

State Performance Measures

State Performance Measure 01: *Percent of eligible women enrolled in the Wisconsin Medicaid Family Planning Waiver during the year.*

a. Last Year's Accomplishments

1. Outreach and Enrollment--Enabling Services--Women of Reproductive Age

In 2009, Wisconsin completed its 7th year of its Medicaid Family Planning Waiver (FPW). Women between ages 15 and 44, below 200% of poverty, and meeting other federal eligibility requirements, are eligible for contraceptive and related reproductive/sexual health care under the FPW. These services provide a substantial part of primary and preventive care recommended for reproductive age women. The majority of patients enrolled in the FPW receive their care through the publicly-supported system of family planning services. At the end of 2009, 24% of estimated eligible women were enrolled (67,833 women enrolled out of 292,970 women in Wisconsin estimated to be eligible for the Medicaid Family Planning Waiver). This is an increase from 2008 when 57,459 women were enrolled, representing 20% of eligible women.

In 2009, several significant changes were begun to increase access to services and quality of care under this program. The Wisconsin Department of Health Services initiated a request to the Federal Medicaid Program to extend coverage to men under the FPW. Presumptive (or temporary) eligibility was restored as a mechanism for enrolling patients at their health care provider offices.

Table 4a National Performance Measures Summary Sheet Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Outreach and Enrollment		X		

b. Current Activities

1. Outreach and Enrollment--Enabling Services--Women of Reproductive Age

In 2010, Wisconsin obtained approval to expand FPW (contraceptive and related reproductive health care) to men, and enrollment began May 2, 2010. Following passage of the federal health care reform legislation, Wisconsin will submit a Medicaid State Plan Amendment making services now available under the FPW a permanent part of Medicaid Services. A statewide health care provider workgroup made final recommendations to implement electronic enrollment through community-based family planning providers. Technical assistance will be provided through the Wisconsin State MCH Family Planning, Reproductive/Sexual Health, and Early Intervention (FP/RSH/EI) Program to assist providers in developing electronic enrollment capacity and processes. This will significantly expand community access for this (and other) Medicaid Programs.

c. Plan for the Coming Year

1. Outreach and Enrollment--Enabling Services--Women of Reproductive Age

Beginning in 2011, all family planning services under contract with the MCH FP/RSH/EI Program will have the capacity to facilitate enrollment through web-based electronic applications rather than paper-based enrollment forms. Community based providers will actively assist enrollees with required verifications and documentation to support faster determination of eligibility and enrollment. Qualified family planning health providers will have the capacity to temporarily enroll eligible men and women, and provide same-day/same-visit services and supplies.

The MCH FP/RSH/EI Program will update contraceptive and related reproductive/sexual health guidelines (patient care and administration), standards of practice, and quality assurance/performance indicators to improve outreach, eligibility screening and enrollment, quality and comprehensiveness of care, and patient responsive care (for improved patient satisfaction and convenience). These guidelines

will be promoted to community based family planning providers and to federally qualified health center in Wisconsin.

Dual protection (simultaneous intervention for STD and contraceptive care) will continue as a core standard of practice. The Milwaukee Adolescent Pregnancy Prevention Partnership Initiative and a Dual Protection Partnership Initiative will continue to Milwaukee to reach, enroll, and serve men and women at high risk of unintended pregnancy and STDs. Text messaging capability will be developed to improve communications with patients for enrollment, appointment, and care-related communications. Text messaging will also be used for FPW and clinic outreach, for and health messaging to reduce the risk of unintended pregnancy and STDs.

State Performance Measure 02: *Percent of Medicaid and BadgerCare recipients, ages 3-20, who received any dental service during the reporting year.*

a. Last Year's Accomplishments

1. Dental Sealant Program--Population-Based Services--Children, including CYSHCN

In 2009 the Wisconsin Seal-A-Smile (SAS) statewide school-based, school-linked dental sealant program provided funding to 26 community-based agencies. MCH funds supported an additional 4 agencies. Data collected by each agency indicated that 6,266 children received 16,118 sealants. Data from the 2009 Seal-A-Smile program indicated that over 1000 CYSHCN received services through the program including screenings, oral health education, fluoride varnish and dental sealants. In September 2009 the Oral Health Program received a Health Resources and Services Administration (HRSA) grant award of \$325,000/ year for three years to significantly expand the SAS program. The HRSA award allowed for the Oral Health Program to leverage additional matching funds of \$241,000 for each of three years from Delta Dental of Wisconsin. The additional funds will target expansion of SAS programs in areas of the state with highest need and little to no programming.

2. Maternal and Early Childhood Oral Health--Population-Based Services--Pregnant women and mothers

In 2009, over 350 primary care providers and students were trained in Early Childhood Caries Prevention, including technical assistance and implementation of fluoride varnish programs. The Oral Health Program Fluoridation Specialist provides ongoing programmatic support to ensure long term project sustainability. In 2009 Medicaid data revealed that 12,130 fluoride varnish applications were provided to 10,266 distinct recipients, with 1,392 billed by non-dental providers. MCH funds supported a prenatal care coordination project that provided comprehensive care to 20 pregnant women. Eighteen additional agencies received MCH funding for oral health risk assessment, anticipatory guidance and fluoride varnish projects.

