**2025 Maternal Child Health (MCH) Objective Supplement**

Thank you for taking the time to review and select the maternal child health objective(s) your agency will implement in 2025. We are grateful for the work you do every day to promote maternal and child health throughout the state and are looking forward to reviewing what your agency will be focusing on this upcoming year.

**MCH objective supplement instructions:**

1. Local and Tribal health agencies should complete a Maternal Child Health (MCH) objective supplement **for each objective** you select. MCH objective supplements must be submitted by **November 1st, 2024.**
2. Contract administrators will review and approve MCH objective supplements and notify agencies when supplements are approved or need editing.
3. **Helpful tips:** 
   1. Please answer each question thoroughly with specific examples from your agency’s work. For example, include county or Tribal specific data that supports your selection, describe current efforts and partnerships, and include any coalition work you are part of. If your agency has selected this objective in the past, we want to see how the work is progressing year to year.
   2. Do not copy and paste core activities, we want to hear how your agency will accomplish these activities.
   3. Keep in mind this is only one step in the contract negotiation process. Completing contract negotiations in GAC and submitting a 2025 budget will also need to be completed.
   4. Please review the 2025 MCH Objectives before you begin filling out the MCH objective supplement. Once you start the survey it should be completed in its entirety. If you accidentally submit or exit the survey before you are finished, please reach out to your MCH contract administrator.

**Objective 1: Adolescent Well-Being**

**Objective Statement:** By December 31, 2025, the agency, in collaboration with community partners, will implement and evaluate Strategy 1 to decrease rates of adolescent emotional distress.

**Strategy 1: Collaborate with community coalitions, schools, healthcare, UW-Division of Extension, and/or other partners to implement skill-based, gate keeper, risk behavior recognition, peer to peer, social emotional-learning, bullying prevention, or other evidence-based suicide prevention and mental health promotion programs that promote belonging and safety.**

**Core Activities:**

* Conduct outreach, recruit, and support collaborative partnerships to collaboratively offer programs that accomplish this strategy and improve adolescent well-being and youth leadership.
* Complete the [Youth Engagement Assessment Tool](http://youthrex.com/wp-content/uploads/2019/02/yet_evaluation_tool.pdf) and implement at least one practice change, informed by the results, that increases youth leadership and engagement.
* Collaborate with law enforcement and other partners on efforts to restrict means for suicide such as distribution of firearm locks and access to medication drop boxes.
* Promote peer support resources such as The Prism Program, Youthline, and Iris Place peer support warmline.
* Actively encourage area middle and high schools to participate in the Youth Risk Behavior Survey and School Health Profiles through the Department of Public Instruction and utilize results in program planning.
* Participate in all Learning Community Calls to support progress on the Title V State Performance Measure related to Adolescent Well-Being.
* Prepare a plan of sustainability around your work.
* Attend 2025 MCH Summit (virtually).
* Submit data quarterly using the Title V reporting survey to document activity progress, successes, barriers, and outcomes.

**Objective 2: Breastfeeding**

**Objective Statement:** By December 31, 2025, the agency, in collaboration with community partners, will implement and evaluate strategy(ies) \_\_\_\_\_\_ (insert strategy number(s)) to improve breastfeeding initiation and duration rates in their community.

**Strategy 1: Partner with worksites and/or child care sites to improve their support for human milk feeding.**

**Core Activities:**

* Utilize available resources from the Wisconsin Breastfeeding Coalition website.
* Conduct outreach, recruit, and support sustained partnerships.
* Assist site with completing an assessment and in making improvements to policies and practices based on assessment results.
* Assure recognition of breastfeeding friendly status, if applicable.
* Enhance community engagement to inform breastfeeding strategies and activities. When possible, include family and community representatives who are engaged with breastfeeding activities in the process.
* Collaborate with community partners to promote consistent messaging throughout the community.
* Prepare a plan for sustainability of the work.
* Participate in all Learning Community Calls to support progress on the Title V State Performance Measure related to Breastfeeding.
* Attend webinars provided by the Michigan Breastfeeding Network.
* Attend 2025 MCH Summit (virtually).
* Submit data quarterly using the Title V reporting survey to document activity progress, successes, barriers, and outcomes.

