

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

Wisconsin

**FY 2026 Application/
FY 2024 Annual Report**

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Table of Contents

I. General Requirements	5
I.A. Letter of Transmittal	5
I.B. Face Sheet	6
I.C. Assurances and Certifications	6
I.D. Table of Contents	6
II. MCH Block Grant Workflow	6
III. Components of the Application/Annual Report	7
III.A. Executive Summary	7
III.A.1. Program Overview	7
III.A.2. How Federal Title V Funds Complement State-Supported MCH Efforts	9
III.A.3. MCH Success Story	10
III.B. Overview of the State	11
III.B.1. State Description	11
III.B.2. State Title V Program	16
<i>III.B.2.a. Purpose and Design</i>	16
<i>III.B.2.b. Organizational Structure</i>	17
III.B.3. Health Care Delivery System	21
<i>III.B.3.a. System of Care for Mothers, Children, and Families</i>	21
<i>III.B.3.b. System of Services for CSHCN</i>	22
<i>III.B.3.c. Relationship with Medicaid</i>	23
III.B.4. MCH Emergency Planning and Preparedness	24
III.C. Needs Assessment	26
III.C.1. Five-Year Needs Assessment Summary and Annual Updates	26
<i>III.C.1.a. Process Description</i>	26
<i>III.C.1.b. Findings</i>	30
III.C.1.b.i. MCH Population Health and Wellbeing	30
III.C.1.b.ii. Title V Program Capacity	31
<i>III.C.1.b.ii.a. Impact of Organizational Structure</i>	31
<i>III.C.1.b.ii.b. Impact of Agency Capacity</i>	31
<i>III.C.1.b.ii.c. Title V Workforce Capacity and Workforce Development</i>	34
<i>III.C.1.b.ii.d. State Systems Development Initiative (SSDI)</i>	36
<i>III.C.1.b.ii.e. Other Data Capacity</i>	38
III.C.1.b.iii. Title V Program Partnerships, Collaboration, and Coordination	40
III.C.1.b.iv. Family and Community Partnerships	46

<i>III.C.1.c. Identifying Priority Needs and Linking to Performance Measures</i>	47
III.D. Financial Narrative	49
III.D.1. Expenditures	51
III.D.2. Budget	53
III.E. Five-Year State Action Plan	55
III.E.1. Five-Year State Action Plan Table	55
III.E.2. State Action Plan Narrative Overview (Optional)	56
III.E.3 State Action Plan Narrative by Domain	57
<i>Women/Maternal Health</i>	57
<i>Perinatal/Infant Health</i>	70
<i>Child Health</i>	94
<i>Adolescent Health</i>	118
<i>Children with Special Health Care Needs</i>	132
<i>Cross-Cutting/Systems Building</i>	152
III.F. Public Input	165
III.G. Technical Assistance	167
IV. Title V-Medicaid IAA/MOU	168
V. Supporting Documents	169
VI. Organizational Chart	170
VII. Appendix	171
Form 2 MCH Budget/Expenditure Details	172
Form 3a Budget and Expenditure Details by Types of Individuals Served	178
Form 3b Budget and Expenditure Details by Types of Services	180
Form 4 Number and Percentage of Newborns and Others Screened Cases Confirmed and Treated	183
Form 5 Count of Individuals Served by Title V & Total Percentage of Populations Served by Title V	187
Form 6 Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX	192
Form 7 Title V Program Workforce	195
Form 8 State MCH and CSHCN Directors Contact Information	197
Form 9 List of Priority Needs – Needs Assessment Year	200
Form 10 National Outcome Measures (NOMs)	202
Form 10 National Performance Measures (NPMs)	238
Form 10 National Performance Measures (NPMs) (2021-2025 Needs Assessment Cycle)	245
Form 10 State Performance Measures (SPMs)	251
Form 10 State Performance Measures (SPMs) (2021-2025 Needs Assessment Cycle)	253

Form 10 Evidence-Based or –Informed Strategy Measures (ESMs)	263
Form 10 Evidence-Based or -Informed Strategy Measures (ESMs) (2021-2025 Needs Assessment Cycle)	279
Form 10 State Performance Measure (SPM) Detail Sheets	288
Form 10 State Performance Measure (SPM) Detail Sheets (2021-2025 Needs Assessment Cycle)	290
Form 10 State Outcome Measure (SOM) Detail Sheets	295
Form 10 Evidence-Based or –Informed Strategy Measures (ESM) Detail Sheets	296
Form 10 Evidence-Based or -Informed Strategy Measure (ESM) (2021-2025 Needs Assessment Cycle)	309
Form 11 Other State Data	317
Form 12 Part 1 – MCH Data Access and Linkages	318
Form 12 Part 2 – Products and Publications (Optional)	321

I. General Requirements

I.A. Letter of Transmittal

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State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

July 7, 2025

Attn: MCH Block Grant
HRSA Grants Application Center
901 Russel Avenue – Suite 450
Gaithersburg, MD 20879

Dear MCH Block Grant Coordinator:

I am pleased to support the transmittal of the Wisconsin Maternal and Child Health Services Title V Block Grant application and annual report which is being submitted electronically via the Internet as requested in the HRSA application/annual report guidance.

We look forward to being notified when the award is made.

Programmatic questions can be directed to Michelle Lund, Wisconsin's Children and Youth with Special Health Care Needs Title V Block Director at 608-266-0594 or michellem.lund@dhs.wisconsin.gov.

Sincerely,

Signed by:

B176181C00B8480...
Debra Standridge
Deputy Secretary

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www.dhs.wisconsin.gov

Protecting and promoting the health and safety of the people of Wisconsin

I.B. Face Sheet

The Face Sheet (Form SF424) is submitted electronically in the HRSA Electronic Handbooks (EHBs).

I.C. Assurances and Certifications

The State certifies assurances and certifications, as specified in Appendix 2 of the 2026 Title V Application/Annual Report Guidance, are maintained on file in the States' MCH program central office, and will be able to provide them at HRSA's request.

I.D. Table of Contents

This report follows the outline of the Table of Contents provided in the *"Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms"*, OMB NO: 0915-0172; Expires: December 31, 2026.

II. MCH Block Grant Workflow

Please refer to figure 3 in the "Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms", OMB NO: 0915-0172; Expires: December 31, 2026.

III. Components of the Application/Annual Report

III.A. Executive Summary

III.A.1. Program Overview

The Wisconsin Title V Maternal and Child Health program, including children and youth with special health care needs, is housed in the Family Health Section of the Bureau of Community Health Promotion within the Division of Public Health of Wisconsin Department of Health Services. The mission of the Wisconsin Title V program is to protect and promote the health and safety of the state's residents by ensuring that all families have access to coordinated, integrated, and sustainable systems of care. The program focuses on health promotion and prevention as well as improving health outcomes. These efforts are guided by the program's overarching goal to address health challenges and improve health outcomes across Wisconsin's maternal and child health populations.

The Wisconsin Title V program works to build systems that integrate and coordinate services, with an emphasis on community-based prevention and health promotion. The program collaborates with local and Tribal health agencies, community-based organizations, and other partners to ensure quality health services are accessible to families. A significant portion of the funding supports the public health workforce and systems-building activities at the local level, enhancing the capacity of agencies to address the unique needs of maternal and child health populations. The program also leverages partnerships with statewide initiatives and quality collaboratives to promote innovative and evidence-based approaches to health care delivery, including:

- Maternal Mortality Review team
- Pregnancy Risk Assessment Monitoring System
- Newborn Screening program
- Wisconsin Perinatal Quality Collaborative

A comprehensive Wisconsin 2025 Title V MCH Needs Assessment conducted by the Wisconsin Title V program identified priority areas and guides strategic planning for 2026-2030. More detail about this assessment can be found in the "Needs Assessment Process Description" and "Needs Assessment Findings" sections of this grant submission. The 2025 Title V MCH Needs Assessment highlighted new priority needs:

- All **women** experience the safe and stable supports they need to live and thrive from preconception through 12 months postpartum.
- All **women of reproductive age** have nearby and affordable contraceptive care options and have safe, positive sexual experiences.
- All **infants** experience the safe and stable supports they need to live and thrive starting from birth to celebrating their first birthday.
- All **children** and their families experience timely, nearby, uncomplicated, coordinated care and supports to live and thrive.
- All **adolescents** have the reliable, timely, nearby mental health supports that they need, and are free from the harms of untreated mental health conditions.
- All **children and youth with special health care needs** and their families experience timely, nearby, uncomplicated, coordinated supports to live and thrive.
- All **families** experience emotional and physical safety in their communities, are free from discrimination, and have the social support they need.
- All **families** have enough food and adequate nutrition to live and thrive.

These priorities reflect Wisconsin's commitment to address both proximate and distal community factors that influence health in order to promote opportunities for optimal health outcomes.

One of the Wisconsin Title V program's critical areas of focus is addressing differences in birth outcomes. Collaborative

efforts with Medicaid and local and Tribal health agencies aim to enhance prenatal care coordination, integrate reimbursement for doula services, and support community-based interventions. Additionally, the program promotes initiatives such as the Wisconsin Perinatal Quality Collaborative to improve hospital practices and perinatal care systems. These efforts are informed by data from sources like the Pregnancy Risk Assessment Monitoring System and Maternal Mortality Review.

The Title V program also prioritizes mental health across the lifespan. Strategies include supporting school-based mental health initiatives, improving access to adolescent mental health services, and integrating mental health resources into maternal health care. For children and youth with special health care needs, the program promotes the medical home model and facilitates transitions to adult care. Families are engaged as active participants in care planning, and their voices are integrated into program development through public input opportunities facilitated by the Wisconsin Title V program team.

Nutrition and physical activity are addressed through partnerships with organizations like the Healthy Early Collaborative and local and Tribal health agencies. The Wisconsin Title V program focuses on increasing breastfeeding rates for infants, access to healthy foods for families, and physical activity for school-aged children. Programming and support for those at greater risk for poor outcomes are central to these efforts.

The Wisconsin Title V program employs a data-driven approach to inform policy and program development. By analyzing state and local data, including vital records, hospital discharge data, and national surveys, the program identifies trends and evaluates the effectiveness of its initiatives. The integration of community voices into this process ensures that priorities align with the needs of Wisconsin families. Partnerships with academic institutions and technical assistance providers further enhance the program's capacity to implement evidence-based strategies.

The Wisconsin Title V program's commitment to collaboration is evident in its work with Medicaid, Tribal health agencies, and other partners. Medicaid partnerships have facilitated the redesign of benefits such as prenatal care coordination and support for the extension of postpartum coverage. In addition, Tribal collaborations have improved data collection and service delivery for Native American populations. These partnerships exemplify the program's role as a bridge between health systems, providers, and communities.

Through its targeted initiatives and strategic partnerships, the Wisconsin Title V program continues to address the evolving needs of families and communities in our state. By promoting optimal health outcomes, prevention, and system integration, the program works toward its vision of ensuring that all Wisconsinites can achieve their best possible health.

III.A.2. How Federal Title V Funds Complement State-Supported MCH Efforts

The Wisconsin Title V program directly supports areas identified in the overall [State Health Assessment](#) and the [State Health Improvement Plan](#) which serve to enhance the state-funded public health infrastructure. For example, both state funds and Title V funds support the [Well Badger Resource Center](#), a one-stop hotline and web portal designed to connect families to local and state resources, according to their needs. In addition, the Title V-funded [Children and Youth with Special Health Care Needs \(CYSHCN\) Children's Resource Centers](#) fill a key role in directly supporting families of these children by proactively connecting them to relevant state and local resources while building their knowledge and skills to effectively interact with health care systems.

In 2024, approximately 21% of the total Title V allocation Wisconsin received was subcontracted directly to local and Tribal health agencies. These funds support the local public health workforce and systems building activities, enhancing the capacity of local agencies to respond to the unique needs of Wisconsinites who are infants, children, adolescents, pregnant, and parenting. An additional 45% of Wisconsin's total 2024 Title V allocation was subcontracted to organizations that engage in key systems-building efforts that serve to integrate health and human services, to support the dissemination of best practices and to advance quality improvement efforts among the organizations which serve Wisconsin's families. These subcontracted partners include childcare centers, health systems, schools, law enforcement agencies, home visiting providers, WIC sites, and others. The systems-building projects conducted by these partners include improving hospital practices to support breastfeeding initiation, enhancing the practices of the community birthing workforce to prevent maternal hypertension, and empowering schools and afterschool programs to promote physical activity and well-being activities.

Title V and the state and local match also fund key staff at the state level to support the coordination and enhancement of state programs, including:

- [Newborn Screening program](#) that ensures appropriate referral to follow-up services.
- [Oral health program](#) that promotes policy change for improved access to preventive dentistry.
- [Chronic disease prevention program](#) that improves access to more nutritionally dense foods.
- [Child and adolescent health program](#) that increases the availability of mental health services.

The Wisconsin Title V program employs two full-time epidemiologists who regularly analyze state vital records data to inform policy and practice strategies and support the management and analysis of other key surveillance systems. They collaborate with other epidemiologists in the Family Health Section to analyze the Pregnancy Risk Assessment Monitoring System, Maternal Mortality Review data, Birth Defects Registry and hospitalization data. Over the last several years, the Wisconsin Title V program has also invested in targeted oversamples of priority populations to enhance the availability of data to inform maternal and child health programming.

Perhaps most importantly, Title V-funded state staff are instrumental in training and mentoring the next generation of the public health workforce. The Wisconsin Title V program precepts Title V interns, regularly hosts fellows from a variety of fellowships, mentors students and new public health workers, and provides high-quality internship placements for undergraduate, Master of Public Health students, and Doctor of Nursing Practice students, including those enrolled in the University of Wisconsin-Milwaukee Maternal and Child Health graduate certificate program.

III.A.3. MCH Success Story

In 2024, the Wisconsin Title V program requested technical assistance from the [Health Resources and Services Administration](#) to address youth health care transition and special education in Wisconsin's school systems. [Health care transition](#) is the process of preparing youth and young adults for the transition from a pediatric to an adult model of health care. This transition typically takes place between the ages of 12 and 26 and for youth and young adults with delays, disabilities, and/or special health care needs, transition planning is often part of the [Individualized Education Programs \(IEP\)](#). The goals of the technical assistance were to increase:

- Availability of health care transition planning resources to support integrating “health” and “health care” into Individualized Education Plan (IEP) transition planning.
- Knowledge about health care transition planning laws, policy, and administrative rules.
- Collaboration between the Wisconsin Title V program and Wisconsin [Department of Public Instruction](#) to improve health care transition part of transition from school to adult life.

Utilizing the foundational work done building relationships and infrastructure over many years prior to this grant cycle, the Wisconsin Title V program made the following progress in 2024 to improve health care transition:

- Collaborated with Wisconsin Department of Public Instruction's Health and Safety Consultant to build a [webpage](#) for school nurses about health care transition. The site includes videos, resources, handouts, and research to help school nurses take an active role in IEPs and in post-secondary transition planning. In partnership with Got Transition, the national resource center for health care transition, the Wisconsin Title V program developed information sheets for educators and for school nurses to help promote health care transition in their work. Both are available by sending an email request to: healthtransitionwi@waisman.wisc.edu.
- Worked with Wisconsin Department of Public Instruction's Transition Improvement Grant to include a section on the [Beyond Age 18 website](#) for teachers, school nurses, school counselors, and other staff supporting students with Individualized Education Programs about [health care transition](#) in the Individualized Student Transition Planning resources. These resources will support these teams to help students include health care goals in their Individualized Education Program and improve health care transition for these students.
- Promoted the integration of health care into school and employment goals, in activities of daily living and by serving on the Transition Improvement Grant committee. This collaboration also helps to normalize health care transition as an important component of successful transition.
- Presented on health care transition at professional trainings, including the Circles of Life Conference, the National Center for a System of Services for Children and Youth with Special Health Care Needs webinar, the Title V Virtual Café, and at the National Technical Assistance Center on Transition: The Collaborative.
- Worked with the Wisconsin Department of Public Instruction to improve language on their [Health and Safety for Students with Disabilities](#) resource's website.
- Worked with Got Transition and the Wisconsin Department of Public Instruction to add two health care transition questions to the [Indicator 14 Post School Outcomes Survey](#) about the educational and employment experiences of youth with disabilities. This is the first statewide data collection about the health care transition experiences of these youth in the state.
- Collaborated with the [Wisconsin Competitive Integrated Employment](#) team, Wisconsin Department of Public Instruction, and the Wisconsin [Division of Vocational Rehabilitation](#) to develop the joint plan to improve health care transition.

The Wisconsin Title V program will continue to build on this work to integrate health care transition into education, employment, community living, and other key life areas for youth with disabilities in Wisconsin.

III.B. Overview of the State

III.B.1. State Description

The Wisconsin Title V program is administered by the Family Health Section in the Bureau of Community Health Promotion within the Division of Public Health, which is part of Wisconsin Department of Health Services. The Wisconsin Department of Health Services has a simple but powerful vision: “Everyone living their best life.” This is accomplished in part through the Title V program’s mission to protect and promote the health and safety of all the people of Wisconsin. Building sustainable systems that enable access to health services and that improve health outcomes for mothers, children, and families are fundamental building blocks in this mission and are critical to accomplish this vision.

The goal of Wisconsin’s Title V program is to ensure that all families in Wisconsin have access to a coordinated, integrated, and sustainable system of services and supports focused on health promotion and prevention. The Title V program funds all local and Tribal health agencies in Wisconsin as well as community-based organizations, statewide organizations, and other partners to provide and/or ensure quality health services are delivered to mothers, children, and families in Wisconsin. Title V funds are directed towards building systems that better coordinate and integrate services across programs and providers, while investing in community-based prevention, health promotion, developmental support services, and the delivery of consistent information to families.

State Description

Demographics, Geography, Economy, and Urbanization

The [US Census Bureau](#) estimated Wisconsin’s 2020 population to be 5,893,718, an increase of 3.5% since the 2010 Census. Wisconsin’s population is spread across 72 counties and is served by 87 local health departments and 11 Tribal health agencies. Although Wisconsin is perceived as a predominantly rural state, it is becoming increasingly urbanized. In fact, less than 30% of the Wisconsin population lives in rural counties.

According to the [2019-2023 American Community 5-Year Estimates](#), women constitute an estimated 49.9% of the state population, with women of reproductive age (15-44 years) making up approximately 18.8% of the population. Approximately 21.6% of Wisconsinites are under 18 years old, and around 18.0% are 65 years or older. The median age is 40.1 years, slightly higher than the national average of 38.7 years.

[2020 US Census data](#) estimates 94.9% of the population identifies as one race and 6.1% identifies as two or more races. Of the total estimated population, 80.4% identified as white only, 6.4% identified as Black only, and 3.0% identified as Asian only. Additionally, 7.6% were of Hispanic ethnicity. In 2020, 65.6% of non-Hispanic Black people and 34.2% of Hispanic people in Wisconsin lived in Milwaukee County.

Wisconsin is home to 11 federally recognized Tribes and approximately [122,204 individuals who identify as American Indian/Alaska Native](#) either alone or in combination with other races, based on 2023 population data. According to the [Young Center for Anabaptist and Pietist Studies](#) at Elizabethtown College in Pennsylvania, Wisconsin has the fourth largest Amish/Mennonite population in the country, estimated at 26,365 individuals in 2024. [Wisconsin is above the national average for high school graduation rate and slightly below the national average for higher education achievement rate](#). In Wisconsin, 92.6% of the population aged 25 years and older had a high school education or higher (compared with 88.5% in the US), while 30.8% of this age group has received a bachelor’s degree or higher (compared with 32.9% nationally).

[The Wisconsin Department of Workforce Development](#) estimated Wisconsin’s unemployment rate in February 2025 at 3.2%, lower than the national rate of 4.1%. Counties with the highest unemployment rates in Wisconsin include Burnett (7.7%), Adams (7.4%), Polk (7.3%), Iron (6.5%), and Rusk (6.3%), all of which are either in the northern or more rural parts of the state (not seasonally adjusted). The cities of Superior (5.2%), Racine (5.2%), and Milwaukee (4.8%) topped the list of city unemployment rates (not seasonally adjusted). Importantly, these rates represent a significant increase from February 2024 of between 1.1 to 1.3 times.

In 2019-2023, the [U.S. Census Bureau](#) estimated the median household income in Wisconsin to be \$78,538. Approximately 11.1% of the population had income in the past 12 months below the Federal Poverty Level. Birth data for 2023 indicate that out of 59,739 live births to women residing in Wisconsin, 34.5% were paid for by Medicaid, and 25.4% of women benefited from WIC during pregnancy.

Unique Strengths and Challenges

Wisconsin is home to 11 federally recognized Native American Tribal Nations and significant populations of Hispanic, Black, and Asian individuals. Since 1990, Wisconsin has been receiving a steady flow of Hmong refugees. As of the 2023 [U.S. Census Bureau's American Community Survey](#) one-year estimates, the Hmong population in Wisconsin has increased to 70,841. About 30% of Wisconsin residents live in rural areas, and many parts of the state have shortages of most types of healthcare providers, from primary care providers to mental health providers leading to challenges for these communities to access appropriate care. Certain groups continue to experience higher rates of unemployment. Differences in employment, in turn, affect access to health insurance, as well as resources to meet families' basic needs. Wisconsin benefits from active community leaders and organizations that represent these populations, and these leaders provide consultation to the Department of Health Services and help to create innovative programs in their communities to promote optimal health outcomes.

Roles, Responsibilities, and Targeted Interests

Wisconsin is a "home rule" state, which means that cities and counties have the authority to govern themselves in various ways, including public health matters, as long as they don't conflict with state or federal laws. Under home rule, local and Tribal health agencies have greater flexibility and authority to adopt and implement public health policies and to respond to local public health needs, such as contact tracing during outbreaks. The autonomy given to both local and Tribal public health departments, through Wisconsin's home rule status allows them to tailor public health initiatives to their specific community needs while maintaining a framework for state oversight and inter-governmental collaboration. This context has informed the Wisconsin Title V program's approach to implementing block grant activities by providing funding to all local and Tribal health agencies but allowing them to choose from a set list of [public health strategies](#) (also called objectives) to work on. Wisconsin's Title V team leverages local knowledge and relationships to improve public health systems, while honoring the authority of local agencies.

Wisconsin Department of Health Services is required by Wisconsin Statute, [Wis. Stat. § 250.07](#), to develop a state public health agenda at least every 10 years. The Wisconsin Department of Health Services completed a 2019-2020 State Health Assessment, incorporating information collected in the 2020 MCH Needs Assessment. The 2023-2027 State Health Improvement Plan identified the following priorities:

- Social and community conditions
- Physical, mental, and systemic safety
- Person and community centered health care
- Social connectedness and belonging
- Mental and emotional health and well-being

Statutes and Regulations

State-specific statutes and regulations that have relevance to the MCH Block Grant authority and impact the state's MCH and CYSHCN programs.

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

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

[Wis. Stat. § 251](#) describes the establishment of local boards of health, its members, powers and duties, levels of services

provided by local and Tribal health agencies, qualifications, and duties of the local health officer, and how city and county health departments are financed.

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

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

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

Effective July 3, 2014, the Wisconsin Department of Health Services adopted emergency rule ([EmR1410](#)), adding critical congenital heart disease and organic acidemias as conditions for which newborns must be tested. In 2015, critical congenital heart disease screening was added to the newborn blood screening panel by permanent rule and all conditions must now be listed individually rather than as categories of conditions. [Wis. Stat. § 253](#), as amended by [2013 Wisconsin Act 135](#), allowed for screening congenital and metabolic disorders using other screening methods, including point-of-care testing. [Wis. Stat. § 253.13](#) outlines testing requirements for congenital disorders and [Wis. Stat. § 253.115](#) addresses newborn hearing screening. Additional requirements for newborn screening can be found in the administrative rule [Wis. Admin. Code DHS § 115](#).

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

Legislation

During the 2023-2024 Wisconsin legislative session, 272 acts were signed into law. This session spanned from January 2023 to April 2024. In total, 2,342 pieces of legislation were introduced, according to [Stateside Associates](#). During this legislative session there were various acts signed into law impacting women, infant, child, and family health, as well as several proposals were made and bills introduced, though not all became law.

Key Acts Signed into Law:

- [2023 Wisconsin Act 119](#) (Like-Kin Legislation): Effective January 1, 2025, this act expands the definition of "relative" for kinship care to include "first cousin once-removed" and introduces a definition for "like-kin". Caregivers in these expanded categories are eligible for financial support through the Kinship Care program.
- [2023 Wisconsin Act 79](#) (Newborn Safety Infant Devices): This act permits the anonymous surrender of a newborn using a newborn infant safety device, also known as a "baby box".
- [2023 Wisconsin Act 101](#) (Child and Dependent Care Tax Credit Expansion): This act increases the child and dependent care tax credit to 100% of the federal credit and raises the maximum qualifying expenses for one or more dependents.

Health Care Delivery System

Health Services Infrastructure

Wisconsin's health care delivery system infrastructure involves a network of providers, facilities, and public health initiatives working to deliver care across the state. It includes hospitals, clinics, and specialized care centers, alongside public health programs that address population health needs and workforce development. The state's approach emphasizes expanding access, improving affordability, and enhancing the quality of care. Key components of Wisconsin's healthcare infrastructure include:

Hospitals: Wisconsin has a robust and diverse hospital system, characterized by both large, integrated, multi-specialty hospitals like [Aurora Health Care](#) (the state's largest health system) and smaller, community hospitals that provide inpatient and outpatient services.

Clinics: Wisconsin's clinics provide a variety of outpatient services, ranging from primary care to specialized treatments. These clinics are community-based and patient-directed provide affordable, comprehensive primary care to all, regardless of income or insurance status. Examples of these clinics include Free and Charitable Clinics, primary care clinics, and specialty clinics. In Wisconsin, there are [66 Free and Charitable Clinics](#) that can provide primary care, dental care, behavioral health, women's health, health education, pharmaceuticals and support services to people who are uninsured and economically disadvantaged.

Safety-Net Providers: A diverse group of organizations that offer healthcare services to individuals and families who may face barriers to accessing care, such as limited income, lack of insurance, or geographic challenges. [Federally Qualified Health Centers \(FQHCs\)](#), also known as Community Health Centers are an example of a safety-net provider. Wisconsin has [17 Federally Qualified Health Centers](#) with more than 200 service locations that serve over 300,000 people across the state.

Specialized Care Centers: Facilities focusing on specific conditions, such as cancer centers, complex medical care, accountable care organizations, or children's hospitals that provide targeted care.

Long-term care: The state offers a comprehensive and flexible long-term care system promoting independence and quality of life for residents such as assisted living facilities, skilled nursing facilities, and home care. These settings offer different levels of support for activities of daily living (ADLs). The state also has a [Long-Term Care Insurance Partnership \(LTCIP\)](#) to help individuals plan for future long-term care needs.

Health Care Coverage Programs: Wisconsin offers several types of health insurance programs including [BadgerCare Plus](#), Medicaid, Medicare, group plans, and individual and family plans. BadgerCare Plus and Medicaid are state-administered programs for low-income residents and those with disabilities. Medicare is a federal program for those 65 and older, or with certain disabilities. Group plans are often employer-sponsored, while individual and family plans can be purchased directly through the Affordable Care Act (ACA) Marketplace.

Public Health Infrastructure: This includes government agencies like the [Division of Public Health](#), which implement programs aimed at improving population health and addressing health differences. Public health systems work also focuses on disease prevention, health promotion, and emergency preparedness. Additionally, the Wisconsin [Public Health Infrastructure Grant \(PHIG\)](#) from the CDC works to equip its statewide governmental public health system with the resources needed to provide foundational capabilities to every community. The Department of Health Services is required by [Wis. Stat. § 250.07\(1\)\(a\)](#) to produce a [State Health Improvement Plan \(SHIP\)](#) for the people of Wisconsin at least every 10 years. These plans are developed with the help of partners and communities from around the state and serve as a public health roadmap to guide actions that will yield better health and thriving communities. Wisconsin's current plan outlines strategies and action plans for improving healthcare delivery over the next decade, emphasizing patient-centered, safe, effective, timely, and efficient care.

Workforce Development: Initiatives like the [WisCaregiver Careers program](#) and grants for recruitment and retention aim to ensure a sufficient and well-trained healthcare workforce. The current [2023-2025 Biennial Budget](#) invests in the healthcare workforce, including community health workers and recruitment and retention grants.

Maternal and Child-Specific Health Services Infrastructure

The [U.S. Bureau of Labor Statistics](#) shows that there are currently 410 obstetricians and gynecologists and 320 pediatricians employed in Wisconsin, compared to last year's 480 obstetricians and gynecologists and 510 pediatricians; a 15% and 37% decrease from last year, respectively. Wisconsin is home to four children's hospitals and many hospitals that offer maternity and birthing services. According to the [2024 Wisconsin Report](#) from the [CDC's national survey of Maternity](#)

[Practices in Infant Nutrition and Care](#), there are 80 birthing hospitals in Wisconsin. Wisconsin received an overall total score of 85 out of 100, scoring the highest in the feeding education (97) and immediate postpartum care (91) domains. The [2023 March of Dimes Report](#) for Wisconsin found:

- The number of birthing hospitals decreased 2.2% from 2019 to 2020.
- A total of 1,826 babies were born in maternity care deserts (3.0% of all births).
- Four percent of babies were born to women who live in rural counties, while only 0.9% of maternity care providers practice in rural counties.
- Wisconsin has 15.3% of counties that are defined as maternity care deserts, compared to 32.6% in the U.S.
- There were 3.1% of women that had no birthing hospital within 30 minutes, compared to 9.7% in the U.S.
- There were 10.9% of pregnant women that received no or inadequate prenatal care, compared to 14.8% in the U.S.

Financing of Services

Wisconsin's health care system is financed through a combination of public and private sources. Public funds come from taxes at the local, state, and federal levels, supporting programs like Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). Private insurance and out-of-pocket payments also play a significant role.

Public Funding:

- Medicare: Primarily funded through payroll taxes
- Medicaid and CHIP: Jointly funded by the federal government and the state of Wisconsin
- State Budget: The Wisconsin state budget includes funding for Medicaid reimbursement to hospitals, with recent increases to bring reimbursement closer to the actual cost of care.
- American Rescue Plan Act (ARPA): Provided Wisconsin with federal funding for Medicaid home and community-based services to enhance, expand, and strengthen these services
- Federal Block Grants: Wisconsin receives a variety of federal block grants such as the [Preventive Health and Health Services \(PHHS\) Block Grant](#), the [Substance Use Prevention, Treatment, and Recovery Services Block Grant \(SUBG\)](#), the [Community Mental Health Services Block Grant \(MHBG\)](#), and the [Title V Maternal and Child Health \(MCH\) Services Block Grant](#) that support a range of health programs and services

Private Funding:

- Private Insurance: Many Wisconsin residents receive health insurance through their employers or purchase it independently.
- Out-of-Pocket Expenses: Individuals pay for healthcare costs not covered by insurance, including deductibles, co-pays, and uncovered services.

According to [KFF](#) estimates based on the [2005-2023 American Community Survey, 1-Year Estimates](#), approximately 5,492,700 Wisconsinites had health insurance in 2023. About 54% of Wisconsin residents had health insurance coverage through their employer or a family member's employer. Around 18% of the state's population was enrolled in Wisconsin's Medicaid program and approximately 17% were enrolled in Medicare, primarily for those 65 and older and some younger individuals with disabilities.

Women and children constitute a substantial portion of Wisconsin's Medicaid enrollees, with an estimated [37% of the total Medicaid population in Wisconsin being children](#), according to May 2025 data. In Wisconsin, [BadgerCare Plus](#) and [Medicaid](#), are both health insurance programs for low-income residents, but they have different eligibility requirements. Medicaid covers the elderly, blind, and disabled, along with some other low-income individuals. BadgerCare Plus covers several groups of people in Wisconsin:

- Children under 19 years old, regardless of income
- Parents and caretakers of dependent children under 19 years old with household incomes at or below 100% of the Federal Poverty Level
- Pregnant women with household incomes at or below 300% of the Federal Poverty Level
- Childless adults ages 19-64 with incomes at or below 100% of the Federal Poverty Level
- Former Foster Care Youth younger than 26 years old who were in out-of-home care when they turned 18
- Transitional medical assistance individuals with incomes over 100% of the Federal Poverty Level

BadgerCare Plus covers services for children such as preventive care, vision care, prescription drugs, hospital services and speech and physical therapy. It also covers pregnancy-related services such as labor and delivery, nurse midwifery services, dental care, and mental health services. High-risk pregnant women receiving Medicaid and BadgerCare Plus may also be eligible for Prenatal Care Coordination benefits, which include services such as help with access to care, personal support, health education, and help finding needed services in their community. BadgerCare Plus for adults covers services such as case management, dental care, family planning, hospice care, inpatient/outpatient hospital services, mental health treatment, optical services, physician services, prescription drugs, and many others.

Medicaid unwinding refers to the process states were required to undergo to resume normal operations and redetermining eligibility for Medicaid recipients after the end of the 'continuous enrollment' provision that was in place during the COVID-19 Public Health Emergency. Wisconsin's unwinding was overseen by the [Division of Medicaid Services](#). The process began in April 2023 and concluded in June 2024, reviewing the eligibility of all enrolled members. Enrollment into Wisconsin Medicaid peaked in May 2023 at 1.68 million members and decreased to approximately 1.2 million by mid-2024, an 18% decline. Even though continuous enrollment ended, enrollment was higher than pre-pandemic levels. Over 360,000 residents lost coverage. Many disenrollments were due to procedural issues like missing paperwork, while others no longer met eligibility requirements. The Division of Medicaid Services made some adjustments to its administrative renewal process, including changes that benefited children starting in January 2024, allowing them to retain coverage for 12 months regardless of income changes. As of December 2024, there were 932,301 [Wisconsinites enrolled in BadgerCare Plus](#) statewide, approximately a 12% decrease from December of 2023. Of those that still were enrolled in BadgerCare Plus as of December of 2024, 124,369 were parents/caretakers, 15,631 were pregnant women, and 416,568 were children.

Wisconsin remains one of 10 states that has not adopted full Medicaid expansion. Wisconsin did utilize a Section 1115 demonstration waiver, known as the [BadgerCare Waiver](#), that was approved for a five-year extension, beginning January 1, 2024, through December 31, 2028 by the Centers for Medicare and Medicaid Services (CMS). The BadgerCare waiver provides coverage for childless adults up to 100% of the Federal Poverty Level (FPL), a population not typically covered under traditional Medicaid. This eliminated a "coverage gap" where individuals earned too much for traditional Medicaid but not enough for subsidies made available through the Affordable Care Act (ACA) marketplace. However, Wisconsin's waiver is considered a partial Medicaid expansion because the eligibility level under the waiver is lower than the ACA expansion level, where nearly all adults with incomes up to 138% receive coverage. As a result, Wisconsin does not receive the enhanced federal funds for the individuals covered through the waiver. In February 2025, Governor Tony Evers introduced his biennial budget proposal for State Fiscal Years 2025-2027 which included Medicaid expansion. However, the final version of the [2025-2027 Executive Budget](#) that was signed into law on July 3, 2025 did not include Medicaid expansion.

III.B.2. State Title V Program

III.B.2.a. Purpose and Design

The Wisconsin Title V program strives to assure that all families have access to a coordinated, integrated, and sustainable system of services and supports. The Title V program works with local and Tribal health agencies, community-based organizations, and other partners to provide and assure quality health services are delivered to mothers, children, and families.

In 2024, 66% of the total Title V funds Wisconsin received were subcontracted to local, regional, and statewide partners to support system-building efforts focused on maternal and child health priorities and performance measures. Wisconsin's Title V program takes a multifaceted approach to effecting change by:

- Leveraging local and Tribal health infrastructure to reach community institutions like schools, clinics, and childcare centers.
- Working with statewide professional organizations and quality improvement collaboratives to foster best practices and quality improvements in health care settings.
- Supporting community-based organizations who are innovative and meeting urgent community needs.
- Providing incentives and technical assistance to partners and grantees to promote optimal health outcomes.
- Supporting data infrastructure, such as the Pregnancy Risk Assessment Monitoring System, National Survey of Children's Health, and Youth Risk Behavior Surveillance System to monitor population health and track progress.
- Connecting community members directly to Title V and partner agency programs through the [Well Badger Resource Center](#), Wisconsin's health information and referral service.

Advancement of Title V priorities and performance measures are further enhanced through collaboration with other federal

grant programs. The Title V program works closely with Title X funded agencies to advance reproductive health. Adolescent health is further supported with the Personal Responsibility Education Program, Sexual Risk Avoidance Education, and Rape Prevention Education. A home visiting nurse consultant staff position serves as a liaison between the Wisconsin Title V program and Maternal Infant and Early Childhood Home Visiting grant-funded programs. Alignment between home visiting benchmarks and Wisconsin Title V program performance measures support individual and systems building activities. State staff in all program areas serve on Wisconsin Title V program performance measure workgroups, consult on strategies and community engagement efforts, and assist with the development of competitive funding processes for Title V funds.

The Wisconsin Title V program supports the integration of the representative participation of family, youth, and community members into planning and decision-making across all programs and grantees. Community engagement work is implemented with MCH-funded partners, including local and Tribal health agencies, the Children and Youth with Special Health Care Needs Network, adolescent health programs, reproductive health/family planning clinics, and other statewide programs. Specific details and examples can be found in the Public Input and Family and Community Partnership sections of this grant submission. More information on Title V collaborations can be found in the “Program Partnerships, Collaboration, and Coordination” section of this grant submission.

III.B.2.b. Organizational Structure

The executive branch of Wisconsin’s state government is primarily led by the Governor, who serves as the state’s chief executive. Several state agencies, including the [Department of Health Services \(DHS\)](#), are overseen by the Governor who appoints secretaries to head the state’s departments. The Wisconsin Title V program is administered by the Department of Health Services, under the [Division of Public Health](#), which houses the Bureau of Community Health Promotion, which contains the Family Health Section. See the “Organization Chart” section of this submission for further clarification. The Family Health Section is divided into six units, and the Title V program is spread across five of these units: the maternal/infant health unit, the child/adolescent health unit, the children and youth with special health care needs unit, the community health operations unit, and the data and evaluation unit. Staff within each of these units administer all contracted projects and programs funded by the Title V program. Contract administrator activities include but are not limited to:

- Developing scope of work and budget and working to execute contracts
- Conducting risk assessments and monitoring programs at levels that mitigates risk
- Providing routine technical assistance (monthly, quarterly, or biannually based on need)
- Convening opportunities for partner-to-partner collaboration and learning
- Monitoring program’s performance to assure they are meeting contract deliverables

Title V program staff oversee a variety of contracted projects to sub-grantees that include those awarded Title V funds through a competitive application process and those awarded Title V funds via a non-competitive formula allocation to local and Tribal health agencies. Also, Title V staff often have additional roles overseeing other federal grants and administering various programs in accordance with state statutes. Staff working on programs outside of Title V are funded by other sources.

NON-COMPETITIVE SUB-GRANTEES

All local and Tribal health agencies in Wisconsin receive Title V funding in an annual, formula-based, non-competitive contract. In 2024, each of these agencies used funding to address one or more of the following strategies. Strategies are determined by the Title V program and may be updated on an annual basis based on need and interest. The available options to choose from in 2024 were:

Adolescent Well-Being

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.

Breastfeeding

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

Developmental Screening

1. Collaborate to promote community awareness, education, and programming for advancing developmental monitoring and screening.
and/or
2. Promote education and training of the public health workforce to increase skills and competencies in completing an evidence-based developmental screening.
and/or
3. Implement the CDC WIC Developmental Milestones Checklist Program to promote developmental monitoring.

Community Engagement

1. Implement an action plan to enhance community engagement for the MCH population.

Perinatal Mental Health

1. Utilize a quality improvement approach to test and implement a practice change around screening for perinatal mood and anxiety disorders.
and/or
2. Utilize a quality improvement approach to test and implement a practice change around referrals and follow-up for perinatal mood and anxiety disorders.
and/or
3. Strengthen support and education for clients/families experiencing perinatal mood and anxiety disorders.

Physical Activity and Nutrition

1. Strengthen MCH public health workforce capacity and community engagement and partnerships to support new or expanded opportunities for physical activity and improved nutrition in children ages 6-11 years old, with a focus on policy, systems, and environmental changes (*Intended for agencies new to this work*).
or
2. Collaborate with community partners to establish new or expand existing opportunities for physical activity and improved nutrition in children ages 6-11 years old, with a focus on policy, systems, and environmental changes. (*Intended for agencies new to this work*)

Social Connection

1. Assess the need for improvement with social connections within the community.
or
2. Implementation of action plan and practice change.

COMPETITIVE SUB-GRANTEES

Other sub-grantees received competitive funding in 2024 to support additional programs, strategies, and activities that support Wisconsin's Title V program:

Technical Assistance Providers for local and Tribal health agencies

- African American Breastfeeding Network supports breastfeeding activities
- Supporting Families Together Association supports breastfeeding activities
- Coffective supports breastfeeding activities
- Wisconsin Association for Perinatal Care supports perinatal mental health activities
- University of Wisconsin Division of Extension supports adolescent well-being activities
- University of Wisconsin Madison Board of Regents supports physical activity and nutrition activities
- Children's Hospital of Wisconsin supports developmental screening activities
- Smith Research and Consulting LLC supports community engagement activities

Children's Resource Centers for children and youth with special health care needs

- University of Wisconsin Waisman Center: Children's Resource Center-South
- Marathon County Public Health Department: Children's Resource Center-North
- Chippewa County Public Health Department: Children's Resource Center-West
- Children's Hospital of Wisconsin: Children's Resource Center-Southeast and Children's Resource Center-Northeast

Support to Tribal Nations for children and youth with special health care needs

Tribal health agencies are offered a total of \$80,000 on an annual, non-competitive basis. Agencies must 'opt in' to receive

the funds and work with the Title V program on these projects.

- Lac Courte Oreilles
- Lac du Flambeau Band of Lake Superior Chippewa Indians
- Gerald L Ignace Indian Health Center
- Forest County Potawatomi
- Sokaogon
- St. Croix Chippewa Indians of Wisconsin
- Stockbridge Munsee Community

Other support to children and youth with special health care needs

- UW Waisman Center: Youth Health Transition Initiative, Connecting Families, Genetics Coordination
- Children's Hospital of Wisconsin: Medical Home
- Family Voices of Wisconsin: Wisconsin Family Leadership Institute
- ABC for Health, Inc: Health benefits counseling and legal navigation for families who have children with special health care needs
- UW Whitewater: support for the Early Hearing Detection Intervention program
- Milwaukee City Health Department: support for the Early Hearing Detection Intervention program and newborn screening program

Adolescent Health Support Programs and Projects

- Wisconsin Department of Public Instruction: staffing position to support Youth Risk Behavior Survey implementation and analysis
- CAP Services Inc: Youth acceptance project
- Health Care Education and Training: Youth acceptance project
- GSAFE: Youth acceptance project
- Providers and Teens Communicating for Health (PATCH): teen educator programs and teen consulting program

Other Family and Community Engagement Programs and Projects

- Cia Siab, Inc: Family engagement project
- Public Health Madison and Dane County: Family engagement project

Reproductive Health Projects

- Washburn County Public Health: Dual protection site
- Waupaca County Public Health: Dual protection site
- Public Health Madison and Dane County: Dual protection site
- Milwaukee City Health Department: Dual protection site
- Marquette County Public Health: Dual protection site
- Fond du Lac County Public Health: Dual protection site
- Florence County Public Health: Dual protection site
- Buffalo County Public Health: Dual protection site
- Menominee Indian Tribe of Wisconsin: Reproductive health project

Additional Programs and Projects

- Wisconsin Women's Health Foundation: Well Badger Resource Center (an expanded version of the required maternal and child health hotline)
- Star Legacy Foundation: Infant loss grief and bereavement support
- Board of Regents University of Wisconsin System: PRAMS Indigenous oversample

OTHER (NON-TITLE V) MATERNAL AND CHILD HEALTH PROGRAMS

In addition to the Title V grant, the Bureau of Community Health Promotion receives a variety of federal grants and administers various programs in accordance with state statutes all that work toward improving maternal and child health services and systems. The below is a summary of the major programs Title V partners closely with. Additional programs that are important in addressing the needs of Wisconsin's maternal and child health population are described in the "Title V Program Partnerships, Collaboration, and Coordination" narrative of this grant submission.

Pregnancy Risk Assessment Monitoring System (PRAMS) (Federal)

The goal of this surveillance program is to learn about experiences that mothers have during pregnancy and early parenthood to expand understanding of family needs and ways to promote family health.

Early Hearing Detection and Intervention (EHDI) Program (Federal)

This program works to ensure all babies born in Wisconsin have access to newborn hearing screening, receive timely diagnosis, receive quality early intervention and family support.

Newborn Screening Program (Wisconsin State Statute)

The goal of this program is to make sure all Wisconsin newborns receive blood, heart, and hearing screenings and that following screening newborns are diagnosed and treated for certain conditions.

State Systems Development Initiative (SSDI) (Federal)

This program supports Wisconsin's need for improved availability, timeliness, and utilization of program data to support informed decision-making and resource allocation for Wisconsin's Title V program.

Birth Defects Prevention and Surveillance (Wisconsin State Statute)

This surveillance program is dedicated to reducing the number of children born with birth defects in Wisconsin. Nationally, around 1 out of every 33 babies are born with a birth defect.

Maternal Health Innovation Program (Federal)

This program provides data-focused innovation to improve the health and wellbeing of pregnant and postpartum women in Wisconsin and serves as a catalyst to accelerate quality improvement and identify medical and non-medical causes of maternal mortality and morbidity.

Maternal Mortality Review Program (Wisconsin State Statute)

This surveillance program identifies and compiles information on all Wisconsin resident pregnancy-associated deaths during or within one year of the end of pregnancy. The Wisconsin Maternal Mortality Review Team then reviews each death to determine if it is pregnancy-related (a death during or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an underlying condition by the physiologic effects of pregnancy).

Pediatric Mental Health Care Access Program (Federal)

This program works in collaboration with the Wisconsin Child Psychiatry Consultation Program, a statewide provider consultation line, to assure children have access to evidence-based mental health treatment when needed.

Pregnancy Outreach and Infant Outreach Program (Wisconsin State Statute)

This program provides outreach to make low-income pregnant women aware of the importance of early prenatal and infant health care and of the availability of Medicaid benefits, to refer women to prenatal and infant care services in the community, and to make follow-up contacts with women referred to prenatal and infant care services.