3. Clinical Services and Technical Assistance--Population-Based Services--Pregnant women, mothers, infants, and children, including CYSHCN

The Oral Health Program continues to provide ongoing technical support to a wide variety of agencies, clinic systems and community based organizations related to fluoridation, program development, trends and best practices.

Through diverse partnerships and outreach efforts the Oral Health Program has provided training to enhance the multidisciplinary inclusion of oral health messaging into every aspect of health and wellness.

The Oral Health Program is in year two of a five year Centers for Disease Control and Prevention Cooperative Agreement that has allowed for significant infrastructure building within the program. Currently all three proposed funded positions have been filled, an oral health epidemiologist, a fluoridation specialist and dental sealant program coordinator.

State GPR funding supports two rural dental clinics and one Technical College Dental Hygiene program for dental services to low income families as well as school based fluoride mouthrinse and fluoride supplement programs.

4. Oral Health Surveillance--Infrastructure Building Services--Children including CYSHCN

In 2009 the Oral Health Program completed the second statewide "Healthy Teeth for a Healthy Head Start" oral health assessment of Head Start children. Preliminary data analysis indicates that although significant disparities continue to impact oral health status of Wisconsin Head Start children, there has been marked improvement in caries prevalence.

In September of 2009, the Oral Health Program in collaboration with the Wisconsin Head Start Association held a statewide Head Start Access to Oral Healthcare Forum. Multiple positive outcomes were noted as a result of the Forum. Most notably were the strong new partnerships that were developed, prompting an increase in dental health professional participation in Head Start center and the inclusion through the generosity of Delta Dental of Wisconsin of the Cavity Free Kids curriculum in every Head Start center in the state.

Table 4a National Performance Measures Summary Sheet Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Dental Sealant Program			X	
2. Maternal and Early Childhood Oral Health			X	
3. Clinical Services and Technical Assistance			X	
4. Oral Health Surveillance				X

b. Current Activities

1. Dental Sealant Program--Population Based Services--Children, including CYSHCN

Seal-A-Smile mini grant awards increased from \$120,000 in 2009 to nearly \$600,000. Targeted for programming will be those schools with a demonstrated federal Free and Reduced Lunch Program participation rate of 35% or greater.

2. Maternal and Early Childhood Oral Health--Population-Based Services--Pregnant women and mothers

We continue to train primary care providers and students in Early Childhood Caries prevention and support two rural health dental clinics and a Technical College that provide dental services to low income women and children.

A statewide burden of oral disease document is being developed.

Partnerships will enhance a multidisciplinary strategy to include oral health messaging as an integral part of overall health and wellness. A pilot project with WIC and the WI Dental Associations will incorporate the important role of nutrition in oral health.

3. Clinical Services and Technical Assistance--Population-Based Services--Pregnant women, mothers, infants, and children, including CYSHCN

The program continues to monitor the one time dental access grantees who were collectively awarded \$3.2 million to build infrastructure and increase capacity to serve women and children. We continue to provide technical assistance to Children's Health Alliance for our joint effort of providing didactic and clinical training in the care and treatment of CYSHCN to over 100 dental health professional in WI.

c. Plan for the Coming Year

This measure is being retired as a state performance measure for the MCH Block Grant. The Oral Health Program has been very successful at identifying other funding sources to build infrastructure and expand

oral health services including dental sealants and fluoride varnish programs. The MCH program will continue to collaborate with the Oral Health Program.

State Performance Measure 03: *Percent of children, ages 6 months-5 years, who have age-appropriate social and emotional developmental levels.*

a. Last Year's Accomplishments

1. Social-emotional screening of young children--Direct Health Care Services--Children, including CYSHCN

During 2009, social emotional screenings at 11 DCF managed home visiting programs continued with results reported into the SPHERE system. Additionally, six LHDs used MCH funds for ASQ:SE screening programs. All MCH-funded programs also report results of developmental assessments in SPHERE and referral for additional assessment occurs if needed. During 2009, 374 of children age 6 months through age 5 years who received MCH program services were reported as having an ASQ:SE screen. Of those receiving an ASQ:SE screen, 92% were reported at age appropriate social/emotional developmental levels. Twelve children who were identified with concerns were reported as receiving some type of service for the identified concern and an additional child was enrolled in early intervention.

2. Education and training--Enabling Services--Children, including CYSHCN

Four training sessions were held in 2009 under the leadership of the University of Wisconsin-Extension promoting accurate use of ASQ and ASQ:SE. (December 2009 training was canceled.) A total of 75 persons participated in the four trainings.

3. Wisconsin Alliance for Infant Mental Health (WI-AMH)--Infrastructure Building Services--Children, including CYSHCN

WI-AIMH continued to support the work of state and local organizations in their programs for infants, young children, and their families. A subset of this workgroup is developing the policy, billing and training for DC0-3, coordinated by WI-AIMH, to allow providers to bill and obtain reimbursement for infant mental health interventions. In addition work continues on adapting Michigan's Endorsement for Culturally Sensitive, Relationship-Based practice promoting Infant Mental Health, to ensure the competence of professionals. The IMH-E is a verifiable process that supports professional development across different disciplines and recognizes an individual's achievements in training, education, and experience.