**Strategy 2: Enhance local community coordination to improve continuity of care by strengthening consistent implementation of prenatal, maternity, and postpartum care practices that support breastfeeding.**

**Core Activities:**

* Conduct outreach, recruit, and support sustained partnerships with community stakeholder(s) (e.g., parent/family organizations, home visiting agencies, faith-based organizations, hospitals, and clinics).
* Facilitate local connections and improvements to breastfeeding-supportive policies and practices.
* Enhance community engagement to inform breastfeeding strategies and activities. When possible, include family and community representatives who are engaged with breastfeeding activities in the process.
* Collaborate with community partners to promote consistent messaging throughout the community.
* Prepare a plan for sustainability of the work.
* Participate in all Learning Community Calls to support progress on the Title V State Performance Measure related to Breastfeeding.
* Attend webinars provided by the Michigan Breastfeeding Network.
* Attend 2025 MCH Summit (virtually).
* Submit data quarterly using the Title V reporting survey to document activity progress, successes, barriers, and outcomes.

**Objective 3: Developmental Screening**

**Objective Statement:** By December 31, 2025, the agency, in collaboration with community partners, will implement and evaluate strategy(ies) \_\_\_\_\_\_ (insert strategy number(s)) to improve rates of developmental screening in their community.

**Strategy 1: Collaborate with community partners to promote awareness, education, and programming for advancing developmental monitoring and screening.**

**Core Activities:**

* Utilize and promote the [CDC Learn the Signs. Act Early developmental monitoring materials](https://www.cdc.gov/ncbddd/actearly/index.html).
* Conduct outreach and recruit community groups/partners (e.g., parent/family organizations, home visiting agencies, churches, businesses) to promote developmental monitoring and screening.
* Establish partnerships and/or participate in a community coalition that includes cross-sector agencies to increase alignment of developmental screening and referral processes (e.g. early childhood programs, Help Me Grow, childcare sites, Birth to 3 Programs, school systems, clinics, and health systems, etc.).
* Provide education to community groups/partners to support implementation of developmental monitoring and screening practices using tools and resources with common messaging.
* Promote resources such as hearing and lead screening, [Wisconsin Wayfinder](https://www.dhs.wisconsin.gov/wiscway/index.htm), and other resources for coordinated referrals and follow up services.
* Enhance community engagement to inform developmental monitoring and screening strategies and activities. When possible, include family and community representatives who are engaged with developmental monitoring and screening activities in the process.
* Collaborate with the statewide technical assistance provider and community partners to promote consistent messaging throughout the community.
* Engage in sustainability planning around selected developmental screening strategies.
* Participate in all Learning Community Calls to support progress on the MCH National Performance Measure related to Developmental Screening.
* Attend 2025 MCH Summit (virtually).
* Submit data quarterly using the Title V reporting survey to document activity progress, successes, barriers, and outcomes.

**Strategy 2: Promote education and training of the public health workforce to increase skills and competencies in implementing developmental monitoring and screening.**

**Core Activities:**

* Utilize and promote the [CDC Learn the Signs. Act Early developmental monitoring materials](https://www.cdc.gov/ncbddd/actearly/index.html) and [*Watch Me!*](https://www.cdc.gov/ncbddd/watchmetraining/index.html) online training.
* Ensure public health staff are trained in developmental monitoring and screening tools and practices.
* Partner with an expert to coordinate and host a professional developmental screening training for public health staff and/or external partners on the fundamentals of developmental screening administration and referrals.
* Conduct outreach to promote developmental monitoring and screening training opportunities with partnering agencies (e.g., childcare providers/agencies, bordering health departments, home visiting agencies, Tribal communities).
* Enhance community engagement to inform developmental monitoring and screening strategies and activities. When possible, include family and community representatives who are engaged with developmental monitoring and screening activities in the process.
* Collaborate with the statewide technical assistance provider and community partners to promote consistent messaging throughout the community.
* Engage in sustainability planning around selected developmental screening strategies.
* Participate in all Learning Community Calls to support progress on the MCH National Performance Measure related to Developmental Screening.
* Attend 2025 MCH Summit (virtually).
* Submit data quarterly using the Title V reporting survey to document activity progress, successes, barriers, and outcomes.