Personal Responsibility Education Program (Federal)

This program implements educational programming for youth ages 10-19, on both abstinence and contraception for preventing unintended pregnancies and sexually transmitted infections using the evidence-based Positive Youth Development framework.

Rape Prevention and Education Program (Federal)

This grant funds the Sexual Violence Prevention Program which works with community-based and statewide partners to use strategies that reduce risk factors such as lack of employment opportunities and societal norms that support sexual violence and protective factors like community connectedness and support.

Sexual Risk Avoidance Education Program (Federal)

This program implements evidence-based education that teaches youth the benefits of refraining from sexual activity and making informed decisions about their health.

Title X Family Planning Program (Federal)

The purpose of the Title X program is to ensure access to a broad range of family planning and related preventative health

services for low-income or uninsured individuals.

Teen Pregnancy Prevention Program (Federal)

This program supports the replication of evidence-based frameworks to prevent unintended teen pregnancy and sexually transmitted infections (STIs) among adolescents.

Child Psychiatry Consultation Program (Wisconsin State Statute)

This program provides education, consultative support, and resource support to enrolled pediatric primary care providers (PCPs), who are on the front lines of managing mild-to-moderate mental health issues.

Women's Health Block Grant (Wisconsin State Statute)

This program distributes women's health funds to public entities for family planning activities, including pregnancy testing, perinatal care coordination and follow-up, cervical cancer screening, sexually transmitted infection services, and general health screening.

MATCH

In the State of Wisconsin, general purpose revenue (GPR) is a key funding source for various initiatives, including matching funds for federal grants. The state's budget process allocates GPR to different agencies and programs. For the Title V program, about 50% of its match contributions come from GPR. Additionally, all sub-grantees funded with Title V dollars (with the exception of Tribal health agencies) are required to report a 75% match contribution. The contributions from these sub-grantees make up the other 50% of Wisconsin's required total match. Examples of match that sub-grantees contribute include but are not limited to: Local tax levy, private funds, non-federal income from products or services, local government grants or appropriations, foundation grants, and corporate contributions or donations.

III.B.3. Health Care Delivery System

III.B.3.a. System of Care for Mothers, Children, and Families

The Wisconsin Title V program works to improve systems of care for mothers, children, and families in Wisconsin. In order to achieve this goal, the program focuses primarily on partnerships with local and Tribal health agencies, partnerships with state agencies, partnerships with external agencies, and supporting innovative and promising practices.

Partnerships with local and Tribal health agencies

All [local health and Tribal health agencies](#) in Wisconsin receive annual, non-competitive funding from the Title V program based on a formula which takes population and health data into account. Annually, each agency chooses at least one at least one project, from a list determined by the Title V program, to use their annual non-competitive Title V funds to support. In 2024, project options included breastfeeding support, developmental screening, adolescent well-being, community engagement, perinatal mental health, and physical activity and nutrition. These project options align with Wisconsin's Title V State Action Plan.

Partnership with State Agencies

The Wisconsin Title V program has close working relationships with several state agencies, which facilitates systems and policy change. For example, Title V staff have partnered with [Division of Medicaid Services](#) to enhance the quality of the [Prenatal Care Coordination \(PNCC\)](#) home visiting benefit and to pilot reimbursement of doula services. Title V also funds a partnership with the Wisconsin [Department of Public Instruction](#) to conduct the Youth Risk Behavior Survey and disseminate the results to inform local public health strategies. A very unique partnership includes the home visiting nurse consultant position that sits with the Title V program but is part of the [Family Foundations Home Visiting](#) core team in the [Department of Children and Families](#). This nurse consultant fosters alignment between Title V priorities and home visiting implementation and provides insight to the Title V team into the needs of families being served by home visiting.

Partnerships with External Agencies

Wisconsin's Title V Program leverages the unique strengths of public health partners in Wisconsin and nationally to effect systems change. A new Title V collaboration with [Coffective](#), the [Wisconsin Perinatal Quality Collaborative](#), and the [Wisconsin Collaborative for Healthcare Quality](#) is working to reach medical providers and promote evidence-based practices for outcomes such as breastfeeding, preventing maternal mortality, and increasing preventive visits for

adolescents and women of reproductive age. The Title V Program also partners with the [Children's Health Alliance of Wisconsin](#) and the [Wisconsin Women's Health Foundation](#), which both have regular contact with Wisconsin families, to disseminate consistent and evidence-based public health messaging. [Mental Health America](#) is another Title V Program partner, providing training and technical assistance on suicide prevention to local health departments and schools. Rather than trying to maintain state staff that has all of the relevant expertise and relationships with stakeholders, the Title V Program relies on these key partners to reach target audiences and deliver high-quality and evidence-based information and programming.

Innovation and Promising Practices

Several innovative and evidence-informed programs are also supported to advance Title V performance measures. Providers and Teens Communicating for Health is a youth-driven program that works to ensure adolescent well visits are high-quality and youth-friendly. Wisconsin is looking to fund additional innovative and promising practices in the coming years while supporting robust evaluation to measure the effectiveness of these practices.

III.B.3.b. System of Services for CSHCN

The [Wisconsin Children and Youth with Special Health Care Needs program](#) works to improve the systems that support those children with delays, disabilities, and special health care needs and their families. In Wisconsin, the Children and Youth with Special Health Care Needs program is administered by the Family Health Section in the Bureau of Community Health Promotion within the Division of Public Health. The program does not currently receive state funds. The infrastructure to support children and youth with special health care needs is outlined within the Children and Youth with Special Health Care Needs Unit. The unit includes the Children and Youth with Special Health Care Needs program, Newborn Screening program, and the Birth Defects Prevention and Surveillance program. Having three programmatic areas in one unit is a strength as it allows for cross collaboration and information sharing as a couple members of the team work in more than one programmatic area. Additionally, staff are located within the Family Health Section to broaden the awareness of Title V programmatic work.

Children and Youth with Special Health Care Needs Program

A critical component of the service system for children and youth with special health care needs, their families, and the providers that work with them are the [Children's Resource Centers](#). Wisconsin has five Children's Resource Centers devoted to supporting families with children and youth, ages 0-21, with a special health care need. From taking steps towards initial diagnosis through young adulthood, Children's Resource Centers have parents and professionals available who can help get answers, find services, connect with community resources, provide trainings, and support families on their journey. Children's Resource Centers provide free and confidential services and have up to date information on a variety of topics, including:

- Offering training, technical assistance and resources to support [medical home](#) implementation
- Communicating with schools
- Facilitating parent-to-parent support
- Providing information on specific diagnosis
- Identifying services in the community or state
- Locating doctors and dental care
- Transitioning to adult settings
- Understanding health benefits

The five Children's Resource Centers are housed under a single access point called [Wisconsin Wayfinder](#). Wisconsin Wayfinder streamlines access to the Children's Resource Center because the family or professional only has to call one number (1-877-WiscWay) and they will be automatically connected to the resource center closest to where they live. The person they speak with is called a Children's Resource Guide, which is often times someone that has a child or sibling that has a special health care need, and this person will be someone that lives in their area and can provide information on local area services and supports. This model allows these services to be available statewide but also for them to be targeted in how they serve and meet the needs of their respective areas. In addition to the five Children's Resource Centers under Wisconsin Wayfinder, another aspect of the Children and Youth with Special Health Care Needs program are the seven specialty "hubs" that provide training on health benefits, family leadership, medical home, youth health transition, parent support, genetic counseling, and access to a comprehensive directory of services. Together these 12 programs form the Children and Youth with Special Health Care Needs Network and work together to advance systems of care for children with special health care needs by implementing strategies at the individual, family, community, health system, and state levels.

Newborn Screening

Newborn screening is a vital public health program implemented 60 years ago that identifies infants with conditions impacting long-term development, health, or survival. Newborn screening is a three-part system that includes hearing, blood, and heart screening. [Wisconsin Newborn Screening program](#) coordinates the overall newborn screening program and hearing program. The program has partnerships with Wisconsin State Lab of Hygiene to perform blood screening and [Screening Hearts in NEwborns](#) to coordinate the heart screening portion. The state's [Newborn Screening program](#) is responsible for coordinating the various condition specific subcommittees which have provider specialists and parent representatives serving as advisory members which make recommendations to add conditions to the newborn screening panel.

In 2024, [Wisconsin State Lab of Hygiene](#) screened 59,389 babies for congenital disorders of which 121 confirmed cases were identified. Most disorders detected by the Newborn Screening program are life-threatening or have permanent detrimental effects on health if appropriate treatments are not provided shortly after birth. The Screening Hearts in Newborn program verified 58,135 newborns received pulse oximetry in 2024 with over 66 newborns identified with significant heart disease, pending record verification the expected number is around 100. The hearing screening program is called [Wisconsin Sound Beginnings](#) which is the state's Early Hearing Detection and Intervention program, which works to ensure that all newborns are screened for hearing loss, receive timely diagnosis, and early intervention if needed. Permanent congenital hearing loss is one of the most frequently occurring birth defects in the U.S., with approximately 2.5 infants per thousand born deaf or hard of hearing per year. In 2024, there were 58,115 infants that received a hearing screening and of those 108 were identified with a permanent hearing loss.

The Newborn Screening program has identified that a small number of newborns do not receive all three screenings, approximately 300 babies per year. In order to address this gap, the Newborn Screening program intends to review the data to improve uptake of newborn screening for populations who have historically declined all three screenings.

Birth Defects Prevention and Surveillance Program

The [Birth Defects Prevention and Surveillance program](#) is established under [Wis. Stat. 253.12](#) and began in 2000. Birth defects are one of the leading causes of death in children less than one year of age—causing one in every five deaths. The Department of Health Services operates the Birth Defects Prevention and Surveillance program which is a passive surveillance system that collects information on selected birth defects diagnosed before the second year of life. The Wisconsin Birth Defects Registry is designed to collect, analyze, and share data on birth defects within the state. Its main purpose is to monitor trends, support public health initiatives, and provide information to assist in the prevention and early intervention of birth defects. Additionally, guardians and caregivers with a child added to the registry are sent a letter providing them with information related to Wisconsin Wayfinder allowing them to connect to broader statewide special health care need services.

III.B.3.c. Relationship with Medicaid

Wisconsin's Title V program has close working relationships with several state agencies which are critical to facilitate systems and policy change. The [Division of Medicaid Services](#) supports the state's Medicaid and FoodShare programs, providing access to healthcare, long-term care, and nutritional assistance for over a million residents. These residents include those who are elderly, have disabilities, or have low incomes. The Division of Medicaid Services administers various programs, including [BadgerCare Plus](#), [SeniorCare](#), [Family Care](#), and others, ensuring access to essential services. Wisconsin's Medicaid program provides health care coverage to over one million residents through access to [28 different programs](#) that reach pregnant women, children, people with disabilities, adults, and seniors. Medicaid covers health care services, including hospital, physician, dental, behavioral health, and long-term care. Members receive coverage through fee-for-service or managed care systems.

Wisconsin remains one of 10 states that has not adopted full Medicaid expansion. Wisconsin did utilize a Section 1115 demonstration waiver, known as the [BadgerCare Waiver](#), that was approved for a five-year extension, beginning January 1, 2024, through December 31, 2028 by the Centers for Medicare and Medicaid Services (CMS). The BadgerCare waiver provides coverage for childless adults up to 100% of the Federal Poverty Level (FPL), a population not typically covered under traditional Medicaid. This eliminated a "coverage gap" where individuals earned too much for traditional Medicaid but not enough for subsidies made available through the Affordable Care Act (ACA) marketplace. However, Wisconsin's waiver is considered a partial Medicaid expansion because the eligibility level under the waiver is lower than the ACA expansion

level, where nearly all adults with incomes up to 138% receive coverage. As a result, Wisconsin does not receive the enhanced federal funds for the individuals covered through the waiver. In February 2025, Governor Tony Evers introduced his biennial budget proposal for State Fiscal Years 2025-2027 which included Medicaid expansion. However, the final version of the [2025-2027 Executive Budget](#) that was signed into law on July 3, 2025 did not include Medicaid expansion.

Wisconsin's Title V program and the Division of Medicaid Services convene quarterly to enhance programming efforts and support a framework valuing in-depth discussion of topics including Maternal Mortality Review, Prenatal Care Coordination, Healthy Birth Outcomes, and Obstetric Medical Home. The Wisconsin Title V program is an active partner to Wisconsin Medicaid in their efforts to improve access and quality of perinatal care. Title V staff have consulted on the proposals to extend Medicaid coverage beyond 60 days postpartum. They have also been closely involved with a redesign of the prenatal care coordination benefit; a Wisconsin-specific benefit created through a state waiver that connects pregnant women to medical, social, and educational services to improve birth outcomes. Title V has provided a critical bridge between Medicaid and community providers to inform the future of this benefit and to provide education and skill-building resources.

Wisconsin's Title V program team strives to cultivate a strong relationship with the Wisconsin Medicaid team, particularly when it comes to data. The Wisconsin Title V program has incorporated discussions and focus on Medicaid Core Set Measures into the developmental screening work being implemented by local and Tribal health agencies across the state. More details can be found in the Child Report section of this narrative. Additionally, in 2025 needs assessment planning and implementation, the Title V program has incorporated data collection that will include Medicaid enrollment status of community members providing their input.

In late 2023, the Wisconsin Title V program director consulted closely with Medicaid to provide guidance on barriers, best practices, and opportunities to make revisions to the childcare coordination benefit. Aiming to complement and continue the benefits offered under prenatal care coordination, this Wisconsin-specific Medicaid benefit is available to birthing parents 60+ days post-delivery and their children up to age two in the City of Racine and age seven in Milwaukee County.

The Wisconsin Title V program works closely with the [Division of Medicaid Services'](#) Bureau of Children's Services that oversees the community support-based waiver programs such as [Birth to 3 program](#), the [Children's Long-Term Support \(CLTS\) program](#), [Children's Community Options Program \(CCOP\)](#), and [Katie Beckett Medicaid](#). The [Wisconsin Wayfinder](#) program was a two-year collaboration between the Title V program and Division for Medicaid Services utilizing ARPA dollars to elevate an already existing system of information and referral resources for children and youth with special health care needs, their families and the providers that serve them. See more on Wisconsin Wayfinder in the "2024 Children and Youth with Special Health Care Needs Annual Report" section of this submission.

The Wisconsin Title V program children and youth with special health care needs director and other Title V staff participate in various quarterly and monthly meetings with staff from the Division of Medicaid Services such as the Complex Medical Care Collaborative, Children's Long-Term Support Council meetings, the Governor's Birth to 3 Program Interagency Coordinating Council, the Children Come First Advisory Committee, Children's Long-Term Support and Birth to 3 Teleconferences, Strengthening Partnerships, and Wisconsin Wayfinder meetings.

Wisconsin Department of Health Services received federal [approval](#) to renew the Children's Long-Term Support program. The [CMS-approved waivers are effective Jan 1, 2022 through Dec 31, 2026](#) and require renewal every five years.

III.B.4. MCH Emergency Planning and Preparedness

Wisconsin has an emergency operations plan known as the [Wisconsin Emergency Response Plan: Mass Care, Emergency Assistance, Temporary Housing, and Human Services Emergency Support Function \(ESF\)](#) ("Wisconsin Emergency Response Plan"). The Wisconsin Emergency Response Plan is reviewed periodically in accordance with the timeline outlined in the state's Integrated Preparedness Plan. Wisconsin's Integrated Preparedness Plan is overseen by the Office of Preparedness and Emergency Health Care and can be found here: [2024-2028 Integrated Preparedness Plan](#). The purpose of the Wisconsin Emergency Response Plan is to coordinate state and federal activities in support of state, county, Tribal, and voluntary organization efforts to address the non-medical mass care, emergency assistance, temporary housing, and human services needs of those impacted by a disaster. The Wisconsin Emergency Response Plan addresses the needs of maternal and child health populations throughout, including:

- Mass services encompassing sheltering, feeding, distribution of emergency supplies and facilitated reunification of families.
- Support for human services to include temporary housing, emotional and spiritual care, childcare and disaster case

management.

- Reception centers and family assistance centers to specifically address the needs of the maternal and child health population.

Regarding the development of the Wisconsin Emergency Response Plan, Title V program staff are consulted for reviews and revisions regarding the plan to ensure maternal and child health needs are sufficiently and effectively accounted for in the Wisconsin Emergency Response Plan. Additionally, the Wisconsin Title V directors consult with senior leadership of the Wisconsin Department of Health Services as needed and have regular monthly check-ins with senior leadership staff during non-emergency times. The frequency of these communications would increase as needed and described in the Wisconsin Emergency Response Plan in the event of a disaster or emergency. Wisconsin does have an Incident Management Structure that is established by the Office of Preparedness and Emergency Healthcare within the Division of Public Health and Title V leadership is part of that structure. As family health and safety is a priority during emergency events, the Family Health Section would be brought into emergency response activities as needed.

Further information regarding the Title V program and emergency preparedness can be found in the “State Systems Development Initiative” section of this grant submission.

III.C. Needs Assessment

III.C.1. Five-Year Needs Assessment Summary and Annual Updates

III.C.1.a. Process Description

Planning for the 2025 MCH Needs Assessment began in August 2023 when the Title V director assembled a group of three leaders to form the Title V Needs Assessment Core Team, including:

- Title V Evaluator and Epidemiologist, Mary Kusch
- Family Health Outcomes Quality Improvement Coordinator, Julia Norton
- Maternal and Infant Health Unit Supervisor, Nikki Ripp

With guidance from the Title V director, this core team began planning for the 2025 assessment to inform Wisconsin's priorities and performance measures for the 2026-2030 block grant cycle. Part of this initial planning included convening an internal steering committee of Family Health Section staff to ensure that the design and implementation of the 2025 Title V MCH Needs Assessment met the needs of communities in Wisconsin with limited access to family health services. While the previous MCH Needs Assessment in 2020 reached many residents throughout Wisconsin, 92% of the participants were middle-aged, affluent women. In order to expand the reach of the 2025 MCH Needs Assessment beyond this population, the steering committee members provided expertise in reaching participants at greater risk of poor health outcomes, including the following populations:

- Amish, Mennonite, and Plain people
- Migrant workers, refugees, and immigrants
- Farmworkers
- Active military members and military veterans
- Grandparents raising grandchildren
- New parents, teen parents, and foster parents
- Parents with a disability or special health care need, including those with mental health and/or substance use needs
- Youth with substance use needs
- People experiencing current or past interpersonal, domestic, or sexual violence
- People experiencing current or past housing instability or homelessness

After generating a robust list of communities to engage with, the planning team carried out an asset mapping project by identifying local organizations in each of the five public health regions of Wisconsin that work with the populations. The steering committee obtained organizations' contact information to share opportunities to engage in the upcoming needs assessment activities. Of the 260 local organizations the team identified, many had already partnered with the Title V program on other projects, including with the Maternal and Infant Health team, the Children and Youth with Special Health Care Needs unit, and the Adolescent Well-Being project team.

In March of 2024, the Title V Needs Assessment Steering Committee hosted a public forum and invited all 260 organizations that could speak on behalf of the populations being targeted this cycle. This planning forum was designed for public stakeholders to offer their feedback on a drafted needs assessment community survey. A total of 85 attendees represented 56 organizations during the daytime and evening public forums. Communities were asked to share their thoughts on word choice and language of survey questions, response options, and structure of the survey, with their suggested changes being implemented afterward.

Another public forum was hosted on June 6, 2024, for organizations with continued interest in needs assessment involvement and partnership. This forum was an opportunity to share the timeline, discuss the plan for data collection efforts through the summer, and communicate ways to sign up to receive mailed surveys and focus group materials. This audience learned about how to respond to a community input survey, an organizational input survey, and host or participate in focus groups. Tips and tricks for hosting focus groups were shared, and a guest speaker with qualitative data expertise shared recommendations on how to facilitate effective focus group dialogue. The 2025 Needs Assessment Survey launched publicly on July 10, 2024, and the data collection opportunities were open until September 30, 2024.

Data Sources Utilized to Inform the Needs Assessment Process

During the fall of 2023, the Title V evaluator and epidemiologist began to compile a variety of existing data sources that could be utilized to assess the health and well-being of families in communities across Wisconsin. During the initial review process, specific attention was paid to include measures that captured various community factors that influence health outcomes for families across the state. This included measures of economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context. Various other types of measures were reviewed as well, including demographics, and health status and outcomes. After the initial review process, the following data sources were identified:

- [American Community Survey \(U.S. Census Data\)](#)
- [Behavioral Risk Factor Surveillance System \(BRFSS\)](#) from the CDC
- [Maternity Practices in Infant Nutrition and Care \(mPINC\) Survey](#) from the CDC
- [Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#) from the CDC
- [Wide-ranging ONLINE Data for Epidemiologic Research \(WONDER\)](#) from the CDC
- [March of Dimes](#)
- [National Immunization Surveys \(NIS\)](#) from the CDC
- [National Survey of Children's Health \(NSCH\)](#)
- [Wisconsin Perinatal Period of Risk Reports](#)
- [Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#) from the CDC
- [2023 National Survey on Drug Use and Health \(NSDUH\)](#) from the Substance Abuse and Mental Health Services Administration (SAMHSA)
- [U.S. Department of Agriculture, Household Food Security Report](#)
- U.S. Department of Education
- U.S. Environmental Protection Agency
- WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)
- Wisconsin Hospital Discharge Data
- Wisconsin STD Program
- Wisconsin Vital Statistics
- [Youth Risk Behavior Survey](#)

Once the initial set of data sources and applicable measures were identified, the Title V epidemiologist and evaluator presented the information to the larger Title V Needs Assessment Steering Committee and facilitated a conversation around the choice of measures, including if any should be added or removed as well as which measures the team would like to see broken down by various demographics. It was essential to the approach to include the larger team in this conversation as they bring different perspectives with their personal and professional ties to a variety of communities that are at risk of poor health outcomes. This existing data compilation was used as supportive information to enhance understanding of what was gathered from communities in real-time surveys and focus groups.

Quantitative and Qualitative Methods

The Needs Assessment Steering Committee identified a variety of primary and secondary data sources to support the needs assessment process with the following: 1) assessing the strengths and needs of the MCH population in each of the five identified population health domains; 2) MCH program capacity; and 3) supportive partnerships and collaborations. For primary data collection the team created a community-focused survey, an organizational-focused survey, and offered community leaders the opportunity to host focus groups in the summer of 2024. All primary data collection materials were translated into Spanish, and the community input survey was also translated into Hmong in order to meet the needs of non-English speaking communities and increase the potential in receiving responses from a wider variety of community members.

The Needs Assessment Steering Committee team held a series of conversations around the best use of secondary data sources in the needs assessment process and future selection of priorities. The team discussed the benefits and limitations of secondary data sources, including methods, who was and was not represented in the data, the current political and social climate, and how these contexts can influence this data. As a result, the Needs Assessment Steering Committee decided it was essential to center the voice and experiences of Wisconsin community members from real-time, primary data collection, and secondary data sources will offer support to the priorities that are identified in the primary data collection methods.

Community Conversations

In addition to the secondary data sources that were compiled, the team also worked with [HealthTIDE](#) and the [University of Wisconsin-Madison School of Human Ecology](#), Title V's technical assistance provider for physical activity and nutrition, to include data from their community conversations in 2022-2023 in collaboration with partners across the state. These conversations were carried out as a part of National Performance Measure 8.1 to increase physical activity in children ages six to 11 as well as Representative Participation State Performance Measure 04 to engage voices of communities. The purpose of the community conversations was to elevate the voices of Black, Indigenous, and Latino Wisconsin parents and caregivers to better understand how to support health, wellness, and well-being of at-risk families. Many themes pertaining to raising healthy children emerged beyond physical activity and nutrition.

Findings from African American Breastfeeding Network's conversations demonstrated that mental health is a priority for Black parents and caregivers, community connection is vital to the health and wellbeing of Black families, Black parents and caregivers are overworked and under-resourced. A few of the findings from the Wisconsin Tribal and Indigenous conversations held by the Greater Lakes Inter-Tribal Council found that both within and beyond nutrition and physical activities needs, culture is a vital part of wellness, having resources to provide for children is essential, access to self-care opportunities is a major need, and eating indigenous foods is highly valued but access to these foods is low. Themes from the conversations held with Latino families demonstrated that there is a need for more coordinated programming for physical activity and nutrition options and mental health support that meets the needs of Latinos.

Interface between the collection of needs assessment data, the finalization of the state's Title V priority needs, and the development of the state's Action Plan.

Once all aspects of the needs assessment data collection process were complete, the Needs Assessment Steering Committee expanded to include all Family Health Section staff so that more staff could be involved in the priority setting process. The core team and all staff worked towards identifying priority needs and developing Wisconsin's Action Plan for 2026-2030. To make sense of primary and secondary data to create priorities, a data analysis decision matrix was developed to identify major themes and resulting priorities across our data sources. Various inclusive approaches were integrated into the creation of the data analysis decision matrix and subsequent analyses. This included:

- Disaggregating data based on Title V Needs Assessment at-risk populations (in both the Community Input Survey and Organizational Survey),
- Integrating components into the decision matrix that weighted topics more heavily when they were indicated by an at-risk population, those who serve at-risk populations, or organizations defined as community-based,
- Utilizing the state average as a comparison group (when able),
- Framing themes within the context of community factors that influence health outcomes and the impacts of larger systems, policies, and social conditions that contribute to health outcomes.

The decision matrix integrated information gathered from four of our data sources (Community Input Survey, Organizational Survey, Focus Groups, and Partner Reports). Economic stability, education quality and access, health care quality and access, neighborhood and built environment, and social and community context were initial themes inspired by Healthy People 2030 that were used to sort the data. Then over 300 topics were qualitatively analyzed using inductive constant comparison. This approach allowed the Wisconsin Title V team to engage in an iterative process where category and theme meanings were developed through exploring and learning from their relationships to one another.

Once categories, themes, and subthemes were developed, they were quantitatively analyzed using seven criteria within a decision matrix to identify the top health and well-being priorities for the MCH populations in Wisconsin. The table below describes the seven criteria and the scoring system in more detail.

Criteria	Data Source	Point System
Percent of community members indicating it as a priority	Community Input Survey	1-9%, 1 10-19%, 2 20-29%, 3 30-39%, 4 40-49%, 5 50-59%, 6 60-69%, 7 70-79%, 8 80-89%, 9 90-100%, 10
Percent of priority populations indicating it as a top five priority	Community Input Survey	1-9%, 1 10-19%, 2 20-29%, 3 30-39%, 4 40-49%, 5 50-59%, 6 60-69%, 7 70-79%, 8 80-89%, 9 90-100%, 10
Percent of focus groups indicating it as a priority	Focus Groups	"Just one or two", 1 "A few (around 15%)", 2 "Around a quarter", "A little less than a quarter", 3 "Around one-third", 4 "Around half", 6 "Most", 8
Percent of organizations indicating it as a priority	Organizational Survey	1-9%, 1 10-19%, 2 20-29%, 3 30-39%, 4 40-49%, 5 50-59%, 6 60-69%, 7 70-79%, 8 80-89%, 9 90-100%, 10
Percent of organizations serving priority populations indicating it as a top five priority	Organizational Survey	0%, 0 25%, 3 50%, 6 75%, 8 100%, 10
Percent of community-based organizations indicating it as a priority	Organizational Survey	1-9%, 1 10-19%, 2 20-29%, 3 30-39%, 4 40-49%, 5 50-59%, 6 60-69%, 7 70-79%, 8 80-89%, 9 90-100%, 10
Percent of partner reports indicating it as a priority	Partner Reports	1-9%, 1 10-19%, 2 20-29%, 3 30-39%, 4 40-49%, 5 50-59%, 6 60-69%, 7 70-79%, 8 80-89%, 9 90-100%, 10

III.C.1.b. Findings

III.C.1.b.i. MCH Population Health and Wellbeing

The following information is a summary of the top occurring themes, subthemes, and individual topics from Wisconsin's 2025 Title V MCH Needs Assessment. As explained in detail in the "Needs Assessment Process Description" section of this grant submission, each of the themes were identified using inductive constant comparison analysis and then assigned scoring points based on seven criteria. The scoring points assigned to each of the themes, subthemes, and individual topics is included at the end of each statement in parentheses, with higher scores indicating higher priority needs.

Themes:

- Health care Access (283)
- Health care Quality: Provider Practices and System Processes (192)
- Mental Health: Need, Resources, and Services (178)
- Community Activities and Services (141)
- Financial Stability and Cost of Living (95)
- Food and Nutrition: Availability, Security, and Choice (92)
- Community Landscape (92)
- Social Connectedness: Self, Family, and Community (90)
- Housing: Stability and Safety (62)
- Experiences of Trauma and Violence: Prevention, Safety, and Healing (61)

Subthemes:

- Fairness and Access Considerations (264)
- Parental Support (187)
- Safety: Physical, Psychological, Environmental Safety (154)
- Community Service (135)
- Built Environment (130)
- Health Services (100)
- Mental Health Need (99)
- Food Security (85)
- Importance and Integration of Culture (83)
- Social Connectedness: Family (65)

Individual Topics:

- Behavioral and mental health needs such as anxiety, depression, grief, and life transitions, including access to free or low-cost mental health services (85)
- Food security, including healthy and affordable food close to where families live, like grocery stores, food pantries, farmers market, community gardens, mobile food units (78)
- Safe and affordable housing (62)
- Affordable, safe, and inclusive childcare close to where families live (52)
- Dental or oral health needs, including access to free or low-cost dental services (43)
- Having enough money to ensure basic needs are met (41)
- Jobs allowing individuals and families to take care of health, like offering paid time off and flexible schedules (38)
- Health insurance that pays for individuals' and families' needs, like treatments, medications, doctors, doulas who are covered (33)
- Good social support and connections with families, friends, neighborhoods (33)
- Health providers that individuals and families can trust and treat them well (32)

The Needs Assessment Core team drafted priority language for each of the MCH populations based on the priority needs identified through the analysis and scoring evaluation processes. All Wisconsin Title V program staff were engaged by the Core Team to provide feedback and help finalize the priorities for the MCH populations in Wisconsin. The final priorities for 2026 – 2030 are:

1. All **women** experience the safe and stable supports they need to live and thrive from preconception through 12

months postpartum.

2. All **women of reproductive age** have nearby and affordable contraceptive care options and have safe, positive sexual experiences.
3. All **infants** experience the safe and stable supports they need to live and thrive starting from birth to celebrating their first birthday.
4. All **children** and their families experience timely, nearby, uncomplicated, coordinated care and supports to live and thrive.
5. All **adolescents** have the reliable, timely, nearby mental health supports that they need, and are free from the harms of untreated mental health conditions.
6. All **children and youth with special health care needs** and their families experience timely, nearby, uncomplicated, coordinated supports to live and thrive.
7. All **families** experience emotional and physical safety in their communities, are free from discrimination, and have the social support they need.
8. All **families** have enough food and adequate nutrition to live and thrive.

III.C.1.b.ii. Title V Program Capacity

III.C.1.b.ii.a. Impact of Organizational Structure

The Wisconsin Title V program is well-positioned to partner with and leverage resources of other statewide programs supporting maternal and child health populations (including children and youth with special health care needs) due to its position within the Family Health Section. With the Family Health Section's units aligning with Title V population domains, Title V staff work alongside staff leading other programs related to their populations of focus, ensuring cross-collaboration, regular communication, and alignment across all programs. More details about the Wisconsin Title V program's effective positioning within Wisconsin Department of Health Services can be found in the "Impact of Agency Capacity" narrative of this grant submission.

The Wisconsin Title V program works intentionally and effectively to collaborate with other programs, state divisions, and organizations to support maternal and child health. This intentional collaboration within the Department of Health Services allows the Wisconsin Title V program to more effectively address certain priorities identified within the needs assessment that would be more difficult to address without internal partners. The Wisconsin Title V program works with the Division of Care and Treatment Services to support mental and behavioral health initiatives, with the Division of Medicaid Services to support health care and home and community-based support program initiatives, and the WIC and State Physical Activity and Nutrition teams within the Division of Public Health to support food and nutrition initiatives. The Title V program routinely meets with staff from these other divisions to learn and collaborate about work being done and disseminate this information. A specific example of this collaborative effort can be seen through the [Family Foundation Home Visiting program](#), Wisconsin's version of the Maternal, Infant, and Early Childhood Home Visiting program, where the Title V program provided education on developmental screening or postpartum depression screenings, or they invite staff from Wisconsin's Medicaid program to share information about the new and innovative [Medically Tailored Meals program](#) with local and Tribal health agencies to help support nutrition initiatives with their Title V funding.

More specific information about collaborations and alignments can be found in the "Title V Program Partnerships, Collaboration, and Coordination" narrative of this grant submission.

III.C.1.b.ii.b. Impact of Agency Capacity

WISCONSIN TITLE V PROGRAM CAPACITY TO PROVIDE AND ASSURE SERVICES WITHIN EACH OF THE FIVE POPULATION HEALTH DOMAINS

The Health Resources Services Administration (HRSA) identifies five core and an optional sixth population domains: 1.) Women/maternal, 2.) Infant/perinatal, 3.) child, 4.) adolescent, 5.) children and youth with special health care needs, and 6.) (Optional) cross cutting. The vast majority of Wisconsin Title V staff work within the Wisconsin Department of Health Services, specifically in the Family Health Section of the Bureau of Community Health Promotion, under the Division of

Public Health. There are currently six units in the Family Health Section which is the result of a reorganization that took place in June of 2024, expanding and restructuring the four units into six. This was done with the intention of aligning units more closely to HRSA's population domains. This reorganization improved the Title V program's capacity to address the needs of each population by having dedicated units and staff responsible for overseeing all programs and services that impact each population domain. This is described in more detail below.

Maternal and Infant Health Unit

Wisconsin Title V's capacity to serve the maternal and infant health population are generally managed by Title V-funded staff in this unit. This unit also supports other maternal and infant health initiatives such as collaboration with the [Family Foundations Home Visiting program](#), managing [Wisconsin's Maternal Mortality Review team](#), and coordinating the [Maternal Health Innovations program](#). The unit's supervisor also administers the Title V contract that supports the [Well Badger Resource Center](#), an expanded version of the required maternal health hotline. This structure ensures and enhances collaboration and alignment across these various maternal and infant health programs.

Children and Youth with Special Health Care Needs Unit

Wisconsin Title V's capacity to serve the children and youth with special health care needs (CYSHCN) population are managed by the Title V-funded staff in this unit. The [Children and Youth with Special Health Care Needs](#) program is the core of the work that occurs in this unit. This unit also oversees other initiatives such as the [Newborn Screening program](#) (including hearing screening, blood screening, and critical congenital heart disease screening), the [Wisconsin Birth Defect Prevention and Surveillance program](#), and the Early Hearing Detection and Intervention program. This structure ensures and enhances collaboration and alignment across these various programs supporting children and youth with special health care needs in Wisconsin. The Wisconsin Title V CYSHCN director works closely with the staff in this unit and also ensures alignment between this unit's work, the Title V program, and the [Wisconsin Wayfinder Children's Resource Network](#) program.

Child and Adolescent Health Unit

Wisconsin Title V's capacity to serve the child and [adolescent](#) health population are generally managed by Title V-funded staff in this unit. This unit also oversees other child and adolescent health initiatives such as managing Project WISE (Wisconsin Initiative for Student Empowerment), the Personal Responsibility Education Program, the Sexual Violence Prevention Program, the Pediatric Mental Health Care Access grant, and the [Child Psychiatry Consultation program](#). This structure ensures and enhances collaboration and alignment across these various programs supporting children and adolescents.

Community Health Operations Unit

Wisconsin Title V's capacity to serve family health and cross-cutting work are generally managed by Title V-funded staff in this unit. This unit contains two grant specialists, a health education and outreach specialist, and a community health partnership specialist. This unit also holds a currently vacant health outcomes, quality improvement coordinator position which assists Title V in critical programmatic improvements.

Reproductive Health and Family Planning Unit

Title V projects related to reproductive health and family planning are managed by staff in this unit. This unit also manages the [Reproductive Health and Family Planning program](#), which includes Title X, ensuring close collaboration.

Data and Evaluation Unit

The Wisconsin Title V evaluator and epidemiologist staff position is located in this unit; however, the position is currently vacant as of March 2025. Title V data and evaluation needs are currently supported by the other epidemiologists in this unit. With the Title V evaluator and epidemiologist position vacant, the Data and Evaluation Unit supervisor and Title V maternal and child health director meet regularly to assess the data and evaluation needs of the Wisconsin Title V program. Title V also supports an additional epidemiologist within this unit focusing on children and youth with special health care needs.

More information about the Wisconsin Title V program team's workforce and capacity can be found in the "Title V Workforce Capacity and Workforce Development" narrative of this grant submission.

WISCONSIN'S CAPACITY FOR SERVING CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

While the capacity for the Wisconsin Title V program to serve the children and youth with special health care needs population is described above, another important component of the state of Wisconsin's capacity to serve this population relates to Medicaid. In Wisconsin, if a child is found eligible for supplemental security income (SSI), they are automatically eligible for Wisconsin Medicaid. The Disability Determination Bureau, within the Division of Medicaid Services in Wisconsin Department of Health Services, is responsible for making the medical decision for Wisconsin residents applying for supplemental security income. After a child is found eligible for the non-medical requirements (e.g., income and resources do not exceed limitations for eligibility), the Disability Determination Bureau collects medical evidence to determine if a child is disabled based on the Social Security Administration's definition of disability. The Wisconsin Title V program and Division of Medicaid Services have a memorandum of understanding (MOU) that outlines the shared responsibility for coordinated outreach to Social Security applicants under the age of 16 years, including providing applicants access to information and referral services provided by the children and youth with special health care needs program's children's resource centers. In addition, the Social Security Administration offices have access to brochures from the Children's Resource Centers and other children and youth with special health care needs program materials through the Wisconsin Department of Health Services publication center. This encourages promotion of client referral to the resource centers for additional information about supports and services available. The Social Security Administration agrees to make these materials available to child claimants who are determined to be financially ineligible for Supplemental Security Income or to those applying for other Social Security Administration programs.

The Wisconsin Title V children and youth with special health care needs program does not pay for medical services nor directly provide them. There are programs and services that exist to support the CYSHCN population, and these are housed in the Division of Medicaid Services. The Division of Medicaid Services administers multiple programs for children and youth with special health care needs. These programs assist families in caring for their child at home and in the community. Wisconsin's capacity to serve the CYSHCN population is further supported through the Medicaid programs described below.

Birth to 3 Program: In Wisconsin, early intervention is known as the Birth to 3 Program. This type of program is required by the federal government under [Part C of the Individuals with Disabilities Education Act \(IDEA\)](#). The Birth to 3 Program is for anyone born through their third birthday. Eligibility is based on a diagnosed disability or developmental delay in how a child plays, learns, speaks, and acts. The program values the family's primary relationship with their child and works in partnership with the family.

Children's Long-Term Support Program: In Wisconsin, the Medicaid home and community-based services program is called the Children's Long-Term Support program. This program provides services for children and young adults under the age of 22 with significant developmental, physical, or emotional disabilities. The program offers a range of services, such as respite care, in-home support, and therapies, to support children and their families in their home and community settings. The Children's Long-Term Support program is a Medicaid waiver program, which means it allows Wisconsin to use Medicaid funding to pay for community-based services that might not otherwise be covered under standard Medicaid rules. The program helps children avoid or delay the need for institutional care, such as nursing homes, by providing support at home or in the community and emphasizes supporting the entire family, not just the child with the disability, to help them thrive in their home environment.

Katie Beckett Medicaid: Katie Beckett Medicaid is for children under 19 years old with long-term disabilities or complex medical needs. Children who are not eligible for other Medicaid programs, because their parents' income or assets are too high, may be eligible for Medicaid through the Katie Beckett Program.

Children's Community Options Program: Children's Community Options Program provides a coordinated approach to supporting families who have a child with a disability. The intention is to better support, nurture, and facilitate self-determination, interdependence, and inclusion in all facets of community life for the child and family.

Care4Kids Program: The Care4Kids Program ensures that children in foster care receive individualized treatment plans to address their specific health care needs, including trauma-related care. As a result, children in community settings are expected to have improved physical and mental health, improved resiliency, and shorter stays in out-of-home care.

III.C.1.b.ii.c. Title V Workforce Capacity and Workforce Development

Most state staff supporting the Title V program work within the Bureau of Community Health Promotion's Family Health Section at Wisconsin Department of Health Services Division of Public Health. Over 20 maternal and child health programs (including children and youth with special health care needs) are supported within the Family Health Section. The section's six units are organized by population(s) to promote communication, collaboration, and alignment across these programs. More information regarding the Family Health Section's structure and specific units and programs can be found in the 'Impact of Agency Capacity' section of this grant submission.

STRENGTHS AND NEEDS OF THE TITLE V WORKFORCE

Strengths

The Title V program is well-positioned within Wisconsin Department of Health Services in a way that ensures communication, collaboration, and alignment with many other state and federal programs aimed at improving maternal and child health (including children and youth with special health care needs) outcomes. A recent reorganization of the Family Health Section in June 2024 was implemented to further enhance collaboration across programs.

Career advancement opportunities can sometimes be difficult in the field of public health; however, the Wisconsin Division of Public Health's leadership works hard to support their staff to achieve their professional goals. In the past year, four new supervisors were onboarded within the Family Health Section (all supporting the Title V program), and two of them were hired from within current Family Health Section Staff. Formerly the Maternal Mortality Review Epidemiologist and the Reproductive Health Family Planning Epidemiologist, Emily Morian-Lozano, MPH, MSW moved into her role of Data and Evaluation Unit Supervisor in the fall of 2024. Kara Benjamin, MPH also moved into her role of Child and Adolescent Health Unit Supervisor in the fall of 2024 after spending six years supporting adolescent health programs such as Title V, Rape Prevention Education program, Personal Responsibility Education program, Sexual Risk Avoidance program, and the Teen Pregnancy Prevention program.

Additionally, while the field of public health is often times subject to high rates of staff turnover, the Title V MCH Block Grant Director, Katrina Heche, MPH and the Title V CYSHCN Block Grant Director Michelle Lund, LPC have remained in their positions for the past few years. This serves to bring consistency to the program and allow for strategic and multi-year planning to take place. The Title V MCH and Title V CYSHCN Directors meet at minimum weekly to discuss program updates, address challenges and barriers and to make sure all program areas are in alignment with Title V priorities and goals.

Needs

Staff retention and turnover is a concern within the Family Health Section, and the field of public health in general. Further challenges include a hiring freeze within the Division of Public Health which began in March of 2025, vacant positions are unable to be filled. Current vacant positions supporting the Title V program include:

- Adolescent Health Consultant (vacant since November 2023)
- Family Health Program Coordinator (vacant since July 2024)
- Maternal Mortality Review Epidemiologist (vacant since October 2024)
- Infant Mortality Prevention Coordinator (vacant since November 2024)
- Community Health Operations Unit supervisor (vacant since February 2025)
- Title V Evaluator and Epidemiologist (vacant since March 2025)
- Reproductive Health Family Program Coordinator (vacant since April 2025)
- Health Outcomes Quality Improvement Coordinator (vacant since May 2025)

UNIQUE SKILLSETS OR COMPOSITION OF TITLE V STAFF THAT FACILITATE EFFORTS TO ADDRESS TITLE V PRIORITIES

Title V state staff bring a variety of backgrounds and skillsets to the team. There is a mix of programmatic expertise and epidemiological expertise among the Title V team that allows for intentional program planning, targeted implementation, and

thorough evaluation. Wisconsin's Title V state staff is comprised of a variety of public health experts such as nurses, pharmacists, health educators, public health professionals, epidemiologists, clinical therapists, social workers, lawyers, medical doctors, and more that all work together to support Wisconsin's Title V program every day.

Many Title V staff members bring their personal experiences with maternal and child health (including children and youth with special health care needs) to their work. Many team members are parents who have direct experience navigating Wisconsin's maternal health care system. Others have children with special health care needs and are able to bring their perspectives to project planning discussions. Many staff have a personal connection to maternal and child health that drives their passion for this work. The success achieved with Wisconsin's 2025 Needs Assessment is largely attributed to the combination of this team's personal and professional commitment to maternal and child health.

IMPACT OF ORGANIZATIONAL CHANGES

The Family Health Section went through a reorganization in June 2024. This change aimed to redistribute staff based on their position's population(s) of focus rather than the grant(s) the position supported. With over 20 federal and state programs managed and supported within the Family Health Section, collaboration and communication have been more effective since the reorganization. For example, prior to the reorganization, Title V staff addressing maternal health and infant health worked in separate units, making perinatal work just within the single grant challenging. Additionally, Title V staff addressing maternal health were separated from staff who managed programs such as maternal mortality review and the maternal health innovations program. Staff who support all these programs now work within the same unit and meet at least weekly to discuss workflows, planning efforts, and status updates.

The reorganization also moved all the section's epidemiologists and data experts to a single unit, rather than distributing these positions across the section. While epidemiologists and data experts in the Family Health Section continue to have specialized roles (i.e. primarily focusing on children and youth with special health care needs or supporting Title X initiatives), these team members now meet at least biweekly to discuss workflows, planning efforts, and status updates. Most data needs and projects directly or indirectly impact multiple areas of the Family Health Section's work – including Title V – and having these experts working together more closely breaks down information silos and allows multiple programs to leverage key data related to maternal and child health.

The Family Health Section manager is working closely with the Bureau of Community Health Promotion director to monitor and evaluate the ongoing effectiveness of this reorganization, including continual surveying of staff and identifying areas for improvement. She has also coordinated closely with the Section's policy strategist to engage all Section staff in strategic planning efforts.

PARENTS AND FAMILY MEMBERS ON THE TITLE V TEAM

While many Title V state staff members bring their personal experiences with maternal and child health (including children and youth with special health care needs) to their work – parents, caregivers, doulas, family members, etc. – there are currently no formal 'parent' or 'family member' titled staff positions.

Family Representative

Primarily supporting Wisconsin's Newborn Screening Program as their Follow-Through Coordinator, Mandy Quainoo also holds the Title V role of Family Representative. As a parent of a child with a special health care need, Mandy brings her personal expertise and experience to Title V action planning discussions, needs assessment steering committee meetings, and attends the annual Association of Maternal and Child Health Programs conference. Mandy's insights are invaluable to Wisconsin's Title V endeavors.

