6,605,819	26.8%
CSHCN	4,904	\$4,478,506	18.1%
Others *	635,077	\$8,656,225	35.1%
Total	799,517	\$24,681,576	100%

FY 2014 Expenditures



FY 2014 Individuals Served



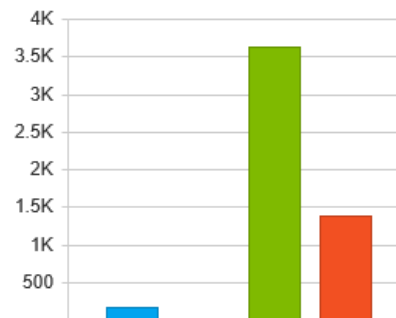
\*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

### Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 7	Injury Hospitalization	Child Health, Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs
NPM 14	Smoking	Cross-Cutting/Life Course

### Communication Reach

Communication Method	Amount
State Title V Website Hits:	168
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	3,635
Other Toll-Free Calls:	1,378



## Executive Summary

### Transformation of the Title V Maternal and Child Health Services Block Grant

Wisconsin's Title V Maternal and Child Health (MCH) Block Services Grant 2014 Report/2016 Application represents the first under new federal guidance for the next 5-year cycle. The new guidance aims to reduce burden, maintain flexibility, and increase accountability. This change introduces a new population domain framework to organize the work of Title V. Population groups include women's/maternal health, perinatal/infant health, child health, adolescent health, children with special health care needs, and cross-cutting/life course. The new federal guidance also modifies the MCH Block Grant performance measure framework, requiring states to track a new set of national outcome measures (NOMs), National Performance Measures (NPMs), State Performance Measures (SPMs), and Evidence-based/informed Strategy Measures (ESMs). By more clearly defining what success looks like and specifying metrics to determine when success has been achieved, we can better account for how Title V is improving the health of all mothers, children, and families.

### A New Direction for Wisconsin's MCH Program

As part of Wisconsin's statewide MCH Needs Assessment process carried out from September 2014 to June 2015, we have identified a new set of 2016-2020 MCH Program Priority Needs, selected eight new NPMs that align with those needs, as well as begun to identify SPMs for priority needs not otherwise captured by NPMs. Please see Section II.B. "Five Year Needs Assessment Summary," for a comprehensive description of the needs assessment process. Over the next year, Wisconsin will continue its strategic planning process to finalize strategies that will help us "move the needle" on selected performance measures, as well as identify process-oriented ESMs to increase accountability across adopted strategies. A refocusing of MCH programmatic efforts around this new performance measure framework will assure that the appropriate programs, policies, and systems are in place to improve the health of all mothers, children, and families in our state.

The Needs Assessment process identified the following new 2016-2020 MCH Program Priority Areas. The process and rationale underlying their selection is discussed in Section II.C. "State Selected Priorities."

1. Engaging in healthy behaviors
2. Having positive mental health factors and healthy interpersonal relationships
3. Mitigating risks, being safe and free from injuries
4. Receiving preventive screening and follow-up
5. Accessing and receiving quality health care
6. Selecting and implementing health equity-increasing strategies in all state priority areas
7. Building and sustaining infrastructure to assure data-informed policy, systems, and environmental strategies

To address our new Priority Areas across population domains, the following Performance Measures have been identified.

2016-2020 Priorities by Population Domain	NPM	SPM
<b>Women / Maternal</b>		
Health Care Access and Quality	Well-woman Care	
		To be determined
<b>Perinatal / Infant</b>		
Healthy Behaviors	Breastfeeding	
Safety and Injury Prevention	Safe Sleep	
Mental Health Factors & Healthy Relationships		Perinatal Depression Screening
<b>Children</b>		
Preventive Screening and Follow-up	Developmental Screening	
Health Care Access and Quality	Medical Home	
	Transition	
<b>Children and Youth with Special Health Care Needs</b>		

Health Care Access and Quality	Medical Home	
	Transition	
<b>Adolescents</b>		
Safety and Injury Prevention	Adolescent Injury	
Health Care Access and Quality		Adolescent Well-visits
<b>Cross-cutting</b>		
Healthy Behaviors	Smoking	
Health Equity		To be determined
Data-informed Policy, System, and Environmental Strategies		To be determined

Strategies identified to address new priority needs and selected performance measures will be enacted through a variety of mechanisms, including statewide projects, contracts with Local Health Departments (LHD), contracts with Regional Centers for Children and Youth with Special Health Care Needs (CYSHCN), or some combination. Resources and partnerships will be leveraged to maximize the reach of Title V.