**Strategy 3: Implement the CDC WIC Developmental Milestones Checklist Program to promote developmental monitoring.**

**Core Activities:**

* Establish and/or build a partnership with WIC program staff to work collaboratively on this strategy.
* Participate in a [training video from the CDC](https://asphn.org/courses/introduction-to-learn-the-signs-act-early-program/) and share with WIC staff.
* [Obtain and utilize resources](https://www.cdc.gov/ncbddd/actearly/wic-providers.html) needed to implement the Learn the Signs. Act Early WIC Checklist Program.
* [Test and implement](https://www.cdc.gov/ncbddd/wicguide/how-to-monitor-development.html) the CDC’s WIC Developmental Milestone Checklist Program in WIC clinic(s) utilizing the Wisconsin Deskside Reference Guide and other [tools, templates,](https://www.cdc.gov/ncbddd/wicguide/tools-and-templates.html) and resources provided by CDC.
* Collect checklist data and track referrals using your preferred data collection tool.
* Enhance community engagement to inform developmental monitoring and screening strategies and activities. When possible, include family and community representatives who are engaged with developmental monitoring and screening activities in the process.
* Collaborate with the statewide technical assistance provider and community partners to promote consistent messaging throughout the community.
* Engage in sustainability planning around selected developmental screening strategies.
* Participate in all Learning Community Calls to support progress on the MCH National Performance Measure related to Developmental Screening.
* Attend 2025 MCH Summit (virtually).
* Submit data quarterly using the Title V reporting survey to document activity progress, successes, barriers, and outcomes.

**Objective 4: Health Equity and Community Engagement**

**Objective Statement:** By December 31, 2025, the agency, in collaboration with community partners, will implement and evaluate Strategy 1 to advance health equity and enhance community engagement for the MCH population.

**Strategy 1: Implement an action plan to advance health equity and enhance community engagement for the MCH population.**

**Core Activities:**

* Select an area of focus from the options below to advance health equity. (Complete in Quarter 1):
  + Identify data available to inform efforts to advance health equity.
  + Assess staff skills and training needed to address health equity.
  + Identify existing policies and interventions designed to reduce and eliminate disparities between populations.
  + Support partnerships to advance health equity.
  + Use data to advance health equity.
  + Assess and improve internal policies or programs using an equity lens.
  + Other strategy determined by the agency.
* Identify opportunities to integrate community voice in planning and decision-making.
* Develop and implement an actin plan to strengthen the selected health equity strategy and enhance community engagement.
* Participate in mandatory quarterly technical assistance calls and utilize available training and tools to integrate community voice in agency programs and to improve health equity.
* Participate in optional Learning Community Calls to support progress on the Title V State Performance Measures related to Health Equity and Community Engagement.
* Engage in sustainability planning to ensure selected health equity strategy and community engagement activities are embedded long-term.
* Attend 2025 MCH Summit (virtually).
* Submit data quarterly using the Title V reporting survey to document activity progress, successes, barriers, and outcomes.

**Objective 5: Infant Mortality Prevention**

**Objective Statement:** By December 31, 2025, the agency, in collaboration with community partners, will implement and evaluate strategy(ies) \_\_\_\_\_\_ (insert strategy number(s)) to reduce infant mortality in their community.

**Strategy 1: Develop and implement an action plan to address unmet social service needs of pregnant or recently delivered people that reduce disparities and increase access to resources.**

**Core Activities:**

* Assess community health systems for unmet social service needs of pregnant and recently delivered people (complete in Quarter 1) that may be related to:
  + Environment, reduce preventable injury
  + Safe, stable housing
  + Community connections
  + Social support, reduce social isolation
  + Newborn screening and birth defects
  + Schools and childcare
  + Community development
  + Neighborhood safety
  + Sudden Unexpected Infant Death and Safe Sleep
* Identify opportunities to integrate community voice in planning and decision-making. Consider collaborating with or providing trainings with community coalitions, [One Key Question](https://powertodecide.org/one-key-question) and [Well Badger](https://www.wellbadger.org/s/?language=en_US).
* Using assessment results, collaborate with community partners to develop an action plan outlining steps agency and partners will take to implement a policy, systems, or environmental change related to supporting new or expanded opportunities for infant mortality prevention strategies.
* Enhance community engagement to inform infant mortality strategies and activities. When possible, include family and community representatives who are engaged with infant mortality activities in the process.
* Collaborate with community partners, to promote consistent messaging throughout the community.
* Prepare a plan for sustainability of the work.
* Participate in all Learning Community Calls to support progress on the MCH State Performance Measure related to infant mortality.
* Attend 2025 MCH Summit (virtually).