4. Early Childhood Comprehensive Systems Plan--Infrastructure Building Services--Children, including CYSHCN

Since September 2006, WI-AIMH has assumed leadership of many ECCS activities. With some of Wisconsin ECCS grant dollars, there has been a collaborative focus to increase capacity to provide effective infant and young child mental health services and consultation. The result is a UW Infant, Early Childhood and Family Mental Health Certificate Program-Foundations Certificate. This is the pathway within the one year program intended for professionals from multiple disciplines who seek professional development in providing infant and family consultation and relationship-based services to young children and their families within the context of reflective practices.

National Performance Measures Summary Sheet Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Social-emotional Screening of Young Children	X			
2. Education and Training		X		
3. Wisconsin Alliance for Infant Mental Health				X
4. Early Childhood Comprehensive Systems Plan				X

b. Current Activities

1. Social-emotional screening of young children--Direct Health Care Services--Children, including CYSHCN

Eight LHDs are using MCH funds for ASQ:SE screening programs in 2010; an increase of 25%.

2. Education and training--Enabling Services--Children, including CYSHCN

In cooperation with UW-Extension and Regional CYSHCN Centers, the Title V MCH Program will continue in 2010 to ensure training is available to assure intended use of the ASQ and ASQ:SE tools are occurring. In 2010 three training sessions promoting accurate use of ASQ including ASQ-3 beginning in summer, and ASQ:SE are scheduled.

3. Wisconsin Alliance for Infant Mental Health--Infrastructure Building Services--Children, including CYSHCN

A focus in 2010 will be seeking endorsements from organizations throughout the state of the Joint Statement issued in 2009 and determine the actions of groups that support optimal physical, mental, social, emotional, and spiritual health. WI-AIMH and partners initiates the UW Infant, Early Childhood and Family Mental Health Certificate Program-Foundations Certificate program in June 2010.

4. Early Childhood Comprehensive Systems Plan--Infrastructure Building Services--Children, including CYSHCN

Implementation of the revised Wisconsin the WECCP System plan continues with additional 3-year grant funds. Linkages are expected with the new Governor's Advisory Council on Early Education and Care and Project LAUNCH to focus on child wellness.

c. Plan for the Coming Year

This state performance measure as written will be retired in 2011 and in part measured with a new state performance measure that includes overall child development.

State Performance Measure 04: *Rate per 1,000 of substantiated reports of child maltreatment to Wisconsin children, ages 0-17, during the year.*

a. Last Year's Accomplishments

1. Family Foundations Home Visiting and Empowering Families of Milwaukee--Enabling Services--Infants and Young Children and their families

The Family Foundations and Empowering Families of Milwaukee home visiting programs moved to the new Department of Children and Families (DCF) on July 1, 2008. The MCH program is supported DCF to assure a smooth transition of programs and providers to changing expectations. DCF hired a Home Visiting Coordinator in February 2010 and the DCF home visiting programs that relate to MCH activities at state and local health department levels are linked as feasible.

2. Increase surveillance capabilities for child maltreatment--Infrastructure Building--Infants and Young Children and their families

Under leadership of the MCH Injury Prevention Team increased capacity occurred with continued growth of local child death review teams throughout Wisconsin. Building upon the work of the Wisconsin's Children's Health Alliance, 27 single or multi-county teams have formed as of December 2009. The Injury and Violence Prevention Program continued to evaluate appropriate surveillance strategies for child maltreatment as a part of this process and in partnership with DCF, the state agency responsible for child protective services.

Table 4a National Performance Measures Summary Sheet Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Family Foundations Home Visiting and Empowering Families of Milwaukee		X		
2. Increase Surveillance Capabilities for Child Maltreatment				X
3. Provide support for Together for Children conference			X	

b. Current Activities

1. Family Foundations Home Visiting and Empowering Families of Milwaukee--Enabling Services--Infants and Young Children and their families

The MCH program continues to support the DCF with home visitation programs during the transition until December 2010.

2. Increase surveillance capabilities for child maltreatment--Infrastructure Building--Infants and Young Children and their families

MCH Program Injury surveillance staff continues to evaluate existing surveillance systems and consider new methods of collecting or linking data with the intent of forming a surveillance system for child maltreatment or analysis protocols for use on existing datasets. This is occurring to the extent possible by linking to programs for child maltreatment housed in DCF and in planning to initiate a state child death review system under the authority and leadership of DHS. In 2008, there were 202 emergency department visits (15.25 per 100,000 population) for abuse in children 0-17 years of age. During the same time period, there were 25 inpatient hospitalizations (1.89 per 100,000 population) for abuse in children 0-17 years.

3. Provide support for Together for Children conference--Population-Based Services--Infants and Young Children and their families

We provide conference planning assistance and financial support to Prevent Child Abuse Wisconsin, which annually hosts a child abuse prevention conference, Together for Children.

c. Plan for the Coming Year

1. DCF-funded Home Visiting Programs--Enabling Services--Infants and Young Children and their families

During 2011, the MCH program will continue to provide partnership and support to the DCF home visitation programs as it impacts the population of children at risk in areas with disparate birth outcomes.

2. Title V Maternal, Infant, and Early Childhood Home Visiting Program--Enabling Services--Infants and Young Children and their families

As requirements for the Title V federally funded grant for home visiting program, Maternal, Infant, and Early Childhood Home Visiting Program, are implemented in Wisconsin, the state MCH program intends to provide leadership to assure all programs within their oversight are strongly represented in these efforts.