Community Partnership Specialist

Wisconsin's Title V team also funds a Community Partnership Specialist position within the Community Health Operations Unit of the Family Health Section. Hannah Schmidt takes an active role in supporting Title V strategies and sub-grantees while bringing her experiences as an Indigenous mother and community advocate to Title V action planning and strategic discussions. Hannah's experience and insights have been especially beneficial to infant health efforts within the Title V program over the past several years.

RECRUITMENT AND RETENTION

Wisconsin Department of Health Services issued a hiring freeze until further notice beginning in March 2025. At this time the Title V program is unable to recruit for its vacant positions. Retention during this significantly challenging time, is critical. We continue to offer flexibility for staff as their needs arise, including remote work agreements, and also have a robust Employee Assistance Program.

TRAINING AND PROFESSIONAL DEVELOPMENT

When new Title V staff are hired, the Title V directors set up a meeting with them and their supervisor to provide a brief introduction to the Title V Block Grant and how Wisconsin's Title V program operates from its location within the Family Health Section. New staff are provided a list of resources and helpful links to help orient themselves to the Title V program, and the directors make a point of being available to answer questions from new and seasoned staff. Training opportunities from national partners such as the National MCH Workforce Development Center are shared with all Title V-funded staff, and participation/application is determined based on interest and capacity. Title V staff are always encouraged to submit their work for opportunities such as conference presentations/sessions, poster sessions, best practice databases, and more.

TRAINING THE NEXT GENERATION

Association of Maternal and Child Health Programs' Leadership Lab

Wisconsin's Title V team members are encouraged to apply to the Association of Maternal and Child Health Programs' Leadership Lab program each year, and many staff in the section have completed the program, including epidemiologists, supervisors, family representative, and the Title V director. Additionally, the Title V maternal and child health director has volunteered as a mentor for Leadership Lab participants since 2021.

University of Wisconsin – Milwaukee Zilber School of Public Health

The Title V program has cultivated a strong relationship with the University of Wisconsin Zilber School of Public Health over the past several years. Working closely with faculty and advisors, the Title V program began hosting graduate students completing their required field experience activities. Since this partnership was rekindled in 2023, the Maternal Health Innovations program, Maternal Mortality Review, and Newborn Screening program (all programs operating within the Family Health Section) have been added to this collaboration of supporting public health students in maternal and child health endeavors. Title V program staff precept these graduate students.

National MCH Workforce Development Center Summer Internship

From 2018-2024, Wisconsin's Title V program has hosted summer intern students as a part of the National MCH Workforce Development Center's summer internship program. Projects have included data analyses, program evaluations, toolkit development, detailed literature reviews, and webpage development. Title V program staff precept these graduate and doctoral students.

University of Wisconsin – Milwaukee Nurse Executive Program

In 2025, Wisconsin's Title V program hosted a Doctor of Nursing Practice student. University of Wisconsin – Milwaukee's Doctor of Nursing Practice students are prepared with courses focusing on health finances and administration, evidence-based practice, translation of research into practice, quality and safety, informatics, health policy, and population health. During the intern's time working with Wisconsin's Title V program, they actively contributed to various projects aimed at improving healthcare outcomes across Wisconsin. The intern's involvement provided valuable support to the program and allowed them to gain hands-on experience in public health at the state level.

III.C.1.b.ii.d. State Systems Development Initiative (SSDI)

The State Systems Development Initiative (SSDI) supports Wisconsin's need for improved availability, timeliness, and

utilization of program data to support informed decision-making and resource allocation for Wisconsin's Title V program. The State System Development Initiative is designed to provide infrastructure support that serves all women, children, and families in Wisconsin, with special emphasis on high-risk populations. This support is primarily given through the funding of the State System Development Initiatives program coordinator position at the Wisconsin Department of Health Services.

Over the years, the State Systems Development Initiative has contributed to Title V program progress by gaining access to multiple data sources for needs assessment and surveillance purposes and new data linkages. For example, supplemental State System Development Initiative dollars funded a collaborative project between Title V program staff and the Office of Health Informatics to provide access to provisional birth data on a quarterly basis. Currently, Wisconsin has consistent direct access to birth, death, newborn hearing and critical congenital heart disease screening, hospital discharge, the Pregnancy Risk Assessment Monitoring System, and Behavioral Risk Factor Surveillance System data. More information regarding data linkages is available in Form 12.

In 2024, the Title V evaluator and epidemiologist began to implement data management strategies previously identified by the Title V program. From March to September 2024, the Title V evaluator and epidemiologist was out on parental leave. The Title V program continued implementation of the new quarterly reporting tools developed in 2023 for local and Tribal health agency annual, non-competitive funding. The multifaceted new tool built using the Alchemer survey platform received positive feedback from partners, and Title V staff appreciated the ease of reviewing quarterly reported data. Partners agree that this new reporting system has reduced reporting burden all around.

The State Systems Development Initiative has also supported the development, integration, and tracking of health optimization metrics to inform Title V programming in the state. These new metrics were integrated into the new quarterly reporting tools for local and Tribal health agencies as well as into multiple aspects and approaches with the 2025 Title V Needs Assessment.

The 2025 Title V Needs Assessment's design and implementation was intentionally planned and implemented with the Title V evaluator and epidemiologist working as a leader on the project. The Needs Assessment team approached the design of surveys and the selection and use of secondary data sources thoughtfully and intentionally. In the summer of 2024, while the Title V evaluator and epidemiologist was on parental leave, an LTE epidemiologist was brought in to aid in implementation and analysis of the community and organizational surveys. More information on the needs assessment process can be found in the Needs Assessment sections of this submission.

The Wisconsin Title V program has played an important role in responding to public health emergencies at the Department of Health Services. During the 2009 H1N1 Pandemic, Title V program staff supported the response in multiple ways including providing health educators, nurses, and epidemiologists to support the testing and resource hotlines. The Title V director at the time served as the co-lead for the operations section in the Incident Command Structure for the Zika response, and other Title V staff contributed to the Zika response by presenting maternal and child health perspectives at Incident Command Structure meetings, provided contact lists for key Title V program partners and professional organizations, reviewed communication materials targeted toward pregnant women and families, and led the surveillance and monitoring of Zika infections during pregnancy and birth defects associated with Zika infection. Title V and Family Health Section staff were reassigned to multiple COVID-19 response activities, including contact tracing, data analysis and surveillance, warehouse inventory, vaccine rollout, quality assurance for personal protective equipment, and vaccine distribution and logistics.

The 2022 State Systems Development Initiative grant application included specific plans to enhance MCH emergency preparedness efforts. One of the main goals of Wisconsin's State Systems Development Initiative grant is to enhance Wisconsin's epidemiological and programmatic staff knowledge and skills through identifying and utilizing relevant resources and trainings, such as those developed by the Council of State and Territorial Epidemiologists, with a focus on enhancing the state's emergency preparedness and response resources specific to Title V MCH Block Grant populations to inform rapid state program and policy action related to emergencies and emerging issues/threats.

Wisconsin participated in an Emergency Preparedness and Response Action Learning Collaborative to look for ways to better collaborate between the Title V program and emergency preparedness programs in Wisconsin in order to include maternal and child health populations in planning and response activities. The Wisconsin Emergency Preparedness and Response Action Learning Collaborative team included representation from Title V, maternal mortality review, division of public health communications staff, the office of preparedness and emergency health care, WIC, epidemiology, and home visiting. This collaborative has since ended but emergency preparedness work continues to occur under the office of the secretary and at the division level.

In February 2023, Wisconsin's Title V director stepped down and the state systems development initiative coordinator was named Interim Title V director. Due to the increased workload accompanying this appointment, State Systems Development Initiative projects were temporarily put on hold. In May 2023, the state systems development initiatives coordinator was officially promoted to the role of Wisconsin's Title V director and maternal and child health systems coordinator. The Title V evaluator and epidemiologist was assigned leadership of the State Systems Development Initiative program at the end of 2023.

In March 2024, the Title V evaluator and epidemiologist took parental leave. They returned in September 2024 and were fully focused on needs assessment data analysis through the beginning of January 2025. In February 2025, the Title V evaluator and epidemiologist gave resignation notice and began wrapping up current projects. The Family Health Section Manager was assigned as the interim project director for the State Systems Development Initiative program in March 2025. Also in March of 2025, the Wisconsin Department of Health Services issued a hiring freeze for non-essential positions. It is currently unclear when the Title V evaluator and epidemiologist position will be eligible for recruitment.

III.C.1.b.ii.e. Other Data Capacity

Epidemiologists and other data support staff within Wisconsin Department of Health Services, Family Health Section continue to have strong access to state public health data to inform and support Title V activities, including hospital and emergency visit data and provisional vital records files, updated daily, as well as support for data linkage, geographic analysis, and other activities to strengthen data use. These data are hosted in the Office of Health Informatics within the Division of Public Health and are funded through birth record fees, state revenue, and other grants.

One ongoing data capacity gap for Wisconsin has been the inability to use the National Survey of Children's Health to examine key questions for children with special health care needs, population subgroups, and in some cases to reliably compare Wisconsin statewide estimates to national numbers due to small sample sizes. To address this gap, Wisconsin worked with the National Survey of Children's Health team at the United States Census Bureau and Maternal and Child Health Bureau to implement an oversample to provide more reliable estimates in the future. Data collection for the oversample began in 2020 and was repeated in 2021, 2023, and 2024. The children and youth with special health care needs epidemiologist and a Council of State and Territorial Epidemiologists Applied Epidemiology fellow analyzed the oversample data and will publish the findings in Wisconsin surveillance briefs on the health of children and youth with special health care needs. In addition, the oversample data have been used extensively in program planning and for the Title V needs assessment.

This enhanced sample will inform efforts in multiple Title V performance measures, enhance the ability to identify subgroups, and assist with understanding the needs of child/adolescent populations, allowing the Title V program to design data-driven strategies and track progress toward performance measure goals.

Other projects to enhance data capacity in 2024 included collaborating with the Office of Health Informatics to improve maternal death identification using hospital discharge data, extensive data quality improvement activities to improve reproductive health and family planning programmatic data, implementing a supplemental questionnaire on contraceptive access through the Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS), and enhancing the newborn screening program's data system. Enhancing the quality of reproductive health and family planning data has been achieved through strategic collaboration with key partners, including data vendors, electronic health record (EHR) systems, and subrecipients. This coordinated approach has led to measurable improvements in data accuracy and consistency. The implementation of quarterly reporting has provided valuable insights, enabling targeted identification of areas for further improvement. In addition, planning and preparation for future data enhancements made significant progress, including a companion survey for the father that will be linked to PRAMS responses, and the addition of family interviews to the Maternal Mortality Review process. Wisconsin's extensive access to timely data on maternal and child health-related topics played a critical role in the success of the needs assessment, allowing for thorough secondary data analysis to inform future Title V activities, in addition to primary data. Family Health Section epidemiologists also actively contribute to Bureau and Division level data capacity projects, including the Data Management Advisory Team.

Wisconsin also conducts PRAMS with funding from the CDC and with personnel supported by the Wisconsin Maternal Health Innovation program. PRAMS data are used regularly by the Title V program to track progress in priority areas (annual performance measure reporting) and monitor the health of pregnant women and infants (informing the 2026–2030 needs assessment and data-driven strategies). In 2024, Wisconsin PRAMS implemented a supplemental questionnaire on contraceptive access in partnership with the University of Wisconsin-Madison School of Medicine and Public Health. 2024 PRAMS data are anticipated to be available in late 2025. In 2024, the Wisconsin PRAMS program also received weighted

2023 PRAMS data from the CDC, and these data are undergoing final cleaning processes. 2023 PRAMS data were collected utilizing the revised Wisconsin PRAMS Phase 9 survey instrument and include novel data on hypertension management, delivery experiences, postpartum anxiety, access to mental health services, doula support, housing stability, and adverse childhood experiences. For 2023 data collection, Title V funding supported an oversample of American Indian and Alaska Native mothers, allowing for the calculation of stable estimates for Indigenous communities.

Title V dollars were allocated to update the newborn screening program's database, WE-TRAC, to enhance data capacity. In fall 2024, the newborn hearing screening program developed a Coordination Assistance Resources & Evaluation Services module in WE-TRAC. This module was designed to capture the impact of the deafness-specific early intervention support the Coordination Assistance Resources & Evaluation Services team is providing in conjunction with the Birth to 3 Program for children with a hearing difference. This module includes enrollment information, demographics, a contact log, hearing and disability information, assessments, and child visit summaries. With the deployment of this module, the newborn hearing screening program is now able to document interventions and language outcomes for children (ages toddlers through preschool) in the system.

Epidemiology Workforce

Wisconsin Title V programmatic work is supported by epidemiologists working in the Family Health Section as well as other staff trained in epidemiology who have non-epidemiologist job responsibilities – including the Bureau of Community Health Promotion Director. Two full-time epidemiologists (one currently vacant) support each of Wisconsin's Title V performance measures, including managing and analyzing maternal and child health data, and three additional epidemiologists and a unit supervisor support other maternal and child health epidemiologic work, including Title V as needed. The State System Development Initiatives project director ensures this work is done in an organized and coordinated way, avoiding duplicative efforts while enhancing work across the Family Health Section. Other epidemiologists in the Family Health Section currently support Title V data needs while the Title V epidemiologist and evaluator position is vacant.

The Data and Evaluation Unit Supervisor, Emily Morian-Lozano, MPH, MSW, moved into her current role in Fall 2024, and leads the Family Health Section's team of epidemiologists, evaluators, and data staff. She provides and coordinates coverage when there are vacancies, facilitates collaboration across programs, and ensures all programs in the Family Health Section have adequate epidemiologic support, including Title V. Previously she served as the Maternal Mortality Review Epidemiologist and the Reproductive Health Family Planning Epidemiologist, and completed maternal and child health epidemiology training through the Council of State and Territorial Epidemiologists Applied Epidemiology Fellowship and the Graduate student Epidemiology Program. Emily also served as a mentor for a Council of State and Territorial Epidemiologists fellow, who transitioned into her current role as Maternal Health Innovation/PRAMS Epidemiologist in Spring 2024. She is funded by Title V.

The Title V Evaluator and Epidemiologist (vacant as of Spring 2025) supports the implementation of a consistent evaluation framework and supports infrastructure for tracking evidence-based strategy measures across all performance measures, in addition to supporting data entry into the Electronic Handbook's Title V Information System. This position serves as the primary support for all Title V performance measure work in order to maintain consistency. However, the position relies on the skills and expertise of all Title V data staff and fellows to provide additional support as needed. This position is funded by Title V.

The Children and Youth with Special Health Care Needs Epidemiologist, Melissa Olson, MS, primarily supports data needs related to the Medical Home and Youth Health Transition National Performance Measures. In addition, Melissa serves as the administrator and epidemiologist for the Wisconsin Birth Defects Registry and Birth Defects Prevention and Surveillance Program respectively. Melissa has over 16 years of experience working as an epidemiologist at the Department of Health Services and completed post graduate training through the University of Wisconsin Population Health Service Fellowship program. She is funded by Title V.

The Reproductive Health and Family Planning Epidemiologist, Jelena Debelnogich, MPH, was hired in 2024, and primarily supports any programmatic data needs related to NPM 01. Jelena Debelnogich completed maternal and child health epidemiology training through the Council of State and Territorial Epidemiologists Applied Epidemiology Fellowship. Her work at the Department of Health Services focuses on using data to support reproductive health and family planning programs, and she is funded by [Title X](#).

The Maternal Health Innovation/PRAMS Epidemiologist, Meg Diedrick, MPH, was hired in 2024, and serves as the Wisconsin Pregnancy Risk Assessment Monitoring System Project Director, supports the Maternal Health Innovation program, and supports Title V data needs related to PRAMS. Meg completed maternal and child health epidemiology training

through the Council of State and Territorial Epidemiologists Applied Epidemiology Fellowship. Meg is funded by the [Maternal Health Innovation grant](#) through HRSA.

The Maternal Health Epidemiologist (vacant as of Fall 2024) primarily supports maternal mortality and morbidity related work, including Maternal Mortality Review and the Maternal Health Innovation programs. This position is funded by the [Enhancing Review and Surveillance to Eliminate Maternal Mortality \(ERASE MM\) grant](#) through the CDC and [Maternal Health Innovation grant](#) through HRSA.

In addition, students in epidemiology and public health regularly support data projects for Title V programs, under the mentorship of Title V staff, enhancing the epidemiological capacity of the programs. A recent example includes four summer interns who completed projects related to identifying priority populations using secondary data for the Title V Needs Assessment, physical activity and nutrition, perinatal mental health, and breastfeeding.

III.C.1.b.iii. Title V Program Partnerships, Collaboration, and Coordination

Wisconsin's Title V program emphasizes strong partnerships and collaboration to improve the health and well-being of women, infants, children, and families, particularly those with low incomes or limited access to care. The program fosters collaboration between state and local public health agencies, tribal entities, community-based organizations, and statewide initiatives to create a coordinated and integrated system of services. Through its targeted initiatives and strategic partnerships, the Wisconsin Title V program continues to address the evolving needs of families and communities in the state.

OTHER MCHB INVESTMENTS

State Systems Development Initiative

This grant is managed by the Title V evaluator and epidemiologist to ensure close collaboration and alignment with the Wisconsin Title V program. The position is currently vacant, and the interim project director is the Family Health Section Manager.

Pregnancy Risk Assessment Monitoring System

This program is managed within the Data and Evaluation Unit of the Family Health Section in Wisconsin's Department of Health Services, where many of the staff are funded by and support Title V work. This ensures close cross-collaboration and alignment between programs.

Maternal Health Innovations grant

The Wisconsin Department of Health Services was awarded the Maternal Health Innovation grant in October, 2023. The Wisconsin Title V program is closely aligned with the Maternal Health Innovation program by addressing critical maternal health challenges and promoting improved health outcomes. By fostering collaboration among community organizations, health care providers, and partners statewide, the Maternal Health Innovation program strengthens the overall framework of the Wisconsin Title V program and contributes to the reduction of maternal and infant mortality and morbidity rates.

Maternal, Infant, Early Childhood Home Visiting program

The Wisconsin Title V program has a close collaboration with the Maternal, Infant, and Early Childhood Home Visiting grant funded [Family Foundations Home Visiting programs](#) across Wisconsin. A home visiting nurse consultant liaises between the Wisconsin Title V program and the Department of Children and Families Home Visiting program, providing consultation to support alignment of the action plans and measures within the two programs. In her unique role, this nurse consultant works to align home visiting program materials and standards with the Wisconsin Title V program priorities and promotes innovation in both programs. It is also the responsibility of the nurse consultant to facilitate coordination and implementation of activities between departments. In 2022, the Wisconsin Title V program and the Home Visiting program signed an updated Memorandum of Understanding affirming their ongoing partnership.

OTHER HRSA PROGRAMS

Pediatric Mental health Care Access Program

This program is managed within the Child and Adolescent Health Unit of the Family Health Section in Wisconsin's Department of Health Services, where many of the staff are funded by and support Title V work. This ensures close cross-collaboration between programs.

OTHER FEDERAL INVESTMENTS

[Transforming Maternal Health \(TMAH\) Model](#)

In January 2025, the [Centers for Medicare and Medicaid Services](#) announced that Wisconsin was one of the 15 recipients of the Transforming Maternal Health grant, aimed to improve maternal health outcomes. The grant will allow Wisconsin to conduct an analysis to determine access to maternal and infant health services in areas with significant disparities and will present opportunities for Title V staff to collaborate between this grant's project areas and the Wisconsin Title V program's activities.

Mortality Review

The Wisconsin Title V program is closely linked with Child Death Review, Fetal and Infant Mortality Review, and Maternal Mortality Review efforts in Wisconsin. Wisconsin Title V funds [Children's Health Alliance of Wisconsin](#), the local recipient of the Sudden Unexpected Infant Death Registry grant, to provide technical assistance to local child and fetal/infant death review teams. Title V staff also sit on the statewide Child Death Review State Advisory Council and work with local health departments to identify actionable recommendations based on reviewed cases. For many years, Wisconsin Title V staff implemented the state's maternal mortality team; however, thanks to financial and technical support from the CDC, Wisconsin Department of Health Services now has dedicated staff to convene the Wisconsin Maternal Mortality Review Team. Nonetheless, the Wisconsin Title V program team members continue to attend mortality review meetings and actively work to integrate recommendations into the Wisconsin Title V State Action Plan.

Personal Responsibility Education Program

This program is managed within the Child and Adolescent Health Unit of the Family Health Section in Wisconsin's Department of Health Services, where many of the staff are funded by and support Title V work. This ensures close cross-collaboration between programs.

Rape Prevention and Education Program

This program is managed within the Child and Adolescent Health Unit of the Family Health Section in Wisconsin's Department of Health Services, where many of the staff are funded by and support Title V work. This ensures close cross-collaboration between programs.

Sexual Risk Avoidance Education Program

This program is managed within the Child and Adolescent Health Unit of the Family Health Section in Wisconsin's Department of Health Services, where many of the staff are funded by and support Title V work. This ensures close cross-collaboration between programs.

Teen Pregnancy Prevention Program

This program is managed within the Child and Adolescent Health Unit of the Family Health Section in Wisconsin's Department of Health Services, where many of the staff are funded by and support Title V work. This ensures close cross-collaboration between programs.

Title X Family Planning Program

This program is managed within the Reproductive Health Family Planning Unit of the Family Health Section in Wisconsin's Department of Health Services, where many of the staff are funded by and/or support Title V work. This ensures close cross-collaboration between programs.

Early Hearing Detection and Intervention Program

This program is managed within the Children and Youth with Special Health Care Needs Unit of the Family Health Section in Wisconsin's Department of Health Services, where many of the staff are funded by and support Title V work. This ensures close cross-collaboration between programs.

LOCAL MATERNAL AND CHILD HEALTH PROGRAMS AND ORGANIZATIONS

The Wisconsin Title V program invests in health systems and services through partnerships with local and Tribal health agencies. In Wisconsin, there are 12 Tribal and 86 local public health agencies, resulting in a total of 96 local and Tribal health agencies that are operated by counties, municipalities, partnerships between local governments, and Native American Tribes. Local and Tribal health agencies choose at least one of six projects to use their annual non-competitive Title V funds to support. In 2024, project options included breastfeeding support, developmental screening, adolescent well-being, community engagement, perinatal mental health, and physical activity and nutrition. These project options align with Wisconsin's Title V State Action Plan.

The Wisconsin Title V program continued collaborating with organizations awarded funding to implement projects aimed at improving the health of maternal and child populations from January 2023 to June of 2024.

Winnebago Health Department: Family Resource Hours

The [Winnebago County Health Department](#) established Family Resource Hours to support families in accessing services such as developmental screenings, car seat education, immunizations, lead screening, home safety, breastfeeding support and basic need supplies. The agency collaborated with community partners to establish a satellite site to hold Family Resource Hours along with other family-centered services offered by partners which helped the agency continue building sustainable partnerships.

Family Resource Center of St. Croix Valley

The [Family Resource Center of St. Croix Valley](#) served Spanish speaking families through community outreach and engagement with the goal of increasing the number of families utilizing the agency's services. They held cooking classes and pumpkin and berry picking events to bring families together. Educational opportunities were offered and included topics such as car seat safety, safe sleep, and outdoor/weather safety. A prenatal class was designed for Spanish speaking families, as well as car seat safety, diaper education, newborn care, and safe sleep.

OTHER STATE PROGRAMS

Newborn Screening program and Birth Defects Surveillance and Prevention program

The Wisconsin Title V program collaborates with the state's [Newborn Screening program](#) and [Birth Defects Surveillance and Prevention program](#). The Wisconsin Newborn Screening program partners with the Wisconsin [State Lab of Hygiene](#) for blood screening and follow up. More details about this work can be found in the 'Women/Maternal' Report and Application sections of this grant submission.

Child Psychiatry Consultation Program

This program is supported through Wisconsin state statute and managed within the Child and Adolescent Health Unit of the Family Health Section in Wisconsin's Department of Health Services, where many of the staff are funded by and support Title V work. This ensures close cross-collaboration between programs.

Women's Health Block Grant

This program is supported through Wisconsin state statute and managed within the Bureau of Community Health Promotion in Wisconsin's Department of Health Services. The Wisconsin Title V program is also located in this bureau,

though in a different section. The teams communicate regularly to ensure alignment and identify opportunities for collaboration.

Pregnancy Outreach and Infant Outreach Program

This program is supported through Wisconsin state statute and managed by the WIC team. The Wisconsin Title V program connects with this program regularly to ensure alignment and identify opportunities for collaboration.

Grant for Colonoscopies and Other Services

This program is supported through Wisconsin state statute and managed by the Division of Medicaid Services. The Wisconsin Title V program connects with this team regularly to ensure alignment and identify opportunities for collaboration.

OTHER GOVERNMENTAL AGENCIES

Medicaid

The Wisconsin Title V program is an active partner to Wisconsin Medicaid in their efforts to improve access and quality of perinatal care. Wisconsin Title V program staff have consulted on the proposals to extend Medicaid coverage beyond 60 days postpartum. They have also been closely involved with a redesign of the [prenatal care coordination benefit](#); a Wisconsin-specific benefit created through a state waiver that connects pregnant people to medical, social, and educational services to improve birth outcomes. Title V has provided a critical bridge between Medicaid and community providers to inform the future of this benefit and to provide education and skill-building resources. More information on the Wisconsin Title V program's relationship with Medicaid can be found in the following section.

Wisconsin Department of Public Instruction

The Wisconsin Title V program partners with the Student Services Prevention and Wellness team at the Wisconsin Department of Public Instruction to build data capacity and increase participation in the [Youth Risk Behavior Survey](#) and [School Health Profiles](#), both of which provide vital information about Wisconsin's young people at the state and local level. The Wisconsin Title V program also works closely with the Department of Public Instruction team on cross cutting efforts to support adolescent health, including policy efforts, funding opportunities and programmatic alignment.

TRIBAL NATIONS, TRIBAL ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS

The Wisconsin Title V program funds all 11 Tribal health agencies in the state to promote maternal and child health systems building activities in their jurisdictions. Each agency chooses at least one of six projects to use their annual non-competitive Title V funds to support. In 2024, project options included breastfeeding support, developmental screening, adolescent well-being, community engagement, perinatal mental health, and physical activity and nutrition. These project options align with the Wisconsin Title V State Action Plan.

Additional funds are offered to Tribal health agencies to improve care coordination for the children and youth with special health care needs that they serve. In addition, the Wisconsin Title V program has partnered with Tribal Nation leadership to improve the availability of data for Native American maternal and child populations. In 2023, the Wisconsin Title V program supported an oversample of Native American pregnant women in Wisconsin in the Pregnancy Risk Assessment Monitoring System, a repeat of a 2020 oversample which yielded the first population health data for these communities in Wisconsin.

PUBLIC HEALTH AND HEALTH PROFESSIONAL EDUCATIONAL PROGRAMS AND UNIVERSITIES

University of Wisconsin Zilber School of Public Health

In 2023, a new Title V director was appointed, and the Wisconsin Title V program revitalized their relationship with the University of Wisconsin Zilber School of Public Health. The Wisconsin Title V program now works with the public health

program to offer field experience opportunities in the maternal and child public health field for graduate students and doctoral candidates. The programs work closely throughout the year to maintain a list of potential student projects that the Wisconsin Title V program can support. Many students complete their field experience activities in the summer months and while projects are primarily rooted in epidemiological methods, there are also more programmatic opportunities for students.

In 2025, the Wisconsin Title V program led a collaboration across multiple maternal and child health programs at the state such as the Maternal Health Innovations program, Maternal Mortality Review, and Newborn Screening program to develop a more robust list of paid and unpaid student field experience opportunities. So far, this expanded collaboration is going well and is improving coordination, collaboration, and communication across all the teams involved in this endeavor.

NON-GOVERNMENTAL ORGANIZATIONS

Healthy Early Collaborative

The [Healthy Early Collaborative](#) is a team of over 90 multi-sector partners devoted to advancing healthy eating and physical activity opportunities for children and families in Wisconsin through policy, systems, and environmental changes. The Collaborative is further described in the Child Report/Application narratives for NPM 08.1 (physical activity).

Embolden WI

This organization was formerly known as the Wisconsin Alliance for Women's Health. The Wisconsin Title V program continues to collaborate closely with the [Embolden WI](#) project known as the [Providers and Teens Communicating for Health \(PATCH\)](#) program. This program trains and empowers youth to be health educators and advocates.

Wisconsin Perinatal Quality Collaborative

The Wisconsin Title V program supports health care quality collaboratives with both financial and technical assistance resources including the [Wisconsin Perinatal Quality Collaborative](#), made up of health systems in Wisconsin serving pregnant and postpartum persons. Title V staff and data systems help to inform priorities for quality improvement efforts. The Wisconsin Perinatal Quality Collaborative is also Wisconsin's lead agency for the implementation of the [Alliance for Innovation on Maternal Health](#) (Also known as AIM) bundles to prevent maternal death.

Wisconsin Collaborative for Healthcare Quality

The [Wisconsin Collaborative for Healthcare Quality](#) focused on improving pediatric, childhood, and adolescent immunization disparities and vaccination in 2024. They formed a project improvement team with members from health systems, community partners, the Wisconsin Chapter of the American Academy of Pediatrics, the Immunize Wisconsin program, the Wisconsin Title V and Immunization programs, as well as a youth representative. The agency also conducted outreach and provider education to share resources and tools that were developed to support providers in addressing vaccine access barriers. A series of [videos](#) and other resources were developed for health systems and community organizations to better understand barriers and concerns among parents and caregivers in populations that experience lower immunization rates. A partnership that emerged from this project between the Wisconsin Title V program, the Wisconsin Immunization program, Medicaid, and the Wisconsin Collaborative for Healthcare Quality led to routine connections between programs to discuss opportunities for collaboration.

Collective

Wisconsin partners with the national organization [Collective](#) to help convene birth hospitals and provide technical assistance with implementing [Baby-Friendly hospital practices](#). The Wisconsin Title V program supports these quality collaboratives, a strategic investment in partnerships with private healthcare providers. Collective also provides coaching to local health departments, focusing on opportunities to improve care coordination systems and collaborative efforts.

Moms Mental Health Initiative

Mom's Mental Health Initiative was awarded funding through the American Rescue Plan Act and these funds were administered by the Wisconsin Title V program. Their project provided peer support, education, advocacy, and resource brokering. They have seen a marked increase in participants since receiving this funding, going from serving 68 participants

in 2022 to 347 participants in 2024.

Doulaing the Doula

This community-based doula training and certification organization was awarded funding through the American Rescue Plan Act (funds administered by the Wisconsin Title V program) from January 2023 to June 2024. Birth doula trainers educate professional doulas, relatives, neighbors, and friends who contribute to a positive birthing environment and better maternal health outcomes. This project provided an opportunity to establish candidates who have attended over 25 births and who serve medically vulnerable populations and possess a strong desire to lead others by facilitating birth education as birth doula trainers.

Healthy Birth Day, Count the Kicks

Count The Kicks is an evidence-based state-wide campaign of Healthy Birth Day, Inc. a nonprofit organization founded by five women who each experienced a stillbirth or infant death. Efforts aim to reduce fatalities associated with stillbirth. Healthy Birth Day introduced the launch of Count The Kicks through coordinated efforts with the Wisconsin Department of Health Services to distribute educational materials, offering them for free to anyone in the state.

Wise Women Gathering Place

Wise Women Gathering Place is a community-based organization of Oneida nation. The organization was awarded funding through the American Rescue Plan Act (funds administered by the Wisconsin Title V program) from January 2023 to June 2024. They work to increase knowledge around healthy relationships and increase family stability for native families through improved attitudes about healthy relationships. Lessons and curriculum are strategically developed to promote a positive impact on youth growth and development. The facilitators of this program provide education to youth which increases family stability and improves family child relationships by providing culturally specific crisis response for Native American youth in the program. Services and education are extended to include the families of youth as well.

Waking Women Healing

Waking Women Healing is a community-based organization serving Menominee Nation and Shawano County. The organization was awarded funding through the American Rescue Plan Act (funds administered by the Wisconsin Title V program) from January 2023 to June 2024. They work to build a positive association to the traditional practices of Native American people through educational and training activities which revitalize the traditional practices of healing and birthing. Ten doulas completed their Indigenous Full Spectrum Doula training.

Indigenous Birth Services

Indigenous Birth Services organization was awarded funding through the American Rescue Plan Act (funds administered by the Wisconsin Title V program) from January 2023 to June 2024 and is a community-based organization serving the Bad River Tribal Nation and the communities in Ashland County. The Indigenous Birth Services program provides traditional midwifery services to expecting families, including prenatal and postnatal care services. This program also includes work developing a traditional birth practices curriculum to promote sustainability of the educational components of the program, as well as the sustainability of the cultural practices. During the growth and development of services, a father doula program was included to promote father/partner involvement.

United Way St. Croix

United Way St. Croix Diaper Bank provides a diaper pantry resource in Pierce County ensuring that all counties within the United Way St Croix Valley service area have diaper resources available to families in need.

COLLABORATIVE WORK WITH OTHER FEDERAL, STATE, AND NON-GOVERNMENTAL PARTNERS

The Wisconsin Title V program invests in strong health systems through partnerships with several nonprofit agencies and all 96 local health departments in the state. Local health departments choose at least one at least one of six projects to implement with their annual non-competitive Title V funding: breastfeeding support; developmental screening; adolescent well-being; community engagement; perinatal mental health; and physical activity and nutrition. These project options are

developed and refined by the Wisconsin Title V program team each year to align with the Wisconsin Title V State Action Plan. Local health departments and private clinics are also supported to serve as dual protection service sites. Dual protection is the use of condoms to reduce the risk of sexually transmitted disease (STD) exposure and a contraceptive method to reduce the likelihood of unintended pregnancy. Dual protection service sites are an essential component of comprehensive family planning services and are a reproductive health standard of care. These dual protection sites also refer their patients to primary care and expand their available services. Review the full block grant submission for a comprehensive view of the collaborative work occurring with community, local, state, and federal partners.

III.C.1.b.iv. Family and Community Partnerships

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

STRATEGIC AND PROGRAMMATIC PLANNING

The Children and Youth with Special Health Care Needs network is comprised of 12 external program partnerships, five of those being the Children and Youth with Special Health Care Needs Regional Centers. For years, the Children and Youth with Special Health Care Needs network has engaged in strategic planning with a major component of their vision for the future being a change away from the term 'regional center.' The term 'regional center' has never been a good descriptor of the work being done and implies a physical space to receive services—which not all of them have. Finally, in 2023, the five Regional Resource Centers were rebranded. The rebranding was a result of a statewide marketing campaign, funded by American Rescue Plan Act dollars, that used focus groups and surveys from families and providers to identify what resonates with families and providers. As a result, the Regional Centers are now known as "Children's Resource Centers," with the tagline: Guiding Wisconsin families of children and youth with special health care needs. This name helps to connect better to families and providers by more accurately describing their service and it communicates the Children and Youth with Special Health Care Needs program mission and values.

The Information and Referral Specialists, the name of the staff at the Children's Resource Centers that take phone calls from families and providers, were also renamed. The staff at the Children's Resource Centers describe their work as: "diving in, being with, walking along the side of parents." They "follow up, stay in the loop, close the gap." They are "personable, knowledgeable, and have lived experience." It is from this feedback that the decision to rebrand them as 'Children's Resource Guides' was made. Many of the Children's Resource Guides have gone through similar experiences in the health care system with their children as the families they serve, making them excellent partners to support parents. Guides are trained to help families find the resources that are meaningful to them. They honor a families' wish to choose the next steps to meet their child's needs. The rebranding of the Children's Resource Centers and Children's Resource Guides has been a positive step towards improving the program's plan to become more recognizable and accessible to families and providers of children and youth with special health care needs.

PROGRAM OUTREACH AND AWARENESS

Title V grants funds five local public health agencies and nonprofits organizations for the purposes of operating the five Children's Resource Centers (previously known as the Children and Youth with Special Health Care Needs Regional Centers) who've been providing information and referrals to families and providers since the early 2000's, on a smaller, regional scale model, underwent another significant change. Relying on the Children and Youth with Special Health Care Needs Children's Resource Centers for the basic infrastructure, the [Wisconsin Wayfinder: Children's Resource Network program](#) was launched in 2023. The vision of this program was to develop a solution to simplify, for families of children and youth with special health care needs, the experience of finding information and initiating access to specialty community health care and support programs. This program relies on enhancing and expanding the current work of the Children's Resource Centers through additional ARPA funds and partnerships between inter and intra agencies targets to increase collaboration, information sharing, problem solving, etc., for the purpose of a more unified system of care for children with disabilities and special health care needs. As a result of this project, all Wisconsin families of children and youth with special health care needs now have an easier way to identify, navigate, and access needed resources.

WORKFORCE DEVELOPMENT AND TRAINING

Since 2023, the Wisconsin Title V program has contracted with a technical assistance provider, Smith Research and Consulting, to work closely with local and Tribal health agencies in their respective jurisdictions to intentionally embed family

engagement and community partnerships into Title V-funded programs. Specifically, Smith Research and Consulting works one-on-one with local health agencies to assess their current landscape of partnerships, and trains staff on how to conduct outreach and work closely with local community organizations. See the Cross-Cutting/Systems Building report for more details about this work.

Title V and American Rescue Plan Act (ARPA) funds supported local community-based organizations and health systems beginning in 2023 to implement maternal and child (including children and youth with special health care needs) projects to support populations at risk for poor maternal and infant health outcomes. The local technical assistance provider to community-based organizations, Wisconsin Coalition Against Sexual Assault, worked with some of these funded partners to help them implement these projects. These projects began in January of 2023 and all projects were completed by December of 2024.

ADVISORY COMMITTEES

[Children Come First Advisory Committee](#)

The Children Come First Advisory Committee was established by [Wis. Stat. § 46.56](#) and supports the development of a comprehensive service system of coordinated care for children who are involved in two or more systems of care. The mission of the Children Come First Advisory Committee is “Wisconsin’s Children’s System of Care is a way of helping children and families receive the right help, at the right time, in the right amount by connecting and coordinating the work of all system partners.” In 2023, the Children and Youth with Special Health Care Needs Program Director became a voting member of this committee advocating for issues on behalf of families of children and youth with special health care needs.

[Child Death Review State Advisory Council](#)

The Council is composed of experts from across the state, including representatives from state departments, health systems, advocacy groups, coroners and medical examiners. The Council monitors child death and fetal and infant death data, provides guidance, and supports local review teams. In Wisconsin, child death review teams primarily review deaths of infants and children, ages 0 to 18, which are reportable to the medical examiner or coroner. The purpose of child death review is to better understand the risk factors and circumstances surrounding a child’s death and to develop policy and program recommendations to prevent future deaths. In 2023, the Child Death Review team entered 241 cases.

[Wisconsin Maternal Mortality Review Team](#)

The Wisconsin Maternal Mortality Review Team (MMRT) was established by the Wisconsin Department of Health Services, Division of Public Health and the Wisconsin Section of the American College of Obstetricians and Gynecologists in 1997. Prior to 1997, cases of maternal mortality were reviewed by a committee of the Wisconsin Medical Society. The Maternal Mortality Review Team includes diverse representation from multiple disciplines, including public health, perinatal nursing, midwifery, social work, psychiatry, forensic pathology, law, doula support, family medicine, and obstetrics. Currently, the MMRT is supported through the CDC’s [Enhancing Reviews and Surveillance to Eliminate Maternal Mortality](#) (ERASE) program. In 2024, the MMRT onboarded six new team members, held six Maternal Mortality Review Team meetings where the team reviewed a total of 86 cases, and produced more than 115 recommendations to prevent future pregnancy-related deaths.

[Wisconsin Pregnancy Risk Assessment Monitoring System Steering Committee](#)

Wisconsin began participating in the Pregnancy Risk Assessment Monitoring System in 2007 and collects population-based data on attitudes and experiences before, during, and shortly after pregnancy. The operation and dissemination of the Wisconsin Pregnancy Risk Assessment Monitoring System is informed by a steering committee, an interdisciplinary team with representatives from health care, academia, and community organizations across Wisconsin. The steering committee meets two to three times per year. They consider such issues as the content of the survey questionnaire, strategies to ensure quality of the survey data, as well as opportunities to utilize Pregnancy Risk Assessment Monitoring System data to inform public health practice and improve health outcomes.

III.C.1.c. Identifying Priority Needs and Linking to Performance Measures

Methodologies used to rank the broad set of identified needs and the state’s process for selecting its final seven to 10 priorities

Needs Assessment Methodologies are discussed in the Needs Assessment Findings section of this narrative.

Emerging issues or other frequently cited needs that were not included in the final list of priority needs and a rationale for why they were not selected

Top points identified from the decision matrix were discussed within the Needs Assessment Project Manager Team, and this group made decisions to carry forward the topics, themes and subthemes that would be possible to accomplish with Title V funding.

To ensure the Wisconsin Title V program makes an impact in health outcomes, some of the topics that scored high did not make it to the priority setting stage because of existing programs in Wisconsin that have a strong focus on these public health needs. For example, dental or oral health needs, and housing stability are two programs within the Wisconsin Department of Health Services that already support family needs in these areas.

Factors that contributed to changes in the state's priority needs since the previous five-year reporting cycle

The definition of a Priority Need provided in federal guidance is somewhat vague. In previous reporting cycles, the Wisconsin Title V program team chose to develop priority needs that aimed to address as many overarching themes as possible from needs assessment findings. Unfortunately, using this approach did not provide the team with an understanding of the role of these priority needs in the overall action plan.

To give the priority needs a more defined sense of purpose in this reporting cycle, the Wisconsin Title V program team identified a Priority Need for each of the Wisconsin Title V program priority populations, based on findings from the 2025 MCH Needs Assessment. Rather than feeling separate or disconnected from the State Action Plan, these priority needs now serve as the overall goals for each Wisconsin Title V program priority population, with applicable performance measures, strategy measures, strategies, etc. housed under each one. Focusing the priority needs in this way allows the Wisconsin Title V program team to hold priority needs at the center of every action planning, implementation, and evaluation discussion, rather than holding them on the periphery as 'important ideals.'

Relationship between the priority need and the selected national and/or state performance measures in driving improvement

To remain authentic to stakeholder input gathered in the 2025 MCH Needs Assessment, performance measures were selected *after* the priority needs were developed.

To comply with the necessary National Performance Measure selection requirements, the team worked with the Data and Evaluation Unit to identify the National Performance Measure which aligned best with the applicable population.

State Performance Measures were suggested and selected by members of the Data and Evaluation Unit. Once Priority Needs were identified, the Title V Evaluator and Epidemiologist identified existing available data sources and measurements that could support the cross-cutting, family-focused priority needs identified. The Title V Director then worked with the Data and Evaluation Unit to confirm State Performance Measures.

Additional accountability measures and plans for data collection will also be incorporated into Wisconsin's Action Plan. These additional plans will be based in the results-based-accountability framework and methodologies.

The extent to which stakeholders, including families and family-led organizations, were involved in ranking the broad set of identified needs and selecting the state's final priorities.

Stakeholder input in the form of community input surveys, organizational surveys, focus groups, and community conversations were the main information used to select Wisconsin's final priority needs.

III.D. Financial Narrative

	2022		2023	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	\$11,402,328	\$10,845,900	\$11,263,354	\$11,042,550
State Funds	\$5,007,277	\$4,721,800	\$4,721,800	\$849,920
Local Funds	\$5,742,812	\$6,685,106	\$3,156,457	\$3,794,498
Other Funds	\$0	\$0	\$5,034,473	\$3,638,465
Program Funds	\$0	\$0	\$0	\$0
SubTotal	\$22,152,417	\$22,252,806	\$24,176,084	\$19,325,433
Other Federal Funds	\$510,020	\$510,020	\$0	\$0
Total	\$22,662,437	\$22,762,826	\$24,176,084	\$19,325,433
	2024		2025	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	\$16,054,426	\$11,073,342	\$11,042,550	
State Funds	\$6,983,676	\$3,829,493	\$4,404,893	
Local Funds	\$5,057,144	\$4,580,391	\$3,877,020	
Other Funds	\$0	\$0	\$0	
Program Funds	\$0	\$0	\$0	
SubTotal	\$28,095,246	\$19,483,226	\$19,324,463	
Other Federal Funds	\$335,000	\$335,000	\$0	
Total	\$28,430,246	\$19,818,226	\$19,324,463	

	2026	
	Budgeted	Expended
Federal Allocation	\$11,042,550	
State Funds	\$4,140,957	
Local Funds	\$4,140,956	
Other Funds	\$0	
Program Funds	\$0	
SubTotal	\$19,324,463	
Other Federal Funds	\$0	
Total	\$19,324,463	

III.D.1. Expenditures

The following expenditure narrative outlines how the Wisconsin Title V program used the awarded funding to create a sustainable statewide network of maternal and child health services.

Building and expanding a sustainable statewide network of maternal and child health services is fundamental to achieving the mission of Wisconsin Department of Health Services to protect and promote the health and safety of the people of Wisconsin. Specifically, the key activities of the Wisconsin Title V program directly support several priorities of the [Wisconsin State Health Improvement Plan, 2023-2027](#), including:

- **Person and community-centered healthcare** by improving healthcare access for women, children, adolescents, and children and youth with special healthcare needs.
- **Social and community conditions** by enhancing support and coordinating access to services for children and youth with special healthcare needs and their families.
- **Physical, mental, and systemic safety** by working to create the conditions necessary to reduce infant deaths.
- **Mental and emotional health and well-being** by working to improve the mental health of children and adolescents.

The following expenditure narrative demonstrates how the Wisconsin Title V program used the awarded funding to create and enhance the statewide network of maternal and child health services and contribute to these statewide health priorities.

Key Activities

The total federal allocation Wisconsin received from Title V in 2024 was **\$11,213,179**. In 2024, the Wisconsin Title V program spent a total of \$11,073,342 to:

- Reduce infant deaths
- Improve access to quality health care services for:
 - Women who need prenatal, delivery, and postnatal care
 - Women and children with low incomes who need preventive and primary care services
 - Women and children who have trouble finding care where they live
- Support children and youth with special health care needs, including rehabilitative services
- Deliver family-centered, community-based, systems of coordinated care for children with special health care needs
- Improve physical and mental health for children and adolescents

Personnel

The 2024 expenditure for salary in total was: **\$2,019,996**. This is broken down in the following categories across 25.88 total FTE (full-time employees): Mothers and infants: \$832,843; preventive and primary care for children: \$501,022 and children and youth with special health care needs: \$686,131. In 2024, the Wisconsin Title V program had staff working across the Family Health Section and in all six units:

- Maternal and Infant Health Unit
- Reproductive and Family Health Planning Unit
- Child and Adolescent Health Unit
- Children and Youth with Special Health Care Needs Unit
- Data and Evaluation Unit
- Community Health Operations Unit

The Family Health Section employs a wide variety of professionals to implement the Wisconsin Title V program, including a medical director, medical consultant, supervisors, program directors, nurse consultants, public health educators, social workers, epidemiologists, grant specialists, and program coordinators. These positions are based on the Wisconsin Office of State Employee Relations job descriptions and pay scale classifications.