**Strategy 2: Collaborate with health care providers, social service providers, and/or community champions (includes doulas) to reduce tobacco, vape, and marijuana use by pregnant people.**

**Core Activities:**

* Select one or more areas of focus from the options below to reduce substance use of pregnant people:
  + Improve and increase education or resources for smoking cessation, and how it is associated to preterm birth and low birth weight.
  + Address social norms to create a smoke-free culture.
  + Promote healthy ways to manage stress.
  + Encourage everyone in contact with pregnant people, or recently delivered families not to smoke.
* Identify opportunities to integrate community voice in planning and decision-making. Consider collaboration with coalitions and providing trainings with the [First Breath](https://wwhf.org/firstbreath/) program, Well Badger, and One Key Question.
* Develop and implement an action plan to address the selected strategy in pregnant people or recently delivered people.
* Enhance community engagement to inform infant mortality strategies and activities. When possible, include family and community representatives who are engaged with infant mortality activities in the process.
* Collaborate with community partners, to promote consistent messaging throughout the community.
* Prepare a plan for sustainability of the work.
* Participate in all Learning Community Calls to support progress on the MCH State Performance Measure related to infant mortality.
* Attend 2025 MCH Summit (virtually).

**Objective 6: Perinatal Mental Health**

**Objective Statement:** By December 31, 2025, agency will implement and evaluate strategies (insert minimum of two strategy numbers from Required Input Activities) to establish and/or improve screening and follow-up services for perinatal mental health disorders either, within a program area that currently provides screening for perinatal mental health disorders (e.g., PNCC, Home Visiting), or by implementing new services within a program area that engages pregnant and post-partum women but does not currently provide screening and follow-ups for perinatal mental health disorders (e.g., WIC, well-child services, immunization appointments).

**Strategy 1: Utilize a quality improvement approach to test and implement a practice change around screening for perinatal mental health disorders (PMHDS).**

**Core Activities:**

* Develop a policy and procedure for screening for PMHDS that includes:
  + Validated and evidence-based screening tools for the perinatal population, such as the Edinburgh Postpartum Depression Scale (EPDS) and the Perinatal Health Questionnaire (PHQ-9), and for further screening and symptom assessment, the Perinatal Anxiety Screening Scale (PASS), Generalized Anxiety Disorder-7 (GAD-7), and the Mood Disorder Questionnaire (MDQ),
  + A frequency schedule for screening for PMHDS (recommended for up to one-year post-partum).
  + A procedure for initiating the screening process that focuses on building relationships and ongoing conversations with clients,
  + Guidance on how screening results will be shared with clients and families, and
  + Rescreening protocol to include who is rescreened and when.
  + Optional: Develop universal policy and procedure to screen for substance use.
* Implement a practice change around screening for PMHDS and modify policy and procedure as needed.
* Enhance community engagement by integrating community voice throughout project planning and implementation. When possible, include family and community representatives who are engaged with perinatal mental health support and activities in processes.
* Collaborate with community partners to promote consistent messaging and enhance community engagement.
* Engage in sustainability planning to ensure selected perinatal mental health strategies and activities are embedded long-term.
* Participate in all Learning Community meetings/calls to support progress on the Title V State Performance Measure related to perinatal mental health.
* Attend 2025 MCH Summit (virtually).
* Submit data quarterly using the Title V reporting survey to document activity progress, successes, barriers, and outcomes.

**Strategy 2: Utilize a quality improvement approach to test and implement a practice change around referrals and follow-up for perinatal mental health disorders (PMHDS).**

**Core Activities:**

* Identify providers accepting referrals for evidence-based treatment for PMHDS and other support service providers within the community.
* Develop a policy and procedure for referrals and follow-up support services for individuals who screen positive for PMHDS that includes:
  + A procedure for referrals to evidence-based treatments (e.g., therapy, medical providers, psychiatry, prescribers) and linkages to other support services (e.g., peer support groups),
  + A procedure to assess and respond to imminent and/or suicide risk in individuals who screen positive via suicide screening tools, a Periscope Project consultant, or an assessment for postpartum psychosis, and
  + A method to track referrals. Suggested data to track: client name, organization/ agency/clinic being referred to, type of referral, follow-up completed, client follow-through (if possible).
  + Optional: Develop substance use disorder referral and follow-up policy and procedure.
* Implement a practice change around referrals and follow-up for PMHDS and modify policy and procedure as needed.
* Enhance community engagement by integrating community voice throughout project planning and implementation. When possible, include family and community representatives who are engaged with perinatal mental health support and activities in processes.
* Collaborate with community partners to promote consistent messaging and enhance community engagement.
* Engage in sustainability planning to ensure selected perinatal mental health strategies and activities are embedded long-term.
* Participate in all Learning Community meetings/calls to support progress on the Title V State Performance Measure related to perinatal mental health.
* Attend 2025 MCH Summit (virtually).
* Submit data quarterly using the Title V reporting survey to document activity progress, successes, barriers, and outcomes.