3. Increase surveillance capabilities for child maltreatment--Infrastructure Building--Infants and Young Children and their families

Staff will continue to evaluate existing surveillance systems and methods of collecting or linking data to better form a surveillance system for child maltreatment and analysis protocols for use on existing datasets. This will be done to the extent possible with the prevention programs for child maltreatment housed in DCF.

4. Provide support for Together for Children conference--Population-Based Services--Infants and Young Children and their families

We will again be supporting the Together for Children conference, which is an annual conference focused on efforts to prevent child abuse in Wisconsin and support service providers who provide child abuse victims with treatment.

State Performance Measure 05: *Percent of children who receive coordinated, ongoing comprehensive care within a medical home.*

a. Last Year's Accomplishments

1. Reproductive Health and Prenatal Care Coordination--Enabling Services--Infants

The MCH program continues to promote Medicaid PNCC services as a comprehensive program for prenatal, postpartum and interconceptional care with a goal of establishing medical homes for infants. In 2009, 29,256 pregnant women and infants received PNCC services.

2. Early Screening--Population-Based Services--Infants and Children

In 2009 the CYSHCN Program conducted a "train-the-trainer" meeting with 14 primary care providers (PCP), Regional Centers for CYSHCN, and local Birth-3 programs regarding general developmental screening according to the AAPs policy/algorithm. Following the training, each pcp trainer in partnership with the Regional Center and Birth-3 conducted trainings for other health care providers within their practice setting and in their communities. Trainers completed a pre and post practice assessment that demonstrated increase knowledge of developmental screening and increased referrals to Centers and Birth-3. Participants in the trainings also completed an online survey that demonstrated increased knowledge of developmental screening. The WI Medical Home toolkit was also revised to include links to developmental screening resources for primary care providers (www.wimedicalhometoolkit.aap.org). In addition, contracts with Congenital Disorder diagnostic and treatment centers were revised to more clearly support Medical Home implementation strategies (care planning including transition to adult health services, co-management with specialty care/Medical Home, and linkages to services).

3. Oral Health--Population-Based Services--Children and CYSHCN

Three positions were filled in the oral health program that was required by the CDC Cooperative agreement. The oral health epidemiologist, fluoridation specialist, and sealant coordinator were hired. Through a grant administered by CHAW for CYSHCN, 146 dental health professionals were trained through four trainings to increase awareness and skills related to treating CYSHCN. The oral health program received a grant from HRSA to expand dental workforce.

4. Patient-at-Risk--Population-Based Services--Children

Means to communicate health need of CYSHCN at time of emergency care is under review as the Emergency Medical Services for Children program is now administratively part of the Wisconsin Emergency Medical Services Section, in the Bureau of Communicable Diseases and Emergency Response.

5. Early Childhood Comprehensive Systems--Infrastructure Building Activities--Young Children

A continuing ECCS grant was submitted March 11, 2009 to support continued work on the five components of a system of services for young children including screening programs and the promotion of medical home. Work with AAP on implementing Bright Futures in practices at LHDs in collaboration with community partners supports the importance of Medical Home for all young children. Dodge County Wisconsin is highlighted by AAP in the Volume 6, Issue 1 2009 Bright Futures Newsletter.

Table 4a National Performance Measures Summary Sheet Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Reproductive Health and Prenatal Care Coordination		X		
2. Early Screening			X	
3. Oral Health			X	
4. Patient-At-Risk			X	
5. Early Childhood Comprehensive Systems				X

b. Current Activities

1. Reproductive Health/Prenatal Care Coordination--Enabling Services--Infants

MCH program promotes PNCC as a comprehensive program for prenatal, postpartum, and interconceptional care with a goal of including a focus on establishing a Medical Home.

2. Early Screening--Population-Based Services--Infants and Children

An Early Identification Initiative for PCPs promotes developmental and Autism Spectrum Disorders screening and their role in early hearing screening. A Wisconsin Sound Beginnings tool kit promotes strategies to reduce lost-to-follow-up. The Congenital Disorders Program promotes Medical Home at its contracted sites. Work continues with Waisman Center's MCH-LEND and Research Topics of Interest grant to train Family Practice doctors to use validated developmental screening tools. An Integrated Management Team coordinates early screening and Medical Home efforts through a Webcasts series.

3. Oral Health--Population-Based Services--Children and CYSHCN

Five trainings are planned for dental health professionals to increase knowledge and skills in treating CYSHCN. Grantees are monitored to ensure linkages to dental homes for children. We applied for HRSA funding to expand community health centers.

4. Early Childhood Comprehensive Systems--Infrastructure Building Activities--Young Children

An ECCS continuing grant promotes system development work on Medical Home for young children.

5. Project LAUNCH--Population-Based Services---Young Children

Awarded in 2009, Project LAUNCH builds behavioral health in primary care.

c. Plan for the Coming Year

1. Reproductive Health and Prenatal Care Coordination--Enabling Services--Infants

MCH Program will continue to promote PNCC as a comprehensive program for prenatal, postpartum, and interconceptional care with a goal of including a focus on establishing Medical Home for mothers and infants.