Fringe Benefits

The total cost for fringe benefits in 2024 was **\$703,354**. This is broken down into the following categories:

- Mothers and infants - \$291,144
- Preventive and primary care for children - \$172,596
- Children and youth with special health care needs - \$239,614.

In 2024, the fringe benefits were calculated at 41.89% of salary. The breakdown of the 41.89% includes the following:

Retirement	6.80%
FICA	7.65%
Sick leave	0.90%
Health insurance premiums	21.10%
HAS fees contributions	0.21%
Opt-out awards	0.15%
ETF administration fee	0.01%
Life insurance	0.13%
Income continuation insurance	0.24%
Unemployment insurance	0.03%
Prior service costs	4.68%

Equipment

The Wisconsin Title V program did not expend any Title V-related equipment costs.

Supplies

The total cost for supplies in 2024 was **\$1,342**. In 2024, the Wisconsin Department of Health Services shifted the majority of supply costs to the 'Other' category, which is the reason for the significant change in this amount from 2023 (\$29,533).

Travel

The total cost for travel in 2024 was **\$475,439**. This included the Association of Maternal and Child Health Programs (AMCHP) Conference in Oakland, California and the Title V Maternal and Child Health (MCH) Federal-State Partnership Meeting in Washington D.C. Both the Title V Maternal and Child Health Director and the Title V Children and Youth with Special Health Care Needs Director attended the partnership meeting in addition to several other Title V staff. Other Title V staff such as unit supervisors, public health nursing staff, public health educators, and epidemiologists also attended a variety of training and/or conference events in 2024. The Wisconsin Title V program was represented at the American Public Health Association Conference, CityMATCH, and the Council of State and Territorial Epidemiologists Conference to learn about best practices and emerging trends. Additionally, Title V staff also attended many Wisconsin-based conferences and training events such as the Wisconsin Public Health Association Conference, the Circles of Life Conference, and the Fulfilling the Promise Conference in 2024.

Other

The total cost for other in 2024 was **\$435,971**. This includes areas such as rent, insurance, telecommunications, equipment rental, enterprise accounting, and email licenses, mail services, professional services, and office supplies.

Contractual

The total cost for contractual in 2024 was **\$7,288,785**. These funds were subcontracted to local, tribal, regional, and statewide partners to support system-building efforts. This is broken down into the following categories: mothers and infants: \$1,434,249; preventive and primary care for children: \$3,964,320; and children and youth with special health care needs: \$1,890,215.

Indirect Charges

The total cost for indirect charges in 2024 was **\$148,454**. The Division of Public Health had an approved indirect cost rate of 7.9% of salary costs.

Non-Federal Contribution

Wisconsin received a total of \$11,213,179 in 2024. The required 75% match amount for this allocation in non-federal (State general purpose revenue and local match) funding sources totaled **\$8,409,884**. Of this, \$3,829,493 was contributed from Wisconsin's General Purpose Revenue funding source that invests in state maternal and child health programs and \$4,580,391 was contributed from local partners.

Program Income

The Wisconsin Title V program does not collect program income.

III.D.2. Budget

As the Wisconsin Title V program prepares the next budget for the 2026 year, it will continue to build upon the important work accomplished in 2024 and respond to pressing challenges facing public health, improving the lives and wellbeing of the people of Wisconsin, and strengthening and supporting the health of mothers, infants, children, families, and communities. The Wisconsin Title V program will work to ensure funding will be used to ensure access to maternal and child health services throughout Wisconsin. In order to continue building a sustainable, statewide network of maternal and child health services, the program must consider three key elements: time, personnel, and contracted resources (i.e., direct service providers). Using last year's allocation of \$11,042,550 as an estimate, the following budget narrative details how the Wisconsin Title V program will bring program administration and contracted resources together.

Non-Contractual

In 2026, the Wisconsin Title V program estimates spending **\$4,030,008** in non-contractual services. The categorical break down of this estimate includes personnel salaries estimated at \$2,298,625 fringe benefit costs estimated at \$918,990, consultant costs, equipment, and supplies all estimated at \$0, travel estimated at \$189,312, other is estimated at \$469,073, and indirect costs estimated at \$154,008. These costs are further broken down into the following mothers and infants: \$1,470,563, preventive and primary care for children: \$1,340,151, and children and youth with special health care needs: \$1,219,293.

Personnel

The 2026 budget for salary in total is **\$2,298,625** for an estimated 24.83 FTE. This is a decrease in FTE from 2025 due to overall structural changes within Department of Health Services.

Fringe Benefits

The 2026 budget for fringe benefits is **\$918,990**. Fringe benefits are calculated at 39.98% of salary for full time employees and 7.65% for limited-term employees. The 39.98% includes 6.95% for retirement, 7.65% FICA, 1.20% sick leave conversion, 20.52% health insurance, 0.19% HAS fees/contributions, 0.14% opt-out awards, 0.12% life insurance, 0.11% income continuation insurance, 0.02% unemployment insurance, and 3.08% prior service costs.

Consultant Costs

The Department of Health Services does not plan to expend any Title V program dollars on consultant costs in 2026.

Equipment

The Department of Health Services does not plan to expend any Title V program dollars on equipment costs in 2026.

Supplies

Beginning in 2025, the Department of Health Services started calculating supply costs in the "Other" category.

Travel

The 2026 budget for both in-state and out-of-state travel costs associated with this grant is **\$189,312**. Planned travel will consist of approximately three national conferences or trainings for the Chief Medical Officer, Title V Director, Children and Youth with Special Health Care Needs Director, and Unit Supervisors. In addition, this would fund travel for two national conferences or training for other staff including the public health nurses, public health educators, program coordinators, and epidemiologists. The out-of-state travel costs are estimated in the following categories: registration (\$500/conference), airfare (\$680/roundtrip and includes baggage fees), transportation and parking costs (\$160/conference), lodging (\$270/night with an average four-night stay), meals (\$55 per diem with an average four days per diem). This equates to an average national conference/training cost of \$2,600 per conference. In state travel costs are estimated \$0.51/mile, \$98/night for an estimated 10 nights \$45 per diem at an estimated 15 days. In-state travel is necessary to support program partners, communities of practice, attend advisory committees and councils, provide technical assistance, and attend site visits.

Other

The 2026 budget for other costs is **\$469,073**. Other costs associated with this grant include \$18,891 per person multiplied by 24.83 FTE. These costs include rent, telecommunications, maintenance and repairs, systems and information technology, software, internal services, fiscal services, and supplies.

Indirect Charges

The 2026 budget for indirect costs is **\$154,008**. Wisconsin Department of Health Services has an approved indirect rate of 6.7% of salary (\$2,298,625).

Contractual

The 2026 budget for contracted services is estimated at approximately **\$7,012,542**. Included in this contractual amount is approximately 2.8 million dollars that will go directly to local and Tribal health agencies. Of the total contracted amount, \$2,732,984 is budgeted for projects that improve health for women, mothers, and infants, \$2,071,559 is budgeted for projects that improve child health, and \$2,207,999 is budgeted for projects that improve health for children and youth with special health care needs.

Non-federal Funds

In addition to the contracted services, the Wisconsin Title V program anticipates receiving approximately \$4,140,956 in local match contributions and \$4,140,957 in state funds to contribute towards the total match amount of **\$8,281,913**.

Program Income

The Wisconsin Title V program does not collect program income.

III.E. Five-Year State Action Plan

III.E.1. Five-Year State Action Plan Table

State: Wisconsin

Please click the links below to download a PDF of the Entry View or Legal Size Paper View of the State Action Plan Table.

[State Action Plan Table - Entry View](#)

[State Action Plan Table - Legal Size Paper View](#)

III.E.2. State Action Plan Narrative Overview (Optional)

The 2024 Wisconsin Title V State Action Plan reflects Wisconsin's commitment to improving health outcomes for women, infants, children, and families across the state. This comprehensive plan builds on previous successes and addresses emerging needs within Wisconsin communities.

At its core, the plan focuses on promoting optimal health outcomes and ensuring access to quality health services. It integrates evidence-based strategies to support maternal, infant, and child health through coordinated efforts with local, Tribal, and statewide partners. To achieve these goals, the 2024 State Action Plan emphasizes cross-sector collaboration, innovative training opportunities, and the use of data-driven insights. It prioritizes supporting programs that empower families through education, resources, and sustainable healthcare practices.

The plan also introduces new initiatives targeting adolescent wellbeing, and social connection. These efforts are designed to create a holistic and supportive framework for families throughout their life course. By engaging many different perspectives and leveraging community partnerships, the 2024 Action Plan ensures that every voice contributes to shaping a healthier future for Wisconsin.

This Action Plan serves as a roadmap to advance the health and wellbeing of Wisconsin's families, emphasizing optimal health outcomes, collaboration, and long-term impact.

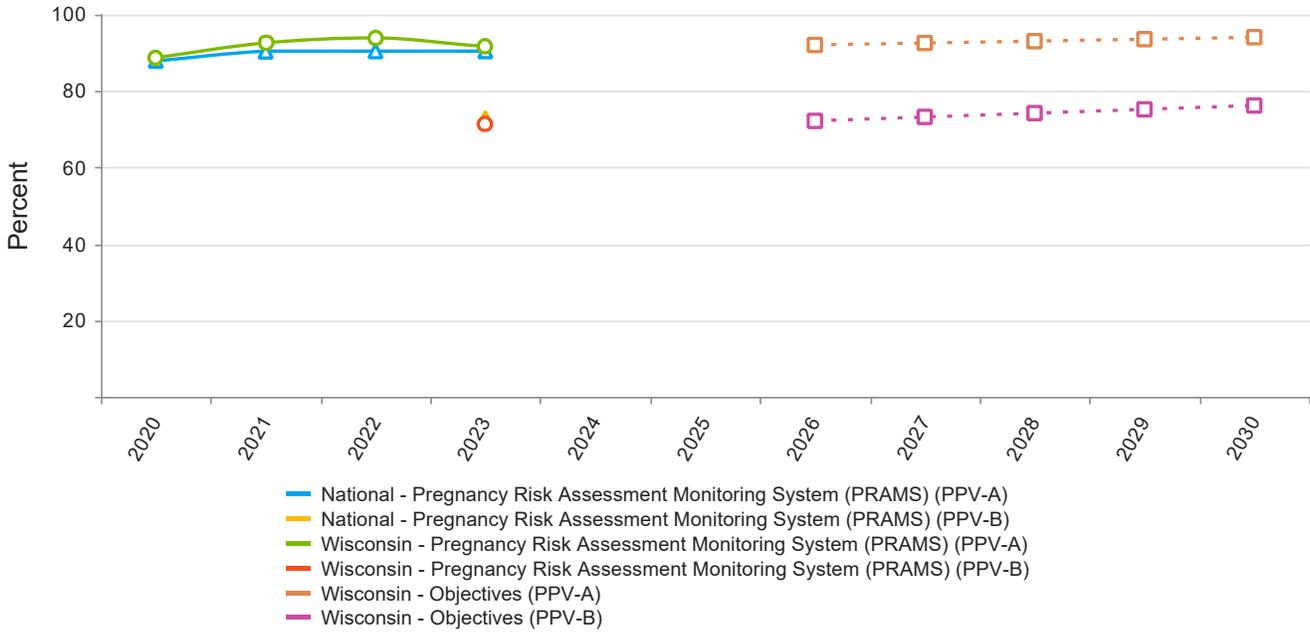
III.E.3 State Action Plan Narrative by Domain

i If a Priority Population is selected for an NPM, then this section will display only the data associated with the Priority Population in the charts, data tables, and field notes. Additional NPM data are available in the Form 10 appendix.

Women/Maternal Health

National Performance Measures

NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV
 Indicators and Annual Objectives



NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth - PPV

Federally Available Data		
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)		
	2023	2024
Annual Objective		
Annual Indicator	93.6	91.4
Numerator	52,855	50,874
Denominator	56,444	55,663
Data Source	PRAMS	PRAMS
Data Source Year	2022	2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	91.9	92.4	92.9	93.4	93.9

NPM - B) Percent of women who attended a postpartum checkup and received recommended care components - PPV

Federally Available Data		
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)		
	2023	2024
Annual Objective		
Annual Indicator	83.9	71.1
Numerator	43,756	36,016
Denominator	52,128	50,657
Data Source	PRAMS	PRAMS
Data Source Year	2022	2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	72.1	73.1	74.1	75.1	76.1

Evidence-Based or –Informed Strategy Measures

ESM PPV.1 - Percent of birth workforce providers who report increased confidence in providing perinatal health education to their clients/patients following a workforce training.

Measure Status:	Active
------------------------	---------------

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

State Action Plan Table

State Action Plan Table (Wisconsin) - Women/Maternal Health - Entry 1

Priority Need

All women experience the safe and stable supports they need to live and thrive from preconception through 12 months postpartum.

NPM

NPM - Postpartum Visit

Five-Year Objectives

Increase women who have a postpartum visit within 12 weeks after giving birth and receive recommended care components.

Strategies

Improve access to mental health resources for pregnant and postpartum women.

Increase community access to holistic resources and support for pregnant women and support persons.

Collaborate with Medicaid to advocate for expanded Medicaid coverage to 1 year.

ESMs

Status

ESM PPV.1 - Percent of birth workforce providers who report increased confidence in providing perinatal health education to their clients/patients following a workforce training.

Active

NOMs

Maternal Mortality

Neonatal Abstinence Syndrome

Women's Health Status

Postpartum Depression

Postpartum Anxiety

State Action Plan Table (Wisconsin) - Women/Maternal Health - Entry 2

Priority Need

All women of reproductive age have nearby and affordable contraceptive care options and have safe, positive sexual experiences.

NPM

NPM - Postpartum Visit

Five-Year Objectives

Increase women who have a postpartum visit within 12 weeks after giving birth and receive recommended care components.

Strategies

Support and collaborate with the Reproductive Health Family Planning program to support women's reproductive health needs.

ESMs

Status

ESM PPV.1 - Percent of birth workforce providers who report increased confidence in providing perinatal health education to their clients/patients following a workforce training.

Active

NOMs

Maternal Mortality

Neonatal Abstinence Syndrome

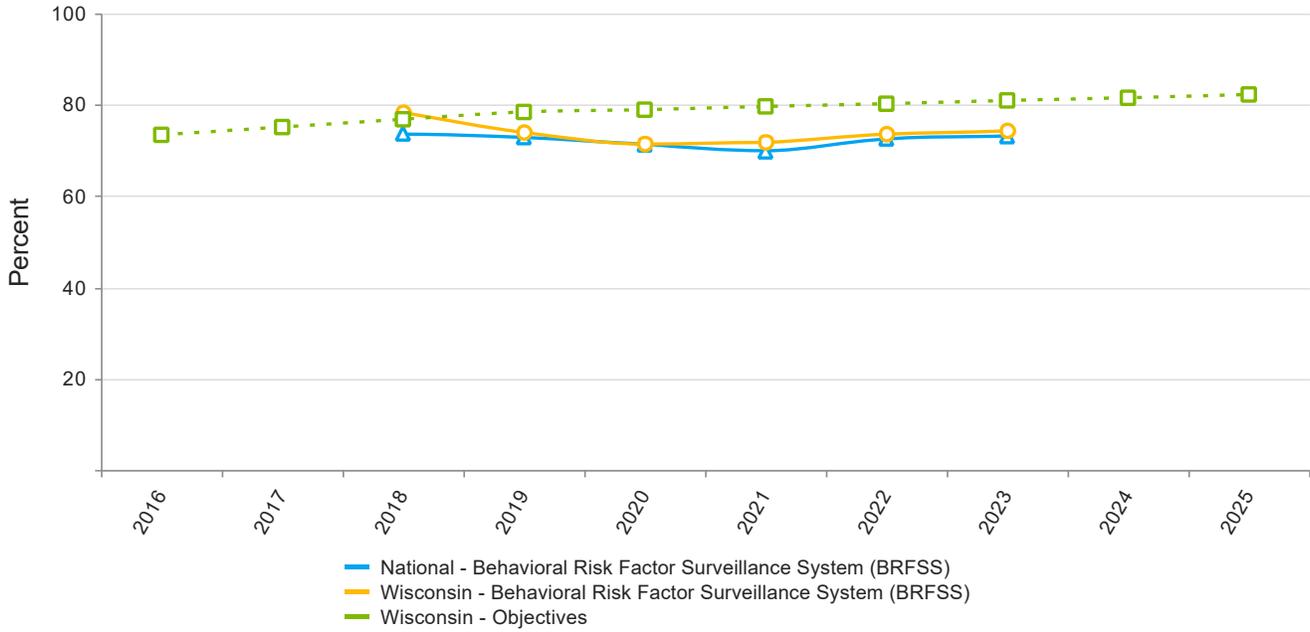
Women's Health Status

Postpartum Depression

Postpartum Anxiety

2021-2025: National Performance Measures

2021-2025: NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year - WWV Indicators



Federally Available Data

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

	2020	2021	2022	2023	2024
Annual Objective	78.8	79.5	80.1	80.8	81.4
Annual Indicator	73.7	71.4	71.8	73.4	74.1
Numerator	718,148	693,615	713,536	717,715	722,736
Denominator	974,077	971,414	993,299	978,344	975,577
Data Source	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2019	2020	2021	2022	2023

2021-2025: Evidence-Based or –Informed Strategy Measures

2021-2025: ESM WWV.4 - Percent of clients served who have complete race and ethnicity data

Measure Status:			Active	
State Provided Data				
	2021	2022	2023	2024
Annual Objective			90	95
Annual Indicator	88	90.4	89.3	83.6
Numerator	88	15,480	10,696	9,537
Denominator	100	17,124	11,979	11,414
Data Source	Title X Program Data			
Data Source Year	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Provisional	Final

2021-2025: State Performance Measures

2021-2025: SPM 2 - A) Percent of non-Hispanic Black and non-Hispanic Native birthing persons receiving prenatal care within the first trimester; B) Percent of birthing persons receiving a quality postpartum visit

Measure Status:				Active	
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		60	61.5	63	64.5
Annual Indicator	60.1	60.7	63	70.7	67.5
Numerator	13,220	13,134	63	3,933	12,654
Denominator	21,988	21,649	100	5,564	18,751
Data Source	Vital Records (WISH)				
Data Source Year	2016-2018	2018-2020	2019-2021	2022	2021-2023
Provisional or Final ?	Final	Final	Final	Final	Final

Women/Maternal Health - Annual Report

The Wisconsin Title V program views women’s health, including maternal health, as part of an ongoing cycle or continuum that includes pre-pregnancy, pregnancy, delivery, postpartum, and reintegration into primary care. Unfortunately, Wisconsin lacks a coordinated system to successfully engage women throughout this continuum, and the Title V program is working to support the creation of such a system. This work spans both the Women/Maternal Health population domain and the Infant/Perinatal Health population domain. Reviewing the narratives from both population domains will provide the most detailed account of this work.

National Performance Measure 01: Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Too few women receive an annual preventive medical visit in Wisconsin. The Title V program’s goal is to increase the percentage of women ages, 18 to 44, who have had a preventive visit in the last 12 months from 70.5% in 2020 to 82.1% by 2025.

In the past five years of available data, the estimated proportion of women who report having a routine check-up within the last year has remained relatively stable after a decrease from 2018 to 2019 according to the data from the Wisconsin and National Behavioral Risk Factor Surveillance Survey. In 2023, an estimated 73.4% (95% CI 70.2%,76.3%) of women ages 18 to 44, reported a preventive visit in the last year. Although it’s not reflected here, other data sources show women are delaying preventive care.

Objectives

Objective	2021 Data	2022 Data	2023 Data	2024 Data
Increase the percentage of women 18 to 44 who have had an annual preventive visit in the last 12 months from 70.6 percent in 2020 to 82.1 percent by 2025, according to the Behavioral Risk Factor Surveillance System (BRFSS)	70.5% (2020 Wisconsin Behavioral Risk Factor Surveillance System)	72.6% (2021 Wisconsin Behavioral Risk Factor Surveillance System)	72.1% (2022 Wisconsin Behavioral Risk Factor Surveillance System)	72.6% (2023 Wisconsin Behavioral Risk Factor Surveillance System)

Evidence-Based Strategy Measurement

Measure	2021 Data	2022 Data	2023 Data	2024 Data
Percent of clients served who have complete race and ethnicity data.	88.4%	90.4%	89.3%	83.6%*

** The epidemiologist noticed that some of the previous data mappings were incorrect. During this year’s submission they worked with the Electronic Health Record (EHR) systems and [Ancilla Ventures](#) to correct their data and then revise their mappings. Unfortunately, once this correction was made, the data showed a decreased number of completed race and ethnicity data sets. However, the data is now more accurate. See the “Enhance Health Outcomes in Clinic-Level Data Collection” strategy below for more information.*

OVERALL REFLECTIONS

Wisconsin’s efforts to improve women’s health emphasized improving access to quality health services and improving health outcomes in healthcare delivery. Key objectives included expanding access to preventive services, supporting clinic-level data improvements, and providing training for healthcare providers on reproductive health. Collaborative efforts focus on building technical support for clinics, implementing telehealth solutions, and refining data collection processes to improve health outcomes for women statewide. By leveraging data-driven insights, the plan sought to enhance care access, quality, and inclusivity for all women.

Increase training opportunities and support for preventive care in reproductive health.

This strategy enhanced provider capacity to deliver preventive reproductive health services. Training needs assessments, identified gaps, and guided content development for statewide conferences and learning community calls. Efforts included sessions on adolescent health, appropriate billing practices for wellness visits, and ever-changing protocols for nurse-led

clinics. Collaboration with organizations like [Health Care Education in Training](#) fostered targeted education, while conferences such as the Reproductive Health Family Planning Annual Conference provided a platform for sharing best practices. These initiatives support comprehensive reproductive care access across the state.

Expand access to preventive services.

Efforts to expand preventive services focused on building referral networks, integrating telehealth, and training providers on emerging healthcare tools like over-the-counter contraception orders. We also expanded into training providers on advanced cervical care. Collaborative projects with Adolescent Health teams included creating educational materials and promoting family involvement in adolescent care. The strategy also addressed barriers to accessing emergency contraception and implemented a unified system for tracking training participation. These initiatives aim to streamline access to preventive care, ensuring comprehensive support for women statewide.

Enhance Health Outcomes in Clinic-Level Data Collection.

The plan emphasized improving data quality to enhance health outcomes. [Ancilla Ventures](#) has worked with the Wisconsin Department of Health Services (DHS) to develop a system for Title X family planning clinics to submit their encounter-level data for the [Family Planning Annual Report \(FPAR\)](#), simplifying the process and improving data accuracy. Additionally, an epidemiologist was hired to troubleshoot data collection systems like Ancilla and address gaps in point-of-care testing data. Efforts also focused on aligning clinic workflows with [Family Planning Annual Report \(FPAR\) 2.0](#) standards and conducting semi-annual data reviews. These initiatives ensure accurate, reliable data collection to inform decision-making and improve service delivery for women across Wisconsin.

Maternal Mortality Review

In 2024, the Maternal Mortality Review program held an open recruitment for new members to join the Maternal Mortality Review Team members for the third time, prioritizing external stakeholders with specific subject matter expertise. As a result, six new members were invited to join the Maternal Mortality Review Team that were non-clinical members with expertise in intimate partner violence, law enforcement and systems change; and clinical members with expertise in emergency medicine, mental health, and substance use. In addition to onboarding these six new team members, the Maternal Mortality Review program held six Maternal Mortality Review Team meetings where the team reviewed a total of 49 cases from 2022 to complete case review of all 2022 maternal deaths, as well as 37 cases from 2019 through an expedited review process to complete case review for all 2019 maternal deaths. They also produced more than 115 recommendations to prevent future pregnancy-related deaths.

In addition to holding Maternal Mortality Review Team meetings every other month, the Maternal Mortality Review program also continued to provide support for this emotionally difficult work by offering a space for Maternal Mortality Review Team members to debrief and reflect after each case review meeting, now guided by outside Department of Health Service staff. In September 2024, the Maternal Mortality Review program hosted its second annual hybrid Maternal Mortality Review Team meeting, which had been primarily virtual since March of 2020. This hybrid approach continues to allow members to connect in-person and strengthen relationships, while also allowing members who were not able to attend in-person to participate virtually. The findings gathered from this work and the recommendations of the Maternal Mortality Review Team were presented at conferences, grand rounds, and roundtables by the Maternal Mortality Review Team members, co-chairs, and the Maternal Mortality Review program staff members.

In 2022, the Maternal Mortality Review program launched the Maternal Mortality Impact Team (“Impact Team”), a team of public health and health care experts who meet quarterly to identify critical action steps for disseminating and implementing Maternal Mortality Review Team recommendations. The focus of the Impact Team is to move from data to action and assist with generating regular issue briefs. The Impact Team met three times in 2024 to discuss dissemination strategies for its first Issue Brief related to the impact of social isolation (published in fall of 2023), as well as to discuss “cardio-obstetrics” as a clinical specialty, cardiovascular conditions among pregnant and postpartum women, and strategies to move data to action to improve outcomes.

The Maternal Mortality Review program successfully hired a new implementation coordinator to lead the work of the Impact Team and engage with partners statewide to disseminate MMR findings. In addition, the process was initiated to hire an informant interview coordinator to connect with loved ones of those who have died to gain a multi-faceted perspective on the individual’s care experiences before and surrounding her death. The process was also initiated to fill a vacancy/hire a new part-time records gatherer.

The program also continued to release meeting summaries after each Maternal Mortality Review Team Meeting, which are publicly available: [January 2024](#), [March 2024](#), [May 2024](#), [July 2024](#), [September 2024](#), and [November 2024](#). These meeting summaries include the number of cases reviewed, pregnancy-relatedness of the deaths, pregnancy-related causes of death, preventability, and recommendations made for pregnancy-related cases. Additionally, the program released the [2020 Recommendations Report](#) in summer 2024, which includes high-level data regarding pregnancy-associated deaths that occurred in 2020, as well as all prevention recommendations made by the MMRT related to those deaths. The report also includes seven key questions for readers to review and reflect on to reduce maternal mortality.

ALL WOMEN EXPERIENCE THE SAFE AND STABLE SUPPORTS THEY NEED TO LIVE AND THRIVE FROM PRECONCEPTION THROUGH 12 MONTHS POSTPARTUM.

Full details of the plan to address this Priority Need in 2026-2030 are being completed throughout the remainder of 2025. Currently, the 2026 State Action Plan contains the following details:

Objective: Increase women who have a postpartum visit within 12 weeks after giving birth and receive recommended care components.

Strategies:

1. Improve access to mental health resources like counseling, peer support groups, and educational materials.
2. Increase community access to holistic resources and support for pregnant women and support persons.
3. Collaborate with Medicaid to advocate for expanded Medicaid coverage to 1 year.

Additional information including accountability measures, specific strategy activities, funded partnerships, and more will be determined by the Title V program in the remainder of 2025.

ALL WOMEN OF REPRODUCTIVE AGE HAVE NEARBY AND AFFORDABLE CONTRACEPTIVE CARE OPTIONS AND HAVE SAFE, POSITIVE SEXUAL EXPERIENCES.

Full details of the plan to address this Priority Need in 2026-2030 are being completed throughout the remainder of 2025. Currently, the 2026 State Action Plan contains the following details:

Objective: Improve collaboration with the Reproductive Health Family Planning program.

Strategy: Support and collaborate with the Reproductive Health Family Planning program to support women's reproductive health needs.

Additional information including accountability measures, specific strategy activities, funded partnerships, and more will be determined by the Title V program in the remainder of 2025.

Maternal Mortality Review

In 2026, the Maternal Mortality Review program expects to convene its Maternal Mortality Review Team six times – every other month – to review maternal death cases that occurred in 2024. By the beginning of 2026, the team will have completed review of 2023 cases as well as an expedited review process of its 2018 backlogged cases (with 2019 cases having been reviewed in late 2024), which will give the Maternal Mortality Review program consecutive years of data from 2016 through 2023. The team anticipates releasing a supplemental 2018-2019 report in 2026 (with a 2020-2022 report in the works by early 2026).

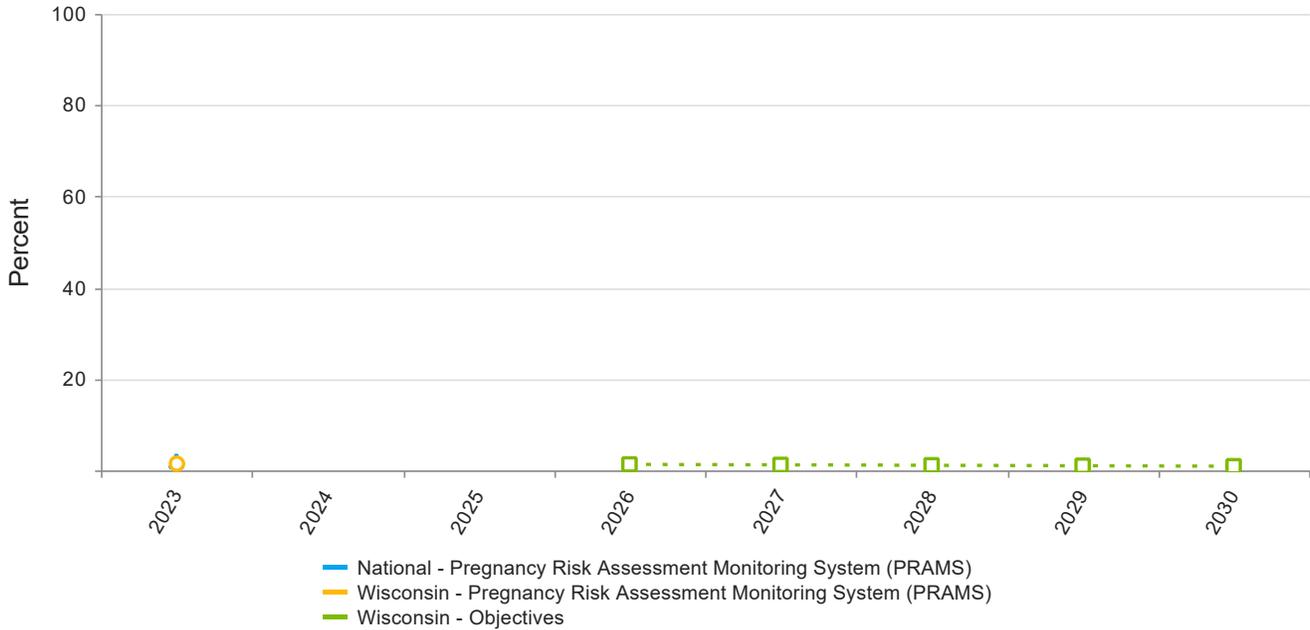
Another open recruitment process for new Maternal Mortality Review team members will be considered in early 2026 in order to fill team vacancies. Certain roles can be challenging to fill, and occasionally there are team members who decide to leave their role at the end of the previous year. Filling roles on the Maternal Mortality Review Team can be challenging due to a variety of reasons such as: these are non-funded positions, meetings are a full day commitment every other month, prework is required prior to meetings, and some years we recruit for specific expertise which reduces the pool of eligible applicants. In general, there are usually two to five vacancies this team looks to fill each year.

The Maternal Mortality Review program will continue to collaborate closely with the Title V program and the Maternal Health Innovation program. The program also expects that the Impact Team will continue to meet throughout 2026 to widely disseminate information and ensure implementation of Maternal Mortality Review Team's prevention recommendations across the state, particularly those related to cardiovascular and rural health.

Perinatal/Infant Health

National Performance Measures

NPM - Percent of women with a recent live birth who experienced racial/ethnic discrimination while getting healthcare during pregnancy, delivery, or at postpartum care - DSR
 Indicators and Annual Objectives



NPM - Percent of women with a recent live birth who experienced racial/ethnic discrimination while getting healthcare during pregnancy, delivery, or at postpartum care - DSR - Perinatal/Infant Health

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2024
Annual Objective	
Annual Indicator	1.5
Numerator	825
Denominator	54,929
Data Source	PRAMS
Data Source Year	2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	1.4	1.3	1.2	1.1	1.0

Evidence-Based or –Informed Strategy Measures

ESM DSR.1 - Percent of participants who report increased confidence in applying knowledge or skills as a result of the doula education they received.

Measure Status:	Active
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Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

State Action Plan Table

State Action Plan Table (Wisconsin) - Perinatal/Infant Health - Entry 1

Priority Need

All infants experience the safe and stable supports they need to live and thrive starting from birth to celebrating their first birthday.

NPM

NPM - Perinatal Care Discrimination

Five-Year Objectives

Decrease the number of women who experience racial/ethnic discrimination while getting healthcare during pregnancy, delivery, or postpartum.

Strategies

Increase the accessibility of doula support for all who want one.
Support agencies to reduce rates of preterm birth, SUID, stillbirth, and low birthweight.

ESMs

Status

ESM DSR.1 - Percent of participants who report increased confidence in applying knowledge or skills as a result of the doula education they received. Active

NOMs

Severe Maternal Morbidity

Maternal Mortality

Low Birth Weight

Preterm Birth

Stillbirth

Perinatal Mortality

Infant Mortality

Neonatal Mortality

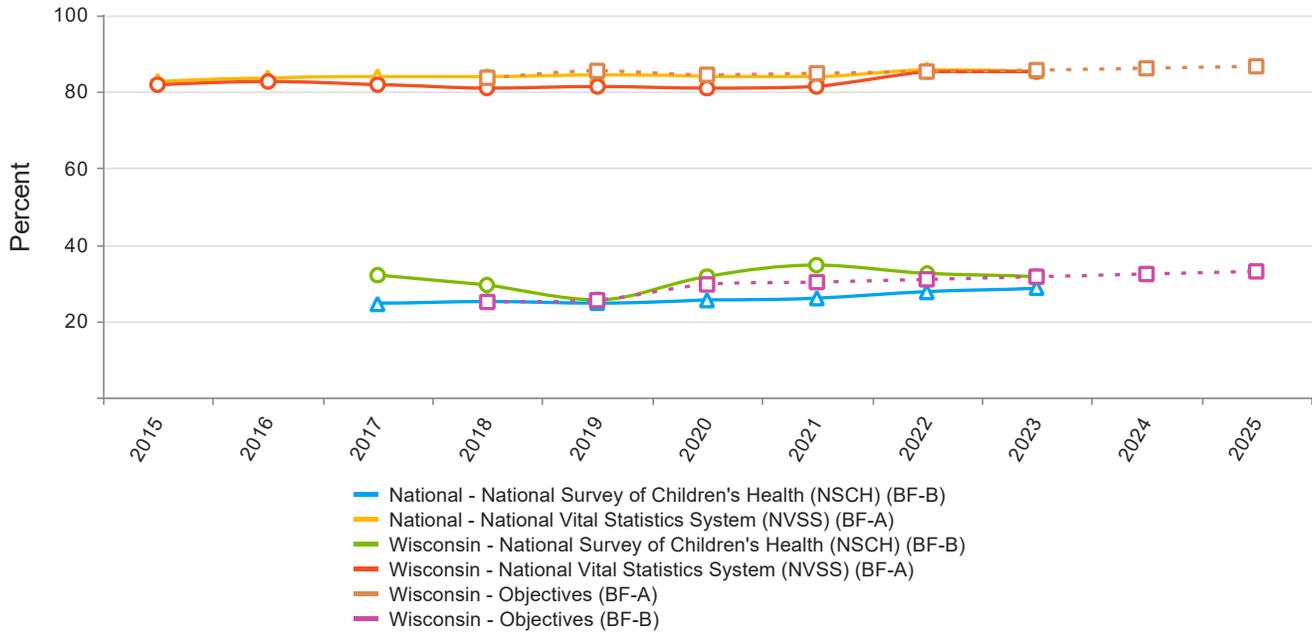
Preterm-Related Mortality

Postpartum Depression

Postpartum Anxiety

2021-2025: National Performance Measures

2021-2025: NPM - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF Indicators



2021-2025: NPM - A) Percent of infants who are ever breastfed - BF

Federally Available Data		
Data Source: National Vital Statistics System (NVSS)		
	2023	2024
Annual Objective	85.5	86
Annual Indicator	85.0	85.2
Numerator	49,114	49,097
Denominator	57,768	57,648
Data Source	NVSS	NVSS
Data Source Year	2022	2023

2021-2025: NPM - B) Percent of infants breastfed exclusively through 6 months - BF

Federally Available Data		
Data Source: National Survey of Children's Health (NSCH)		
	2023	2024
Annual Objective	31.6	32.3
Annual Indicator	32.5	31.7
Numerator	54,101	50,477
Denominator	166,466	159,459
Data Source	NSCH	NSCH
Data Source Year	2021_2022	2022_2023

2021-2025: Evidence-Based or –Informed Strategy Measures

2021-2025: ESM BF.2 - Percent of non-Hispanic Black infants ever breastfed

Measure Status:				Active	
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		52	53	54	55
Annual Indicator	49	53	63.4	65	66.5
Numerator	49	53	3,600	3,549	3,516
Denominator	100	100	5,680	5,461	5,290
Data Source	Vital Records				
Data Source Year	2020	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Provisional	Provisional

2021-2025: ESM BF.3 - Percent of non-Hispanic American Indian/Alaska Native infants ever breastfed

Measure Status:				Active	
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		66.4	67.4	68.4	69.4
Annual Indicator	65	55	65	73.3	76.5
Numerator	65	55	65	357	339
Denominator	100	100	100	487	443
Data Source	Vital Records				
Data Source Year	2020	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Provisional	Provisional

2021-2025: State Performance Measures

2021-2025: SPM 1 - Infant mortality rate in babies born to non-Hispanic Black mothers

Measure Status:				Active	
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		14.3	14	13.6	13.3
Annual Indicator	14.6	12.8	11.4	14.5	12.5
Numerator	290	76	65		68
Denominator	19,863	5,935	5,680		5,441
Data Source	Vital Records				
Data Source Year	2016-2018	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Provisional	Provisional

2021-2025: SPM 2 - A) Percent of non-Hispanic Black and non-Hispanic Native birthing persons receiving prenatal care within the first trimester; B) Percent of birthing persons receiving a quality postpartum visit

Measure Status:				Active	
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		60	61.5	63	64.5
Annual Indicator	60.1	60.7	63	70.7	67.5
Numerator	13,220	13,134	63	3,933	12,654
Denominator	21,988	21,649	100	5,564	18,751
Data Source	Vital Records (WISH)				
Data Source Year	2016-2018	2018-2020	2019-2021	2022	2021-2023
Provisional or Final ?	Final	Final	Final	Final	Final

Perinatal/Infant Health - Annual Report

The Wisconsin Title V program views infant and perinatal health as part of an ongoing cycle or continuum of women’s health, including pre-pregnancy, pregnancy, delivery, postpartum, and reintegration into primary care. Unfortunately, Wisconsin lacks a coordinated system to successfully engage women and pregnant women throughout this continuum, and the Title V program is working to build such a system. This work spans both the Women/Maternal Health population domain, as well as the Infant/Perinatal Health population domain. Please review the narratives from both population domains for the most detailed account of this work.

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

While this document may use the term “breastfeeding,” the Title V program intends for this information to be inclusive of all families.

Objectives

	2016-2018 PRAMS	2019-2020 PRAMS	2020-2021 PRAMS	2021-2022 PRAMS	2022-2023 PRAMS
Increase the proportion of non-Hispanic Black women who ever breastfed in Wisconsin from 74% to 80% by 2025. (Baseline: 74%, 2016-2018 Wisconsin Pregnancy Risk Assessment Monitoring System, or PRAMS)	74%	76%	73%	72%	73%
	2016 National Immunization Survey	2018 National Immunization Survey	2019 National Immunization Survey	2020 National Immunization Survey	2021 National Immunization Survey
Increase the percent of infants who are breastfed exclusively through 6 months in Wisconsin from 33% to 37% by 2025 (Baseline 33.4%, 2018 National Immunization Survey).	28.9%	33.4%	31.3%	34.2%	30.6%

Evidence-Based Strategy Measurement

Measure	2021 Data	2022 Data	2023 Data	2024 Data
Number of hospitals in Cofective's Community Match Online Platform	48	Not Available*	Not Available*	Not Available*
Percent of non-Hispanic Black infants ever breastfed**	54.8% (2021 Birth Records)	65.3% (2022 Birth Records)	65.0% (2023 Birth Records)	66.5% (2024 Birth Records, provisional)
	74.7% (2020 PRAMS)	70.9% (2021 PRAMS)	73.8% (2022 PRAMS)	73.1% (2023 PRAMS)
Percent of non-Hispanic American Indian/Alaska Native infants ever breastfed	63.5% (2021 Birth Records)	71.4% (2022 Birth Records)	73.3% (2023 Birth Records)	76.5% (2024 Birth Records)
	76.3% (2020 PRAMS)	75.5% (2020-2021 PRAMS)	73.1% (2020-2022 PRAMS)	80.4% (2023 PRAMS)

*Measure was discontinued in 2022 due to Cofective's restructure of the Community Match online platform, based on customer feedback.

**The "ever breastfed" measure from the birth record is based on a healthcare provider's report about whether the birthing person was breastfeeding at discharge while the measure from PRAMS is based on a birthing person's self-reporting whether they ever breastfed their baby. Therefore, the data from the two sources are capturing slightly different things. While data from birth records are more stable, they are likely also under-counting "ever-breastfed" babies.

OVERALL REFLECTIONS

Wisconsin's 2024 work on breastfeeding focused on improving perinatal outcomes, improving health outcomes for women, and promoting optimal nutrition through targeted breastfeeding initiatives. The plan included quarterly meetings with funded state partners to facilitate communication and to highlight opportunities for collaboration. A significant effort was made to enhance support to local and tribal agencies by working with them to strengthen breastfeeding practices across prenatal, maternity, and postpartum care settings.

In collaboration with the [Family Foundations Home Visiting Program](#), Wisconsin's version of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, and [Wisconsin WIC](#), the Title V program has partnered with [Michigan Breastfeeding Network](#) for the past several years to provide free lactation-related webinars with focus on improving breastfeeding outcomes for the maternal and child health workforce in Wisconsin. The webinars are designed to support practice changes based on core values: access, evidence, and relevance. Webinars and associated continuing education hours are available for one year after their initial air date. The Title V program required local and Tribal health agencies implementing breastfeeding strategies with their annual Title V funding to participate in the webinar series. Wisconsin participants represented 35.6% of the overall participation with 25.6% being nurses, 21.1% home visitors and 35.6% other maternal and child health workforce. One Wisconsin participant stated, "These are wonderful opportunities for further growth as a lactation counselor. Thank you for providing them at no cost." Another commented, "I learned about the importance of advocating for clients and understand how they feel emotionally regarding difficult situations!" One of the local health departments working on breastfeeding projects stated, "We have been viewing the Michigan Breastfeeding webinars as they become available."

Seventeen local and tribal health agencies used Title V funds to support worksites, childcare programs, and community sites who offer training, resources, and technical assistance related to breastfeeding support. They reported that the following factors facilitated their work: partnerships (94%), access to trainings and other professional development opportunities (88%), staff interest (82%), and high interest or alignment with partners, providers, community members, or others (71%). Barriers to the work included staff capacity (71%), partners' staff capacity (59%), staff vacancies/turnover

(47%), and competing priorities or initiatives (47%).

Local and Tribal health agencies also worked toward assuring MCH populations achieve their full potential as well as incorporating community engagement into their breastfeeding work. The most commonly reported activities included partnering with other organizations to better reach populations of the greatest need, actively working to connect with communities (e.g., involvement in community events), and participating in trainings or professional development. Agencies also shared examples of hiring independent contractors who are representative of the community or who are able to communicate with community members in languages other than English.

Coffective supported local agencies at quarterly learning community calls by providing time for networking, sharing of lessons learned, and discussions around current issues in breastfeeding. Topics included community engagement, progress reporting, local coalitions, policy development and implementation, available data, and discussions specific to each breastfeeding strategy. Calls also featured updates and presentations from state and national-level partners. Evaluations of these calls were overwhelmingly positive, with attendees reporting that they encouraged collaboration and motivated them in their work. Agencies shared resources with each other, discussed common challenges, and generated new ideas together.

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

Six local and tribal health agencies opted to focus on increasing breastfeeding support in worksites and childcare sites with their annual Title V funding. Local and tribal health agencies that were connecting with worksites in their communities continued to use information from the [Wisconsin Breastfeeding Coalition](#), including emerging resources to support the implementation of newer federal lactation-related laws, like the Providing Urgent Maternal Protection for Nursing Mothers Act (PUMP Act), the Pregnant Workers Fairness Act, and Title IX regulations for schools. Agencies continued their focus on building relationships with employers and offering support for activities like establishing a space for expressing milk, improving space/facilities for expressing milk, and changing organizational policy to protect lactation in the worksite. Local and Tribal health agencies completed outreach to 45 worksites with 21 sites receiving shared materials/resources. Fifty-four employees received training, education or resources.

Local health agency staff worked to reestablish relationships with local childcare programs and reached out to new programs. Many childcare programs continued to struggle with staff turnover and shortages, limiting their capacity to engage in quality improvement activities, such as the Breastfeeding Friendly Child Care initiative. Local agencies assisted three new childcare providers in becoming recognized as Breastfeeding Friendly in 2024 and helped six programs renew their recognition status, meaning they still met the [10 Steps to Breastfeeding Friendly Child Care](#) and all staff completed the breastfeeding training. In addition to training and support offered by local health agencies, [Supporting Families Together Association](#) and several of their Child Care Resource and Referral (CCR&R) member agencies offered the breastfeeding training to childcare program staff, offering both in-person and virtual options in English and Spanish for 53 participants. Childcare providers continue to have independent access to the online version of the training, and 259 individual providers completed the training for continuing education hours in 2024. The Wisconsin Technical College System continued to include the training in their Early Childhood Education Program's Infant Toddler Development Course.