**Strategy 3: Strengthen support and education for clients/families experiencing perinatal mental health disorders (PMHDS).**

**Core Activities:**

* Develop a policy and procedure for providing support and education to clients/families experiencing PMHDS.
* Provide culturally relevant and culturally informed materials, resources, and education to improve and protect mental wellness in pregnant and post-partum individuals and support persons such as post-partum self-care strategies, strategies to identify support systems, proper nutrition & sleep habits, and other supportive strategies for individuals who screen positive for PMHDS with your agency staff.
* Enhance community engagement by integrating community voice throughout project planning and implementation. When possible, include family and community representatives who are engaged with perinatal mental health support and activities in processes.
* Collaborate with community partners to promote consistent messaging and enhance community engagement.
* Engage in sustainability planning to ensure selected perinatal mental health strategies and activities are embedded long-term.
* Participate in all Learning Community meetings/calls to support progress on the Title V State Performance Measure related to perinatal mental health.
* Attend 2025 MCH Summit (virtually).
* Submit data quarterly using the Title V reporting survey to document activity progress, successes, barriers, and outcomes.

**Strategy 4: Collaborate with statewide technical assistance provider and other training partners to strengthen public health and health care provider workforce capacity and knowledge around perinatal mental health disorders (PMHDS).**

**Core Activities:**

* + Provide culturally relevant education to public health and other health care providers utilizing Perinatal Mental Health training modules, virtual training sessions, and other tools shared by the Technical Assistance provider and other training partners.
* Recruit public health and other health care providers from the community to enroll in [The Periscope Project,](https://the-periscope-project.org/) a free resource for providers caring for pregnant and postpartum individuals in Wisconsin who are struggling with mental health or substance use disorders. Services include consultations with a perinatal psychiatrist, information on community resources, and utilization of provider toolkits and education.
* Enhance community engagement by integrating community voice throughout project planning and implementation. When possible, include family and community representatives who are engaged with perinatal mental health support and activities in processes.
* Collaborate with community partners to promote consistent messaging and enhance community engagement.
* Engage in sustainability planning to ensure selected perinatal mental health strategies and activities are embedded long-term.
* Participate in all Learning Community meetings/calls to support progress on the Title V State Performance Measure related to perinatal mental health.
* Attend 2025 MCH Summit (virtually).
* Submit data quarterly using the Title V reporting survey to document activity progress, successes, barriers, and outcomes.

**Objective 7: Physical Activity and Nutrition**

**Objective Statement:** By December 31, 2025, agency will implement and evaluate strategy \_\_\_\_\_\_ (insert strategy number) to improve physical activity and nutrition for children ages 6-11 in their community.

**Strategy 1: Strengthen MCH public health workforce capacity and community partnerships to support new or expanded opportunities for physical activity and improved nutrition in children ages 6-11, with a focus on policy, systems, and environmental change.** *(Intended for agencies new to this objective.)*

**Core Activities:**

* Complete the University of Minnesota Extension [Systems Approaches for Healthy Communities](https://extension.umn.edu/nutrition-education/systems-approaches-healthy-communities) course and participate in Learning Community Calls corresponding to course modules and content. *Please note that a code will be sent in early 2025 to register.*
* Establish and/or strengthen partnerships with agencies that serve children ages 6-11, that includes local UW-Madison Division of Extension and other partners.
* Review local data and assessment information to identify populations disproportionately affected by physical activity and nutrition related issues and determine project focus.
* Collaborate with community partners to identify and complete (if able) formal and/or informal assessments that will help identify a policy, systems, or environmental change that will be implemented the following year.
* Using assessment results, collaborate with community partners to develop an action plan outlining steps agency and partners will take to implement a policy, systems, or environmental change related to supporting new or expanded opportunities for physical activity and improved nutrition in children.
* Enhance community engagement by integrating community voice throughout assessment, planning and implementation.
* Participate in Learning Community Calls relevant to the selected strategy to support progress on the Title V National Performance Measure related to Physical Activity (and Nutrition).
* Participate in additional technical assistance opportunities offered by statewide technical assistance provider.
* Engage in sustainability planning around selected physical activity and nutrition strategies.
* Attend 2025 MCH Summit (virtually).