2. Early Screening--Population-Based Services--Infants and Children

CYSHCN Program will continue to take a lead with an Integrated Management Team that focuses on early developmental screening, identification and referral. The team includes State Title V CYSHCN Program and Waisman Center staff, University Center for Excellence in Developmental Disabilities (UCEDD) (including Regional Center for CYSHCN, B-3 contract, MCH LEND, Research Topics of Interest (RTOIs) grant working to train family practice MDs in developmental screenings and looking at the outcomes of this process within their practices). They will meet 4 times to look for ways to integrate work in this focus area and communicate a coordinated message to key stakeholders. Planned activities include a coordinated effort to promote the Medical Home webcasts among partners such as participants in the Early Identification Initiative and a common database of practices engaged in early identification/ Medical Home activities that could be utilized to promote Medical Home and quality improvement

activities. Congenital Disorder Program contracts will continue coordination with the child's Medical Home including transition planning and linkages to the Regional Centers and CYSHCN Collaborators Network. In 2011 WSB will conduct a series of regional meetings to promote EHDI QI tool kit and implement strategies in the Medical Home to reduce lost to follow up. CYSHCN Program also expects to contract with an agency as part of its 5 year cycle to serve as a statewide lead for CYSHCN/MCH Medical Home activities as detailed in the CYSHCN Medical Home NPM.

3. Oral Health--Population-Based Services--Children and CYSHCN

Trainings will be held for dental health professionals to increase knowledge and skills in treating CYSHCN. Grantees will continue to be monitored to ensure linkages to dental homes for all children. A new HRSA grant may increase the dental home access in community health centers.

4. Early Childhood Comprehensive Systems--Infrastructure Building Activities--Young Children

Year 2 of ECCS grant will support continued work on the 5 components of a system of services for young children including screening programs and promotion of Medical Home.

5. Project LAUNCH Grant--Population-Based Services--Young Children ages 0 to 8 years

Project LAUNCH throughout 2011 will be connected to work of MCH local projects guided by the information obtained by the Environmental Scan and Strategic Plan processes. Significant connections to wellness across all domains of child health and wellness including social-emotional wellness and prevention services including development of behavioral health within the context of the Medical Home will enhance services for children throughout Wisconsin.

State Performance Measure 06: *Percent of children less than 12 years of age who receive one physical exam a year.*

a. Last Year's Accomplishments

1. Comprehensive Well-Child Exams--Direct Health Care Services--Children, including CYSHCN

The annual health exam activity is a direct health care service for children under age 21, including children with special health care needs. The target groups for services funded by the Title V block grant are children who are uninsured or underinsured. For 2009 consolidated contracts, 6 LHDs submitted objectives to provide or assure access to primary preventive exams. As reported in SPHERE for 2009 contracts, 514 unduplicated clients aged 0-12 years were reported as receiving physical exams. In 2009, it is estimated that 598,000 Wisconsin's children under age 12 years accessed at least one physical exam according to the Family Health Survey. This is 81.5% of all children under age 12 years in Wisconsin but less than the high of 83% reported in 2005.

2. Governor's BadgerCare Plus Initiative--Enabling Services--Pregnant women, mothers, infants and children, including CYSHCN

BadgerCare Plus outreach is currently being enhanced with a grant from Robert Wood Johnson Foundation to support enrollment and retention. This should improve prospects for preventive services including health and oral exams for all children in the state. BadgerCare Plus began enrolling families on February 1, 2008. It is a new program for children under 19 year of age and their families in Wisconsin who need and want health insurance regardless of income. All children under 19 years old--at all income levels--can enroll in BadgerCare Plus if they don't have access to health insurance. Enrollment continues to increase with 80,246 children and youth enrolled since implementation.

3. "Covering Kids" Program--Enabling Services--Pregnant women, mothers, infants and children, including CYSHCN

"Covering Kids" Program continued coalition activities to improve outreach as BadgerCare Plus was implemented in 2008. Recently Covering Kids has shifted its focus to the CHILD Project, which seeks to develop capacity within Wisconsin's public schools to provide needed information and assistance for children and their families who lack health insurance and may be eligible for coverage under BadgerCare Plus, Wisconsin's public health insurance program. Additional funds were provided to outreach in schools in Milwaukee.

Table 4a National Performance Measures Summary Sheet Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Comprehensive Well-Child Exams	X			
2. Governor's BadgerCare Plus Initiative		X		
3. "Covering Kids" Program		X		

b. Current Activities

1. Comprehensive Well-Child Exams--Direct Health Care Services--Children, including CYSHCN

For 2010 contracts, 3 LHDs submitted objectives to provide or assure access to primary preventive exams for 293 children; this is a decrease of 50% from previous years due to BadgerCare Plus enrollment.

2. Governor's BadgerCare Plus Initiative--Enabling Services--Pregnant women, mothers, infants, and children, including CYSHCN

Prospects for preventive services including health and oral exams for all children in the state should increase with expansion of BadgerCare Plus.

3. Support the "Covering Kids" Program--Enabling Services--Pregnant women, mothers, infants, and children, including CYSHCN

Wisconsin "Covering Kids and Families" Program continues to support for coalitions to increase outreach for uninsured children and families and enroll them into health insurance programs, such as BadgerCare. However with increase in health insurance coverage, the Covering Kid program will need to refocus on access and health disparities.

c. Plan for the Coming Year

Due to findings of the state MCH needs assessment and that all children in Wisconsin have access to health insurance, this measure is being retired for 2011.

State Performance Measure 07: *Percent of women who use tobacco during pregnancy.*

a. Last Year's Accomplishments

1. Title V Funded Perinatal Services--Enabling Services--Pregnant women, mothers and infants

The Title V Program funded 41 LHDs totaling 65 objectives addressing a variety of perinatal-related issues.