Childcare programs continued using the [Go NAPSACC](#) Breastfeeding and Infant Feeding Self-Assessment and online database, with additional support from Child Care Resource and Referral staff and [YoungStar](#) technical consultants. The process of completing the self-assessment is linked to YoungStar and helps providers meet Health and Well-being and/or Family Engagement rating criteria. While 186 total Go NAPSACC self-assessments were completed, only 19 sites completed both pre- and post-assessments. The lowest scoring sites were related to breastfeeding, including programs not having a written breastfeeding policy, not displaying posters, books, and other materials that support breastfeeding, and not providing sufficient staff professional development on breastfeeding support. Go NAPSACC also offers Breastfeeding and Infant Feeding provider trainings on a variety of topics. These trainings offer continuing education; and 51 childcare providers completed one or more Breastfeeding and Infant Feeding Go NAPSACC trainings in 2024.

Work with local and Tribal health agencies to enhance community coordination for continuity of care.

Thirteen local and Tribal health agencies focused on improving community coordination and continuity of care for breastfeeding support with their Title V funding. The Title V program continued partnering with [Coffective](#) to support local and Tribal health agencies to build sustainable partnerships, improve communication, and coordinate efforts. Each community

developed customized goals and an action plan to build/strengthen partnerships and improve access to lactation services by addressing associated barriers. Cofective provided individual technical assistance throughout the year and fostered sharing between agencies during the quarterly learning community calls. Communities saw success through activities like geographic mapping of local lactation resources, creating lactation spaces in public buildings, and facilitating local breastfeeding coalitions.

Common challenges were identified through discussions with local and Tribal health agencies throughout 2024. They included:

- Barriers to family and community support for lactating families
- Resource gaps, particularly in rural areas
- Difficulty in maintaining or expanding engagement in local coalitions
- Limited comprehensive breastfeeding data, especially at the local level

Agencies also identified common opportunities, including:

- Collaboration with healthcare providers
- Resource creation and distribution in multiple languages
- Research and data collection
- Technology integration, like GIS mapping or using QR codes for community feedback
- Community engagement strategies

Overall, local and Tribal health agencies were motivated to increase coordination and collaboration in their community and help their organization build partnerships to increase access to care. Planning sessions for 2025 strategies further ensured a forward-looking approach to enhancing breastfeeding support across settings in each community.

Support hospital use of quality improvement strategies.

Collaboration continued with the [Wisconsin Association for Perinatal Care](#) and [Cofective](#) to support Human Milk Feeding quality improvement initiatives through the [Wisconsin Perinatal Quality Collaborative](#). Support was offered to participating hospitals, health systems, and public health stakeholders related to strategy development and implementation, data collection and analysis, and community engagement. Implementation of the Birthing Person Survey and engagement of community members with lived experience in hospital taskforces continued to be a priority. The Human Milk Feeding Expert Group, comprised of community representatives, advised the direction of quality improvement initiatives.

Wisconsin Perinatal Quality Collaborative collected and analyzed data for the Human Milk Feeding quality improvement initiative. In their final report, they noted the following data summaries:

- **Percent of infants receiving any human milk during hospitalization.** The percentage of infants receiving any human milk during hospitalization appears to increase between the third quarter of 2023 and the fourth quarter of 2024 (notably, the third quarter of 2024 showed a decrease). The decrease in the third quarter of 2024 is due to decreases in the rates for the Asian/Pacific Islander, Hispanic, and White populations. Comparing rates by race and ethnicity, the fourth quarter of 2024 shows the smallest difference between the groups. (The number of people identifying as American Indian/Alaska Native is small in each quarter).
- **Percent of infants receiving exclusive human milk during hospitalization.** The percent of infants receiving human milk exclusively does not appear to have changed significantly in the aggregate or by race and ethnicity. Comparing rates by race and ethnicity shows significant disparities between White and the Asian/Pacific Islander, Black, and Hispanic groups.
- **Percent of infants with skin-to-skin contact after vaginal delivery.** From the third quarter of 2023 through the fourth quarter of 2024, the percent of infants receiving skin-to-skin contact after vaginal delivery has increased. In general, all racial and ethnic groups have experienced an increase. (In discussions, some of the increases may be due to improved charting.) There do not appear to be significant disparities between racial and ethnic groups.
- **Percent of infants with skin-to-skin after Cesarean delivery.** In the aggregate, the percent of infants with skin-to-skin after Cesarean delivery shows a small increase. Depending on the quarter, the graphs show disparities between some groups, but this may reflect the smaller numbers of infants delivered by Cesarean.

An expert group was recruited and convened to review root causes of differences in human milk feeding rates and translate those into actionable change strategies to address differences with initiation and duration rates. When the group convened in November, they discussed the following action items for their work moving into 2025: finalize and disseminate data report, improve regional hospital engagement, enhance community involvement, expand peer support, policy alignment and training, outreach to non-hospital birth services, and monitor and adjust efforts.

Wisconsin Association for Perinatal Care and Collective also planned for some adjustments in their approaches for 2025 work. Recruitment of new hospitals began, with a particular focus on geographic areas of the state where other public health initiatives were underway to improve breastfeeding continuity of care. They also planned to shift Human Milk Feeding cohort meetings to quarterly, rather than monthly, to allow for more individual technical assistance for participating hospitals. All of these efforts aim to foster a culture of continuous improvement and data-driven decision-making in hospital breastfeeding practices.

Support community agencies to address breastfeeding challenges.

The [African American Breastfeeding Network](#) provided focused support for the Breastfeeding Friendly Child Care initiative in Milwaukee. They worked closely with their regional Child Care Resource and Referral agency to offer breastfeeding training to local childcare programs and to recruit providers interested in becoming recognized as Breastfeeding Friendly. They helped providers complete the Go NAPSACC Self-Assessment and provided technical assistance to improve practices and policies. They helped [six childcare programs](#) complete the recognition process and held a completion ceremony to celebrate the breastfeeding friendly programs.

The African American Breastfeeding Network invited the childcare programs they worked with to participate in their annual Lift Up Every Baby event, in celebration of August Breastfeeding Month and Black Breastfeeding Week. The programs engaged with pregnant women and new parents to share information on breastfeeding support in childcare. Over 150 people typically attend the event annually.

Strengthen collaboration and partnerships.

Collaboration between the Title V program, the Family Foundations Home Visiting program, the Chronic Disease Prevention Program, and Wisconsin WIC continued to be a priority. Program staff met regularly as a DHS breastfeeding team throughout the year to discuss training opportunities, partnerships, and strategies to enhance breastfeeding support at the state level. Throughout 2024, WIC offered opportunities for home visitors and local and Tribal health agency staff to attend USDA breastfeeding trainings. Discussions are ongoing on how to continue this collaboration and how to expand it further to include other community-based programs and providers. The DHS breastfeeding team also worked together to offer a Partner Spotlight series of webinars highlighting how agencies and the maternal and child health workforce supported lactation. Sessions in 2024 highlighted the work of the Wisconsin Army National Guard, a community-based doula program, and information on lactation in the Hmong and Indigenous communities. In addition, the team collaborated to connect with both internal and external partners to explore other opportunities for outreach and support, including donor milk, Medicaid coverage of breast pumps and lactation services, emergency preparedness for families with infants and young children, and breastfeeding-related data collection and analysis.

The Title V program worked closely with the DHS breastfeeding team to share information and promote breastfeeding-related celebrations throughout August 2024. The Governor approved five state proclamations: Breastfeeding Month; Indigenous Milk Medicine Week; Asian American Native Hawaiian Pacific Islander Breastfeeding Week; Black Breastfeeding Week; and Semana de La Lactancia Latina. Social media messages were developed to share the proclamations and provide additional context for these celebrations' importance. They included images, linked to web pages with current lactation resources, and lifted up messaging from the communities organizing the celebratory weeks.

The Title V program continued to partner with the Native Breastfeeding Coalition of Wisconsin to support their efforts, provide consultation, and collaborate on projects funded by other sources, such as the Chronic Disease Prevention Program's CDC State Physical Activity and Nutrition funding. Title V staff attended the quarterly coalition meetings, provided consultation as requested, and participated in the Chronic Disease Prevention Program's planning and technical assistance meetings.

Title V staff also continued to participate in the United States Breastfeeding Committee's Workplace Support Constellation. The Workplace Support Constellation works to address the barriers to breastfeeding for lactating workers, with a specific

focus on reducing barriers.

State Performance Measure 01: Rate of infant mortality in babies born to non-Hispanic Black mothers

Infants born to non-Hispanic Black mothers in Wisconsin are dying preventable deaths. Wisconsin’s goal is to reduce the infant mortality rate of babies born to non-Hispanic Black mothers from 14.6 to 13.0 per 1,000 live births by 2025. (Baseline is 2016-2018 infant mortality from the Office of Vital Records). Additionally, Wisconsin lacks a comprehensive, high-quality, regionalized perinatal care system that successfully engages women throughout the continuum of care from preconception through the postpartum transition to ongoing well woman care.

State Performance Measures

Measure	2020 Data	2021 Data	2022 Data	2023 Data	2024 Data
Infant mortality rate in babies born to non-Hispanic Black mothers per 1,000 live births	14.6 (2020 Vital Records)	12.8 (2021 Vital Records)	11.4 (2022 Vital Records)	14.3 (2023 Vital Records)	12.5 (2024 Vital Records, provisional)
Percent of women receiving care within the first trimester	76.7% (2020 Vital Records)	77.5% (2021 Vital Records)	78.0% (2022 Vital Records)	77.4% (2023 Vital Records)	76.0% 2024 Vital Records, provisional)
Percent of women receiving a quality* postpartum visit		60.7% (2019-2020 PRAMS)	58.2% (2020-2021 PRAMS)	58.0% (2021-2022 PRAMS)	Data not available**

* Quality is defined by those who report receiving these services according to the Wisconsin Pregnancy Risk Assessment Monitoring System (Question 70): postpartum depression screening, tobacco use, and EITHER contraception OR birth spacing discussion

**In 2023, Wisconsin PRAMS discontinued collecting data on postpartum visit characteristics in a way that is comparable to 2022 and prior.

Objectives

Objective	2020 Data	2021 Data	2022 Data	2023 Data	2024 Data
Reduce the infant mortality rate in babies born to non-Hispanic Black mothers from 14.6 to 13.0 per 1,000 live births by 2025.	14.6 (2020 Vital Records)	12.8 (2021 Vital Records)	11.4 (2022 Vital Records)	14.3 (2023 Vital Records)	12.5 (2024 Vital Records, provisional)
Increase the percent of non-Hispanic Black and non-Hispanic Native birthing persons receiving prenatal care in the first trimester in Wisconsin from 60% to 66% by 2025.	60% (2016-2018 Vital Records)	60% (2016-2018 Vital Records)	61% (2018-2020 Vital Records)	63% (2019-2021 Vital Records)	68% 2021-2023 Vital Records)
	2019-2020 PRAMS	2020-2021 PRAMS	2021-2022 PRAMS		
Increase the percent of women receiving a quality* postpartum visit in Wisconsin from 56% to 67% by 2025 (baseline is from 2016-2018 Pregnancy Risk Assessment Monitoring System [PRAMS]).**	60.7%	58.2%	58.0%		

*** denominator is PRAMS respondents who indicated that they had a postpartum visit*

OVERALL REFLECTIONS

Wisconsin's work to reduce infant mortality throughout 2024 sought to address geographic differences in infant mortality, particularly focusing on non-Hispanic Black and Indigenous populations. With priorities like improving perinatal outcomes and fostering supportive community environments, the plan integrates tailored initiatives and data-driven strategies. Efforts include supporting fetal and infant mortality review teams, promoting doula and midwifery programs, and leveraging data for community-focused interventions. Collaboration with health agencies, training programs, and community organizations underscores the state's commitment to promoting positive outcomes for infants and families.

Support doula and midwifery services.

Wisconsin's Title V team focused on expanding access to doula and midwifery services for specific populations. Efforts included supporting traditional doula training through programs like Waking Women Healing and the Wisconsin Doula Association, which hosted its inaugural conference. Challenges such as lack of funding and access to Medicaid reimbursement were identified, prompting advocacy for sustainable program support. These services aim to address barriers, provide trauma-informed care, and promote healing through traditional practices.

Fetal and infant mortality review and child death review teams.

Wisconsin's Title V team endeavored to enhance local and statewide efforts to review and address the root causes of infant mortality. The Children's Health Alliance of Wisconsin provided technical assistance, hosted training sessions, and supported review teams in conducting data analysis and implementing safe sleep campaigns. Collaboration with local teams aimed to improve care continuity. Challenges such as staff turnover and barriers to accessing medical records were addressed through continuous technical support and resource development.

Promote infant mortality awareness and education.

Efforts included community engagement through educational campaigns like "Count the Kicks" and virtual baby showers. Trainings targeted healthcare providers, public health professionals, and community organizations to raise awareness about perinatal health, safe sleep practices, and maternal mental health challenges. These initiatives integrated topic and population specific approaches, focusing on improving provider knowledge and community trust to ensure access to care.

Leverage data for Black infant mortality prevention.

The Wisconsin team supported partners in utilizing data resources, such as PRAMS and maternal mortality review reports, to inform prevention efforts. Outreach to schools, churches, and community organizations fostered awareness and collaboration. However, challenges included limited capacity within partner organizations and barriers to prioritizing infant mortality prevention. The initiative emphasized the importance of centering the voice of impacted communities and leveraging data to guide actionable solutions.

Develop an infant mortality-focused project for title V funding.

The team explored options for local and Tribal health agencies to address infant mortality through Title V funding. While implementation was delayed until 2025, early efforts included strategy development and discussions with maternal and child health consultants to align objectives with community needs. This foundational work aimed to position agencies for impactful, data-driven interventions in the coming years.

Support incarcerated pregnant and postpartum individuals.

This strategy highlighted the Wisconsin Prison Doula Project, which provides birthing support, lactation assistance, and reunification planning for incarcerated individuals. Data from similar programs in Minnesota and Alabama demonstrated reduced cesarean rates and improved breastfeeding outcomes, highlighting the program's potential impact. Advocacy focused on expanding access, increasing funding, and promoting mental health interventions to improve outcomes for incarcerated parents and their children.

State Performance Measure 02: Percent of women receiving care within the first trimester; percent of women receiving a quality* postpartum visit

*Quality is defined by those who report receiving these services according to the Wisconsin Pregnancy Risk Assessment Monitoring System (Question 70): postpartum depression screening, tobacco use, and either contraception OR birth spacing discussion.

Wisconsin lacks a comprehensive, high-quality, regionalized perinatal care system that successfully engages women throughout the continuum of care from preconception through the postpartum transition to ongoing well woman care. Wisconsin set the following related goals:

- Increase the percent of non-Hispanic Black and non-Hispanic Native birthing persons receiving prenatal care in the first trimester in Wisconsin from 60% to **66%** by 2025.
- Non-Hispanic Black and Non-Hispanic American Indian and Alaska Native birthing persons receiving prenatal care in the first trimester in Wisconsin:

2021: 60% (2016-2018 Vital Records)
2022: 61% (2018-2020 Vital Records)
2023: 63% (2019-2021 Vital Records)
2024: 68% (2021-2023 Vital Records)

By Race/Ethnicity:

	2021		2022		2023		2024	
	2020 Vital Records	2019-2020 PRAMS	2021 Vital Records	2020-2021 PRAMS	2022 Vital Record	2021-2022 PRAMS	2023 Vital Records	2022-2023 PRAMS
Non-Hispanic American Indian and Alaska Native	62.5%	73.8%	64.4%	77.6%	67.7%	<i>Not shown to protect privacy</i>	66.8%	68.4%
Non-Hispanic Black	62.8%	75.1%	67.3%	77.8%	69.3%	76.8%	66.3%	75.6%

Increase the percent of women receiving a quality* postpartum visit in Wisconsin from 56% to 67% by 2025 (baseline is from 2016-2018 Pregnancy Risk Assessment Monitoring System [PRAMS]).

	2019-2020 PRAMS	2020-2021 PRAMS	2021-2022 PRAMS	2022-2023 PRAMS
All respondents	53.9%	52.2%	53.4%	<i>Not available*</i>
Respondents who indicated they had a postpartum visit	60.7%	58.2%	58.0%	<i>Not available*</i>

**In 2023, Wisconsin PRAMS discontinued collecting data on postpartum visit characteristics in a way that is comparable to 2022 and prior.

OVERALL REFLECTIONS

Wisconsin's work to improve Perinatal Care in 2024 focused on improving and optimizing maternal and infant health outcomes by addressing perinatal differences, enhancing perinatal mental health practices, collaborating with partners to ensure access to quality postpartum care, and supporting community workforce development. Partnerships included local, Tribal, and statewide agencies. The plan leveraged Medicaid programs, perinatal quality improvement projects, and technical assistance aimed to improve health outcomes, improve continuity of care, and foster positive mental health.

Ongoing communication strategies, learning community calls, and collaboration with stakeholders on initiatives amplified these efforts. The plan underscores Wisconsin's commitment to achieve and optimize individual's holistic health potential by addressing differences, improving maternal and infant health outcomes, and empowering the community birthing workforce in an effort to promote and support sustainable health care practices for maternal child health populations throughout Wisconsin.

Address differences in maternal and infant health through Wisconsin's Medicaid programs.

This strategy aims to enhance outcomes for individuals who are low income, medically underserved, and experience limited availability to health services by enhancing coordination of care delivery and work to disrupt systemic disparities noted in Medicaid programs. [ForwardHealth](#) is a system that manages and administers various healthcare programs in Wisconsin, including Medicaid and BadgerCare Plus. ForwardHealth brings together many healthcare and nutritional assistance benefit programs with the goal of improving health outcomes for members and creating efficiencies for providers. It's the state's claims processing system and also supports various health care programs and web services all under the [ForwardHealth Portal](#). Ongoing collaboration of the Title V maternal and child health nurse consultant and the [Division of Medicaid Services](#) policy staff brought forth key actions that included: advocacy for extension of postpartum care to twelve months, educating prenatal care coordinators, collaboration on the development of care coordination modules to support prenatal care coordination service delivery, providing improved care coordination resources, and engagement directly with community agencies to determine ongoing needs to support prenatal care coordination improvements. Collaborative efforts between the Title V maternal and child health nurse consultant and the Division of Medicaid Services lead to a presentation at the Fulfilling the Promise conference on [Prenatal Care Coordination – Medicaid Benefit 101](#), and led to the publishing of a [Prenatal Care Coordination Frequently Asked Questions](#) to the [Medicaid ForwardHealth Portal Policy and Procedure Handbook](#). Additional resources can be found here [Resources for Prenatal Care Coordination Providers](#).

The [Wisconsin Child Welfare Professional Development System](#) in partnership with the Department of Health Services created a series of four web-based [Prenatal Care Coordination \(PNCC\) Professional Development Modules](#) for PNCC providers. This series is intended for both new providers and more experienced providers who are looking to improve their knowledge about comprehensive and important skills, such as client-centered interviewing, behavioral health, and the role of care coordination in Wisconsin Medicaid. These are fully asynchronous and include resources and interactive activities, including a certificate for providers who complete the module. The goal of these modules is professional development, and all Medicaid providers must follow Medicaid policy. The Prenatal Care Coordination training modules can be accessed below:

- Module 1: [Coordinating Prenatal Care for Birthing People](#)
- Module 2: [Client-centered Interviewing Techniques](#)
- Module 3: [Providing Support and Connecting Birthing People to Behavioral Health Services](#)
- Module 4: [Teaming and Coordination Across Systems of Care](#)

Title V Maternal Child Health nurse consultant work to bridge additional knowledge gaps for agencies through ongoing connection to Prenatal Care Coordination field representatives and included specific work with an agency to support at a postpartum depression event. Engagement with community agencies provided a platform of information shared with Division of Medicaid Services to support their application and award for Center for Medicare and Medicaid Services, Transforming Maternal Health Model. Alignment and collaboration with the Wisconsin Maternal Health Innovation Program began in 2024. Collaboration with the Maternal Health Innovation program supported the development of a Prenatal Care Coordination brochure which aimed to promote prenatal care coordination, provide available resources, and educate clients on services offered in prenatal care coordination to Medicaid eligible individuals throughout Wisconsin. The brochure was available in Spanish, Hmong and English languages. Postpartum coverage only being offered through 90 days remains a significant barrier to improving maternal morbidity and mortality outcomes in the postpartum period.

Enhance perinatal mental health services.

The primary focus for the perinatal mental health strategy relates to improving screening, referrals, and follow-ups for clients experiencing perinatal mental health disorders. This initiative includes policy development, process improvements, and collaboration with healthcare providers to strengthen workforce capacity. These efforts aim to normalize mental health care, address stigma, and ensure that women experiencing perinatal mental health disorders receive timely and effective support. Thirteen local health departments and one Tribal agency representing all five Wisconsin public health regions addressed perinatal mental health with their Title V funds and developed action plans supporting community needs and impacting populations at greater risk for poor health outcomes.

The local and Tribal health agencies attended quarterly peer learning calls and one-on-one consultations and were provided robust resource information and many additional learning opportunity offerings throughout the year. Technical assistance is provided by Mom's Mental Health Initiative and participants shared the following:

“Our technical assistance provided great resources at the state level in regard to perinatal mental health resources and keeps us in the loop of conferences, speaking engagements, and educational materials.”

“Resources provided during the learning calls has helped with continuing the policy writing process by providing different screenings that are available.”

Learning calls covered the following topics: perinatal mental health disorders policy and procedures on screening and follow-up, perinatal anxiety and perinatal obsessive-compulsive disorder, perinatal mental health peer support, and substance use disorders/perinatal mental health. Local public health and Tribal agencies reported a variety of improvements or implementation to their policy and procedure which included: incorporating linkages to other supportive services, developing protocols to refer clients to evidence-based treatments, operationalizing assessments and response to imminent and/or suicidal risk and postpartum psychosis, utilization of the Periscope Project for psychiatric consultation, assessment for postpartum psychosis, and methods to track referrals. Most agencies supported pregnant and postpartum individuals with printed resources (90%), online resources (70%), one-on-one education (60%), social media resources or materials (40%), and community events (30%). One agency developed a needs assessment survey in English and Spanish to further identify their community needs and another taught client's mindfulness activities. Topics covered included strategies to identify support systems, postpartum self-care strategies, proper nutrition and sleep habits, education on therapy (role and benefits), home safety, transportation resources, baby health, and support strategies for their family.

Local and Tribal health agencies sought to engage their community with varied approaches that included: translation of resource materials; using plain language approaches to materials for increased accessibility; connecting directly with clients at community events; assessing and addressing barriers (transportation issues, mental health provider access, insurance barriers, etc.); participating in trainings or professional development; analyzing data to understand community impact; partnering with community based organizations; focusing on populations experiencing limited availability of health services, utilization of a community advisory board for program planning and decision-making, hired staff that are able to communicate with clients in other languages, and performed a community perinatal mental health assessment. Local and Tribal health agencies facilitated their work within their communities in numerous ways that included: partnerships with WIC to offer clients screenings and resources, workgroups addressing mental health as a priority, direct surveys within their community to refine the need, building community public health trust through community events (e.g., community baby shower), and improving screening methods and referral process. Local and Tribal health agencies reported:

“Prior to this, clients were given a list of providers, and it was left to them to make the call for services. For some clients that had extreme struggles, this often resulted in the client not seeking services. Now, the maternal child health wellness coordinator is able to provide active assistance in the referral process for mental health services and follow up to ensure the services were a good fit for the client.”

“The intended outcome is to contact all appropriate families who have experienced stillbirth and infant loss in 2024 to offer them an opportunity to share their stories.”

“It is exciting to know that we are actively screening almost all of the mothers that attend WIC's program.”

Collaborative partnerships significantly facilitated this work by enhancing connections within their communities directly, each developing a unique approach. The local and Tribal health agency that pursued this objective for more than two years reported significant improvements in being able to address the mental health needs of perinatal clients. The local and Tribal health agency also utilized their funding to expand their perinatal mental health knowledge by attending conference presentations offered by the Wisconsin Association of Lactation Consultants, the Wisconsin Association for Perinatal Care, the Wisconsin Child Welfare Professional Development System, the Fulfilling the Promise Conference, the Wisconsin Public Health Association Conference, and the Wisconsin Association of Local Health Departments and Boards. Additionally, trainings were offered by Reproductive Health National Training Center and US 2 Behavioral Health Care Inc. The work was further facilitated by partnerships, alignment with other efforts and priorities, helpful resources from technical assistance provider or objective lead, staff interest and expertise, learning from other agencies' work and approaches, funding resources (Title V and other funding sources), and evidence from data or data-related resources.

Local and Tribal health agencies did report barriers and systemic challenges to their work that included: limited access to perinatal clients due to programming gaps that do not follow clients throughout the full postpartum year, need for additional staff training on perinatal mental health disorders, workforce capacity due to staffing and workload demands, need for additional funding and resources to support perinatal mental health initiatives, access issues (e.g., transportation, insurance coverage, health care distrust, etc.), and scarcity of behavioral health resources within their community.

The Title V perinatal health nurse consultants were utilized as the primary resource for sharing their subject matter expertise and providing resources for the Family Foundations Home Visiting Program, Family Mental Health Wellness Continuous Quality Improvement Project.

Improve postpartum visit rates through quality improvement projects.

This strategy emphasized collaboration with health care agencies and providers to encourage scheduled postpartum visits. Activities included disseminating educational materials, leveraging quality improvement tools, and aligning efforts with the Wisconsin Perinatal Quality Collaborative. Progress was made in revising strategies to promote follow-ups during the postpartum period and addressing data gaps that hinder program evaluation. These initiatives aim to ensure that women receive comprehensive care after delivery, improving overall maternal health. A key partner in this work is the Wisconsin Association of Perinatal Care whose staff regularly share learning opportunities that included WisPQC Learning Collaboratives, Wisconsin CONNECT's podcast, the WI Rural Health and Substance Use Clinic Support (RHeSUS) program, the WISAM conference, the Periscope Project, and various national and other perinatal quality collaborative opportunities. The Wisconsin Association of Perinatal Care staff attended and participated in five activities: (1) Wisconsin Douglas Association Conference; (2) Opioid, Stimulants, and Trauma Summit (one staff member co-presented); (3) Wisconsin Public Health Association Conference; (4) Wisconsin CONNECTS Perinatal Substance Use Certificate program; and (5) Wisconsin CONNECT's podcast development.

Implement a revised perinatal care designation process.

This strategy focused on refining levels of perinatal care for birthing centers through leveraging the CDC's [Levels of Care Assessment ToolSM \(CDC LOCATe\) Toolkit](#) which is a standardized method for evaluating hospital and birthing center maternal and infant care to identify gaps in risk appropriate care. Forty-seven hospitals (55%) completed the self-reported LOCATe survey tool. Hospitals reported key barriers for completion of the LOCATe survey tool that included: time constraints for completion, lack of administrative support, and reports of processes that already assess levels of care within a hospital system. The utilization of the tool provided hospital insight and a foundation to inform Wisconsin Association for Perinatal Care to further develop their designation process, engage stakeholders, and create a resource hub to ensure successful implementation for a planned pilot launch in 2025. Eight hospitals have been contacted about participating in the Wisconsin Association of Perinatal Care Levels of Care Designation Process 2025 pilot; six of the eight hospitals have confirmed participation. The sites are from rural and urban areas and represent all four levels of care designation: Aspirus Rhinelander, Children's Wisconsin, Froedtert Hospital, Marshfield Medical Center-Eau Claire, SSM Health St. Mary's Hospital-Madison, and Tamarack Health Hayward.

Strengthen collaboration and partnership with community level workforce.

Wisconsin's Title V team continues interdepartmental collaboration with the Department of Children's Family Foundations Home Visiting program. On May 1st, 2024, a Title V, Maternal Mortality Prevention nurse abstractor presented at the Home Visitation All-Grantee quarterly meeting on the Center for Disease Control and Prevention "Hear Her Campaign" spotlighting awareness of urgent maternal warning signs, listening actively when women express concerns and the importance of sharing the Center for Disease Control and Prevention "Hear Her Campaign" resources to pregnant and postpartum women, their partners, and health care professionals.

Shared data promoting common screening tools, resources, and community partnerships allows the Title V team to inform work addressing similar priority population outcomes:

Percent of primary caregivers screened for depression within 3 months of enrollment (if not enrolled prenatally) or within 3 months of delivery (if enrolled prenatally).	81% (586/722 adults)
Percent of primary caregivers who reported using tobacco at enrollment and were referred to tobacco cessation counseling/services within 3 months of enrollment.	19% (18/94 adults)
Percent of mothers enrolled prenatally or within 30 days after delivery who received a postpartum visit with a health care provider within 8 weeks of delivery.	72% (322/450 adults)
Percent of primary caregivers referred to services for a positive depression screen who received one or more service contacts.	10% (6/59 adults)
Percent of primary caregivers who had continuous health insurance coverage for at least 6 consecutive months.	85% (1164/1363 adults)

In 2023, the Family Foundations Home Visiting team established a community of practice for home visitors that established four training development topic opportunities which included: health literacy, hypertension disorders during and after pregnancy, gestational diabetes, and pharmaceuticals during pregnancy and postpartum period. The Title V maternal and child health design team (two maternal infant health nurse consultants, a maternal mortality review team nurse abstractor, and a home visiting nurse consultant) approached 2024 with plans designed to intentionally expand professional development opportunities with these topics to all workforce members who worked directly with families of maternal child health populations. This positive impactful shift provided avenues to build trust in relationships at community level and to inform improvement in servicing of birthing families.

The Title V team provided a platform for discussion with the leadership from several community-based organizations. Community-based organizations included: the African American Breastfeeding Network, City of Milwaukee Health Department, Public Health Madison Dane County Health Department, The Foundation for Black Women’s Wellness, Oneida Tribal Nation, Wisconsin Doula’s of Color Collective, Dr. Kara Hoppe from University of Wisconsin Prevention Research Center, Dr. Anna Platnik from the Medical College of Wisconsin, and Unite WI. This strategic shift allowed for collaborative support and relationship building through sharing and shaping of professional development opportunities. The discussions brought in robust qualitative data, informative and innovative ideas, and feedback related to the chosen topics, toolkits, and resources; an intentional construct of bringing forth the value of topics tailored directly to the community needs while honoring the extensive roles of Wisconsin’s community birthing workforce. This strategic focus paved a path for the Title V team to share emerging practice and evidence-based information to the community birthing workforce that includes home visitors, prenatal care coordination providers, community health workers, doula’s, clinic nurses and providers, local and Tribal health agencies and others. These trainings also work to elevate awareness of the critical role of the community level birthing workforce within the health care infrastructure, promote alignment with other healthcare initiatives in Wisconsin, enable consistent messaging of health information, unify the community birthing workforce, and foster the growth of smooth care transitions throughout Wisconsin. Facilitated workforce development and support also aims to reduce community workforce burn out, maintain staff retention, and foster sustainable and impactful care practices in particular for maternal child health populations with low income or limited availability of health services. This work provides important information and resources that will directly reach individuals and families, making the largest impact for those at the greatest risk for poor outcomes.

The Title V team launched the first professional development topic of Health Literacy in November 2024, through collaboration with the Wisconsin Department of Children and Families, Family Foundations Home Visiting in partnership with the Office of Head Start, Office of the U.S. Administration for Children and Families, the National Center for Health, Behavioral Health and Safety, and the Wisconsin Child Welfare Professional Development System to bring a first of its kind webinar opportunity, “Tools and Strategies for Improving Health Literacy in Early Childhood Programs”. This webinar unpacked a health literacy toolkit from the federal Office of the Administration for Children and Families, Office of Head Start, on health literacy practices providing strategies to help families and staff find, understand, and use health information more effectively by improving communication and through advancing coordination of care for individuals. The Title V team began to lay the foundation and plan for a Pregnancy and Postpartum Hypertension three-part webinar series with launch date of early 2025 in collaboration with the University of Wisconsin School of Medicine and Public Health and UW Health maternal fetal medicine specialist, Dr. Kara Hoppe.

Health Literacy Training Module Registration and Attendance Data from the Wisconsin Child Welfare Professional Development System		
Service sector	Registered	Attended
Birth to Three	7	6
Clinic/ Nursing	10	3
Community Health Worker	24	8
Doulas	4	1
Early Head Start (home based)	12	6
Early Head Start/ HS Center	18	8
Family Resource Center	10	2
Home Visiting	71	44
Other	76	33
PNCC	25	11
Public Health	50	21
Tribal	2	0
Total	309	143

Key data collection will allow monitoring the impact of these workforce development opportunities with a focus on aspects of care coordination opportunities and the reduction of health-related barriers. Data sources to include: the Great Lakes Inter-Tribal Epidemiology Center, Medicaid’s Prenatal Care Coordination evaluation, Wisconsin Association for Perinatal Quality Care, Perinatal Periods of Risk data, Maternal Mortality Review qualitative data, vital records data, Wisconsin Pregnancy Risk Assessment Monitoring System data, and others.

NEWBORN SCREENING

In 2024, newborn screening program staff, in partnership with [Wisconsin State Laboratory of Hygiene](#) and the Wisconsin **S**creening **H**earts in **NE**wborns ([SHINE](#)) program administered the Wisconsin Newborn Screening program which is funded through a combination of program fee revenue and Title V funds. The large majority of the newborn screening program’s costs are funded through the purchase of blood cards. The program has been in a budget deficit and worked through the rulemaking process to increase the newborn screening blood card fee in relation to the addition of newborn screening conditions to the newborn screening panel as of August 1, 2025. This blood card fee change is needed to effectively support children with special health care needs, identified through the newborn screening program. This program consists of blood screening, heart screening, and hearing screening.

Blood: The [Wisconsin State Laboratory of Hygiene](#), under contract with the Department of Health Services, screens infants born in Wisconsin for 48 blood disorders to ensure Wisconsin newborns are screened, diagnosed, and treated.

Heart: [Screening Hearts in NEwborns](#), under contract with the Department of Health Services, is designed to provide information and resources for universal screening of newborns for critical congenital heart disease.

Hearing: [Wisconsin Sound Beginnings](#) is Wisconsin’s Early Hearing Detection and Intervention program within the Department of Health Services, that ensures all babies born in Wisconsin are screened for hearing loss, receive timely diagnosis of hearing loss, and receive quality early intervention. is Wisconsin’s Early Hearing Detection and Intervention program within the Department of Health Services, that ensures all babies born in Wisconsin are screened for hearing loss, receive timely diagnosis of hearing loss, and receive quality early intervention.

The Newborn Screening program provided outreach and education for submitters, providers, and families through a variety of forums. The Education Subcommittee oversees this work, with the purpose of educating the public and medical providers about newborn screening. Newborn screening information and brochures are made available online and as printed resources for partners and parents. Families who receive a diagnosis through newborn screening are provided resources through Connecting Families, Wisconsin Wayfinder and Children’s Resource Centers throughout the state.

In 2024, a sub-workgroup of the Education Subcommittee was created to review and update all newborn screening publications, including a review by the Title V team’s health outcomes specialist.

In 2024, the Newborn Screening program established an ad-hoc research workgroup to provide the Department of Health Services' Secretary with proposed recommendations regarding research activities. These included examining research processes, reporting of results to parents and primary care providers, and consent related to research. The goal is for guidelines and recommendations to be sent to the Department of Health Services' Secretary by fall of 2025.

Work Completed in 2024

Blood: The Newborn Screening program, in collaboration with [Wisconsin State Laboratory of Hygiene](#), worked closely with hospitals and out of hospital partners to ensure all babies born in Wisconsin received blood screening, appropriate follow-up testing, and treatment in a timely manner. The Newborn Screening Program Coordinator worked collaboratively with contracted agencies to provide ongoing clinical services, care coordination under the medical home model, prevention of loss to follow-up, links to services including early intervention, and transitions for youth with special health care needs to adult care.

Heart: [Screening Hearts in NEwborns](#) provided clinical decision support and guidance to providers while ensuring that infants suspected of or diagnosed with critical congenital heart disease received appropriate follow-up evaluation and care. The newborn screening program's data system, WE-TRAC, continues to be refined for use in critical congenital heart disease monitoring, and the team is able to conduct meaningful analyses of outcomes and follow-up, as mentioned above.

Hearing: The [Wisconsin Sound Beginnings](#) program supported hospitals and providers to increase the percentage of babies screened, percentage of babies receiving timely diagnosis of permanent hearing loss, and the percentage of babies enrolling in Early Intervention. Wisconsin Sound Beginnings also aimed to reduce the percentage of babies not receiving follow-up. The WE-TRAC data system allowed for real-time surveillance and tracking of all babies born in a Wisconsin hospital or in an out-of-hospital setting to encourage timely interventions. Children from birth to age three with developmental delays and/or disabilities are eligible for enrollment in Early Intervention in Wisconsin. 92.3% of babies born in 2024 diagnosed with permanent hearing loss have been referred to Early Intervention.

BIRTH DEFECTS PREVENTION AND SURVEILLANCE

Wisconsin's Title V program continued to support staff who are responsible for administering the [Wisconsin Birth Defects Prevention and Surveillance program](#). State funds are used to support surveillance and prevention initiatives. Beginning July 2024, the University of Wisconsin School of Medicine and Public Health, Department of Pediatrics was selected to establish a statewide taskforce on congenital Cytomegalovirus to research and recommend steps for implementing high-quality systemic screening in Wisconsin. The Wisconsin Screening Prevention and Early Recognition (CMV WiSPER Project) is a cross-sector collaborative with representatives from hospital departments (pediatrics, audiology, infectious disease, and others), representatives from the Wisconsin Department of Health Services, community members, and parents of children diagnosed with congenital Cytomegalovirus. Three work groups have been created (Newborn Screening/Hospital workgroup, Audiology workgroup, and the Family and Education workgroup) and currently meet monthly.

Staff also supported the [Council on Birth Defect Prevention and Surveillance](#), which met quarterly. The Council members are appointed and include a diverse group of experts who make recommendations to Wisconsin regarding the registry and are responsible for coordinating with the Early Intervention Interagency Coordinating Council (Wisconsin Governor's Birth to 3 Program Interagency Coordinating Council).

The Wisconsin Birth Defects Prevention and Surveillance program is required to maintain a registry of birth defects diagnosed among children from birth to age two years, who were either diagnosed and/or treated in Wisconsin. The [Wisconsin Birth Defects Registry](#) is a secure, web-based system that allows pediatric specialty clinics and physicians to submit one individual report at a time or a batch report with multiple reports included. Reporters may also submit a paper form to the Wisconsin Birth Defects Registry state administrator for inclusion in the registry. The registry is mandated by Wisconsin statute to collect demographic, diagnostic, and identifying information on children from birth to 2 years of age who are born with specified birth defects. Physicians and pediatric specialty clinics are mandated reporters, while hospitals may report. The Wisconsin Birth Defects Registry collects identifying and demographic information on the child and mother, as well as information on referral to services, risk factors, and the diagnostic information for one or more of the 64 reportable conditions included in the registry. The registry has not been functional the past four years due to a transition into a new reporting system. However, in September 2024, one of the state's largest healthcare systems began reporting data, while three other large healthcare systems prepared to start reporting in 2025. The Wisconsin Birth Defects Prevention and

Surveillance program continued to outreach with other health care systems to increase statewide reporting.

ALL INFANTS EXPERIENCE THE SAFE AND STABLE SUPPORTS THEY NEED TO LIVE AND THRIVE STARTING FROM BIRTH TO CELEBRATING THEIR FIRST BIRTHDAY.

Full details of the plan to address this Priority Need in 2026-2030 are being completed throughout the remainder of 2025. Currently, the 2026 State Action Plan contains the following details:

Objective: Decrease the number of women who experience racial/ethnic discrimination while getting healthcare during pregnancy, delivery, or postpartum.

Strategies:

1. Increase the accessibility of doula support for all who want one.
2. Support agencies to reduce rates of preterm birth, SUID, stillbirth, and low birthweight.

Additional information including accountability measures, specific strategy activities, funded partnerships, and more will be determined by the Title V program in the remainder of 2025.

NEWBORN SCREENING

The Wisconsin [Newborn Screening program](#) utilizes revenue from the newborn screening blood card fee, the federal Early Hearing Detection and Intervention grant, Title V and multiple partnerships to assure that all Wisconsin newborns have access to appropriate and timely blood, heart and hearing screening, as well as referral to early intervention services. Wisconsin's Newborn Screening program has been operating from a budget deficit and worked through the rulemaking process to increase the newborn screening blood card fee. In addition, through the rulemaking process, they were able to add two newborn screening conditions effective August 1, 2025. In 2025, the Newborn Screening program applied for the CDC's Early Hearing Detection and Intervention Surveillance grant, which would expand functionality of WE-TRAC, Wisconsin's newborn screening database. The program did not receive this award.

Wisconsin's Newborn Screening program will continue to work in partnerships with the [Wisconsin State Lab of Hygiene's Newborn Screening Laboratory](#) for blood screening and follow up. The Newborn Screening program funds the [Wisconsin Screening Hearts in NEwborns \(SHINE\)](#) program for critical congenital heart disease screening and follow up, and will continue partnering and funding the City of Milwaukee Health Department for newborn screening follow-up in focused on the southeast region of the state. The Newborn Screening program also partners with [Wisconsin Sound Beginnings](#) to conduct its hearing screening. Wisconsin Sound Beginnings is funded through the Early Hearing Detection and Intervention federal grant and the blood card fee. Title V funding will support the Wisconsin Sound Beginnings program with a family engagement weekend for families with a child who is deaf or hard of hearing in July of 2025.

Partnerships enable the Newborn Screening program to expand reach to local providers and families. Newborn Screening program staff will continue partnerships with Wisconsin programs such as the Birth to 3 (Early Intervention) program, Birth Defects Prevention and Surveillance program, Children and Youth with Special Health Care Needs program, Connecting Families, Office of Health Informatics, and Office of Vital Records. The Newborn Screening program works with birthing hospitals and clinics throughout the state as well as key partners for out of hospital births such as La Farge Medical Clinic Center for Special Children and the Wisconsin Guild of Midwives.

The Wisconsin Newborn Screening program will maintain an advisory committee structure, enlisting the help of condition experts across the state. These committees will continue to advise the Department of Health Services' secretary on policy issues that relate to newborn screening and potential additions or removals of conditions to the panel.

Outreach and education will continue to be provided for data submitters, providers, and families about newborn screening. The Education Subcommittee will continue to focus on prenatal education and newborn screening awareness. In 2025, the updated newborn screening educational brochures were finished. By the end of 2025, these educational brochures will be distributed to all program partners, birthing units and out of hospital providers with a goal of reaching families during the prenatal care period.

Wisconsin's newborn screening websites and educational webinars continue to provide hospitals and health care providers up-to-date information. The program hopes to maintain a peer support program for parents and families. Historically, the program has funded a program called Parents Reaching Out, which provides peer support to parents with a deaf or hard of hearing child.

The Newborn Screening program is dedicated to improving health outcomes by ensuring all babies born in Wisconsin can access critical newborn screening services. In 2026, the Newborn Screening program hopes to obtain funding to pull additional Vital Records fields into the WE-TRAC data system. These fields include father's information and prenatal care indicators. The program also plans to develop an extensive WE-TRAC data dictionary to allow for clear and concise reporting.

BIRTH DEFECTS PREVENTION AND SURVEILLANCE

Wisconsin's Title V program supports staff who are responsible for administering the [Wisconsin Birth Defects Prevention and Surveillance program](#). State funds support surveillance and prevention initiatives.

Beginning July 2024 and into 2025, the University of Wisconsin School of Medicine and Public Health, Department of Pediatrics continues leading a statewide taskforce on congenital Cytomegalovirus (cCMV) to research and recommend steps for implementing high-quality systemic cCMV screening in Wisconsin. The Wisconsin Screening Prevention and Early Recognition (CMV WiSPER Project) is a cross-sector collaborative with representatives from hospital departments (pediatrics, audiology, infectious disease, and others), representatives from the Wisconsin Department of Health Services, community members, and parents of children diagnosed with cCMV. Three work groups will continue to meet monthly during the upcoming year (Newborn Screening/Hospital workgroup, Audiology workgroup, and the Family and Education workgroup).

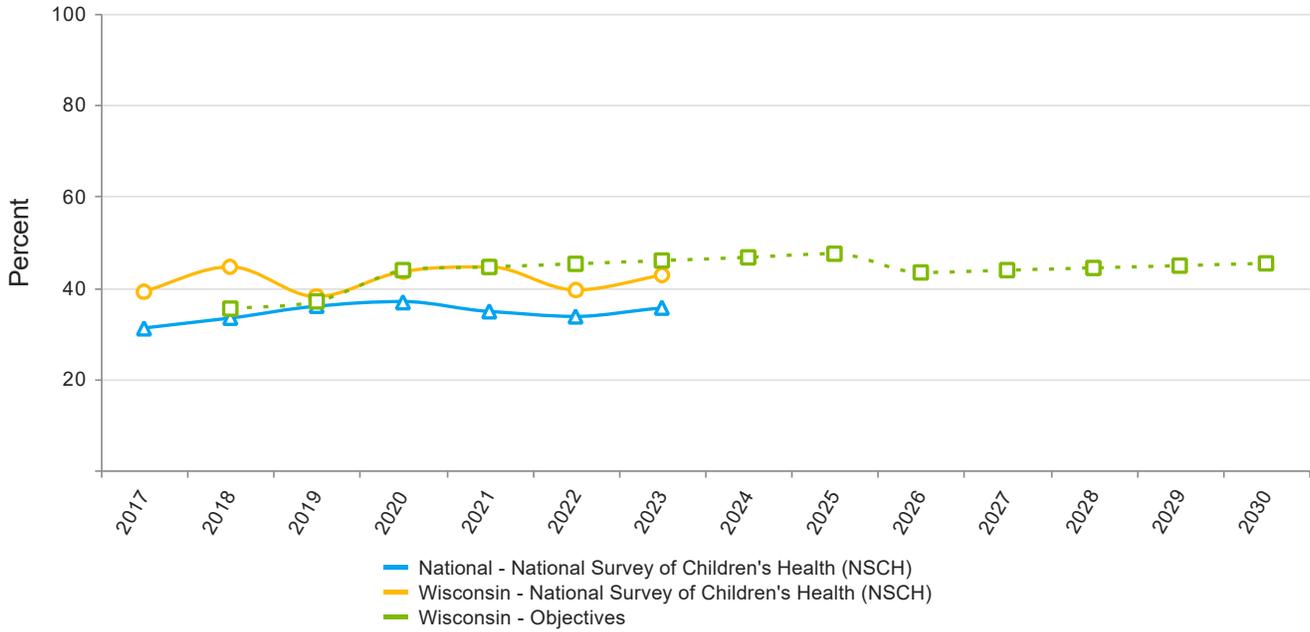
Staff support the [Council on Birth Defect Prevention and Surveillance](#), which meets quarterly. The Council members are appointed and include a diverse group of experts who make recommendations to Wisconsin regarding the registry and are responsible for coordinating with the Early Intervention Interagency Coordinating Council (Wisconsin Governor's Birth to 3 Program Interagency Coordinating Council).