**Strategy 2: Collaborate with community partners to implement a policy, systems, or environmental change that supports new or expanded opportunities for physical activity and improved nutrition in children ages 6-11.** *(Intended for agencies who have completed Strategy 1 activities.)*

**Core Activities:**

* Complete the University of Minnesota Extension [Systems Approaches for Healthy Communities](https://extension.umn.edu/nutrition-education/systems-approaches-healthy-communities) course and participate in Learning Community Calls corresponding to course modules and content. *Not applicable to staff who have completed the course in previous years. Please note that a code will be sent in early 2025 to register.*
* Establish and/or strengthen partnerships with agencies that serve children ages 6-11, that includes local UW-Madison Division of Extension and other partners.
* Collaborate with community partners to implement a policy, systems, or environmental change that supports new or expanded opportunities for physical activity and improved nutrition in children.
* Update previously developed Action Plan (if applicable), outlining key steps agency will take to continue working towards implementing a policy, systems, or environmental change.
* Enhance community engagement by integrating community voice throughout assessment, planning and implementation.
* Participate in Learning Community Calls relevant to the selected strategy to support progress on the Title V National Performance Measure related to Physical Activity (and Nutrition).
* Participate in additional technical assistance opportunities offered by statewide technical assistance provider.
* Engage in sustainability planning around selected physical activity and nutrition strategies.
* Attend 2025 MCH Summit (virtually).

**Objective 8: Social Connections**

**Objective Statement:** By December 31, 2025, the agency, in collaboration with community partners, will implement and evaluate strategy \_\_\_\_\_\_ (insert strategy number) to improve social connections in their community.

**Strategy 1: Assess need for improvement with social connections within community.**

**Core Activities:**

* Assess need for improvement for social connections within community may be related to:
  + Environment
  + Safe, Stable Housing
  + Community Connections
  + Social Support
  + Social Isolation
  + Schools & Childcare
  + Community Development
  + Neighborhood Safety
* Use the results from needs assessment (community health assessment or community health improvement plan can be used) to develop an action plan.
* Conduct outreach, recruit, and support sustained partnerships.
* Enhance community engagement to inform, develop, and implement social connections and activities.
* Collaborate with community partners to promote social connections throughout the community.
* Participate in all Learning Community Calls to support progress on the Title V State Performance Measure related to Social Connections.
* Attend 2025 MCH Summit (virtually).

**Strategy 2: Implement action plan and practice change.**

**Core Activities:**

* Implement action plan and practice change.
* Conduct outreach, recruit, and support sustained partnerships.
* Enhance community engagement to inform, develop, and implement social connections and activities.
* Collaborate with community partners to promote social connections throughout the community.
* Participate in all Learning Community Calls to support progress on the Title V State Performance Measure related to Social Connections.
* Attend 2025 MCH Summit (virtually).

**Required Activities (All Objectives)**

**The MCH program includes required activities that apply across all objectives. These are outlined below and can also be found in the document titled “Program Parameters”. Please review the following and reach out to your contract administrator with any questions.**