As reported in 2009 in SPHERE 31.2% of women receiving prenatal services through Medicaid and MCH programs smoked during pregnancy. 77% of the women who reported smoking during pregnancy also reported decreased smoking by the end of pregnancy. In 2008, birth certificate data indicated 14.1% of Wisconsin women smoked during pregnancy, a decrease of .8% from 2007. Additionally, Wisconsin PRAMS data for 2007-08 reports that 54% women who said "yes" they smoked in the past 2 years also indicated that they smoked in the last 3 months of pregnancy.

2. First Breath--Enabling Services--Pregnant women, mothers and infants

The Title V Program continued its First Breath Prenatal Smoking Cessation Program partnership with the Wisconsin Women's Health Foundation (WWHF). First Breath is a program that helps pregnant women in WI quit smoking by integrating cessation strategies into existing prenatal services including those provided by public health and private healthcare. In 2009 1,386 women enrolled in the First Breath Program. Between 2006 and 2009 there was a 71% increase in African American participants in the First Breath Program; a result of concentrated expansion and continued support and technical assistance to sites in Southeastern Wisconsin. A prenatal quit rate of 36% exceeded the program goal of 25%. 76% of the program's participants were Medicaid recipients in 2009.

3. Prenatal Care Coordination--Enabling Services--Pregnant women, mothers and infants

The Medicaid PNCC and MCH-funded prenatal care coordination programs provided services to approximately 12,000 eligible women. Assistance with smoking cessation is an expected service of PNCC. The WWHF has provided education and training for PNCC providers to implement the strength-based First Breath program.

4. Preconception Services--Enabling Services--Pregnant women, mothers and infants

The Infant Death Center of Wisconsin (IDCW) collaborated with the ABC's for Healthy Families social marketing project in Milwaukee to disseminate preconception materials with messages on tobacco use surrounding pregnancy. Additionally the IDCW worked with the Healthy Native Babies Consortium on bringing preconception messages to native women, including tobacco use. The WAPC preconception committee worked on additional materials for providers and consumers addressing the preconception health of both women and men. These materials include information on smoking cessation.

Table 4a National Performance Measures Summary Sheet Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Title V Funded Perinatal Services		X		
2. First Breath		X		
3. Prenatal Care Coordination		X		
4. Preconception Services		X		

b. Current Activities

1. Title V Funded Perinatal Services--Enabling Services--Pregnant women, mothers and infants

The Title V program is funding 40 LHDs totaling 48 objectives addressing a variety of perinatal-related issues.

2. First Breath--Enabling Services--Pregnant women, mothers and infants

For CY 2010, 106 First Breath sites are participating in the program and 416 women have been enrolled. First Breath participants continue to be predominately of non-Hispanic white race, low income and low education level.

3. Prenatal Care Coordination--Enabling Services--Pregnant women, mothers and infants

Medicaid PNCC and MCH-funded Perinatal Care Coordination continue to receive training and technical assistance from the WWHF First Breath staff to support the strength based program to women during pregnancy and postpartum. Great Beginnings Start before Birth curriculum is being offered in July.

4. Preconception Services--Enabling Services--Pregnant women, mothers and infants

The WAPC preconception committee introduced an algorithm for preconception care outlining the steps for providers to take in providing preconception care for women. Additionally a fact sheet on the preconception health for men was developed for consumers.

c. Plan for the Coming Year

Smoking during pregnancy will continue as a National Performance Measure, but has been retired as a State Performance Measure.

State Performance Measure 08: *Percent of children, ages 2-4, who are obese or overweight at or above the 95th percentile.*

a. Last Year's Accomplishments

1. Increased Knowledge of Healthy Behaviors--Enabling Services--Children over the age of 2, including CYSHCN and their families

Through performance based contracting, 10 LHDs created environments that promote breastfeeding, healthy eating, physical activity and a healthy weight in all sectors. The activities are linked to Healthiest Wisconsin 2010 and the Nutrition and Physical Activity State.

2. Community Campaigns--Population-Based Services--Children over the age of 2, including CYSHCN and their families

Through the performance-based contracting system, LHDs promoted nutrition and physical activity in their community. These include a Fun Walk/Run, Safe Routes to School, Turn off TV Week, and Healthy Community Award. The Healthy Community Award was presented to 12 community-based youth-serving organizations in one county. 506 children participated in TV Turn Off week in one county. 100 people participated in a Fun Run/Walk in one rural county. Another LHD sponsored a safe walking awareness campaign for students reaching 256 families, 48 school faculty and 21 PTA members.

3. Needs Assessments and Plans--Infrastructure Building Services--Children over the age of 2, including CYSHCN and their families

Through performance-based contracting, LHDs improved the nutrition and physical activity environment and strengthened their infrastructure. Strategies included: walkability/bikeability surveys, childcare environment assessments, Safe Routes to School, school wellness, assessment of breastfeeding services, worksite wellness, farmers markets, Got Dirt? Garden Initiative and childcare curriculum. Several of the LHDs reported writing and submitting grants for other funding to support their activities.

4. Nutrition and Physical Activity Coalitions--Population-Based Services--Children over the age of 2, including CYSHCN and their families

Partnerships are vital to preventing obesity. There are 38 local coalitions focused on nutrition, physical activity & obesity prevention. These coalitions have continued to foster collaborations between multiple organizations in their community to address childhood obesity through education, environmental, systems and policy change strategies.