**Current Block Grant Cycle Accomplishments**

The MCH Program has grown and developed over the past year, particularly in light of the Block Grant transformation and MCH Needs Assessment process. Wisconsin continues to emphasize the Life Course Framework through multiple initiatives, including early childhood systems of care in communities, developmental screenings, reproductive health planning, emotional and behavioral health issues, disability and health, and preconception health promotion. MCH initiatives emphasized social determinants of health, partnership building, linkage of parallel programs, data-driven decision making, training and education for social service and health providers, and the inclusion of families. Continuous integration of diverse initiatives and systems-level efforts characterize much of the important MCH work carried out 2014-2015. Highlights include:

- The Collaborative Improvement and Innovation Network (CoIIN) to Improve Infant Mortality. As a continuation of its decade-long priority to eliminate racial and ethnic disparities in birth outcomes, Wisconsin participated in the CoIIN quality improvement initiative and will continue to do so during 2015-2016. Currently, more than 50 stakeholders are participating in the 3 Wisconsin teams: Pre/Interconception Care; Safe Sleep and SUID; and Social Determinants of Health. This initiative is dedicated to implementing strategies that will reduce infant mortality and disparities in birth outcomes, including the National Outcome Measures related to perinatal and infant mortality and morbidity.
- Perinatal Quality Collaborative. In April 2015, Wisconsin's Maternal and Child Health Program awarded a 2-year contract to the Wisconsin Association for Perinatal Care (WAPC) for the Wisconsin Perinatal Quality Collaborative (WPQC), to jointly establish the structure and processes, identify measures, evaluate an agreed-upon quality improvement initiative, and seek sustainable funds.
- Transition Hub Mini Grants. Transition Quality Improvement Grants were funded by the Wisconsin CYSHCN Program and administered by the Youth Health Transition Initiative at the Waisman Center in order to support health transition quality improvement efforts at the practice level from April through December of 2014. In 2015, Transition Quality Improvement Grants comprised of four Planning Grants and two Implementation Grants were awarded.
- Early Childhood Systems. The Wisconsin MCH Program provides funding and technical assistance to support nearly 100 local health departments and tribal agencies to build early childhood systems that address MCH priorities. Agencies are funded to work with community partners to build an integrated system that promotes optimal physical, social-emotional, and developmental health of children and their families by working within one or more of the following focus areas: mental health, child development, safety and injury prevention, family supports. Agencies also receive MCH funding to support local Child Death Review and Fetal Infant Mortality Review teams through the Keeping Kids Alive initiative.
- Data Infrastructure Improvements. The MCH Block Grant funded three key data infrastructure improvements. First, a project has been undertaken to integrate three data systems into one – the Secure Public Health Electronic Record Environment (SPHERE) utilized by MCH Programs and partners, the WE-TRAC system utilized for newborn hearing and heart screening, and the Wisconsin Birth Defects Registry. The systems' underlying technology that enables the systems to run will be modernized to meet today's information technology standards. Second, 54 variables were added to the Child Death Review Case Reporting System to better capture maternal characteristics related to infant deaths. And third, REDcap software was enabled to track the State MCH Program's technical assistance to and rating of LHD Early Childhood Systems work. It has also been used to track the review of and data entry related to sudden unexplained infant death (SUID) for the CDC SUID Case Registry, data for the Child Psychiatric Consultation Program (CPCP), and will be used to capture maternal mortality review data.

In addition, a summary of 2011-2015 Title V programmatic approaches by priority area, including key performance measures and related programs, strategies, and partnerships can be found in the Needs Assessment attachment, "[Wisconsin Maternal and Child Health Program: 2011-2015 Priority Area Update](#)."