The Wisconsin Birth Defects Prevention and Surveillance program maintains a registry of birth defects diagnosed among children from birth to age two years, who were either diagnosed and/or treated in Wisconsin. The [Wisconsin Birth Defects Registry](#) is a secure, web-based system that allows pediatric specialty clinics and physicians to submit one individual report at a time or a batch report with multiple reports included. Reporters may also submit a paper form to the Wisconsin Birth Defects Registry state administrator for inclusion in the registry. Wisconsin statute mandates the registry to collect demographic, diagnostic, and identifying information on children from birth to 2 years of age who are born with specified birth defects. Physicians and pediatric specialty clinics are mandated reporters, while hospitals may report. The Wisconsin Birth Defects Registry collects identifying and demographic information on the child and mother, as well as information on referral to services, risk factors, and the diagnostic information for one or more of the 64 reportable conditions included in the registry. The registry has not been functional the past four years due to a transition into a new reporting system. In 2020, it was identified that the registry needed information technology improvements in order to be functional. Unfortunately, the staff qualified to make these changes had been enlisted to help the department with the information technology needs around the COVID-19 pandemic. In 2024, information technology staff were able to refocus some of their efforts towards the needed improvements. In September 2024, one of the state's largest healthcare systems began reporting data, while three other large healthcare systems plan to start reporting in 2025. The Wisconsin Birth Defects Prevention and Surveillance program will continue outreach with other health care systems to increase statewide reporting.

Child Health

National Performance Measures

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



Federally Available Data

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

	2020	2021	2022	2023	2024
Annual Objective	43.8	44.5	45.2	45.9	46.6
Annual Indicator	37.9	42.8	43.9	39.3	42.8
Numerator	58,870	61,909	62,035	55,399	56,086
Denominator	155,316	144,602	141,361	140,958	130,892
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2018_2019	2019_2020	2020_2021	2021_2022	2022_2023

Annual Objectives

	2026	2027	2028	2029	2030
Annual Objective	43.3	43.8	44.3	44.8	45.3

Evidence-Based or –Informed Strategy Measures

ESM DS.1 - Percent of medical providers trained who report using an evidence-based screening tool

Measure Status:		Inactive - Replaced			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		80	85	90	95
Annual Indicator		38	48.3	48.3	43.7
Numerator		38	340	340	94
Denominator		100	704	704	215
Data Source		SurveyMonkey	SurveyMonkey	SurveyMonkey	SurveyMonkey
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

ESM DS.2 - Percent of medical providers trained who report a change in knowledge related to developmental screening age interval recommendations

Measure Status:		Inactive - Replaced			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		80	85	90	95
Annual Indicator		0	91.9	91.9	91.3
Numerator		0	306	306	84
Denominator		100	333	333	92
Data Source		N/A	SurveyMonkey	SurveyMonkey	N/A
Data Source Year		2021	2022	2022	N/A
Provisional or Final ?		Final	Final	Final	Final

ESM DS.3 - Percent of community developmental screening training participants who report an increase in knowledge regarding developmental screening

Measure Status:		Inactive - Replaced			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		80	85	90	95
Annual Indicator		0	91.9	95	91.3
Numerator		0	306	95	84
Denominator		100	333	100	92
Data Source		N/A	SurveyMonkey	SurveyMonkey	SurveyMonkey
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

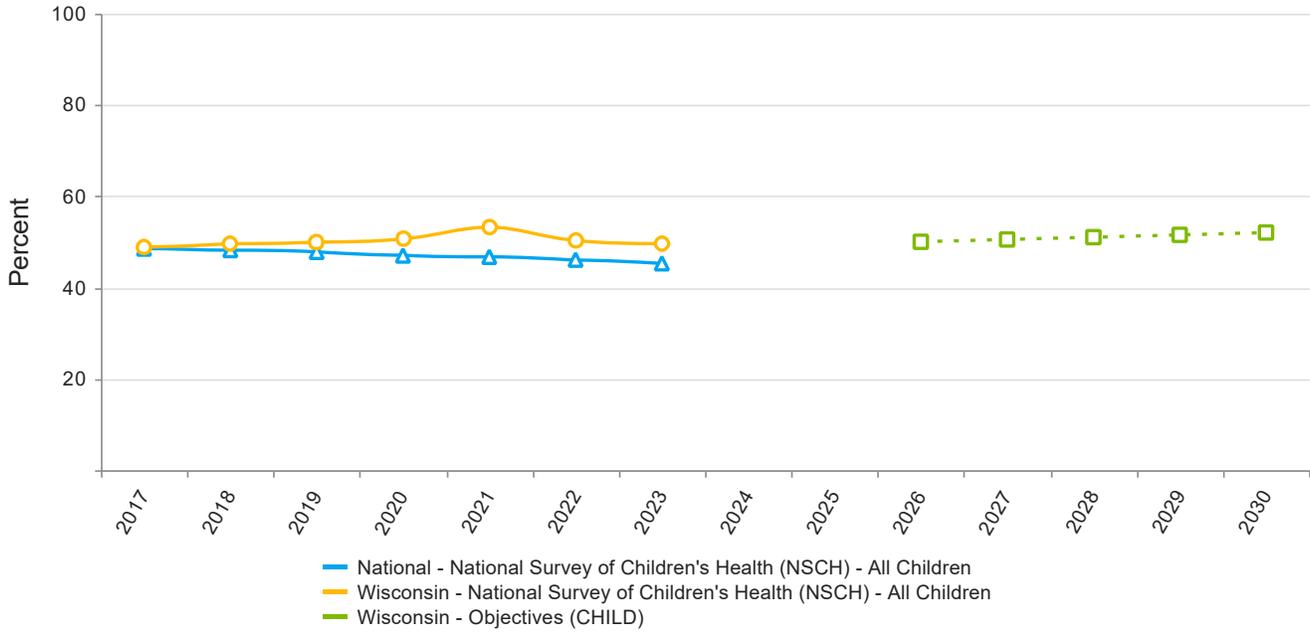
ESM DS.4 - Percentage of trainees who report they will begin implementing developmental monitoring and/or developmental screening practices.

Measure Status:	Active
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Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	60.0	60.0	60.0	60.0	60.0

NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH Indicators and Annual Objectives



NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH - Child Health - All Children

Federally Available Data		
Data Source: National Survey of Children's Health (NSCH) - All Children		
	2023	2024
Annual Objective		
Annual Indicator	50.2	49.5
Numerator	633,382	621,665
Denominator	1,261,952	1,256,053
Data Source	NSCH-All Children	NSCH-All Children
Data Source Year	2021_2022	2022_2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	50.0	50.5	51.0	51.5	52.0

Evidence-Based or –Informed Strategy Measures

ESM MH.1 - Percent of Regional Center information & referral staff who report competence in explaining medical home concepts

Measure Status:	Inactive - Replaced				
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		75	76	78	79
Annual Indicator		100	85.7	100	88.9
Numerator		12	6	9	8
Denominator		12	7	9	9
Data Source		Self-Report Survey	Self-Report Survey	Self-Report Survey	Self-Report Survey
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

ESM MH.2 - Percent of family members, health care providers, and community professionals trained on Medical Home-related concepts who report a change in knowledge or skills or behavior following the training

Measure Status:	Inactive - Replaced				
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		75	76	78	79
Annual Indicator		96	95.3	94.7	0
Numerator		96	61	18	
Denominator		100	64	19	
Data Source		Self-Report Survey	Self-Report Survey	Self-Report Survey	Self-Report Survey
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

ESM MH.3 - Percent of families who receive at least one Regional Center referral that results in needed services received

Measure Status:		Inactive - Replaced			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		40	43	46	48
Annual Indicator		66.2	64.5	47.4	61.1
Numerator		632	522	1,132	1,037
Denominator		954	809	2,386	1,696
Data Source		REDCap	REDCap	REDCap	REDCap
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

ESM MH.4 - Number of unduplicated organizations (hospitals, clinics, or health care systems) collaborating with Title V to implement medical home practices for all children, including children with special health care needs.

Measure Status:	Active
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Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	8.0	10.0	12.0	14.0	16.0

ESM MH.5 - Percent of referrals that resulted in services received at the time of follow-up.

Measure Status:	Active
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Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	50.0	50.0	50.0	50.0	50.0

ESM MH.6 - Percent of youth-serving providers who report a planned behavior change as a result of participating in training.

Measure Status:	Active
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Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	70.0	70.0	70.0	70.0	70.0

State Action Plan Table

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

Priority Need

All children and their families experience timely, nearby, uncomplicated, coordinated care and supports to live and thrive.

NPM

NPM - Medical Home

Five-Year Objectives

Increase the number of children, including children and youth with special health care needs, that have a medical home.

Strategies

Increase opportunities and support for families to establish, receive, and navigate care across systems.

ESMs

Status

ESM MH.1 - Percent of Regional Center information & referral staff who report competence in explaining medical home concepts	Inactive
ESM MH.2 - Percent of family members, health care providers, and community professionals trained on Medical Home-related concepts who report a change in knowledge or skills or behavior following the training	Inactive
ESM MH.3 - Percent of families who receive at least one Regional Center referral that results in needed services received	Inactive
ESM MH.4 - Number of unduplicated organizations (hospitals, clinics, or health care systems) collaborating with Title V to implement medical home practices for all children, including children with special health care needs.	Active
ESM MH.5 - Percent of referrals that resulted in services received at the time of follow-up.	Active
ESM MH.6 - Percent of youth-serving providers who report a planned behavior change as a result of participating in training.	Active

NOMs

Children's Health Status

CSHCN Systems of Care

Flourishing - Young Child

Flourishing - Child Adolescent - CSHCN

Flourishing - Child Adolescent - All

State Action Plan Table (Wisconsin) - Child Health - Entry 2

Priority Need

All children and their families experience timely, nearby, uncomplicated, coordinated care and supports to live and thrive.

NPM

NPM - Developmental Screening

Five-Year Objectives

Increase the number of children who receive a developmental screening.

Strategies

Enhance and expand universal developmental monitoring and developmental screening (using evidence-based screening tools) and strengthen referral processes.

ESMs

Status

ESM DS.1 - Percent of medical providers trained who report using an evidence-based screening tool	Inactive
ESM DS.2 - Percent of medical providers trained who report a change in knowledge related to developmental screening age interval recommendations	Inactive
ESM DS.3 - Percent of community developmental screening training participants who report an increase in knowledge regarding developmental screening	Inactive
ESM DS.4 - Percentage of trainees who report they will begin implementing developmental monitoring and/or developmental screening practices.	Active

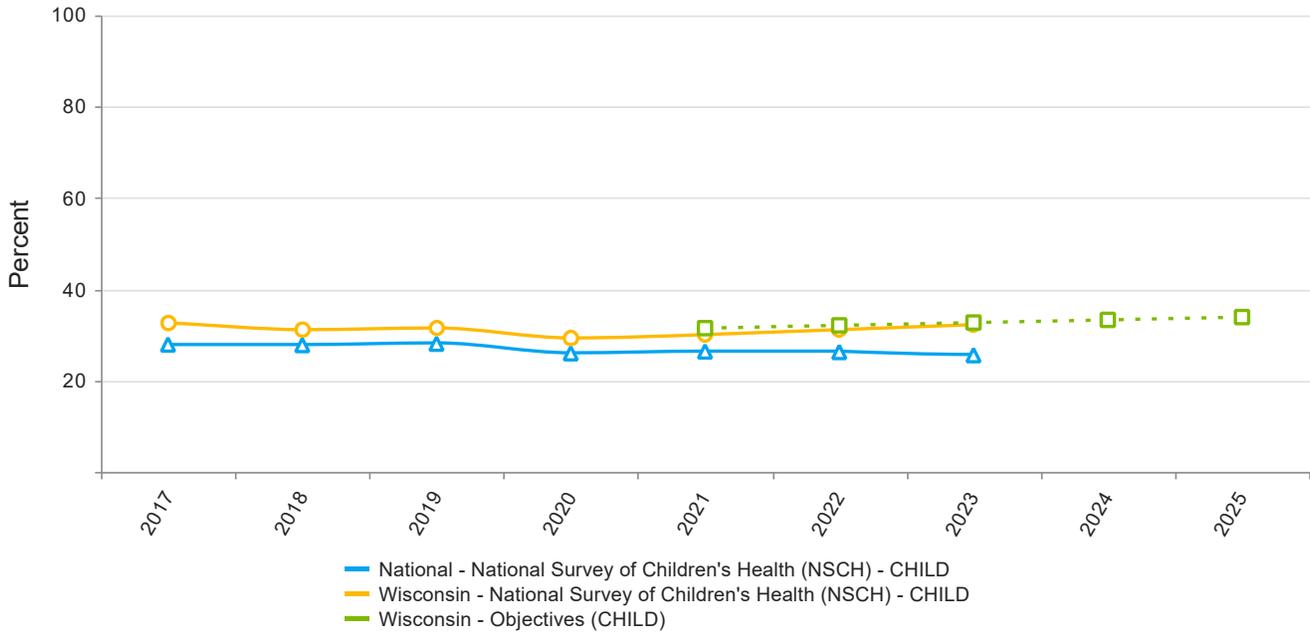
NOMs

School Readiness

Children's Health Status

2021-2025: National Performance Measures

2021-2025: NPM - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day - PA-Child Indicators



Federally Available Data

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

	2020	2021	2022	2023	2024
Annual Objective		31.5	32.1	32.7	33.3
Annual Indicator	30.8	29.2	29.9	31.2	32.3
Numerator	132,298	125,830	125,102	131,574	133,422
Denominator	429,126	430,350	418,899	421,426	413,095
Data Source	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD
Data Source Year	2018_2019	2019_2020	2020_2021	2021_2022	2022_2023

2021-2025: Evidence-Based or –Informed Strategy Measures

2021-2025: ESM PA-Child.3 - Percent of local and tribal health agencies in Wisconsin receiving Title V funding who chose the physical activity and nutrition objective.

Measure Status:		Active		
State Provided Data				
	2022	2023	2024	
Annual Objective			12	
Annual Indicator	9.4	12.5	13.5	
Numerator	9	12	13	
Denominator	96	96	96	
Data Source	Grants and Contracts Supplement	Grants and Contracts Supplement	Grants and Contracts Supplement	
Data Source Year	2022	2023	2024	
Provisional or Final ?	Final	Final	Final	

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

In Wisconsin, more children receive a developmental screening compared to children nationally. According to the National Survey of Children’s Health for the combined years 2022 and 2023, 35.6% of children received developmental screening using a parent-completed screening tool in the past year nationally, compared to 42.8% in Wisconsin. However, there is still opportunity for improvement since more than half of the children in Wisconsin do not receive developmental screening.

In 2024, Wisconsin aimed to enhance developmental monitoring and screening rates, early interventions and referral processes for children. Through collaboration with local and Tribal health agencies, healthcare professionals and community partners, the plan focused on increasing knowledge and awareness, building skills and fostering stronger partnerships to improve child health outcomes. Key initiatives included training sessions, technical assistance, community engagement and integrating developmental monitoring and developmental screening efforts across programs such as [WIC](#) and [Help Me Grow](#). This comprehensive approach advanced access to developmental related services and strengthened the statewide public health infrastructure for early childhood care.

Objectives

Objective	2019-2020 National Survey of Children’s Health	2020-2021 National Survey of Children’s Health	2021-2022 National Survey of Children’s Health	2022-2023 National Survey of Children’s Health
Increase the percentage of children in Wisconsin, ages nine months through 35 months, who receive a developmental screening using a parent-completed tool from 43.1% to 47.4% (+10%) by 2025.	42.8%	43.9%	39.3%	42.8%

Evidence-Based Strategy Measurement

Measure	2021 Data	2022 Data	2023 Data	2024 Data
Percent of medical providers trained who report using an evidence-based screening tool (<i>reported in pre-training survey</i>)	38%	52%*	45%	44%
Percent of medical providers trained who report a change in knowledge related to developmental screening age interval recommendations	No data to report due to COVID-19	No data*	No data*	No data*
Percent of developmental screening training participants who report an increase in knowledge regarding developmental screening	No data to report due to COVID-19	92%*	95%*	92%*

*Data reported for 2022, 2023, and 2024 includes all participants (both medical providers and community partner participants).

Collaborate with local and Tribal health agencies to increase knowledge, skills, and community awareness of [developmental screening and early intervention and referral resources](#) through training, educational and other technical assistance opportunities.

In 2024, [12 local and Tribal health agencies](#) focused on increasing their knowledge, skills, and community awareness of developmental monitoring, screening and referral practices and engaging with partners through these strategies:

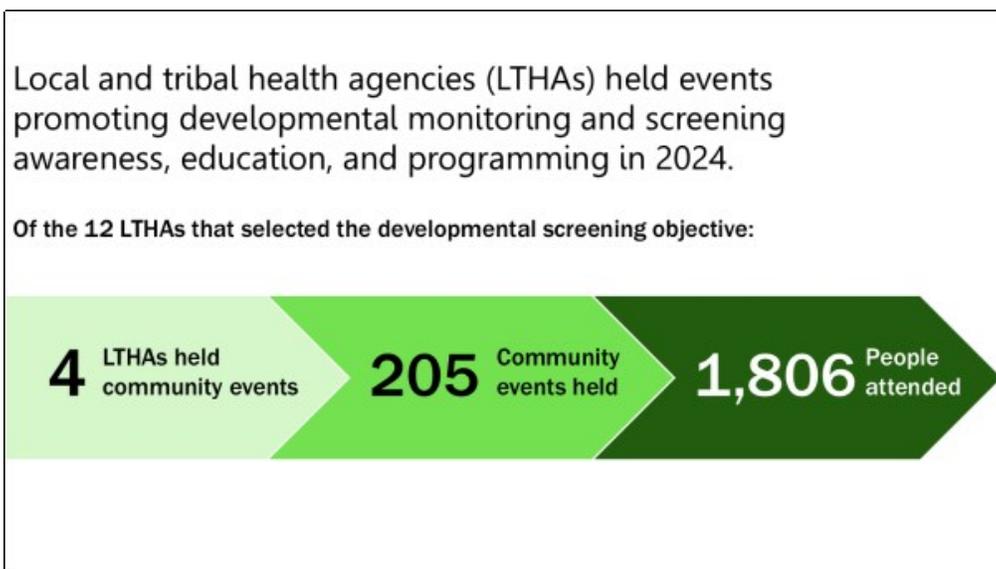
1. Collaborate to promote community awareness, education, and programming for advancing developmental monitoring and screening,
2. Promote education and training of the public health workforce to increase skills and competencies in completing an evidence-based developmental screening, and
3. Implement the [CDC Developmental Milestone Checklist Program](#) to promote developmental monitoring.

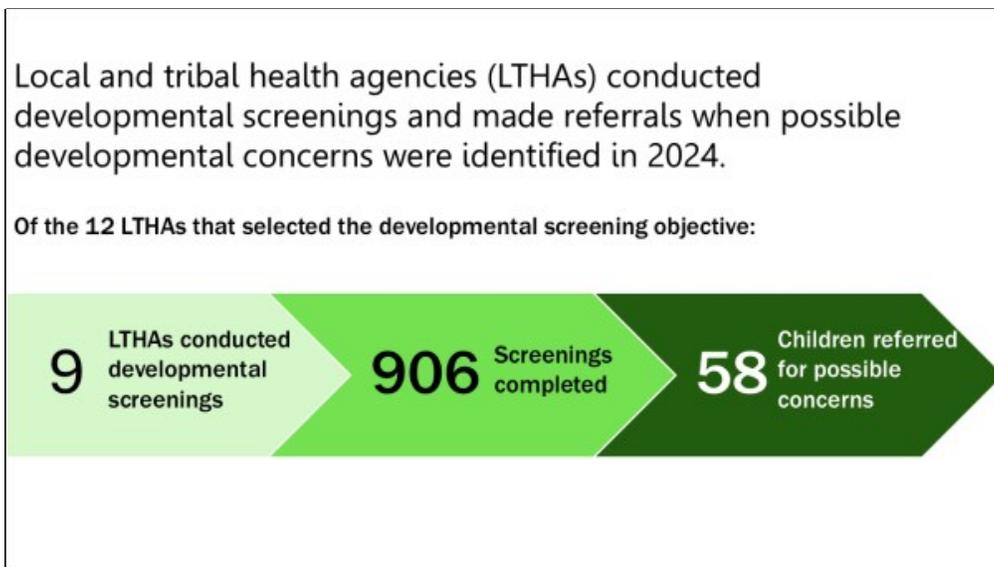
The Title V program partnered with the [Children's Health Alliance of Wisconsin](#) (The Alliance) to provide trainings for local and Tribal health agencies to promote and encourage the use of a valid standardized developmental screening tool, such as the [Ages and Stages Questionnaire third edition \(ASQ-3\)](#), which is a developmental screening tool that pinpoints developmental progress in children between the ages of one month to five and one-half years. The Alliance also supports local and Tribal health agencies through one-to-one virtual introductory meetings, which provided The Alliance and Title V staff opportunities to hear about the agency's plans, identify upcoming needs and build a relationship to better understand their work around furthering developmental screening.

The Alliance facilitated three quarterly learning community calls and three optional office hours for local and Tribal health agencies. The learning community calls featured presenters who spoke about topics related to developmental screening followed by peer-to-peer learning and networking between agencies to hear about implementation examples and other innovative ideas. Topics included [Wisconsin Wayfinder](#), [Wisconsin's Family Foundations Home Visiting program](#), [Help Me Grow](#), [Wisconsin Sound Beginnings](#), and the [Wisconsin Childhood Lead Poisoning Prevention Program](#). Most agencies (96.3%) found the learning community calls were useful and felt the calls supported their work related to developmental screening and monitoring.

Local and Tribal Health Agency Success: Local and Tribal health agencies take different approaches in how they promote and conduct developmental monitoring and developmental screening. Many agencies use the "[Learn the Signs. Act Early.](#)" ([LTSAE materials](#)) which are distributed at community and Tribal events, library story times, back to school events, home visits, car seat events, community baby showers, and WIC clinics. All (100%) agencies reported that existing resources on developmental screening (e.g. CDC materials) helped facilitate their work.

Agencies held 205 events, reaching over 1,800 people to promote awareness, education, and programming to increase developmental monitoring and screening. They recruited local partners to support these events which included home visiting agencies, local businesses, public schools and libraries, Head Start, health systems, and faith and community-based organizations that serve parents and families. Their efforts reached a variety of populations including mothers receiving treatment for substance use addiction, fathers with or expecting young children, families already receiving services for developmental delays, pregnant mothers, and home visitors.





The City of Milwaukee Health Department developed a [Children’s Developmental Screening Resource](#) webpage using the Padlet platform and distributed the link through in-person outreach, via email, and at all 197 educational events. The site provides families and partners with a consolidated list of resources available from “Learn the Signs. Act Early,” [Well Badger](#), [Wisconsin Wayfinder](#), [Birth to 3](#) and other local partners as well as general developmental screening information. The webpage had 316 distinct visitors with a total of 610 views in 2024. The agency also provided 5 developmental screening trainings on the [Ages and Stages Questionnaire third edition \(ASQ-3\)](#) and the [Ages and Stages Questionnaires: Social-Emotional, Second Edition \(ASQ: SE-2\)](#) to partners training a total of 21 individuals.

Vernon County Health Department began offering screenings for members of the plain community in 2024 and collaborated with a local Amish midwife to build connections to the community. They expanded home visits, which included offering a developmental screening to Amish families, which received positive feedback. The agency developed a system for communicating with families when they are not home using a postcard with a copy of the milestone checklist that the family can mail back to the health department with a provided envelope. These outreach efforts have been important in helping to rebuild trusting relationships with the community, post-pandemic.

Common barriers reported by local and Tribal health agencies include staff capacity (80%), staff vacancies/turnover (50%), and language barriers (40%). To address language barriers, agencies provided business cards with a QR code for a free ASQ-3 available in Spanish and did targeted outreach at markets, restaurants, and churches and fostered deeper connections with interpreters.

Milestone Monday, a social media campaign, was piloted in by The Alliance and featured a [weekly Instagram and Facebook post](#) highlighting the importance of monitoring development in children reaching age specific milestones. Posts were shared with local and Tribal health agencies working on developmental screening to share on their own social media platforms. Statewide, the campaign reached 5,041 unique users over a 14-day period. Winnebago County Health Department reported high engagement (2,001 unique users) and linked them to promotion of their Parent Resource Hours described later in this narrative.

Developmental Milestone Checklist Program: Interest among local and Tribal health agencies in the [WIC Developmental Milestone Checklist](#) program continued to grow. Building off the success of a 2023 pilot, Wisconsin’s Title V program offered implementation of the checklist program as an option for local and Tribal health agencies to select as part of their developmental screening activities in 2024. Wisconsin is taking a unique approach to integrating developmental monitoring and utilizing the CDC’s “Learn the Signs. Act Early.” and WIC Developmental Milestone Checklist program materials at the local level. The approach encourages local and Tribal health agencies to partner with their local WIC clinics to implement the checklists in a way that works for their clinic.

To get started, staff from local and Tribal health agencies and WIC clinics completed a learning module, "[Introduction to Child Developmental For WIC staff](#)", to get a better understanding of developmental monitoring and how to implement it within the WIC setting. Implementation varied between agencies based on their current flow and their staff capacity, but the

base of the work focused on offering WIC participants the opportunity to complete a Developmental Milestone checklist. When families had questions regarding child development and/or when the checklist result indicated a potential concern, WIC staff offered a warm hand-off, both virtually and in-person, to other health agency staff or to external service providers. These partners worked with the family to complete a developmental screening using an evidence-based tool and then offered additional referrals based on those results. Wisconsin's approach to allow sites to design how they implement the checklist has been key to the success. In a time when public health staff are stretched thin, the collaborative relationships between local public health agencies and WIC clinics has helped align their work, leverage resources, and support families even further.

Washington-Ozaukee Health Department embedded offering developmental monitoring checklists into their WIC appointments as an optional connection. Their staff was able to offer developmental milestone education and connected families with other needed referrals, totaling 1,329 encounters in 2024 and conducting 430 Developmental Milestone Checklists with families. The agency was able to build developmental screening and monitoring documentation into their electronic health record system to ensure consistency and accurate records of services offered and received.

The strong collaborative partnership between [Wisconsin's Act Early Ambassador](#), and Wisconsin state WIC and Title V staff has been integral to this strategy. WIC and Title V staff collaborated with the Wisconsin Act Early Ambassador who is also the technical assistance provider for developmental screening, to develop a [Wisconsin specific Deskside Reference](#) to support local WIC staff in implementing the checklist program. The resource was rolled out in 2024, accompanied by a virtual lunch and learn style session offered by The Alliance, to answer questions and provide guidance on using the tool.

Program staff also collaborated on a presentation about Wisconsin's 2023 pilot project and the current Title V related developmental monitoring work on a national WIC Developmental Monitoring monthly training hosted by the [Association of State Public Health Nutritionists \(ASPHN\)](#). Program staff also participated in other trainings around developmental monitoring provided by the association throughout the year. In December 2024, Wisconsin was selected to be a supported state and receive materials and technical assistance from the association to support the expansion of the CDC Developmental Monitoring Checklist Program in more WIC clinics in 2025.

In the fall of 2024, the program manager of the Children's Health Alliance of Wisconsin was selected to continue serving as the CDC's "[Learn the Signs. Act Early.](#)" Ambassador to Wisconsin. The Ambassador's role is to build partnerships with early childhood sectors and align other statewide efforts around developmental monitoring and developmental screening. Using resources from "Learn the Signs. Act Early" and the WIC Developmental Monitoring Checklist program is a crucial part of the Ambassador's work and helps local and Tribal health agencies access affordable or free resources for families they serve.

Conducting Developmental Screenings: Developmental screenings are conducted by 75% (9/12) of agencies, with most agencies utilizing the [Ages and Stages Questionnaire third edition \(ASQ-3\)](#) and the [Modified Checklist for Autism in Toddlers, Reviewed with Follow up \(M-CHAT R/F\)](#), both validated screening tools. Local and Tribal health agencies conducted 906 developmental screenings and referred 58 children for additional follow up to agencies such as Birth to 3, primary care providers, early childhood special education, Children's Resource Centers, Wisconsin Wayfinder, and other community-based partners.

Overall, regarding their developmental screening work, 83.3% of agencies (10/13) reported partnerships, access to training and professional developmental opportunities, and aligning developmental screening strategies with their agency's other priorities supported their work. The most common barriers were staff and partner capacity at 80% (8/10).

Support healthcare staff and other professionals with trainings and resources around developmental screening and early intervention resources.

Developmental Screening Trainings: The Alliance trained 232 participants through 5 developmental screening trainings. Participants included medical assistants and providers, public health, childcare, behavioral health and Tribal Clinic staff, health officers, and nurse practitioners. Trainings focused on the [Ages and Stages-3 Questionnaire \(ASQ-3\)](#) and the [Modified Checklist for Autism in Toddlers, Reviewed with Follow up \(M-CHAT R/F\)](#), tools and provided essential knowledge on these tools and community organizations that can support referral processes. Some trainings were open to any professional, allowing agencies with smaller training needs to participate without scheduling site-specific events. The Alliance provided site specific trainings to local health agencies, Help Me Grow navigators, and the Child Lead Poisoning Prevention Program staff (CLPPP) staff.

Family level engagement is crucial to understanding the developmental screening process from a family's perspective. The feedback gathered by the Alliance on their training materials from a review committee, which included parent representatives, allowed them to update the materials in 2024. The Alliance also used parent feedback to develop a video, Families as Partners, which was featured on a [summer blog post](#).

On-Demand Videos: The Alliance previously developed a series of virtual, on-demand videos to promote early identification and timely referrals for children with developmental delays which continue to be utilized in 2024. The videos provide foundational information about developmental screening and surveillance best practices and cover the basics of the [ASQ-3](#) and the [M-CHAT R/F](#) screening tools. They feature a spotlight on Wisconsin's CDC "Learn the Signs. Act Early." program and resources available for professionals and families. [ThedaCare Health System](#) utilizes the videos in their Learning Management System, which showed 89% (31/35) of participants agreed/strongly agreed their knowledge of developmental screening increased as a result of the videos.

Strengthen collaboration and partnerships with other programs and/or grant-funded projects to increase knowledge of developmental screening, promote resource utilization, increase developmental screening rates, referrals, and early intervention.

The Title V team continued to strengthen relationships and seek opportunities for new collaboration in 2024 while continuing to maintain collaboration with [Birth to 3, WIC](#), the [Childhood Lead Poisoning Prevention program](#), and Title V's [Children and Youth with Special Health Care Needs](#) program staff. Cross-program coordination ensured better alignment of resources and messaging for early intervention. Coordinating with other screening related partners such as the [Wisconsin Sound Beginnings program](#) helped to share knowledge with local and Tribal health agencies and promoted other opportunities for agencies to enhance how they support families. The program also collaborated with [The Family Foundations Home Visiting Program](#), which is Wisconsin's version of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. In 2024, the Title V program continued strengthening this collaboration and partnership to promote developmental screening and referrals.

Specific data points collected by home visitors:

- PM4: 83% of children received the last recommended medical visit based on American Academy of Pediatrics schedule (1557/1873 children)
- PM10: 77% of primary caregivers received an observation of caregiver-child interaction using a validated tool by the home visitor (1269/1658)
- PM12: 81% completion of developmental screenings were completed through using the Ages and Stages Questionnaires ([ASQ-3](#)) at the ages of 9, 18, 24 and 30 months (920/1138)
- PM13: 99% of home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior or learning. (29,052/29,321)
- PM18: 58% of children with positive screens for developmental delays received Birth to 3 services in a timely manner (252/432)

The Alliance staff presented to Home Visiting programs highlighting CDC's "Learn the Signs. Act Early" resources and Title V's developmental screening work with local and Tribal health agencies. The role of the medical home was also shared, emphasizing partnerships with local and Tribal health agencies. The Family Foundations Home Visiting program shared information with agencies on a learning community call to create awareness of alignment between home visiting programs and the work of local public health.

Collaborate with partners to explore the feasibility of expanding [Help Me Grow \(HMG\)](#) to include local and Tribal health agencies.

Efforts to explore and understand the role of Title V in the expansion of the Help Me Grow (HMG) model continued in 2024. Help Me Grow is a system of supports for pregnant women, caregivers with new babies, and families with young children with developmental delays and disabilities. HMG supports organizations that serve young children in accessing free developmental screenings and follow-up support from a Help Me Grow Resource Navigator. Title V met regularly with First Five Fox Valley, a non-profit organization leading the expansion of Help Me Grow in Wisconsin, to identify best practices for expansion, understand resource needs, and assess the feasibility of integrating HMG navigators into Title V-funded work. HMG Wisconsin was featured on a learning community call with local and Tribal health agencies and following the call, Title V program staff utilized agencies' quarterly reporting to identify local and Tribal health agencies interested in learning more about Help Me Grow and connected agencies with HMG staff. To further support this partnership, Title V staff revised

Developmental Screening project options for 2025 to include collaboration with community partners, specifically local HMG affiliates, to increase alignment of the developmental screening and referral process. Other collaboration with HMG partners included a joint presentation between Alliance and HMG staff at the Fulfilling the Promise Conference and supporting Help Me Grow's grant seeking efforts to support expansion, including initiatives to reach more rural areas of the state using the [Sparkler app](#). Alliance staff continued serving on the Help Me Grow advisory council and coordinated quarterly meetings between Title V, Help Me Grow, and Alliance staff.

The Alliance also provided training to all HMG Navigators on using the Ages and Stages Questionnaire-3 tool. In 2024, HMG conducted 14,163 developmental screenings statewide. Out of the total screened, 12,734 (90%) were provided information related to the child's results, examples of activities that would support developmental monitoring with the child, and links to resources such as "Learn the Signs. Act Early." Of the 14,163 developmental screenings conducted, 1,310 referrals or warm handoffs were made for additional follow up with a provider, with 99% of children referred receiving follow up with a provider.

Several local and Tribal health agencies are actively involved with HMG through their Title V developmental screening work. The Winnebago County Health department is a member of [First Five Fox Valley](#), which is an organization that supports early childhood partners in collaborating for collective impact and also serves as the backbone agency for Help Me Grow Wisconsin. A benefit of this membership is that Winnebago County families have access to free developmental screenings and are connected with a resource navigator who supports the family in accessing the necessary resources and services to help the child thrive. Waupaca County Health Department has a Help Me Grow Navigator within their department which allows for easy referral and follow up after a developmental screening with concerning results. Fond Du Lac County's HMG Navigator focuses on working with families with no insurance or provider, reaching families through vaccine clinics and/or home visits.

National Performance Measure 08.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

The percentage of children, ages 6 through 11, in Wisconsin who are physically active for at least 60 minutes per day increased slightly from 31.2% in the combined years of 2021-2022 to 32.3% for 2022-2023. While an increase is a positive change, there is still room for improvement, as only one in three children meet the recommendation for physical activity. The 2024 Wisconsin Physical Activity and Nutrition work focused on promoting optimal nutrition and increasing opportunities for physical activity. Key initiatives included building workforce capacity through training and peer learning, integrating community and partner input into program planning, and strengthening collaborations with state and local partners. By prioritizing partnerships, community engagement, and evidence-based approaches, the plan supported health improvements for Wisconsinites.

Objectives

Objective	2017-2018 National Survey of Children's Health,	2020-2021 National Survey of Children's Health	2021-2022 National Survey of Children's Health	2022-2023 National Survey of Children's Health
Decrease the percent of children in Wisconsin with an overweight or obese classification from 30.5% to 28% (-8.2%) by 2025.	30.5%	30.7%	Title V discontinued using in 2023*	Title V discontinued using in 2023*
Increase the percent of children, ages 6 through 11, who are physically active at least 60 minutes per day from 30.8% to 33.9% (+10%) by 2025.	30.8%	29.9%	31.2%*	32.3%

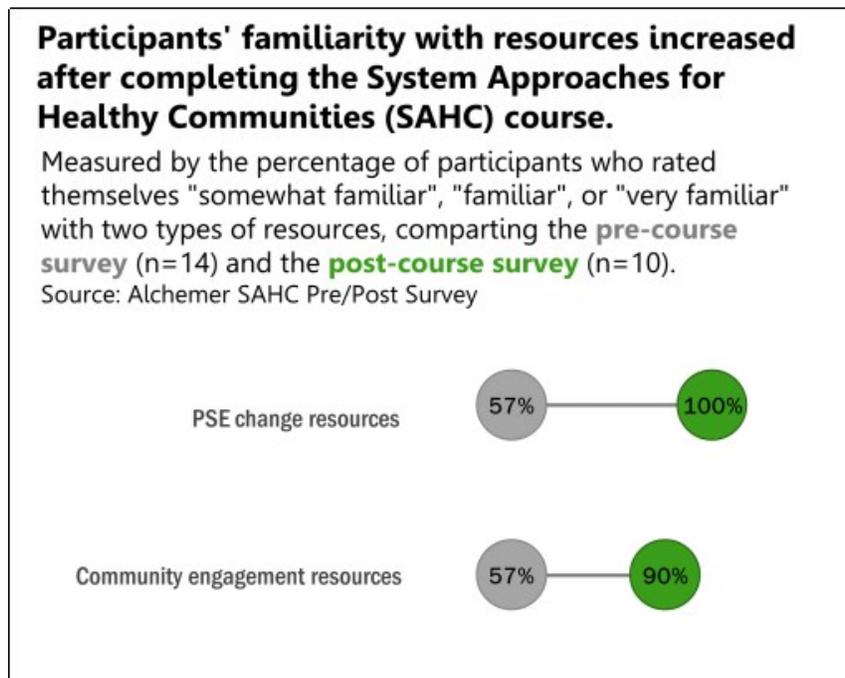
*The Maternal and Child Health Bureau and the Census Bureau revised imputation and weighting by race and ethnicity for the 2022 NSCH. The updated weights are applied to the 2022 NSCH data but have not been applied to estimates prior to 2022 on the Data Resource Center data query.

Evidence-Based Strategy Measurement

Measure	2021 Data	2022 Data	2023 Data	2024 Data
Percent of local and Tribal health agencies in Wisconsin receiving Title V funding who chose the physical activity and nutrition project option	Project option did not exist	9.3%	12.5%	13.4%

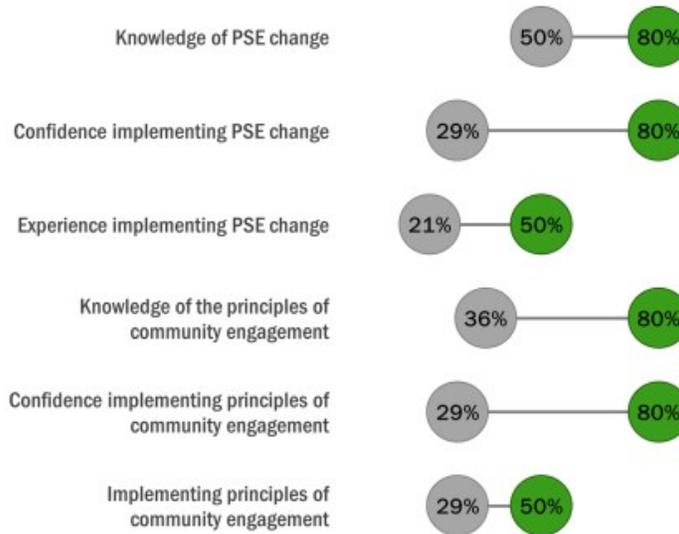
Enhance local and Tribal health agency workforce capacity to implement nutrition and physical activity focused policy, systems, and environmental changes through skill building, peer-to-peer learning, and other opportunities.

Thirteen agencies selected the Wisconsin Maternal and Child Health Program’s physical activity and nutrition option as their focus in 2024. Agency staff completed the University of Minnesota’s [Systems Approaches for Healthy Communities](#) and participated in four learning community calls following completion of the course modules. The course provides foundational knowledge around implementing policy, systems, and environmental (PSE) changes related to physical activity and nutrition as well as how to leverage community and partner outreach and engagement. All (100%) agencies (6) that were new to the Title V physical activity and nutrition option had at least 1 staff complete the course in 2024. A webinar focused on Action Planning was held later in the year targeting agencies who had completed the Systems Course and were determining the specifics of the project they planned to implement to address nutrition and physical activity PSE strategies in their county/community. Examples of assessment tools that could be used to identify opportunities for improvement were also shared.



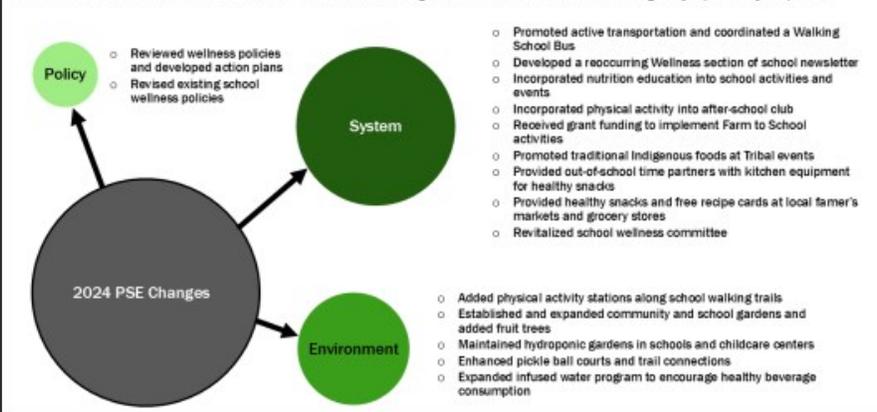
Participants' understanding of policy, systems, and environmental (PSE) change and community engagement increased after completing the System Approaches for Healthy Communities (SAHC) course.

Measured by the percentage of participants who rated themselves "competent" or "proficient" in each area, comparing the **pre-course survey** (n=14) and the **post-course survey** (n=10).
Source: Alchemer SAHC Pre/Post Survey



Local and tribal health departments planned and implemented physical activity and nutrition-related policy, system and environmental (PSE) changes in 2024.

Source: Wisconsin Title V Maternal and Child Health Program, Local and Tribal Health Agency Quarterly Reports



Local and Tribal health agencies (7 total) who already completed the Systems Approaches course in previous years focused their 2024 work on implementing a policy, systems, or environmental change aimed at increasing opportunities for physical activity and/or improving nutrition in their communities. In addition to the learning community calls for the course modules, calls were held quarterly for these agencies and included topics such as community engagement, Human Centered Design, and peer sharing. Breakout sessions on the calls were key in helping local staff connect with their partners. All (100%) respondents who attended learning community calls strongly agreed or agreed that the calls were helpful in supporting their agency's work related to physical activity and nutrition. Title V and Chronic Disease Prevention program staff began exploring how the Systems Approaches for Healthy Communities course licenses could be extended to additional local and Tribal health agencies working on physical activity and nutrition related initiatives, outside of Title V

programs. Two additional agencies were recruited to complete the course in 2025.

[HealthTIDE](#) and the [University of Wisconsin-Madison School of Human Ecology](#) continued serving as the technical assistance provider for local and Tribal health agencies. As part of this role, they coordinated the learning community calls for agencies, provided support in registering and accessing the systems course, and shared resources and funding opportunities throughout the year, along with individualized agency support as needed. HealthTIDE and UW-Madison continued to build and maintain relevant key connections and partnerships with other state agencies and statewide organizations, associations and partnerships that have aligned nutrition and physical activity efforts and programs.

The [University of Wisconsin-Madison Division of Extension](#) (UW-Extension) was also a key partner in this work. UW-Extension is striving to increase knowledge and confidence in policy, systems, and environmental changes among their staff and require their health and well-being educators (Healthy Eating, Active Living, Behavioral Health and [FoodWise](#)) complete the Systems Approaches for Healthy Communities Course. Connecting local and Tribal health agencies with their local UW-Extension educators was emphasized throughout the year and state-level partners from UW-Extension and UW-Madison School of Human Ecology helped facilitate these connections. Building these relationships helped local and Tribal health agencies identify opportunities for alignment and collaboration with UW-Extension partners, which strengthened, and leveraged progress made towards increased opportunities for physical activity and improved nutrition in children at the local level. This ongoing partnership with and the commitment from UW-Extension continues to be crucial in supporting local and Tribal health agencies in implementing systems change work. Most agencies who selected physical activity as their focus were able to connect with their local UW-Extension educator (83%) and the remaining two counties reported their UW-Extension partners did not have capacity to participate in MCH work.

Wisconsin is one of three states participating in the Children's Healthy Weight State Capacity Building Program, funded by the [Maternal and Child Health Bureau](#) and administered by the [Association of State Public Health Nutritionists \(ASPHN\)](#). The overall goal is to integrate public health nutrition into Wisconsin's Title V NPM 08.1 by 2025. Wisconsin's three priorities for this project align with Title V strategies and include:

1. Build public health workforce capacity around implementing policy, systems, and environmental change strategies
2. Build and strengthen partnerships.
3. Optimize nutrition-related data, all described later in this narrative.

These strategies were braided into the program's ongoing work and allowed for local and Tribal health agencies to address nutrition related issues in their community as well as barriers to physical activity. Collaboration with ASPHN allowed Wisconsin representatives to participate in national capacity-building initiatives, including ASPHN's annual meeting where a [poster](#) was [presented](#) sharing Wisconsin's work. The team continued exploring how to integrate additional design principles and are planning a pilot project for 2025.

Building relationships with other partners within the community is also critical to the work of local and Tribal health agencies. Cross-collaboration to address challenges and barriers to physical activity and healthy nutrition in children has many benefits. Agencies are able to leverage additional resources and staff time and learn from the expertise and experiences of one another to improve their work. By building trusted relationships, partners have seen increased impact in their communities, while avoiding duplication. Among funded agencies, 75% (9/12) were able to identify and connect with other partners to support their MCH work, which included schools, after-school out of school time, community coalitions, community-based organizations, health advocates, childcare sites, transportation planners, grocery stores, recreation centers, health systems, governmental agencies, and community-based organizations. In addition, 91% (10/11) of agencies reported that partnerships helped facilitate their work along with funding resources at 73% (8/11). About half of agencies (55%) reported that staff and partner capacity presented barriers to their work.

