



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **WISCONSIN**

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

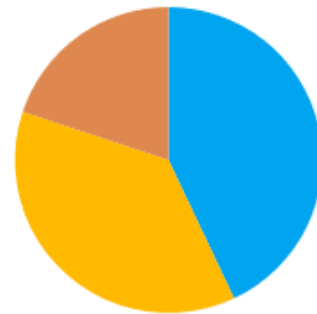
### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Linda Hale WI Title V Director / Family Health Section Chief Linda.Hale@wisconsin.gov (608) 267-7174	Sharon Fleischfresser CYSHCN Medical Director Sharon.Fleischfresser@wisconsin.gov (608) 266-3674	No Contact Information Provided

### Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$10,801,585
State MCH Funds	\$9,331,360
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$4,995,437

FY 2015 Expenditures



### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$1,929	\$3,749,569
Enabling Services	\$1,046,164	\$3,401,120
Public Health Services and Systems	\$9,753,492	\$7,176,108

FY 2015 Expenditures  
Federal



FY 2015 Expenditures  
Non-Federal



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

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	65,479	\$1,383,950	5.7%
Infants < 1 Year	61,931	\$2,149,977	8.8%
Children 1-22 Years	1,307,363	\$6,106,046	25.1%
CSHCN	252,928	\$4,887,254	20.1%
Others *	1,021,794	\$9,834,041	40.4%
<b>Total</b>	<b>2,709,495</b>	<b>\$24,361,268</b>	<b>100%</b>

FY 2015 Expenditures



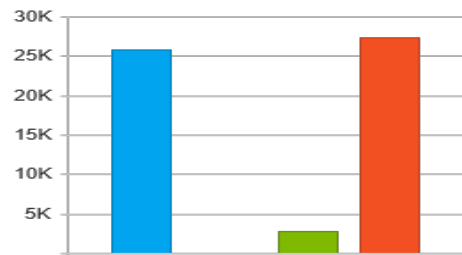
FY 2015 Individuals Served



\*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.

### Communication Reach

Communication Method	Amount
State Title V Website Hits:	25,762
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	2,774
Other Toll-Free Calls:	27,332



### 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

## Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Percent of Family Planning Reproductive Health (FP-RH) providers that receive annual visit training
NPM 4	Breastfeeding	ESM 4.1	Cumulative number of childcare providers that receive training on the Ten Steps to Breastfeeding Child Care Centers
NPM 5	Safe Sleep	ESM 5.1	Cumulative number of individuals representing community groups, home visitors, and childcare providers that receive safe sleep training
NPM 6	Developmental Screening	ESM 6.1	Cumulative number of medical and childcare providers that receive developmental screening training
NPM 7	Injury Hospitalization	ESM 7.1	Cumulative number of individuals who receive gatekeeper training (e.g., QPR, Mental Health First Aid) in suicide prevention
NPM 11	Medical Home	ESM 11.1	Cumulative number of medical providers trained on medical home concepts
NPM 11	Medical Home	ESM 11.2	Percent of children at participating QI pilot sites that have a Shared Plan of Care
NPM 12	Transition	ESM 12.1	Cumulative number of family members trained on “What’s After High School” transition planning
NPM 12	Transition	ESM 12.2	Cumulative number of Transition Quality Improvement QI grant participants (sites) that have a Health Care Transition Process Measurement Tool total score greater than or equal to 70
NPM 14	Smoking	ESM 14.1	Cumulative number of newly trained CEASE providers

## State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Percent of women aged 15-20 (A) and 21-44 (B) years who adopt or continue the use of a most effective or moderately effective method of FDA-approved contraception	Women/Maternal Health
SPM 2	Percent of women who are asked whether they are feeling down or depressed by a doctor, nurse, or other health care provider during any of their prenatal care visits or during their postpartum visits	Perinatal/Infant Health
SPM 3	Percent of adolescents with a preventive services visit in the last year	Adolescent Health
SPM 4	Percent of State Action Plan Strategies that engage family members, youth, and/or community members	Cross-Cutting/Life Course
SPM 5	Percent of State Action Plan Strategies that have a policy-level intended outcome	Cross-Cutting/Life Course

## 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 2015 Report / 2017 Application represents the second submission under new federal guidance for the 2016-2020 cycle. The guidance aims to reduce burden, maintain flexibility, and increase accountability of State Title V Programs. It organizes the work of Title V across six population domains, including women's/maternal health, perinatal/infant health, child health, adolescent health, children with special health care needs, and cross-cutting/life course, summarized in the form of a State Action Plan. The guidance also requires states to track a 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.

### The Strategic Direction of Wisconsin's MCH Program

As part of Wisconsin's statewide MCH Needs Assessment completed in June 2015, a set of 2016-2020 MCH Program Priority Needs were identified:

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

NPMs and SPMs have been selected to align with those priority needs across the six population domains:

2016-2020 Priorities by Population Domain	NPM	SPM
<b>Women / Maternal</b>		
Accessing and receiving quality health care		
· Annual women well-visits	X	
· Access to contraception		X
<b>Perinatal / Infant</b>		
Engaging in healthy behaviors		
· Breastfeeding	X	
Mitigating risks, being safe and free from injuries		
· Safe Sleep	X	
Having positive mental health factors and healthy interpersonal relationships		
· Perinatal Depression Screening		X
<b>Children</b>		
Receiving preventive screening and follow-up		
· Developmental Screening	X	
Accessing and receiving quality health care		
· Medical Home	X	
· Transition	X	
<b>Children and Youth with Special Health Care Needs</b>		
Accessing and receiving quality health care		
· Medical Home	X	
· Transition	X	
<b>Adolescents</b>		
Mitigating risks, being safe and free from injuries		
· Adolescent Injury (transport-related and suicide)	X	
Accessing and receiving quality health care		
· Annual adolescent Well-visits		X
<b>Cross-cutting</b>		
Engaging in healthy behaviors		
· Smoking (household and during pregnancy)	X	