Table 4a National Performance Measures Summary Sheet Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Increase Knowledge of Healthy Behaviors		X		
2. Community Campaigns			X	
3. Needs Assessments and Plans				X
4. Nutrition and Physical Activity Coalitions				X

b. Current Activities

1. Increased Knowledge of Healthy Behaviors--Enabling Services--Children over the age of 2, including CYSHCN and their families

Through the performance-based contracting system, 17 LHDs are creating environments that promote healthy eating, physical activity and health weight in all sectors. These activities will be linked to the Healthiest Wisconsin 2010 and the Wisconsin Nutrition and Physical Activity State Plan to prevent obesity and related chronic diseases.

2. Community Campaigns, Environment and Policy Change--Population-Based Services--Children over the age of 2, including CYSHCN and their families

LHDs are promoting nutrition and physical activity in their community. These include: campaigns such as Safe Routes to School, TV Turn Off Week, Walk Around the World Month, healthy menus, Community Awards and media campaigns.

3. Needs Assessments and Plans--Infrastructure Building Services--Children over the age of 2, including CYSHCN and their families

LHDs are improving the nutrition and physical activity environment and building the infrastructure through coalition assessment, worksite assessment, and sustainability planning.

4. Nutrition and Physical Activity Coalitions - Collaboration and Partnerships--Infrastructure Building Services--Children over the age of 2, including CYSHCN and their families

Partnerships are vital to preventing obesity. There are ~46 local coalitions who will focus on obesity, improving nutrition and increasing physical activity.

c. Plan for the Coming Year

This measure is being retired as a state performance measure for the MCH Block Grant. The Nutrition and Physical Activity Section has been very successful at identifying other fund sources to build infrastructure and expand programs. The MCH program will continue to collaborate with programs to prevent childhood obesity.

State Performance Measure 09: *Ratio of the black infant mortality rate to the white infant mortality rate.*

a. Last Year's Accomplishments

1. Communication and Outreach--Population-Based Services--Pregnant women, mothers, and infants

The Statewide Advisory Committee on Eliminating Racial and Ethnic Disparities in Birth Outcomes finalized its recommendations and produced the report, "A Response to the Crisis of Infant Mortality in Wisconsin" in July 2009. This has been posted on the department's website and disseminated to the DHS Secretary and other interested parties (<http://dhs.wisconsin.gov/healthybirths/advisory.htm>)

The implementation of ABCs for Healthy Families, funded through the HRSA First Time Motherhood/New Parents Initiative continues.

Highlights:

ABCs for Healthy Families launched its Journey of a Lifetime Campaign in October, 2009, with the DHS Secretary, including television, radio, and print media coverage. Our ad agency, Knupp & Watson & Wallman, received an ADDY? award for the campaign.

In December we submitted an editorial on tips for reducing holiday stress. The story ran in our local paper.

We have conducted numerous presentations and trainings, highlighting the life-course perspective as a meaningful approach for reducing African American infant mortality, including federal level (MCHB and Partnership); state level (e.g., Healthy Baby summit, WIC, First Breath prenatal tobacco cessation; Medicaid prenatal care coordinators); and local level (e.g., Healthy Start, Baby Expos, health departments, and social service agencies).

Websites created and related include the following:

- Department of Health Services for ABCs for Healthy Families and Journey of a Lifetime (<http://dhs.wisconsin.gov/healthybirths/abcsfamilies.htm>)
- Jump at the Sun Consultants, LLC: (<http://jumpatthesunllc.com/abcs.html>) for ABCs for Healthy Families and (<http://jumpatthesunllc.com/JOALT.html>) for Journey of a Lifetime (where you can view news articles and email announcements)
- MySpace: (<http://www.myspace.com/journeyofalifetime>)
- Facebook: (<http://www.facebook.com/abcsforhealthyfamilies?ref=ts>)

Text messaging: Text "Nostress" to 32075 for helpful tips on how to deal with stress in healthier ways

We were one of the first states to sign an MOU with text4baby and are very excited to be working with the National Healthy Mothers Healthy Babies Coalition. Text4baby is promoted through our, print materials, and through our own "NoStress" texting program.

Our texting program and text4baby were promoted at all of our speaking engagements, by our street outreach team and will soon be promoted through co-branding on our posters. Additionally an email alert was sent to over 1,000 individuals on our list serve and also a press release was issued to the media on the partnership of Journey of a Lifetime with text4baby.

2. Evidence Based Practices--Enabling Services--Pregnant women, mothers, and infants

Dissemination of recommendations from Evidence-based Practices workgroup has begun through the Medicaid/HMO program medical home pilot, pay-for-performance and high quality medical care for Medicaid women, and creation of a high-risk registry.

We continued to provide technical assistance on reducing fetal and infant deaths, through the home visiting program at the City of Racine Health Department.

3. Data Monitoring and Evaluation--Infrastructure Building Services--Pregnant women, mothers, and infants

Data workgroup outlined the final indicators for monitoring and tracking in its recommendations. Work continues with Madison/Dane Co. Public Health Dept and the UW on the study of the 5-year improvements in African American infant mortality, and the recent increase in 2008 deaths.

4. Policy and Funding--Infrastructure Building Services--Pregnant women, mothers, and infants

Collaboration continued with the Kellogg-funded PEDIM through the travel core team and expanded team, including efforts to join with the ongoing fatherhood initiative in Milwaukee.