Local and Tribal Health Agency Implementation

Local and Tribal health agency implementation varied based on the needs of their community. About two-thirds of agencies (8/12) indicated they worked with partners to take steps towards implementing a policy, systems, or environmental change in 2024.

The Clark County Health Department (CCHD) continued supporting schools and childcare sites in operating hydroponic gardens, expanding to a total of nine sites in 2024. Teachers were provided with lessons and students were instructed on how to maintain the machine and assisted with planting and harvesting the lettuce. Harvested lettuce was used in taste tests and in the school lunch programs. One district allocated additional produce to a local food pantry. The hydroponic units

within the classrooms provide all students with the opportunity to learn about healthy food options and consume produce. Feedback from parents, teachers, and students about the hydroponic gardens was incredibly positive and sites took great pride in their gardens. The training, assistance, and overall coordination of the gardens that the CCHD provided to schools and childcare centers was key to the success of this initiative.

“The hydroponic unit has positively impacted our 4th grade students as well as the entire school district. When students get to plant seeds, watch the plants grow, and harvest the vegetables, they are excited! The students are aware that these vegetables are served at lunch which makes them more likely to eat them. I have had several 3rd graders say they want to be in my class because I have the hydroponic station. Past students also like to check out the plants to see their growth. Overall, I believe this hydroponic unit has helped students have a better understanding of the plant life cycle and the value of growing your own food.” -4th Grade Teacher

The Forest County Potawatomi Tribe expanded their infused water program in collaboration with the Forest County Potawatomi Farm, which grew the herbs and produce used in the water. The program began with the pre-school site in 2023 and expanded to the community center, childcare center, farm, health and wellness center, and the Tribe’s long term care facility. The infused water provided a healthy beverage choice for kids and others working at and visiting these sites. The executive council requested to duplicate the infused water program into the executive building.

Langlade County Health Department implemented a program called “Fresh Flavors” at their local farmers market and four grocery stores. They provided free healthy snacks and recipe cards featuring a new fruit and vegetable each month from May through September. They also collaborated with their local Boys and Girls Club to provide healthy meals and snacks and provided them with a stove, refrigerator, and a milk cooler to properly store them. They also worked with a local recreation partner to repurpose pickleball courts, which provided additional opportunities for activity for many community members.

Iron County Health Department’s work focused on increasing opportunities for physical activity in partnership with their local Foodwise/UW-Extension educator. They worked together to incorporate physical activity into a summer kids club program and enhanced school walking trails with physical activity stations along the trail. The Department also supported the school with upkeep, maintenance, and expansion of their school garden and helped add apple trees in 2024. Relationships with schools and UW-Extension continued to grow and contributed to the success of this work.

Pepin County Health Department collaborated with a local municipality to provide swimming lessons and transportation to and from a different community’s swimming pool due to the local pool being under construction in 2024. Health Department staff coordinated the lessons, assisted with scheduling, and provided transportation from a local bussing company. They began building a partnership with a local middle school administrator and identified opportunities for middle school youth to become involved with their Community Health Youth Leaders program to promote healthy nutrition and physical activity through youth-led activities. The department aligned work that was part of their Community Health Improvement Plan with their MCH priority. They supported local grantees with funding to make environmental improvements that included a gaga ball pit, basketball and volleyball courts, walking track, tennis court, playground equipment at public parks, and outdoor playground equipment at a childcare center.

Price County Health Department focused on creating healthier lunch options for elementary aged students. To understand barriers of healthy eating, the agency developed a nutrition-based survey for parents/caregivers and distributed it at several community events. As part of the survey promotion, the agency provided a compartment-style lunch box to children and helped them fill it with healthy snacks/lunch options.

Rock County Health Department focused on collaboration with school districts to strengthen local wellness policies in 2024. They worked with three districts to assess their policies using the Action for Healthy Kids assessment tool and convened wellness committees to develop action plans to implement the wellness policy. These new partnerships created momentum around school wellness with districts implementing initiatives such as harvest of the month and mood/food promotions. One district was the recipient of a healthy meal incentive grant and revitalized their wellness committee, which was co-led by district staff. As districts began implementing action plans, they worked to improve food options in school stores, supported staff wellness, and integrated brain breaks into the school day. Rock County Health Department excelled at building trusting relationships with school staff and district leadership to make this work successful. They were featured in a poster presentation at the 2024 American Public Health Association Conference. Having strong, trusting relationships with districts helped Rock County’s UW-Extension partners support a local district further with cafeteria-based improvements that supported school meal participation in six elementary schools.

Waukesha County Health Department collaborated with a local school district and UW-Extension to apply for and ultimately received AmeriCorps funding to support [Farm to School](#) implementation. They secured match funds and began implementing in fall of 2024. The goal of the AmeriCorps Vista position was to support schools, students, and parents to increase their understanding of the importance of physical activity and healthy nutrition. Educational activities centered on the school gardens and included gardening, vermicomposting, food sampling, field trips, and other activities with two elementary schools. The department enhanced these activities with a monthly wellness section in the school newsletter to keep families informed and educated on wellness related topics.

Integrate community and partner input into technical assistance opportunities to inform future planning efforts and enhance partnerships at the local level.

Partner engagement efforts in 2024 prioritized engaging local agency voices to inform technical assistance needs. Local and Tribal health agencies participated in conversations to identify areas for improvement, and results were integrated into future program planning. Feedback was gathered on existing tools, such as learning community call evaluations, quarterly progress reports, and coaching calls, leading to refinements in technical assistance delivery throughout the year.

Reports from the community conversations that were held with Black, Latino, and Indigenous communities throughout Wisconsin were finalized and shared with the Title V program to integrate into the 2024 Title V Needs Assessment. Information from these conversations were also presented to other state agencies and within the communities they were held. The [Raising Latino Children in Wisconsin Report](#) and [What Indigenous Families in Wisconsin Need to Live Healthier Lives](#) written reports were disseminated widely.

Strengthen collaboration and partnerships with other programs and/or grant-funded projects to align and advance Title V physical activity and nutrition efforts with other agencies' work across the state.

Throughout 2024, Wisconsin Title V staff engaged with state and community partners to align and advance physical activity and nutrition initiatives. Staff continued coordinating a Physical Activity and Nutrition workgroup that convened twice a month and included representatives from University of Wisconsin's School of Human Ecology and the [Department of Health Services-Chronic Disease Prevention Program](#). A new representative from the [Wisconsin Department of Public Instruction](#) was oriented and joined the group in the latter half of 2024. Program staff, along with the Physical Activity and Nutrition technical assistance provider, also maintained connections with key stakeholders including [Healthy Early](#), the [Wisconsin Farm to Early Care and Education](#) workgroup, the [Wisconsin Farm to School network](#), Wisconsin's Adolescent Health Team, the Department of Health Services Chronic Disease Prevention Program [State Physical Activity and Nutrition](#) staff, the [Wisconsin WIC program](#), the [University of Minnesota's MCH trainee program](#), and the [University of Minnesota Division of Extension](#). Title V and Chronic Disease Prevention program staff participated in regular meetings with state partners who supported [Go NAPSACC](#), which offers assessments, trainings, and tools to help early care and education programs better support health and well-being through quality improvement.

Title V staff participated in the Wisconsin Department of Public Instruction's (DPI) statewide [Wisconsin Whole School, Whole Child, Whole Community \(WiSCC\)](#) project which was formed under DPI's cooperative agreement with CDC. The [Whole School, Whole Child, Whole Community \(WSCC\)](#) is the CDC's framework for addressing health in schools using a coordinated approach. This model is student-centered and emphasizes the role of the community in supporting the school, the connections between health and academic achievement and the importance of evidence-based school policies and practices. Intentional efforts were made to promote DPI's Healthy Schools Academy to local and Tribal health agencies who selected the physical activity and nutrition objective to encourage local and Tribal health agency collaboration with schools.

The Great Lakes Intertribal Food Coalition worked to strengthen Indigenous food networks and increase nutritious and meaningful foods for Indigenous people. They continued exploring Farm to School and Farm to Early Care and Education strategies to increase access to indigenous foods within Tribal communities.

Expand Title V capacity to use and leverage existing data sources that collect information related to physical activity and nutrition to support and inform internal and external efforts.

In 2024, the program emphasized data-driven decision-making by encouraging partners to utilize assessment tools like the digitized [Out of School Time Healthy Bites Assessment](#). This tool was used by out of school time and afterschool sites participating in the [YoungStar Rating Criteria](#) quality improvement system to identify practice changes and improvements around physical activity and nutrition. HealthTIDE and UW-Madison staff collaborated with the [Wisconsin Out of School Time Alliance](#) and developed a virtual, asynchronous training on how to use the tool, which will be disseminated in 2025.

Partnerships with the Wisconsin [Department of Children and Families](#) (DCF) and other stakeholders ensured robust data sharing and informed strategies for program development. Assessment data from the Out of School Time tool was downloaded and the program, along with healthTIDE/UW-School of Human Ecology, met with DCF to determine the data points that would be useful to analyze and share back to support future planning in 2025.

An MCH Trainee worked with the Title V Epidemiologist to gather physical activity and nutrition related data sources specific to Wisconsin. A University of Wisconsin MPH student took over the project in the fall and worked with the Title V workgroup to prioritize which data points to prioritize for analysis.

Food Insecurity Project: The [Children's Health Alliance of Wisconsin](#), (The Alliance) a longtime partner of the Wisconsin Title V program, completed their fourth year of a project focused on addressing childhood food insecurity in the southeast portion of the state. This initiative focused on coordinating services across primary care clinics, food banks, and food pantries with the purpose of building the capacity of systems to collaborate and leverage each other's strengths to connect families to food, nutrition, and healthcare services.

In 2023, a FoodShare Outreach Specialist began testing weekly tabling in a primary care clinic to engage with families and support their desire to enroll in FoodShare, navigate the benefits process and to connect with other food/nutrition resources and continued in 2024. There were ongoing efforts to build awareness for families (like text messaging and appointment reminders) coming to the clinic to let families know assistance would be available. The Alliance worked with a Medical College of Wisconsin student to develop a [poster presentation](#) summarizing this work and lunch and learns were organized to build awareness with clinic staff. In 2024, [NourishMKE](#) began tabling at a second primary care clinic, with similar goals.

The Alliance partnered with [NourishMKE](#), [Feeding America Eastern Wisconsin](#), the [Medical College of Wisconsin](#), [City of Milwaukee Health Department](#), [Children's Wisconsin](#), [Children's Community Health Plan](#) and [Data You Can Use](#), who served as the evaluation partner. Together they explored how they might share permissible data to better coordinate services and support to families mutually served by multiple organizations. The Alliance developed a [short video](#) providing an overview of the collaborative along with an [evaluation report](#).

In 2024, partners worked together to facilitate a statewide summit that brought together community organizations, health care systems, clinicians, community organizations, researchers and academics to learn and develop a set of state-level recommendations guiding how a variety of sectors can work together to address nutrition and health. Alliance staff also actively engaged with the statewide [Food is Medicine](#) workgroup that is working to understand the opportunity for nutritional supports to address diet related disease.

ALL CHILDREN AND THEIR FAMILIES EXPERIENCE TIMELY, NEARBY, UNCOMPLICATED, COORDINATED CARE AND SUPPORTS TO LIVE AND THRIVE.

Full details of the plan to address this Priority Need in 2026-2030 are being completed throughout the remainder of 2025. Currently, the 2026 State Action Plan contains the following details:

Objective: Increase the number of children, including children and youth with special health care needs, that have a medical home.

Strategy: Increase opportunities and support for families to establish, receive, and navigate care across systems.

Objective: Increase the number of children who receive a developmental screening.

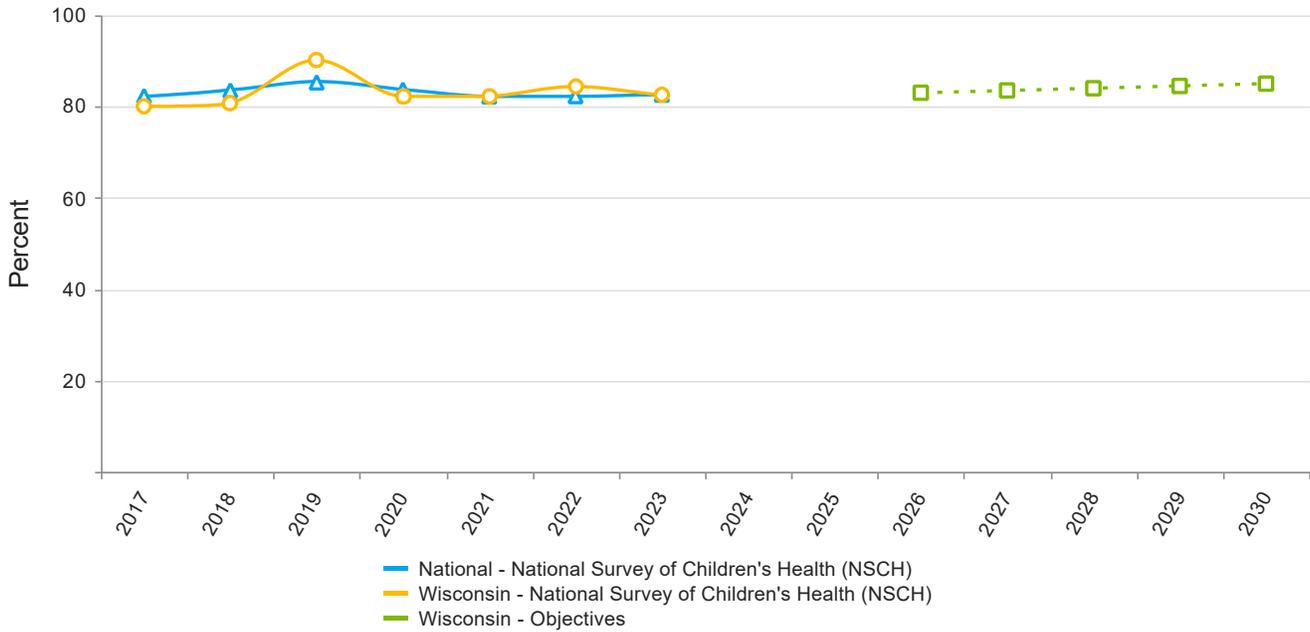
Strategy: Implement universal developmental monitoring, developmental screening (using evidence-based tools e.g. ASQ-3) and support partners in establishing referral processes to identify developmental concerns and connect children to early interventions.

Additional information including accountability measures, specific strategy activities, funded partnerships, and more will be determined by the Title V program in the remainder of 2025.

Adolescent Health

National Performance Measures

NPM - Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT
Indicators and Annual Objectives



Federally Available Data	
Data Source: National Survey of Children's Health (NSCH)	
	2024
Annual Objective	
Annual Indicator	82.4
Numerator	86,205
Denominator	104,586
Data Source	NSCH
Data Source Year	2022_2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	82.9	83.4	83.9	84.4	84.9

Evidence-Based or –Informed Strategy Measures

ESM MHT.1 - Number of youth engaged in planning, creating, implementing, or evaluating Title V-funded adolescent mental health projects and initiatives.

Measure Status:	Active
------------------------	---------------

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	75.0	105.0	135.0	165.0	195.0

State Action Plan Table

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

Priority Need

All adolescents have the reliable, timely, nearby mental health supports that they need, and are free from the harms of untreated mental health conditions.

NPM

NPM - Mental Health Treatment

Five-Year Objectives

Increase the number of adolescents receiving mental health treatment who need it.

Strategies

Implement initiatives to improve youth mental health supports in collaboration with youth, local/Tribal health agencies, schools, and/or school based health centers.

ESMs

Status

ESM MHT.1 - Number of youth engaged in planning, creating, implementing, or evaluating Title V-funded adolescent mental health projects and initiatives.

Active

NOMs

Adolescent Mortality

Adolescent Suicide

Adolescent Firearm Death

Adolescent Injury Hospitalization

Children's Health Status

Adolescent Depression/Anxiety

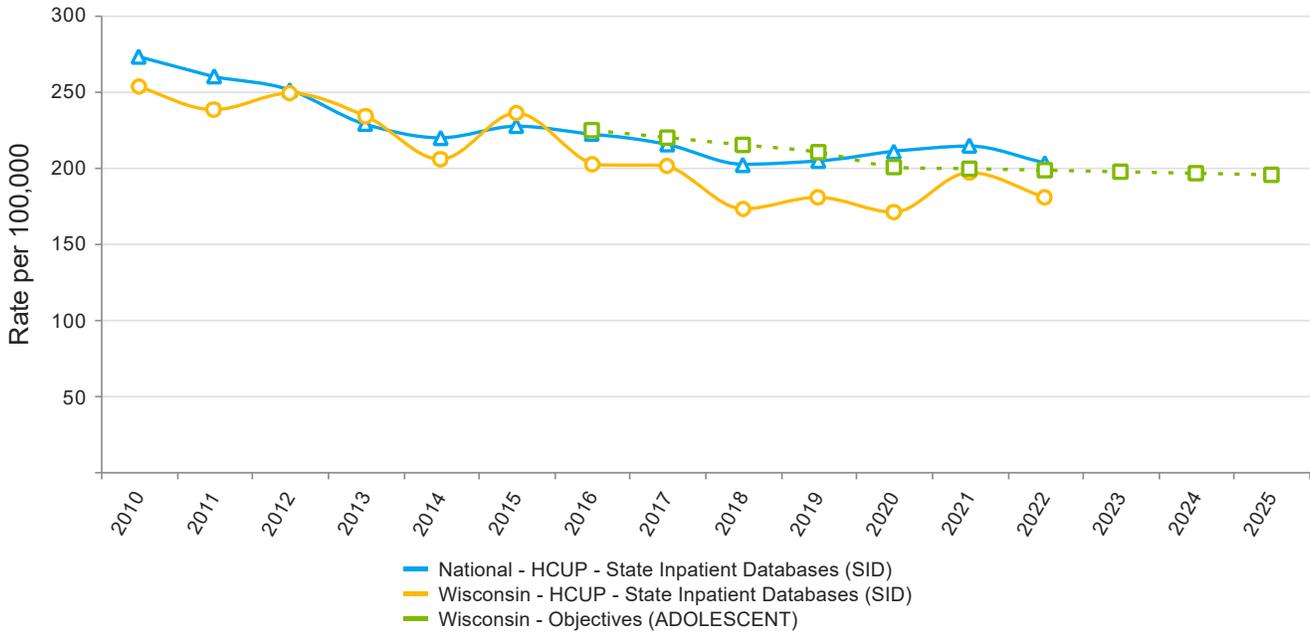
CSHCN Systems of Care

Flourishing - Child Adolescent - CSHCN

Flourishing - Child Adolescent - All

2021-2025: National Performance Measures

2021-2025: NPM - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 - IH-Adolescent Indicators



Note: ICD-10-CM beginning in 2016; previously ICD-9-CM with 2015 representing January - September

Federally Available Data					
Data Source: HCUP - State Inpatient Databases (SID)					
	2020	2021	2022	2023	2024
Annual Objective	200	199.0	198	197	196
Annual Indicator	172.6	180.0	171.0	196.5	180.5
Numerator	1,291	1,340	1,267	1,501	1,348
Denominator	747,766	744,359	740,993	763,933	746,849
Data Source	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT
Data Source Year	2018	2019	2020	2021	2022

2021-2025: Evidence-Based or –Informed Strategy Measures

2021-2025: ESM IH-Adolescent.1 - Percent of students who report feeling comfortable seeking help from 1+ adult if they had an important question affecting their life, according to the Wisconsin YRBSS

Measure Status:		Active			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		72.6	73.6	74.6	75.6
Annual Indicator		84	82.4	82.4	80.9
Numerator		84	1,466	1,466	1,837
Denominator		100	1,779	1,779	2,271
Data Source		Wisconsin Youth Risk Behavior Surveillance Survey			
Data Source Year		2019	2021	2021	2023
Provisional or Final ?		Final	Final	Final	Final

2021-2025: ESM IH-Adolescent.2 - Annual number of individuals who receive gatekeeper training (e.g., QPR, Mental Health First Aid) in suicide prevention

Measure Status:		Active			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective	18,678	0	0	0	0
Annual Indicator	0	1,272	2,586	6,475	6,654
Numerator					
Denominator					
Data Source	REDCap	REDCap	REDCap	REDCap	REDCap
Data Source Year	2020	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Final	Final

2021-2025: State Performance Measures

2021-2025: SPM 5 - Percent of adolescents, ages 12 through 17, reporting feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the last 12 months

Measure Status:		Active			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective			26	25.5	24.8
Annual Indicator	27		33.7	33.7	35
Numerator			615	615	1,870
Denominator			1,827	1,827	5,343
Data Source	Wisconsin YRBSS		Wisconsin Youth Risk Behavior Surveillance Survey	Wisconsin Youth Risk Behavior Surveillance Survey	Wisconsin Youth Risk Behavior Surveillance Survey
Data Source Year	2019		2021	2021	2023
Provisional or Final ?	Final		Final	Provisional	Final

State Performance Measure 05: Percent of adolescents reporting feeling sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the last 12 months

Wisconsin adolescents lack strong, positive, and consistent sources of social connection and support, impacting both their psychological and physical health. The negative health impact of this lack of sufficient support affects all youth. This project serves vulnerable youth who experience higher rates of anxiety and depression.

Objectives

Objective	2021 Data	2022 Data	2023 Data	2024 Data
By 2025, decrease the percentage of youth reporting feeling hopeless on the Wisconsin Youth Risk Behavior Survey from 27% to 24% .*	27.0% (2019 Youth Risk Behavior Surveillance System)	33.7% (2021 Youth Risk Behavior Surveillance System)	33.7% (2021 Youth Risk Behavior Surveillance System)	35.0% (2023 Youth Risk Behavior Surveillance System)
Decrease the percent of youth reporting being bullied on school property on the Wisconsin Youth Risk Behavior Survey from 24% to 20% by 2025.	24.0% (2019 Youth Risk Behavior Surveillance System)	18.0% (2021 Youth Risk Behavior Surveillance System)	18.0% (2021 Youth Risk Behavior Surveillance System)	21.6% (2023 Youth Risk Behavior Surveillance System)
By 2025, increase the percent of adolescents with a past year preventive visit by 5% from 77.4% to 81% .	64.0% (2018 National Survey of Children's Health)	77.4% (2019* National Survey of Children's Health)	76.1% (2021-2022 National Survey of Children's Health)	73.5% (2022-2023 National Survey of Children's Health)

* 2019 will be used as the baseline for this objective. This survey question did not change in the 2019 National Survey of Children's Health. However, the filter item (C1) which asked about receipt of any medical care in the past 12 months did change. The change in that item led to some changes in how respondents may have understood the two questions, therefore preventive care in 2018 and 2019 should not be considered comparable.

Evidence-Based Strategy Measurement

Measure	2021 Data	2022 Data	2023 Data	2024 Data
Percent of students who report feeling comfortable seeking help from 1+ adult if they had an important question affecting their life, according to the Wisconsin Youth Risk Behavior Surveillance System	84.0% (2019 Youth Risk Behavior Surveillance System)	82.4% (2021 Youth Risk Behavior Surveillance System)	82.4% (2021 Youth Risk Behavior Surveillance System)	80.9% (2023 Youth Risk Behavior Surveillance System)
Annual number of individuals who received gatekeeper training (e.g., Question Persuade Refer, Mental Health First Aid) in suicide prevention	1,272	2,586	6,475	6,654

Overall Reflections from 2024

In 2024, the Adolescent Health Team continued to build upon existing resources and partnerships, further advancing their efforts to prioritize the well-being of Wisconsin adolescents. The team is dedicated to amplifying the voices of all youth including those who experience higher rates of negative health outcomes. Recognizing that multiple factors influence the well-being of young people, the team adopts a comprehensive approach that acknowledges the role of systems,

environmental and social factors in health. The Adolescent Health Team's five-year strategic plan developed in 2022 centers around four goals, guiding the team's efforts to create positive change for Wisconsin adolescents.

1. Increase the number of youths participating in program and policy-related activities (planning, creating, implementing, and evaluating) to ensure all youth voices are heard, cherished, and acted upon.
2. Increase the number of young people statewide who have their basic needs met (health, food, clothing, shelter, access to care) so that they feel more connected, safe, and supported.
3. Develop long-term collaborations with statewide partners and community organizations to make adolescent health a statewide priority.
4. Remove barriers to funding opportunities and distribute funding that aligns with community-informed priorities.

In 2024, the Adolescent Health Team placed a strong emphasis on forging new partnerships and strengthening existing ones. An implementation science framework was utilized to support the development of high-quality youth programming and collaborative efforts. Currently, in addition to the Title V funded initiatives, the team collaborates with and provides funding to community organizations across all five public health regions of Wisconsin. This allows program reach to urban, rural, and Tribal youth. The programs supported by the Adolescent Health Team cover a wide range of focus areas, including health education, social skill building, healthy relationships, mental health, positive youth development, and youth leadership. All youth programming aligns with the Positive Youth Development Framework and adopts a trauma-informed approach.

Work with local and tribal health agencies to support evidence-based suicide prevention and mental health promotion programs and trainings in their communities, including schools and health care systems.

Youth mental health continues to be a priority for our local and tribal health communities. In collaboration with the [University of Wisconsin-Madison Division of Extension](#) (UW-Extension), the Wisconsin Title V program joined forces to provide guidance and support to 31 local and Tribal health agencies. This partnership supported implementation of evidence-based strategies to prevent adolescent suicide and self-harm in communities. The range of trainings offered to these agencies expanded beyond traditional gatekeeper trainings like [Question, Persuade and Refer](#), [Youth Mental Health First Aid](#), and peer-based prevention programs like [Hope Squad](#), [Sources of Strength](#), or [Signs of Suicide](#). Additional trainings now cover priority areas such as trauma-informed care and adverse childhood experiences. The aim of these gatekeeper trainings was the following:

- Introduce participants to the unique risk factors and early warning signs of mental health problems among adolescents.
- Build an understanding of the importance of early intervention.
- Teach individuals how to best respond to an adolescent who is in crisis or experiencing a mental health challenge.

Peer-based prevention trainings such as Hope Squad focus on school-based engagement with a mentor adult educator and student peers trained to recognize where fellow students are exhibiting risky behavior, provide friendship and connection, identify suicide-warning signs and seek help from adults.

Individuals representing the local and Tribal health agencies participated in quarterly learning calls and office hours facilitated by UW-Extension and Title V staff. These calls and office hours served as valuable opportunities and data collected following include:

- Both the learning community call and the technical assistance office hour calls were designed to build the capacity of the local and Tribal health agencies to support adolescent well-being efforts. Office hours were optional, informal, sharing time for agencies to meet with UW-Extension for technical assistance; 88% of evaluation respondents reported that they agreed or strongly agreed that the office hour sessions were a good use of their time. Agencies report the four learning community calls provided support to their adolescent well-being efforts at average score 7.8 on a 1-10 scale.
- Agencies were asked what was useful and how they plan to utilize the information from the learning calls. Learning call topics included sharing data, Youth Engagement toolkit, and presentations from local and Tribal Health agencies.
- Comments from respondents include that they appreciated hearing from other health departments about their initiatives and successes. Another comment shared was:

“Try to think outside the box of how to engage the youth as partnerships with schools continue to be strengthened; Listening to this has been helpful in how we can get youth more involved in the work of public health; It's good to hear that youth want to be involved and that a tool kit is forthcoming in how to engage with youth. I think the state level YRBS data would be helpful to share with my community partners. I will use the data to compare local data. Make sure work and strategies align with data to make sure we're having impact.

I liked Cudahy's comment about having youth involved in the data-story walk through."

In 2024, UW-Extension trained 30 participants on [Mental Health First Aid](#), which is an evidence-based, early-intervention course that teaches participants about mental health and substance use challenges. They also offered four sessions of from the [Question, Persuade, and Refer \(QPR\) Institute](#), whose mission is to reduce suicidal behaviors and save lives by providing innovative, practical, and proven suicide prevention training trainings, however these were not held due to less than five participants enrolling. They provided a monthly newsletter and monthly office hours along with individual technical assistance. Needed resources were created and a database of evidence-based strategies were updated on their website. UW-Extension recognized health department staff are stressed and dealing with a lot of change post the COVID-19 pandemic. They incorporated compassion resilience programming into the office hours. They noted the self-care corner of their monthly newsletter was the most-read sections. They also provided two virtual [WeCOPE \(Connect with Our Positive Emotions\)](#) courses, which is an evidence-based program that helps adults cope with life stress for public health staff, with 15 attendees at each session.

Program/Training	Number of individuals trained/reached				Total
	Q1	Q2	Q3	Q4	
ACEs	0	10	10	10	
Counseling on Access to Lethal Means (CALM)	0	12	13	2	
Hope Squad	64	312	341	415	
Mental Health First Aid	67	80	92	131	
Question, Persuade, Refer (QPR)	246	397	485	915	
Raise Your Voice Clubs	25	27	32	150	
Signs of Suicide (SOS)	220	380	370	600	
Sources of Strength	100	100	101	981	
Trauma-informed care	0	14	14	0	
WeCOPE	12	12	12	12	
Zero Suicide	0	0	0	200	
Other	162	795	1892	2550	
Total	896	2139	3362	5966	12,363

Utilize youth-adult partnerships to ensure appropriate, responsive, and high-quality health care for adolescents.

In 2024, the Title V team continued collaboration with [Providers and Teens Communicating for Health \(PATCH\)](#). PATCH, a Wisconsin-based program, is dedicated to improving adolescent health through genuine partnerships with young people. They offer their own positive youth development programs and provide expertise and support statewide. PATCH actively contributes to the state's Adolescent Health Team and strategic plan, aligning efforts and engaging youth in related work. In the 2023-2024 program year, they had 62 youth employees who were either part of one of two Youth Advocacy Fellowships or one of five regional Teen Educator Programs. Two youth programs, the PATCH Teen Educator Program and PATCH Youth Advocacy Fellowship, receive Title V funding and are recognized as "Best and Promising Practices" by the Association of Maternal and Child Health Program's Innovation Hub. PATCH also mentors replication partners interested in implementing these programs elsewhere. In the 2023-24 program year, PATCH worked with and provided technical assistance to partners in Ohio, New York, Colorado, Wisconsin, and Northern Mariana Islands. PATCH's goal is to amplify youth voices in adolescent health discussions and equip them with the knowledge, resources, support, skills, and opportunities to thrive. The PATCH Teen Educator Program hires young individuals to conduct educational workshops for healthcare providers and peers, empowering them to take charge of their own healthcare. They work towards improving

healthcare experiences and transitions. Additionally, PATCH has developed wrap-around resources like the PATCH for Teens and PATCH for Parents Toolkits, providing educators with the necessary information and materials to facilitate important health education sessions. These sessions empower teens and their parents or guardians by educating them about adolescent rights and responsibilities in healthcare settings, promoting independence and responsibility in healthcare decision-making.

In the 2023-24 academic year, PATCH had five Teen Educator programs (one in each public health region) and 10 adults who supported 62 youth employees. PATCH Teen Educators facilitated 44 provider workshops and 47 teen workshops engaging, educating and empowering 789 health care professionals and 889 of their peers. Those who attended PATCH for Providers workshops increased their understanding of how to best communicate with teens about their health, increased their understanding of teen preferences, concerns and realities in health care settings and increased their confidence to educate, engage and empower teens to be active in their health care. Teens who attended peer-to-peer workshops said that because of the workshop they learned new things, feel more confident, and plan to make some important changes such as planning to see a health care provider for a wellness or preventive exam.

Empower and engage youth as leaders in public health, healthcare, and other youth-serving sectors.

In 2024, the team continued working with PATCH as a statewide youth engagement partner. PATCH also offers a model and provides support to other states' Maternal and Child Health efforts to prioritize youth engagement in their efforts. PATCH staff have provided guidance to various organizations and committees, including:

- Acting as the primary consultant for the Pediatric Mental Health in Primary Care team, ensuring youth relevance in state-level discussions.
- Engaging in the Wisconsin Transition Planning Coalition and state government youth leadership efforts collaborative.
- Active involvement in Wisconsin Adolescent Health Initiatives (WAHI) to promote youth centered approaches.
- Contributing to the NEOLA human growth and development team.
- Providing technical assistance and training to other states who want to implement PATCH programming in their state.

PATCH also prioritizes co-presenting with youth in various capacities. In 2024, they presented at an event hosted by the American Lung Association in Wausau, Wisconsin for partners looking to more authentically engage youth in their work. They also provided a presentation about youth advocacy with partners at the Eau Claire City County Health Department and supported youth in participating in a panel for the Children's Hospital Association.

PATCH also serves as a trusted bridge between external partners and youth, ensuring their active inclusion in decision-making. With PATCH support, youth have:

- Presented at the WISE Coalition Meeting on Social Media and Technology.
- Contributed to state-funded grant review processes.
- Presented at an American Academy of Pediatrics – Committee on Community Pediatrics (AAP COCP) educational event on youth engagement.
- Presented at the 2024 Wisconsin Public Health Association conference.
- Served on national and local advisory/steering committees, including the national cross sector alliance led by the American Academy of Pediatrics' National Center on Adolescent and Young Adult Health and Wellbeing, the Wisconsin Department of Health Services Title X Reproductive Health and Family Planning Advisory Committee, and the Madison Metropolitan School District's School-Based Health Center Advisory Team.

In 2024, to better align with the evolving roles of youth, PATCH launched the PATCH Teen Consultant Program (formerly the PATCH Youth Advocacy Fellowship). This rebranding streamlines the program, supporting youth in their work. This group of teens is located all around the state and work together virtually which includes participating in enrichment sessions and consulting sessions with a wide variety of organizations. This new approach ensures high-quality experiences for both youth and partners, aligning the program more closely with adolescent priorities and stakeholder needs.

In addition to working with PATCH to engage youth as leaders, the team also began working with three new partners on a two-year funded project aimed at improving mental health, well-being and resilience in Wisconsin youth, especially those with higher rates of mental health challenges and fewer supports. The program priorities included cultivating supportive social connections and community environments and fostering positive mental health and associated factors. Across these

projects, the three funded organizations engaged with youth collaboratively to inform the development, design, and implementation of these efforts. Partners led a variety of strategies including:

- Supporting a youth activist council to train teens, inform efforts and participate in leadership activities
- Developing a family-focused curriculum
- Providing assistance and resources to youth and families
- Hosting listening sessions to collect input to develop modules for youth and adults
- Developing online modules for youth to develop skills and knowledge in fostering open communication, understanding and empowerment skills to further navigate their unique challenges, promote self-acceptance and develop coping strategies
- Hosting community events to promote social connections and connect youth and families to resources
- Establishing and supporting a Raise Your Voice Club to empower youth to create a new conversation about mental health through education, leadership development and civic engagement
- Developing and sharing social media posts and mental health posters and materials

Collaborate with the Department of Public Instruction to expand and improve upon the Youth Risk Behavior Surveillance System and School Health Profiles statewide data collection, management, and reporting.

Title V continued to partner with the Wisconsin Department of Public Instruction in 2024 to support capacity for data analysis, report development and outreach for the [Youth Risk Behavior Survey](#). Title V funds also support the Department of Public Instruction in the administration of the [School Health Profiles](#) survey process and reporting. Both the School Health Profiles and Youth Risk Behavior Survey are vitally important data sources for adolescent health in Wisconsin.

Youth Risk Behavior Survey

The Youth Risk Behavior Survey is administered every other year. Although the survey wasn't administered in 2024 (administered in 2023 and 2025), the Wisconsin Department of Public Instruction led efforts to communicate with schools and other key partners, manage and analyze 2023 data, and fulfill other required tasks to ensure a robust data system for the Youth Risk Behavior Survey in Wisconsin.

In 2024, the Wisconsin Department of Public Instruction worked on analyzing and releasing 2023 Youth Risk Behavior Survey Data. High school district reports were generated and released in April 2024. The 2023 Youth Risk Behavior Survey Wisconsin Summary Report and additional data products were released beginning in July 2024 and a joint press conference between Wisconsin Department of Public Instruction, Wisconsin Department of Health Services, and the Office of Children's Mental Health was held on July 30, 2024, to announce the release of the data. In addition to releasing 2023 Youth Risk Behavior Survey data the Wisconsin Department of Public instruction also began communicating and preparing for the 2025 administration. In addition to regularly communicating with individual schools and districts, the Department of Public Instruction worked with local health department contacts to boost participation in communities across the state. The team also responded to several inquiries regarding survey data and helped local health department staff locate data and contacts for school districts within their areas. Registration for the 2025 Youth Risk Behavior Survey was opened as planned in November 2024 and remained open through February 2025. As of December 31, 2024, approximately 275 schools (grades 6-12) had registered to participate. Additional efforts included:

- Streamlining the registration process to enable schools to customize their survey as needed
- Coordinating with local staff to receive class lists to identify sample classrooms and teachers
- Producing and preparing to mail physical materials to all sample schools
- Posting a training module on the website to train school staff on responsibility for administration
- Emailing all contacts materials including frequently asked questions, fact sheets, passive and active consent forms, survey links and instructional videos
- Communicating with local health departments, school staff, parents and other stakeholders to encourage and promote the Youth Risk Behavior Survey
- Providing resources to dispel misperceptions and to respond to common questions related to the survey

School Health Profiles

In 2024, the Wisconsin Department of Public Instruction worked to promote and administer data collection for School Health

Profiles. Release of the survey and initial communication with schools occurred in January 2024. All principals within participating schools were notified via email and via mail more than once. Once contact information was provided for a lead health teacher by the principal, the lead health teachers were notified. In June 2024, the overall participation rates for both principals and lead health teachers had met the required seventy percent threshold. Once data collection was closed, it was prepared and submitted to the CDC and in October, the Department of Public Instruction received weighted representative data back from the CDC. The detailed Wisconsin reports were shared with stakeholders on the Department of Public Instruction's website. The Title V team hopes to better utilize the School Health Profiles data in the future to get a better understanding of health education in public schools in Wisconsin to identify gaps and inform future programming opportunities.

Ensure coordination and collaboration with other partners supporting state-level adolescent health initiatives including the Office of Children's Mental Health

Neola

In late 2022, the Adolescent Health Team established a valuable partnership with Neola, a company that offers template policies, administrative guidance and forms to a significant number of Wisconsin school districts. To further enhance school policies related to adolescent health, a dedicated workgroup was formed. In 2023, the workgroup's focus was on reviewing and providing input on adolescent suicide prevention, intervention and postvention as well as lactation, wellness and food service policy language. Upon completion of those projects, in 2024 the group turned its focus on Wisconsin's Human Growth and Development statute which outlines what schools are and are not required to instruct on related to human growth and development including sexual health. Throughout the second half of the year the group met several times and began developing a resource guide for schools to accompany the policy. The group intends to complete this project in 2025.

Wisconsin Adolescent Health Initiative

Wisconsin Adolescent Health Initiatives is a collaborative group convened and led by the Wisconsin Department of Health Services Adolescent Health Team within the Child and Adolescent Health Unit. The purpose of Wisconsin Adolescent Health Initiatives is to connect across state agencies and organizations to be aware of, support and align initiatives, programs and policies related to adolescent well-being, share resources and best practices and collaborate to advance the Adolescent Health Strategic Plan. Members include representation from various areas of Wisconsin Department of Health Service including Division of Care and Treatment Services and multiple areas from the Division of Public Health including the Immunization Section, the Children and Youth with Special Health Care Needs Unit, Reproductive Health and Family Planning Unit and the Sexually Transmitted Infections Unit. Wisconsin Adolescent Health Initiatives also had participation from Office of Children's Mental Health, Department of Corrections, Department of Justice - Office of School Safety, Department of Public Instruction, Department of Children and Families, UW-Extension, University of Wisconsin -Population Health Institute, Providers and Teens Communicating for Health (PATCH) Program, Wisconsin Out of School Time Alliance, Waisman Center and more. In 2024, the team held six meetings with an average attendance of 19 people representing various organizations and programs. The group includes more than 40 invited individuals. Through an evaluation survey of members who attended these meetings 100% of respondents reported that they learned about a new adolescent health program, policy, position, or organization and 100% reported that they had shared or received resources related to adolescent health in Wisconsin. Additionally, 80% reported that they had made a new connection with someone outside of their organization.

Comprehensive Suicide Prevention Partnership

Title V staff participate in the newly formed Comprehensive Suicide Prevention Partnership, led by the Behavioral Health Section, comprised of diverse multi-sector stakeholders convened to address Wisconsin's comprehensive suicide prevention efforts. The partnership primarily focuses on preventing suicide and self-harm around two populations with the highest rates of suicide and self-harm: rural males ages 25+ and adolescents ages 10-19. The goal of this partnership is to build capacity for implementing data-driven comprehensive suicide prevention programs, policies and practices across our state and ultimately, reduce self-harm and suicide rates. The partners share tools and resources, disseminate suicide and self-harm data, and provide education on suicide and self-harm programming and best practices specific to the two populations of focus. It provides a space for connecting to other programs/professionals and gives updates on projects from funded partners. This partnership also provides an annual report on suicide prevention activities in the state to the Wisconsin State Legislature's Joint Finance Committee. In 2024, there were 50 programs and resources identified in Wisconsin suicide prevention inventory including Title V initiatives.

Interagency Council on Mental Health

In Governor Tony Ever's [2024 State of the State Address](#), he announced the creation of the [Governor's Interagency Council on Mental Health](#) in an effort to bolster mental health supports statewide. Governor Evers had previously declared 2023 the Year of Mental Health, and this new interagency council builds upon the progress made during the Year of Mental Health by connecting the dots across state agencies and creating a statewide action plan to expand access to mental and behavioral health services, increase prevention, reduce stigma, and build capacity among caregivers, providers and community partners to address the mental health crisis. The Interagency Council on Mental Health plans to submit recommendations to the Governor by the end of 2025. Title V staff participate in the Coordinated Response workgroup, helping to pull information together to identify the problem, root causes and gaps that will inform the Council members' recommendations to the Governor.

Collaborate with the Wisconsin Child Psychiatric Consultation Program and HRSA Pediatric Mental Health Care Access Grant

Wisconsin Department of Health Services contracts with the Medical College of Wisconsin to implement the [Wisconsin Child Psychiatric Consultation Program](#). Title V provides contract administration, project management, and support to the Medical College of Wisconsin. This project is funded by the Wisconsin State Legislature at \$2,000,000 annually. Wisconsin Child Psychiatric Consultation Program's regional outreach staff actively engage with healthcare providers, ensuring enrollment continues in all regions of Wisconsin with 2,734 providers currently enrolled and 11,386 consultations provided since the program inception. From July 2023 to June 2024, 413 new providers enrolled, there were 1,593 consults to providers, and 732 hours of provider education was completed.

Title V staff facilitate quarterly check-in calls with program staff to discuss program implementation, improvements and data collection and collaboration with other state partners. The agency provides quarterly reports to Wisconsin Department of Health Services as well as the monthly data dashboard. Staff collaborate to create a yearly [Child Psychiatric Consultation Program Brief Report](#) which highlights cumulative outcome data to increase program awareness in the provider community. The program continues to build primary care provider capacity to support the behavioral health needs of children and families. Enrolled providers share a trusting relationship with a child psychiatrist and receive timely expert consultation and access to ongoing education and support. There is also referral assistance to local mental health resources.

The Wisconsin Department of Health Services applied for and received a three-year Pediatric Mental Health Care Access Program award from the Health Resources and Services Administration, which started October 1, 2023. Seven agencies were funded through a competitive process to address gaps in children's mental health services. The funded agencies are the Wisconsin Chapter of American Academy of Pediatrics, Kenosha Community Health Center, Wisconsin Women's Health Foundation, Wauwatosa Woman's Club, Us 2 Behavioral Health Care, Medical College of Wisconsin, and the Office of Children's Mental Health. These projects work within communities, engaging professionals to support youth mental health, providing needed resources, while collaborating with the Wisconsin Child Psychiatry Consultation Program to improve youth mental health. The goal is creating greater access to mental health resources for those with greatest need by reaching into communities.

The Title V program further facilitated and promoted social and emotional health and access to mental health services through collaboration with and participation in [Office of Children's Mental Health Collective Impact Council](#) to promote linkages to Title V work and learn about other statewide work supporting children's mental health. Additionally, in partnership with the Wisconsin Women's Health Foundation's Well Badger program, they continue to maintain the [Children's Mental and Behavioral Health Resource Navigator](#) for professionals, families, and individuals to help find local resources. Title V also convenes meetings between Children's Health Alliance of Wisconsin and Wisconsin Child Psychiatry Consultation Program several times a year to work toward a medical home for youth with mental health conditions

ALL ADOLESCENTS HAVE THE RELIABLE, TIMELY, NEARBY MENTAL HEALTH SUPPORTS THAT THEY NEED, AND ARE FREE FROM THE HARMS OF UNTREATED MENTAL HEALTH CONDITIONS.

Full details of the plan to address this Priority Need in 2026-2030 are being completed throughout the remainder of 2025. Currently, the 2026 State Action Plan contains the following details:

Objective: Increase the number of adolescents receiving mental health treatment who need it.

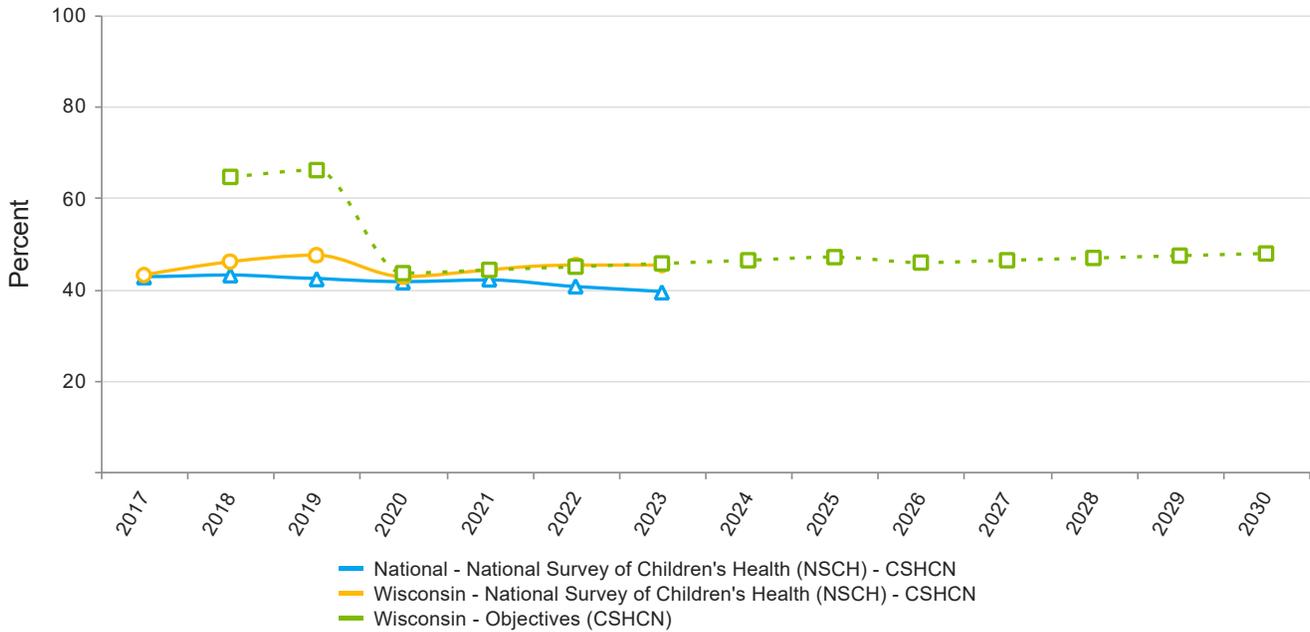
Strategy: Implement initiatives to improve youth mental health supports in collaboration with youth, local and Tribal health agencies, schools and/or school-based health centers.