1. Implement and evaluate the selected objective(s) with activity details your agency identified in [the 2025 MCH Objective Supplement(s).](https://www.dhs.wisconsin.gov/gac/index.htm)
2. Collaborate with community partners to promote selected objective(s) throughout the community.
3. Participate in quarterly Learning Community Calls to support progress on the selected objective(s).
4. Participate in training and technical assistance opportunities to support strategies for implementing health equity and community engagement in selected objective(s).
5. Attend the 2025 MCH Summit (virtually).
6. Well Badger Resource Center
   1. Confirm agency is listed and agency information is updated in the Well Badger Resource Center searchable directory found at www.wellbadger.org.
   2. Promote the Well Badger Resource Center using their tools for professionals and partners through the following strategies.
      1. Print and/or order Well Badger Resource Center materials, such as flyers and posters, and display in areas where clients are served.
      2. Include the Well Badger Resource Center phone number and email on agency’s voicemail for clients calling outside normal business hours.
         1. Call: 1-800-642-7837 or Text: 608-360-9328
         2. Email: [help@wellbadger.org](mailto:help@wellbadger.org)
      3. Incorporate the Well Badger Resource Center social media posts and/or newsletter messages into agency’s communication methods.
7. Submit data quarterly using the Title V reporting survey to document activity progress, successes, barriers, and outcomes.
8. Utilize data and prevention recommendations from the local Fetal Infant Mortality Review (FIMR) and Child Death Review (CDR) teams to inform and align the work of selected MCH objective(s). *This item does not apply to agencies that do not have a local FIMR or CDR team.*
9. Request technical assistance as needed from agency’s assigned MCH contract administrator.
10. All materials for public distribution developed by a grantee funded by the Title V MCH Block Grant must identify the funding source as follows: “*Funded in part by the MCH Title V Services Block Grant, Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services.*”
11. **Budget:**
    1. Submit a 2025 budget to MCH contract administrators, using the Title V budget template available on the [Division of Public Health Grants and Contracting (GAC) System page](https://www.dhs.wisconsin.gov/gac/index.htm) under the 2025, Maternal and Child Health (MCH) section.
    2. Changes across budget categories of 20% or more will need to be approved by contract administrators.
12. **Expense & Match Reporting:**
    1. Agencies should report expenses and local match monthly, using the GEARS Expenditure report linked [here](https://www.dhs.wisconsin.gov/forms/f0/f00642.xlsx).
    2. Agencies should use profile ID #159320 for Title V MCH expenses (unless directed otherwise) and profile ID #193002 for Title V MCH match expenses.
    3. Agencies should copy their MCH contract administrators on all submissions.
    4. Agencies receiving federal funds must provide 75% match for all Title V MCH Block grant funds. Agencies that do not meet their MCH match requirements may be subject to repayment of grant funds. Tribal Agencies are not required to report match.

**I have reviewed and understand the required activities outlined in the Program Parameters listed above. Additionally, I understand that the required activities apply to all MCH objectives, and our agency should be prepared to implement each of them. If I have questions, I will reach out to my contract administrator for clarification.**

* Yes
* No

**MCH Objective Supplement**

**Now that you have reviewed all the objectives and associated required core activities, select the objective you will be implementing this upcoming year. *Note: If you are selecting multiple objectives in 2025, you will submit this form once for each objective.***

1. **Which objective will your agency be implementing in 2025?**

* Adolescent Well-Being
* Breastfeeding
* Developmental Screening
* Health Equity and Community Engagement
* Infant Mortality Prevention
* Perinatal Mental Health
* Physical Activity and Nutrition
* Social Connections

*If you selected Adolescent Well-Being, move to question 3.*

*If you selected Breastfeeding, move to question 4.*

*If you selected Developmental Screening, move to question 5.*

*If you selected Health Equity and Community Engagement, move to question 6.*

*If you selected Infant Mortality, move to question 7.*

*If you selected Perinatal Mental Health, move to question 8.*

*If you selected Physical Activity and Nutrition, move to question 9.*

*If you selected Social Connections, move to question 10.*

1. **Which strategy will you be implementing from the Adolescent Well-Being Objective?**

* Strategy 1: Collaborate with community coalitions, schools, healthcare, UW-Division of Extension, and/or other partners to implement skill-based, gate keeper, risk behavior recognition, peer to peer, social emotional-learning, bullying prevention, or other evidence-based suicide prevention and mental health promotion programs that promote belonging and safety.

1. **Which strategy(ies) will you be implementing from the Breastfeeding Objective? Select all that apply.**

* Strategy 1: Partner with worksites and/or child care sites to improve their support for human milk feeding.
* Strategy 2: Enhance local community coordination to improve continuity of care by strengthening consistent implementation of prenatal, maternity, and postpartum care practices that support breastfeeding.

1. **Which strategy(ies) will you be implementing from the Developmental Screening Objective? Select all that apply.**

* Strategy 1: Collaborate with community partners to promote awareness, education, and programming for advancing developmental monitoring and screening.
* Strategy 2: Promote education and training of the public health workforce to increase skills and competencies in implementing developmental monitoring and screening.
* Strategy 3: Implement the CDC WIC Developmental Milestones Checklist Program to promote developmental monitoring.

1. **Which strategy will you be implementing from the Health Equity and Community Engagement Objective?**

* Strategy 1: Implement an action plan to advance health equity and enhance community engagement for the MCH) population.