2016-2020 Priorities by Population Domain	NPM	SPM
Health equity		X
Data-informed policy, system, and environmental strategies		X

These performance measures provide a framework for the work of the MCH Program. For each performance measure, evidence-based/informed strategies have been identified to help move the needle, as well as process measures to assess successful strategy implementation. Two infrastructure-based priorities cross-cut our work across all health topics: health equity and data-informed policy, system, and environmental strategies. Our work around health equity focuses on the inclusion of affected populations. This aligns with the community engagement emphasis of Public Health Department Accreditation, an area of significant DPH activity. Our State Action Plan describes the MCH Program’s strategic direction in greater detail and was developed through a stakeholder informed planning process. Focused MCH programmatic efforts around this performance measure framework will assure that appropriate programs, policies, and systems are in place to improve the health of all mothers, children, and families in our state. Needs assessment activities are ongoing and will assure that our priority areas and performance measures continue to align with unmet and emerging health needs.

**Block Grant Cycle Highlights**

- *Annual Preventive Medical Visit for Women.* The Women’s Health Family Planning Program has worked with 22 local providers to implement patient friendly reminder systems for the annual visit.
- *Annual Preventive Medical Visit for Adolescents.* Wisconsin will be the first expansion state for the Adolescent Champion Model. This model is a research-based quality improvement process for health care systems, clinics, and hospitals, aimed at improving adolescent health services.
- *Reproductive Health – Access to Contraception.* The DPH Women’s Health Family Planning Program Guidelines addresses both moderate and highly effective contraception and quick start as a priority practice.
- *Breastfeeding.* The MCH Program has funded 25 local health departments (LHDs) and tribal sites to work with local employers and child care centers to become breastfeeding friendly.
- *Safe Sleep.* Through participation in the national Infant Mortality CoIN (Collaborative Improvement and Innovation Network), Wisconsin developed a home visitor training curriculum to guide safe sleep conversations with families, under the leadership of the Children’s Health Alliance of Wisconsin (CHAW).
- *Perinatal Depression.* The MCH Program is working with area experts to develop online training modules around screening and intervention for perinatal mood disorders.
- *Developmental Screening.* Fifteen LHDs are working with their local healthcare systems and or child care providers to improve screening rates and increase referrals to intervention services. This work is supported through quarterly Learning Community meetings and the Wisconsin Medical Home Initiative.
- *Adolescent Injury.* The MCH Program has partnered with Mental Health America of Wisconsin to provide training and resources to 24 LHDs and communities working to implement or improve adolescent suicide prevention programs and outreach in their communities. Four local programs have selected the evidence-based program called the TeenDrivingPlan (TDP) to help parents more effectively supervise teen driving practice. The Children’s Hospital of Philadelphia and Children’s Hospital of Wisconsin have agreed to work with the MCH Program to facilitate adoption and implementation in Wisconsin through 2019.
- *Smoking.* The MCH Program funded 12 LHDs and tribes to increase their community capacity to address smoking during the postpartum period and in the home environment. Wisconsin Women’s Health Foundation will be assisting with implementing an evidence based program to assist with cessation including provider engagement.
- *Medical Home.* The CYSHCN Program provides funding to support the Wisconsin Medical Home Initiative. In 2015 a Medical Home State Plan was developed collaboratively by leadership from healthcare, Department of Health Services, and family advocacy organizations. The State Plan outlines steps to ensure more Wisconsin children receive care within medical homes, along with measures to track their accomplishment.
- *Transition.* The CYSHCN Program funds a Youth Health Transition Initiative that awards and supports transition quality improvement grants. In 2015, five health care practices/systems developed and implemented transition policies using the Six Core Elements from Got Transition. A statewide Summit on Care Integration, featuring Dr. Antonelli, was coordinated by the Transition Initiative, convening practices from across the state (140 attendees), and highlighted the work of 2015 grantees and their family advisors. Dr. Antonelli also presented Grand Rounds at American Family Children’s Hospital and met with providers and key state agency partners.
- *Health Equity.* The MCH Advisory Committee guided the development of Health Equity State Action Plan strategies focused around inclusion of affected populations. One strategy involves funding a statewide consultant to assist the MCH Program in ensuring the voice of families, youth, and consumers are included across all State Action Plan strategies. The focus on inclusion of affected populations is a necessary but insufficient step in the direction of achieving health equity in Wisconsin.

- *Infrastructure.* The Wisconsin Perinatal Quality Collaborative (WisPQC) supports improvements in pregnancy outcomes for women and newborns by advancing evidence-based clinical practices and processes through continuous quality improvement. Over the next five years, the WisPQC will implement initiatives to address postpartum visits, breastfeeding initiation, perinatal depression screening, smoking during pregnancy, and safe infant sleep. The MCH Program is also working with the Wisconsin Collaborative for Health Care Quality (WCHQ) in the development of a MCH Quality Collaborative Network to improve child and adolescent health by actively engaging health systems and community partners in quality improvement.