Chief Medical Officer and Deputy Director of SERO are official members of the Steering Committee of the UW Partnership Program for the Lifecourse Initiative for Healthy Families (LIHF) on reducing disparities in birth outcomes and Title V managers and staff provided technical assistance and guidance.

Table 4a National Performance Measures Summary Sheet Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Communication and Outreach			X	
2. Evidence Based Practices		X		
3. Data Monitoring and Evaluation				X
4. Policy and Funding				X

b. Current Activities

1. Communication & Outreach--Population-Based Services--Pregnant women, mothers, & infants

As part of Black History Month, stories submitted to papers in Milwaukee and Racine markets promoting healthy pregnancies. Second round of media, editorials for Mothers' and Fathers' Day ran. Hold joint Tech. & Community Advisory Board meeting with Statewide Advisory Committee on Eliminating Racial and Ethnic Disparities in Birth Outcomes. Dr. Fleeta Mask Jackson is guest speaker. Appear on local radio programs with WIC to promote campaign, breastfeeding, & good nutrition. Faith-based coalition (20 churches) promote campaign and education sessions. New round of mother and father support circles underway in Milwaukee and Racine; intercept interviews and new round of surveys to be conducted in June and July.

2. Evidence Based Practices (EBP)--Enabling Services--Pregnant women, mothers, & infants

EBP Workgroup shares info with MA/HMO Program Medical Home pilot, Pay-For-Performance & High Quality Medical Care for MA women, & creation of high-risk registry. Continue TA to home visiting program at City of Racine LHD reducing fetal & infant deaths.

3. Data Monitoring & Evaluation--Infrastructure Building Services--Pregnant women, mothers, & infants

Work with Madison/Dane LHD & UW on study in African American infant mortality & 2008 increase in deaths.

4. Policy & Funding--Infrastructure Building Services--Pregnant women, mothers, & infants

Collaborate with Kellogg-funded PEDIM to join Milwaukee fatherhood initiative. CMO & SERO Deputy Director are members of UW Partnership Program Steering Comm. of Lifecourse Initiative for Healthy Families (LIHF).

c. Plan for the Coming Year

This state performance measure will be retired, since it is a duplicate of an outcome measure. However, eliminating the disparity between white and black infant deaths remains a priority for Wisconsin's Title V program. Through the advocacy of Title V, eliminating this disparity has become a Department of Health Services performance measure, a new focus for the home visiting services through the new Department of Children and Families, and an objective for the entire state, through 'Healthiest Wisconsin 2020'. It is our intention to continue and expand the scope of our activities while any disparity remains.

State Performance Measure 10: *Death rate per 100,000 among youth, ages 15-19, due to motor vehicle crashes.*

a. Last Year's Accomplishments

1. Educational Activities--Enabling Services--Adolescents

In order to decrease the incidence of deaths due to motor vehicle crashes, education continued with our many partners including local and state.

2. Legislation and Policy Changes--Population-Based Services--Adolescents

Enactment and enforcement continues to be a strong method of impacting this performance measure and ongoing evaluation of the most recent policies continued in conjunction with academic and advocacy partners.

3. Local Needs Assessments--Infrastructure Building Services--Adolescents

Staff continued to work with local agencies to obtain county-specific data and technical support. The Injury and Violence Prevention Program and the Department of Transportation worked to make motor vehicle crash data more accessible to agencies and the general public. Local Child Death Review teams were encouraged to enter data into the national CDR data system to increase our data sources as well.

4. Child Death Review (CDR)--Infrastructure Building Services--Adolescents

Promotion and support of local CDR teams continued including providing assistance with utilizing the national data base to collect local data, providing technical assistance and training on utilizing CDR data for prevention and identifying evidence-based prevention strategies including those related to teen driving.

Table 4a National Performance Measures Summary Sheet Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Educational Activities		X		
2. Legislation			X	
3. Local Needs Assessments				X
4. Injury Coordinating Committee				X

b. Current Activities

1. Educational Activities--Enabling Services--Adolescents

In order to decrease the incidence of deaths due to motor vehicle crashes, education is continuing with our many partners including local and state.

2. Legislation and Policy Changes--Population-Based Services--Adolescents

Enactment and enforcement continues to be a strong method of impacting this performance measure and ongoing evaluation of the most recent policies will be done in Wisconsin in conjunction with academic and advocacy partners. Further, the Injury and Violence Prevention Program is working closely with the DOT to highlight policy best practices in both agencies strategic plans.

3. Local Needs Assessments--Infrastructure Building Services--Adolescents

Staff continues to work with local agencies to obtain county-specific data and technical support. The Injury and Violence Prevention Program and DOT continue to make motor vehicle crash data more accessible to agencies and the general public. We are encouraging more local CDR teams to enter data into the national CDR data system to increase our data sources as well.

4. Child Death Review (CDR)--Infrastructure Building Services--Adolescents

Promotion and support of local CDR teams is ongoing including providing assistance with utilizing the national data base to collect local data, providing technical assistance and training on utilizing CDR data for prevention and identifying evidence-based prevention strategies including those related to teen driving.

c. Plan for the Coming Year

This measure is being retired based on findings of the Needs Assessment. The Injury & Violence Prevention Program has included this focus in their state strategic plan and will continue collaborative efforts with the Department of Transportation.