1. **Which strategy(ies) will you be implementing from the Infant Mortality Prevention Objective? Select all that apply.**

* Strategy 1: Develop and implement an action plan to address unmet social service needs of pregnant or recently delivered people that reduce disparities and increase access to resources.
* Strategy 2: Collaborate with health care providers, social service providers, and/or community champions (includes doulas) to reduce tobacco, vape, and marijuana use by pregnant people.

1. **Which strategies will you be implementing from the Perinatal Mental Health Objective? Select all that apply, you must select at least two strategies.**

* Strategy 1: Utilize a quality improvement approach to test and implement a practice change around screening for perinatal mental health disorders (PMHDS).
* Strategy 2: Utilize a quality improvement approach to test and implement a practice change around referrals and follow-up for perinatal mental health disorders (PMHDS).
* Strategy 3: Strengthen support and education for clients/families experiencing perinatal mental health disorders (PMHDS).
* Strategy 4: Collaborate with statewide technical assistance provider and other training partners to strengthen public health and health care provider workforce capacity and knowledge around perinatal mental health disorders (PMHDS).

1. **Which strategy will you be implementing from the Physical Activity and Nutrition Objective? Select one.**

* Strategy 1: Strengthen MCH public health workforce capacity and community partnerships to support new or expanded opportunities for physical activity and improved nutrition in children ages 6-11, with a focus on policy, systems, and environmental change. *(Intended for agencies new to this objective.)*
* Strategy 2: Collaborate with community partners to implement a policy, systems, or environmental change that supports new or expanded opportunities for physical activity and improved nutrition in children ages 6-11. *(Intended for agencies who have completed Strategy 1 activities.)*

1. **Which strategy will you be implementing from the Social Connections Objective? Select all that apply.**

* Strategy 1: Assess need for improvement with social connections within community.
* Strategy 2: Implement action plan and practice change.

**11) Is this the first time your agency has selected [objective]?**

* Yes
* No

**Please tell us how your agency selected [objective].**

1. **Write 1-5 measurable data points that justify selecting [objective].** Measurable data points should be specific to your population/community. Data sources can include things like community health assessments, county health rankings, YRBS, FIMR, WISH, and more. Please include the year and a link to the source (if possible).

Examples:

1. In 2022, 17% of high school students in [county/community] reported [issue] in the past year. Source: YRBS, link.
2. In [community]’s 2022 CHA, 60% of respondents indicated [issue] as a top priority.

1. **Please share other key sources of information that justify selecting [objective].** This can include things like your county’s CHIP, community/client feedback, historical context, and more.

Examples:

1. [Issue] was selected as a strategic issue in [community]’s 2022-2026 CHIP.
2. **List key partners, coalitions, and/or collaborative groups your agency will work with to implement this objective. Briefly describe the specific ways you will collaborate.**

Examples:

1. XYZ Coalition-resource sharing, coordinating educational opportunities, and providing technical assistance
2. XYZ Agency-referrals, co-hosting trainings, distribution of marketing materials

Add your response here.

**Addressing Required Core Activities**

*Respond to question 15 for each strategy you selected.*

1. **Describe how your agency will address (insert strategy) from (insert objective choice). Identify 3-5 activities (specific, actionable steps) you will take to implement this strategy. Please do not copy and paste the core activities but describe how your agency will accomplish these activities.**

Examples:

1. Train XX staff to implement XYZ.
2. Recruit and onboard XX sites to XYZ.
3. Develop, test, and disseminate XYZ.

Add your response here.

**16) Describe how you currently engage with community and how your agency plans to enhance community engagement within (insert objective choice) in 2025. Briefly describe 2-5 strategies your agency will use to enhance community engagement.**

Examples:

1. Conduct focus groups/post program surveys with [population] to better understand XYZ.
2. Co-lead ZYZ Coalition to [goal].
3. Form a community advisory board to provide direction to [initiative].

Add your response here.

**Agency Information and Communication Preferences**

**17) What is the name of your agency?**

Add your response here.

**18) What is the name of the person completing this form?**

**19) What is the email address of the person completing this form?**

**Thank you for submitting your 2025 MCH Objective Supplement!**

**Contract administrators will review submissions and notify agencies of approval or recommended edits. When MCH Objectives Supplement(s) are approved and GAC selections are finalized, your contract administrator will enter negotiation notes and sign off.**

As a reminder, agencies need to complete one MCH Objective Supplement Form **per objective**. If your agency selected more than one objective and you need to complete another form, click [here](https://survey.alchemer.com/s3/7938388/2025-Maternal-Child-Health-MCH-Objective-Supplement).