Additional information including accountability measures, specific strategy activities, funded partnerships and more will be determined by the Title V program in the remainder of 2025.

Children with Special Health Care Needs

National Performance Measures

NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH Indicators and Annual Objectives



NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2020	2021	2022	2023	2024
Annual Objective	43.5	44.2	44.9	45.6	46.3
Annual Indicator	42.4	41.6	46.6	45.4	45.3
Numerator	105,372	105,574	109,447	109,187	149,465
Denominator	248,384	253,596	234,815	240,532	330,057
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2018_2019	2019_2020	2020_2021	2021_2022	2022_2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	45.8	46.3	46.8	47.3	47.8

Evidence-Based or –Informed Strategy Measures

ESM MH.1 - Percent of Regional Center information & referral staff who report competence in explaining medical home concepts

Measure Status:		Inactive - Replaced			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		75	76	78	79
Annual Indicator		100	85.7	100	88.9
Numerator		12	6	9	8
Denominator		12	7	9	9
Data Source		Self-Report Survey	Self-Report Survey	Self-Report Survey	Self-Report Survey
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

ESM MH.2 - Percent of family members, health care providers, and community professionals trained on Medical Home-related concepts who report a change in knowledge or skills or behavior following the training

Measure Status:		Inactive - Replaced			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		75	76	78	79
Annual Indicator		96	95.3	94.7	0
Numerator		96	61	18	
Denominator		100	64	19	
Data Source		Self-Report Survey	Self-Report Survey	Self-Report Survey	Self-Report Survey
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

ESM MH.3 - Percent of families who receive at least one Regional Center referral that results in needed services received

Measure Status:		Inactive - Replaced			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		40	43	46	48
Annual Indicator		66.2	64.5	47.4	61.1
Numerator		632	522	1,132	1,037
Denominator		954	809	2,386	1,696
Data Source		REDCap	REDCap	REDCap	REDCap
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

ESM MH.4 - Number of unduplicated organizations (hospitals, clinics, or health care systems) collaborating with Title V to implement medical home practices for all children, including children with special health care needs.

Measure Status:		Active
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Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	8.0	10.0	12.0	14.0	16.0

ESM MH.5 - Percent of referrals that resulted in services received at the time of follow-up.

Measure Status:		Active
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Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	50.0	50.0	50.0	50.0	50.0

ESM MH.6 - Percent of youth-serving providers who report a planned behavior change as a result of participating in training.

Measure Status:	Active
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Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	70.0	70.0	70.0	70.0	70.0

State Action Plan Table

State Action Plan Table (Wisconsin) - Children with Special Health Care Needs - Entry 1

Priority Need

All children and youth with special health care needs and their families experience timely, nearby, uncomplicated, coordinated supports to live and thrive.

NPM

NPM - Medical Home

Five-Year Objectives

Increase the number of children, including children and youth with special health care needs, that have a medical home.

Strategies

Increase support for families of children and youth with special health care needs (CYSHCN).

Support providers to implement medical home practices.

Increase support for children and youth with special health care needs (CYSHCN) in school settings.

ESMs

Status

ESM MH.1 - Percent of Regional Center information & referral staff who report competence in explaining medical home concepts	Inactive
ESM MH.2 - Percent of family members, health care providers, and community professionals trained on Medical Home-related concepts who report a change in knowledge or skills or behavior following the training	Inactive
ESM MH.3 - Percent of families who receive at least one Regional Center referral that results in needed services received	Inactive
ESM MH.4 - Number of unduplicated organizations (hospitals, clinics, or health care systems) collaborating with Title V to implement medical home practices for all children, including children with special health care needs.	Active
ESM MH.5 - Percent of referrals that resulted in services received at the time of follow-up.	Active
ESM MH.6 - Percent of youth-serving providers who report a planned behavior change as a result of participating in training.	Active

NOMs

Children's Health Status

CSHCN Systems of Care

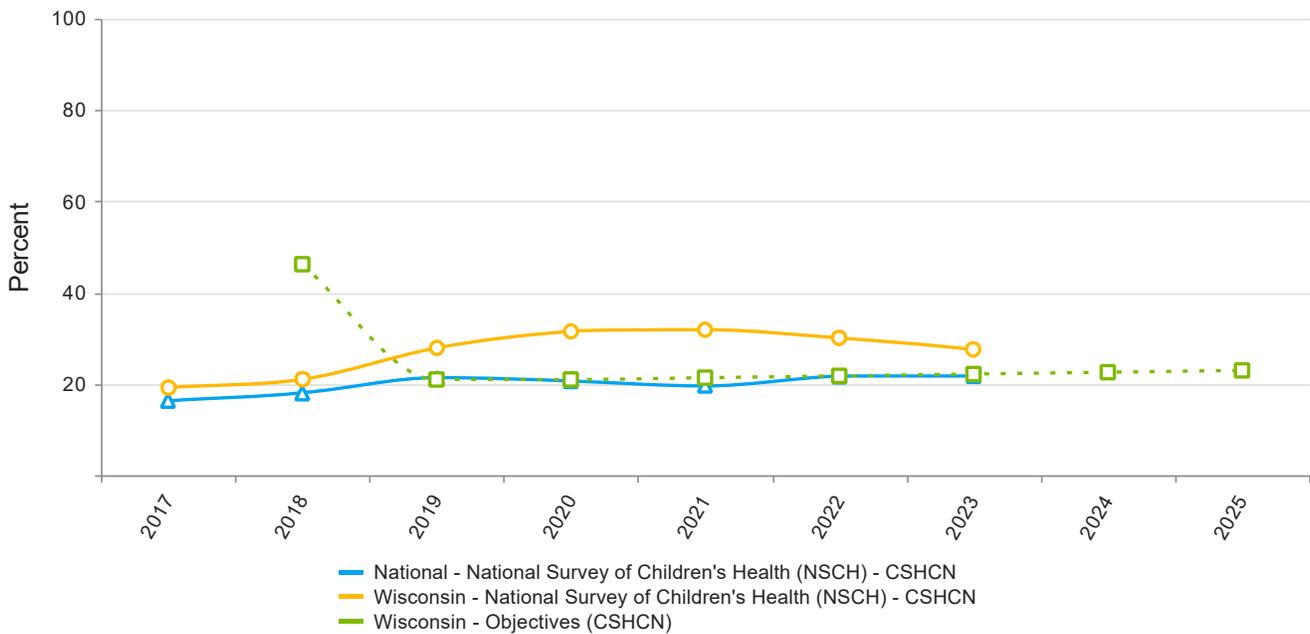
Flourishing - Young Child

Flourishing - Child Adolescent - CSHCN

Flourishing - Child Adolescent - All

2021-2025: National Performance Measures

2021-2025: NPM - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC Indicators



2021-2025: 2021-2025: NPM - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC - Children with Special Health Care Needs

Federally Available Data**Data Source: National Survey of Children's Health (NSCH) - CSHCN**

	2020	2021	2022	2023	2024
Annual Objective	21	21.4	21.8	22.2	22.6
Annual Indicator	28.8	34.0	34.6	31.2	27.7
Numerator	35,732	41,630	40,088	40,777	47,491
Denominator	124,081	122,493	115,904	130,758	171,387
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2018_2019	2019_2020	2020_2021	2021_2022	2022_2023

2021-2025: Evidence-Based or –Informed Strategy Measures

2021-2025: ESM TAHC.1 - Percent of Regional Center information and referral staff who report competence in explaining youth health transition concepts

Measure Status:		Active			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		75	76	77	79
Annual Indicator		91.7	85.7	100	88.9
Numerator		11	6	11	8
Denominator		12	7	11	9
Data Source		Self-Report Survey	Self-Report Survey	Self-Report Survey	Self-Report Survey
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

2021-2025: ESM TAHC.2 - Percent of participants trained on youth health care transition concepts who report a change in knowledge, skills, or intended behavior following the training

Measure Status:		Active			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		75	76	77	79
Annual Indicator		98	98.4	98.9	95.2
Numerator		98	63	86	20
Denominator		100	64	87	21
Data Source		Self-Report Survey	Self-Report Survey	Self-Report Survey	Self-Report Survey
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

Children with Special Health Care Needs - Annual Report

According to the 2022-2023 National Survey of Children's Health, there are nearly [275,000 children and youth, ages 0-17](#), children and youth that have special health care needs in Wisconsin. The [Wisconsin Children and Youth with Special Health Care Needs \(CYSHCN\) Program](#) works to improve the systems that support those children with delays, disabilities, and special health care needs and their families. In Wisconsin, the CYSHCN program is administered by the Family Health Section in the Bureau of Community Health Promotion within the Division of Public Health. The Title V CYSHCN program does not receive state funds.

In Wisconsin, the CYSHCN program is made up of 12 contracted organizations referred to as the 'CYSHCN Network,' which includes five organizations that serve as Children's Resource Centers providing information, referral, and follow-up services for children and youth with special health care needs, their families, and the providers that work with them. In addition to the five Children's Resource Centers, there are seven specialty "hubs" that provide a variety of services and support to the CYSHCN population. These work of the seven hubs are described below.

1. [Well Badger Resource Center](#) is a hotline and service directory that can be found on their easy-to-navigate website that provides multiple options (phone, text, chat, email, or online form) for families and providers to find information and resources for social, health, and government programs available in communities throughout the state.
2. [Family Voices of Wisconsin](#) is a state affiliate of the national Family Voices and the home of Wisconsin's Family-to-Family Health Information Center. They support leadership, advocacy, public policy, education, and training specific to families of children with special health care needs.
3. [Connecting Families](#) is a network of peer support in the state of Wisconsin for families of children with special health care needs. Connecting Families works alongside community partners to connect families to existing supports while also developing new family peer support opportunities designed to address unmet needs in the community. Connecting Families also provides training and encouragement for the support parents to support the existing infrastructure of family work in Wisconsin.
4. The [Wisconsin Medical Home Initiative](#) promotes medical home concepts among primary care clinicians, public health departments, early childhood professionals, and families throughout Wisconsin. They provide training, technical assistance, and resources to support medical home implementation for CYSHCN.
5. [ABC for Health, Inc.](#) is a nonprofit public interest law firm that is dedicated to ensuring health care access for children and families by providing health care consumers with services and supports they need to navigate a complex health care and health benefits financing system.
6. The [Youth Health Transition Initiative](#) aims to make healthcare transition easier for youth with special health care needs in Wisconsin by developing and sharing healthcare transition resources with families, healthcare providers, and community partners. They also work with healthcare providers to support best practice transition care for patients with disabilities and special healthcare needs.
7. The [Genetics Systems Integration Hub](#) aims to and improve access to genetics services in Wisconsin. They work to integrate genetics with public health systems to support individuals with genetic conditions.

The remaining five organizations of the CYSHCN Network are the five [Children's Resource Centers](#) that have been in existence since the early 2000s. Title V funds two public health agencies and three nonprofit organizations for the purposes of operating the resource centers. Together the work of these 12 organizations form the 'CYSHCN Network' and work together to advance systems of care for children with special health care needs by implementing strategies at the individual, family, community, health system, and state levels.

The Children's Resource Centers take phone calls from families and professionals to provide them with information and referrals about available services and resources for CYSHCN. Calls to the Children's Resource Centers are unique, and all staff, often with lived experience, work with a family for as much time as needed, as often as needed, and for as long as needed. In addition to offering information and referrals to families, they also provide them with linkages to community providers, parent and caregiver support, technical assistance, and information on upcoming and relevant trainings. Example topics for which information and referral resources may be provided:

- Support groups for parents or caregivers of a child with autism spectrum disorder
- Enrollment and eligibility information for the children's waiver programs such as Children's Community Options Program, Children's Long-Term Support, or Birth to 3 and the similarities and differences between programs
- Occupational therapy, speech therapy, and physical therapy services covered by a family's insurance provider
- Mental and behavioral health services delivered through the Comprehensive Community Services benefit, including in-home therapy
- Information on how to initiate an individualized education program and discuss the process for enrolling in special education

- Resources that will help a family resolve a \$10,000 medical insurance bill
- Training on how to prepare for transition from the pediatric to adult health care system

The staff at the Children’s Resource Centers are called [Children’s Resource Guides](#). Many of the Children’s Resource Guides have gone through similar experiences in trying to navigate the complicated health care system with their own children which makes them excellent partners to support parents. Children’s Resource Guides are trained to help families find the resources that are meaningful to them. They honor a families’ wish to choose the next steps to meet their child’s needs.

- They are compassionate, trained specialists
- They are located in each region of the state, which increases their knowledge about local resources
- They provide trusted information on a wide range of topics
- They assist families and professionals with problem-solving
- They offer information on children’s conditions, health insurance, benefits assistance, and more
- Their services are free, confidential, and are personalized to the family’s and community’s needs

[Wisconsin Wayfinder: Children’s Resource Network](#) program was launched on November 2, 2023, relying on the basic infrastructure of the CYSHCN Network. This program unified all five Children’s Resource Centers under one brand, toll-free phone number, and website. As a result of this project, all Wisconsin families of CYSHCN now have an easier way to identify, navigate, and access needed resources. Key features of this project include:

- A family and user-friendly website, an online contact pathway, and single toll-free phone number (1-877-WISCWAY) that lets families connect with real people at the Children’s Resource Center in their area, who supports the caller in identifying and connecting with the essential services and supports that will enable their children to thrive.
- Strengthened organizational partnerships with a sustained commitment for collaboration that is standardized and engages in coordinated planning. These partnerships include the Division of Public Health, the Division of Medicaid Services, and the Division of Care and Treatment Services in Department of Health Services, along with the Department of Public Instruction and the Department of Children and Families.
- A robust, statewide marketing campaign to raise awareness and lift up this work through the development of marketing and outreach materials such as videos, social media posts, radio and television advertisements, and in-person outreach at conferences, summits, and trainings.

National Performance Measure 11: Percent of children with special health care needs, ages 0 through 17, who have a medical home.

Too many children in Wisconsin with special health care needs do not receive medical care within the context of a medical home, which is defined as accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective. According to the National Survey of Children’s Health for 2022 and 2023, about 46 percent of CYSHCN in Wisconsin have a medical home, which is higher than the national level of 40 percent.

Evidence-based Strategy Measure	2022	2023	2024
Percent of children’s resource center information and referral staff who report competence in explaining medical home concepts	86%	100%	89%
Percent of participants trained on medical home concepts who report a change in knowledge, skills, or intended behavior following the training	95%	89%	Insufficient data*
Percent of families who receive at least one referral from a children’s resource center that results in needed services received	65%	47%	61%

*In 2024, there was an uncharacteristically low number of completed survey evaluations for trainings provided to families. The CYSHCN program worked with the organizations providing trainings to better understand the challenges around low survey completion rates. The following challenges were reported:

- Evaluation survey link is shared at the end of the training when participants may be fatigued or need to leave immediately following the training
- Many participants that attend the virtual sessions attend via cell their cell phones which makes scanning a QR code to complete the survey a logistical challenge
- Participants that attend the trainings virtually often sign off immediately following the content completion and don't stay on to complete survey
- Adequate cell phone reception is required for scanning QR codes and completing surveys which may be difficult in rural areas
- Miscommunication about the survey link not functioning appropriately
- Trainings provided at conferences often encounter barriers because many conferences ask those providing training sessions to not to do independent evaluations because they want participants to complete an evaluation survey of the full conference

The CYSHCN program provided technical assistance to partners that provide trainings and identified some new strategies to improve evaluation survey completion rates in 2025. These strategies include:

- Using live polls during virtual sessions which pop up and often require a participant response
- Dividing the survey questions up and asking them throughout the training versus all at the end
- Shortening the evaluation survey
- Shortening the training by 5 minutes to allow time for the completion of the evaluation surveys
- Exploring the idea of offering incentives for completing the evaluation surveys
- Exploring alternative methods of distributing surveys such as printed and mailed options

To promote implementation of Medical Home best practices, develop and disseminate consistent strategies and tools with common messaging that include actionable steps for specific audiences.

The [Wisconsin Medical Home Initiative](#) has been funded since 2015, most recently being awarded a three-year award following the competitive bid in 2022, to lead Title V medical home-related activities, in partnership with Title V and the CYSHCN Network. Wisconsin Medical Home Initiative staff disseminate medical home best practice information through their website and a newsletter, "Medical Home Minute." In 2024, the medical home website pages were viewed 7,621 times with the most frequently viewed pages being the medical home landing page, developmental screening, and about the medical home initiative page. The "Medical Home Minute" was sent to a listserv including 1,285 subscribers. The "Medical Home Minute" had its highest open rates when the topics were developmental screening, food security, and social connectedness of youth. The Wisconsin Medical Home Initiative also disseminates the ['Every Child Deserves a Medical Home'](#) brochure which explains what a medical home is, includes resources, and outlines what the responsibilities of families and the health care team are within the context of a medical home. The brochure was opened 497 times in English and 344 times in Spanish in 2024.

Annually, Wisconsin conducts a medical home and youth healthcare transition competency assessment. There were 17 questions related to medical home knowledge and skills. All Children's Resources Guides completed the competency assessment and rated themselves as either Novice, Advanced Beginner, Competent, or Proficient on each item. The score was the percent of items rated at the competent or proficient level. While all Children's Resource Guides completed the assessment, only those with at least one year of experience were included for the ESM measurement. Among staff with at least one year of experience, 89 percent were at least 50 percent competent, that is competent or proficient on at least 9 of the 17 items. Moreover, 56 percent were competent or proficient on all items.

To increase knowledge and skills about Medical Home and care coordination within the community, implement training opportunities for families and community professionals using the expertise of youth, parent (family), and community professionals as advisors.

In 2024, the CYSHCN Network provided a training for families and professionals. The C.A.R.E. Medical Home Series for Families is designed for families and professionals to increase knowledge of medical home concepts. The series consists of four presentations and discussions that were developed to support families who have CYSHCN. The series includes Caring for the Whole Family; Assembling a Care Notebook; Requesting a Shared Plan of Care; and Exploring Care Mapping. These trainings can be completed all together, or individually, based on the participant's needs. Exploring Care Mapping and Assembling a Care Notebook trainings were the most common. The goals of these sessions are to help

participants understand what a medical home is and how a medical home may benefit their child and family. There were 23 sessions held in 2024 with a total of 111 participants. Of those that completed the participant evaluations, 100 percent agreed or strongly agreed that the session had useful information and that they would recommend the session to others, however it should be noted the response rate was very low. In addition, 94 percent agreed or strongly agreed that they could better support their child or children they care for and that they could better partner with others.

To increase knowledge and skills about Medical Home and care coordination within and across systems, implement trainings, use quality improvement strategies, and provide technical assistance opportunities for health care providers and systems.

Care coordination is a primary component of a medical home. In 2022, the Wisconsin Medical Home Initiative guided eight Wisconsin healthcare systems in the completion of a care coordination assessment. One result of that assessment was the initiation of a “Care Coordinators Collaborative” in 2023, which continued in 2024 with three “Care Coordinators Collaboratives.” The topics included pediatric to adult health care transition, cross-sector alignment to improve food security, and home visiting services. A total of 110 people registered for the three collaboratives, while 41 people attended.

In 2024, the Wisconsin Medical Home Initiative began activities to strengthen care coordination and connection between two specialty pediatric clinics and the Milwaukee County Birth to 3 program. Collaborative meetings occurred to build awareness across sectors about screening and referral processes. Through discussion, the group identified gaps in the process. To improve communication when sending a referral, receiving a referral, and sharing out any results, a strategy has been identified to update the patient electronic record in the clinics so referrals can be sent, with permission to share patient results, directly to Birth to 3 program. Further evaluation is needed to ensure full communication is accomplished. The Wisconsin Medical Home Initiative intends to replicate these efforts in other counties once a successful process is identified.

The Wisconsin Medical Home Initiative supported Tribal health agencies of Wisconsin to advance family-centered care coordination. The Title V team contracted with seven Tribal health agencies, while technical assistance was provided through a joint effort between Wisconsin Medical Home Initiative and Title V. Each of the seven teams chose a project idea based on a community-driven priority. The focus of the teams continues to be mental and behavioral health, and they partnered with behavioral health departments, schools, and community health staff. Two learning calls were offered throughout the year. Completed evaluations indicated 100 percent satisfaction and ‘excellent’ review of the calls. One team shared, “I like hearing about the CYSHCN organization and what they have to offer, there is always something I learn every meeting that I wasn’t previously aware of.” Technical assistance included supporting development of flyers, individual team check-ins, and administrative or financial support. Technical assistance also supported the teams through staffing changes, significant understaffing, and staff capacity challenges.

Success story:

Gerald L Ignace, behavioral health department, is implementing an integrated pilot program with primary care. The pilot program for autism screening and identification of frank autism diagnoses will utilize a range of screening tools to include the Modified Checklist for Autism in Toddlers, Parent’s Observations of Social Interactions, and Screening Tool for Autism in Toddlers. The project will serve Native American youth, 4-17 years of age, establishing behavioral health services through four access points: the primary care clinic, the behavioral health clinic, the Ignace Youth Center, and two large community health outreach events.

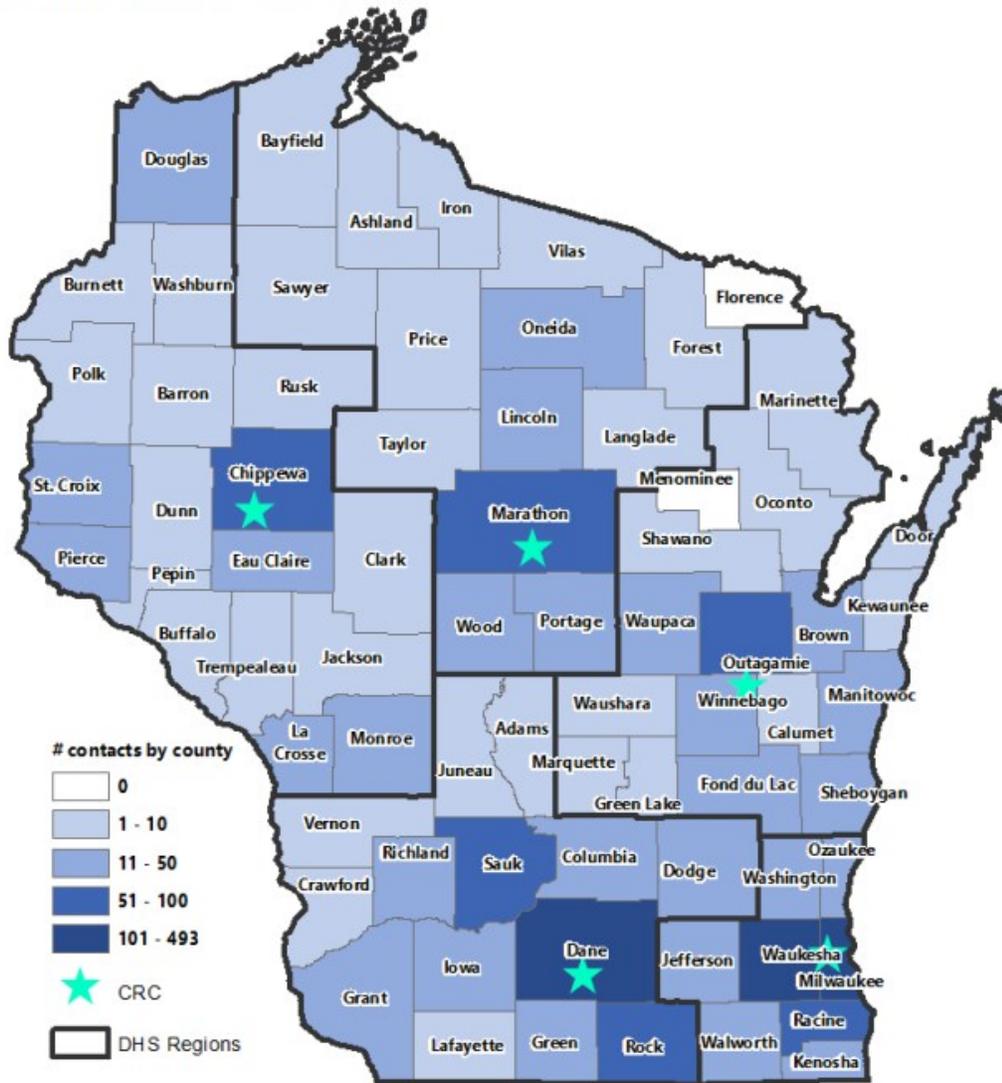
Some impacts from their work include:

- Two Screening Tool for Autism in Toddlers evaluations completed, and feedback sessions were provided to assist families in accessing referrals provided in the evaluations.
- Provided family workshops that focused on needs presenting at the clinic including self-care for parents and understanding child development. Community members demonstrated interest in learning more and requested additional educational opportunities.
- Ability to use the Screening Tool for Autism in Toddlers assessment to administer a formal autism diagnosis for a young child and to see their family start to go through the early intervention process.

To connect families to needed supports and services, provide consultation and support through easily accessible information to families and providers.

In 2024 the Wisconsin Wayfinder webpages received more than 151,000 views by nearly 96,000 people. In addition, two videos on YouTube about Wisconsin Wayfinder received about 4,300 views. This promotion along with two new methods of connecting to the resource centers, a toll-free number and a contact us form resulted in more connections to the Children's Resource Centers. In 2024, 1,607 forms were completed, while there were 1,094 calls to the toll-free number. Families who have connected with the resource center previously could still connect through their direct phone numbers and email addresses. The five Children's Resource Centers had a total of 2,328 contacts with families of CYSHCN. Due in part to the expanded marketing of the Wisconsin Wayfinder project, this was a 71 percent increase over the number of contacts in 2023. The Children's Resource Centers provided 3,750 referrals to 2,170 unduplicated CYSHCN, as often more than one referral is needed per child. Children's Resource Center staff call families a few weeks following the initial contact to follow up on referrals. At the time of follow up, 65 percent of those receiving at least one referral had already received at least one service. Additionally, through their contacts with families, conversations about medical home took place during 1,234 contacts. The other top information topics discussed were emotional and mental health, community resources, education, and financial resources and health benefits. The most frequent referrals were for behavioral and mental health, Children's Long-Term Support program, health care, health benefits, advocacy, and support for families. In addition, all contacts are asked how they heard about the Children's Resource Center. Of those who answered the question, 51 percent heard about the Children's Resource Center through Wisconsin Wayfinder, while 15 percent heard through a health care provider, and 11 percent had called before.

Information and referral contacts occurred throughout the state but were most concentrated in urban areas and around the CRCs.



Children’s Resource Centers also provide support to professionals and providers through consultation and technical assistance. In 2024 they provided 679 consultations, which is a 9 percent increase from 2023. A variety of professionals sought technical assistance from the Children’s Resource Centers, but the top professional types were health care providers and education professionals. Consultations can cover multiple topics, and in 2024, 1,625 topics were discussed. The most frequently discussed topics were Wisconsin Wayfinder, community resources, health care, financial and health benefits, and support for families.

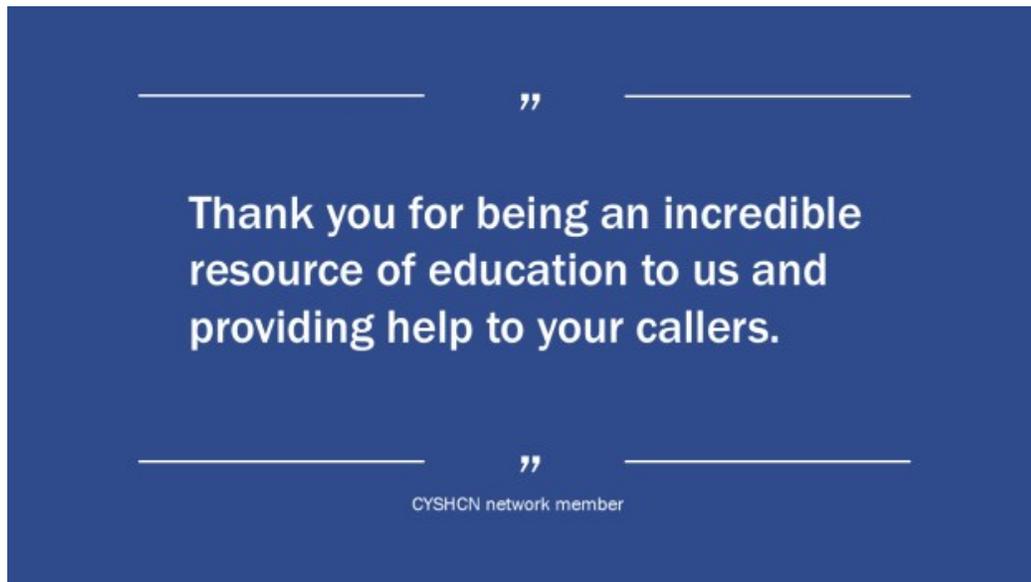
Advocacy was one of the top referrals made by the Children’s Resource Centers in 2024. Family Voices of Wisconsin, Wisconsin’s family to family health information center, developed the Wisconsin Family Leadership Institute for parents of

children with disabilities and special health care needs. Through the Wisconsin Family Leadership Institute, every participant gains the skills and confidence to be at the table when decisions are made in the community, as part of community advisory groups, or on county or state boards or committees. There are two levels of the Wisconsin Family Leadership Institute, Foundations and Advanced, so participants can start where their experience level is. In 2024, Family Voices trained 18 people from three different Wisconsin regions. Fourteen individuals completed the entire series. Of the participants that completed the evaluation survey, 80% of individuals reported a change in knowledge, skills, or behavior. In addition to the evaluation completed immediately following the institute, a second evaluation was completed six months later by 79% of participants. The six-month evaluation results showed the following:

- 100% agreed or strongly agreed they find themselves speaking up more often on things that matter to them.
- 100% agreed or strongly agreed that they are more prepared to interact with leaders on issues of importance to them
- 100% agreed or strongly agreed they have the tools to tell their family story in a way that helps others understand the experience
- 91% of participants have identified partners or allies to work on an issue with
- 82% of participants have recommended the Wisconsin Family Leadership Institute to others
- 73% have used their binder materials since the Wisconsin Family Leadership Institute ended.

Advocacy & Benefits Counseling (ABC) for Health partnered with the CYSHCN Network to provide knowledge and legal understanding of health benefits to families of CYSHCN seeking health care and coverage. In 2024, ABC for Health worked with 75 families, which represented 269 family members, of which 105 were CYSHCN.

ABC for Health also provides community and professional education opportunities. Their online YouTube presence grew to 19,844 subscribers. Content shared in 2024 included information on continuous coverage for kids, the end of Medicaid unwinding, non-emergency medical transportation, and reports on rural children enrolled in Medicaid. In 2024, ABC for Health provided biweekly educational sessions to staff within the CYSHCN Network. This allowed for other professionals to increase their knowledge of health benefits, while also strengthening partnerships and referral pathways.

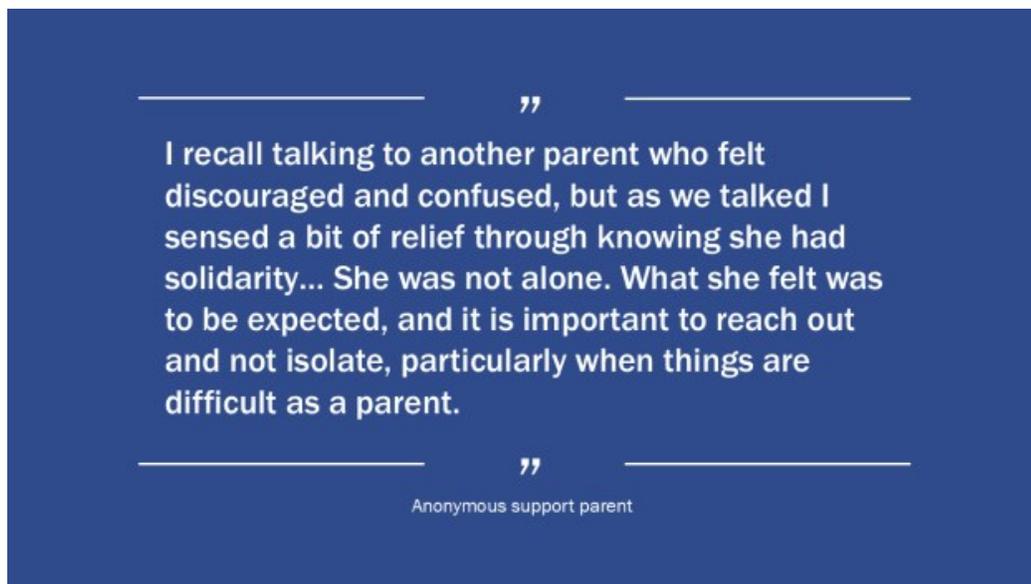


In 2024, the Genetics System Integration Hub continued to offer the free online continuing medical education “Wisconsin Newborn Screening Program: An Introduction” and “Decoding Genetic Test Reports for the Frontline Clinician.” A total of 79 professionals from around the world completed at least one of the trainings in 2024, including 56 professionals from Wisconsin. The Genetics System Integration Hub began collaborating with the newly established [Baby Badger Network](#) in 2024. The [Baby Badger Network](#) is working to increase access to genomic testing from critically ill neonates in Wisconsin neonatal intensive care units. A major effort was leading the development and implementation of the pilot, “Baby Badger Network Extension for Community Healthcare Outcomes Genomic Sequencing for Critically Ill Neonates in Wisconsin neonatal intensive care units.” [Baby Badger Network](#) extension for community healthcare outcomes was an eight-session live training for [Baby Badger Network](#) pilot sites and level 3 neonatal intensive care unit providers in Wisconsin. Each

session included education on a unique topic by genetic subject matter experts and a case presentation. In all, 20 individuals participated, with 98 credit hours awarded. Of the participants that responded to the evaluation survey, 100% agreed or strongly agreed that the course was a good use of their time.

Connecting Families was a new project, starting in 2023, following the competitive application in 2022 for parent peer support. During the initial year, Connecting Families worked to identify how to promote existing parent support resources in the state and build parent support resources in areas where gaps exist. Four areas of high need were identified: families of children with medical complexity; families of children who are deaf or hard of hearing; rural families of CYSHCN; and black families of CYSHCN. In 2024, Connecting Families was able to provide parent supports in each of these areas. A total of 167 families contacted Connecting Families in 2024. The majority of families were connected to [Parents Reaching Out](#), for families of children who are deaf or hard of hearing, or [Sankofa Midwest](#), which provides group support for black families of CYSHCN. Families were also connected to other existing peer support groups or other community resources, like the Children's Resource Centers.

Along with assistance for parents and family members, Connecting Families works to strengthen the infrastructure around family support in Wisconsin by focusing some efforts on those doing the work – the support parents. In 2024, there were a total of 17 support parents that represent the high needs categories. Connecting Families staff provide direct technical assistance for addressing project needs but also provide a space for reflecting, processing, and relationship-building.



National Performance Measure 12: Percent of children with special health care needs who received services necessary to make transition to adult health care.

Too few adolescents, ages 12-17, receive the services and supports necessary to transition to adult health care. In choosing to address this national performance measure, Wisconsin's main goal is to increase the percent of children with special health care needs in Wisconsin, ages 12 through 17, who receive the services and supports necessary to transition to adult health care from 20.5 percent to 23 percent (+10%) by 2025 (baseline is from 2017-2018 National Survey of Children's Health). Wisconsin has exceeded the target of 23 percent and is greater than the national average (22%), where in Wisconsin 26 percent of adolescents, age 12-17, with a special health care need received services necessary to make transitions to adult health care (National Survey of Children's Health 2022-2023).

Evidence-based Strategy Measure	2022	2023	2024
Percent of children’s resource center information and referral staff who report competence in explaining youth health transition concepts	86%	100%	89%
Percent of participants trained on youth health care transition concepts who report a change in knowledge, skills, or intended behavior following the training	98%	99%	95%
Percent of systems or practices that have a transition policy or guideline (formal written commitment)	50%	Not collected	Not collected

To promote implementation of youth health care transition best practices, develop and disseminate consistent strategies and tools with common messaging that include actionable steps for specific audiences.

The Youth Health Transition Initiative was funded to lead Title V transition-related activities in 2023, in partnership with Title V and the CYSHCN Network. Youth Health Transition Initiative utilizes a variety of dissemination activities to share out messaging on youth health transition including the Stay a Step Ahead brochures (English/Spanish), Health Pocket Guides (English/Spanish) and other print materials; listserv posts; social media videos; and the website. In 2024, the website had 1,858 users. They posted 187 times on Facebook in 2024 with 219 followers. The majority of electronic outreach is conducted through the listserv, which goes to 486 contacts. Most recent changes to these materials include information on Wisconsin Wayfinder.

As mentioned in the medical home section of this report, a medical home and youth health care transition competencies assessment was conducted in 2024. In the competency self-assessment, there are 21 questions related to youth health care transition knowledge and skills. Among children’s resource guides with at least one year experience, 89 percent were at least 50 percent competent, that is competent or proficient on at least 11 of the 21 items. Moreover, 67 percent were competent or proficient on all items.

To increase knowledge and skills about youth health care transition within the community, implement training opportunities for families and community professionals using the expertise of youth, parent (family), and community professionals as advisors.

In 2024, three curricula for families and community professionals were offered in collaboration with the Youth Health Transition Initiative. A total of 554 participants were trained through 31 trainings with nearly all feedback reporting positive reviews of the training materials. In addition, Closing the Gap was available for health care providers. One session of Closing the Gap was held with 41 provider participants.

- Build Your Bridge: Introduction and discussion about eight tools of health care transition.
- Dreaming Differently: Youth health transition material selected for families whose children have complex health conditions and intellectual and/or developmental disabilities.
- Bridging the Gap: A curriculum for mixed audiences of families and professionals to increase awareness of youth health care transition, describe existing tools and support planning for the transition to adult health care, and how to apply the tools in participants’ setting.
- Closing the Gap: A curriculum for health care providers to increase their knowledge and skills around youth health care transition. In addition to an overview, it covers implementing Got Transition’s six core elements and guardianship and supported decision-making.

Training Curriculum	Number of Sessions	Number of Participants
<i>Build Your Bridge</i>	16	343
<i>Dreaming Differently</i>	0	0
<i>Bridging the Gap</i>	15	211
<i>Closing the Gap</i>	1	41
Total	32	595

Below are quotes from two attendees of a Build Your Bridge session that reflect what they are going to do after training.



The Youth Health Care Transition Initiative team continued working with the Latinx community. This led to multiple initiatives incorporating the Spanish language such as Build Your Bridge presented in Spanish, collaborating with La Movida Spanish radio and Padres e Hijos en Accion, exhibit staffed by bilingual staff, and completing four videos with Latinx youth showing how to make medical appointments and ordering prescriptions. The video segments with the Latinx youth were uploaded to the [Youth Health Transition Initiative Spanish Website](#) and [YouTube channel](#) in 2024.

To increase knowledge and skills about youth health transition within and across systems, implement trainings, use quality improvement strategies, and provide technical assistance opportunities for health providers and systems.

The Youth Health Transition Initiative team continues to partner with Wisconsin entities to provide training and technical assistance opportunities. In 2024, the Youth Health Transition Initiative partnered with Special Olympics Wisconsin Community Collaborative to provide healthcare training to professionals, students, and partners to better care for individuals with intellectual and developmental disabilities. The Youth Health Transition Initiative was able to reach 228 professionals and 345 students in the medical, dental, and nursing fields. The continued community meetings led to discussions around continued partnership and co-creating materials. The Youth Health Transition Initiative team also maintained collaborative partnerships to co-present and co-create materials with the Wisconsin [Providers And Teens Communicating for Health Program](#), the Wisconsin Board for People with Developmental Disabilities, the National Alliance on Mental Illness, the Office of Children’s Mental Health, the Department of Public Instruction, the Transition Improvement Grant, Beyond 18, and the Cooperative Educational Service Agency.

In 2023, the Title V program requested technical assistance funding from the Maternal and Child Health Bureau to improve youth health transition in Wisconsin by partnering with the national organization Got Transition. The request was approved, and work occurred throughout 2024. The teams collaborated around three main health care transition priorities:

- Increase school nurse involvement into special education and transition planning. The Youth Health Transition Initiative team coordinated with the [Wisconsin Association of School Nurses](#) to create videos, fact sheets, and other website resources for school nurses and staff.
- Add Health Care Transition questions to the Wisconsin Department of Public Instruction’s [Wisconsin State Performance Plan](#), with a specific focus on [Indicator 14 Post High School Outcomes Survey](#). The Department of Public Instruction currently requires 1 in 5 school districts to participate in these surveys with around 200 districts completing it each year. The Department of Public Instruction uses the information gathered from each indicator to measure the state’s progress in meeting the targets and goals specified in the [Wisconsin State Performance Plan](#). The Youth Health Transition Initiative team worked with the Department of Public Instruction, the Transition Improvement Grant, and Department of Health Services to add the following questions to the Wisconsin Indicator 14 Post School Outcomes Survey:
 - Since leaving high school, have you taken responsibility for your own health care? (Multiple choice – if participant responds with no, an additional question asks why).
 - Which of the following things have you done to take responsibility for your own health care? (Multiple choice)

- Work to embed health care transition and Youth Health Transition Initiative staff into Competitive Integrated Employment joint planning and prioritization process. Collaboration between the Youth Health Transition Initiative and the Department of Vocational Rehabilitation led to regular participation in this meeting with further collaborative efforts to continue.

To increase access to cross system care coordination services for CYSHCN and their families, design, pilot and evaluate strategies to better connect local public health and other community agencies with healthcare systems regarding referrals and resources, including the social determinants of health.

The Family Foundations Home Visiting Program is Wisconsin's version of the Maternal Infant and Early Childhood Home Visiting Program. In 2024, the CYSHCN program continued to strengthen collaboration and partnership with Family Foundations Home Visiting, through sharing of information, resources and referrals. The CYSHCN program presented at the Home Visiting All Grantee meeting and Fulfilling the Promise Conference, an event for the workforce that services birthing families at the community level i.e., Home Visitors, Prenatal Care Coordinators, and Community Health Workers. The presentations included information on Wisconsin Wayfinder and other services provided through the CYSHCN Network.

ALL CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS AND THEIR FAMILIES EXPERIENCE TIMELY, NEARBY, UNCOMPLICATED, COORDINATED SUPPORTS TO LIVE AND THRIVE.

Full details of the plan to address this Priority Need in 2026-2030 are being completed throughout the remainder of 2025. Currently, the 2026 State Action Plan contains the following details:

Objective: Increase the number of children, including children and youth with special health care needs, that have a medical home.

Strategies:

1. Increase support for families of children and youth with special health care needs.
2. Support providers to implement medical home practices.
3. Increase support for children and youth with special health care needs in school settings.

Additional information including accountability measures, specific strategy activities, funded partnerships, and more will be determined by the Title V program in the remainder of 2025.

Cross-Cutting/Systems Building

State Performance Measures

SPM 1 - Percent of children living in supportive neighborhoods.

Measure Status:		Active
State Provided Data		
	2024	
Annual Objective		
Annual Indicator	59.2	
Numerator	713,566	
Denominator	1,204,836	
Data Source	National Survey of Childrens Health	
Data Source Year	2022	
Provisional or Final ?	Final	

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	62.0	63.0	64.0	65.0	66.0

Evidence-Based or –Informed Strategy Measures

None

SPM 2 - Percent of food insecurity in Wisconsin.

Measure Status:		Active
State Provided Data		
	2024	
Annual Objective		
Annual Indicator	32.7	
Numerator	401,278	
Denominator	1,228,982	
Data Source	National Survey of Childrens Health	
Data Source Year	2022-2023	
Provisional or Final ?	Final	

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	32.2	31.7	31.2	30.7	30.2

Evidence-Based or –Informed Strategy Measures

None

State Action Plan Table

State Action Plan Table (Wisconsin) - Cross-Cutting/Systems Building - Entry 1

Priority Need

All families experience emotional and physical safety in their communities, are free from discrimination, and have the social support they need.

SPM

SPM 1 - Percent of children living in supportive neighborhoods.

Five-Year Objectives

Increase the percent of children living in supportive neighborhoods.

Strategies

Support community events and community engagement opportunities.
Promote community-level access and coordination of services and resources.

ESMs

Status

No ESMs were created by the State. ESMs are optional for this measure.

State Action Plan Table (Wisconsin) - Cross-Cutting/Systems Building - Entry 2

Priority Need

All families have enough food and adequate nutrition to live and thrive.

SPM

SPM 2 - Percent of food insecurity in Wisconsin.

Five-Year Objectives

Decrease rates of food insecurity in Wisconsin.

Strategies

Support the Food is Medicine movement.

ESMs

Status

No ESMs were created by the State. ESMs are optional for this measure.

2021-2025: State Performance Measures

2021-2025: SPM 3 - Percent of Wisconsin adults who report that they “usually” or “always” get the social and emotional support that they need.

Measure Status:		Active			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		60	7	8	9
Annual Indicator		0	77	76.4	80.4
Numerator		0	77	2,803,995	3,093,606
Denominator		100	100	3,668,434	3,849,504
Data Source		NA	Wisconsin Behavioral Risk Factor Surveillance Syst	Wisconsin Behavioral Risk Factor Surveillance Syst	Wisconsin Behavioral Risk Factor Surveillance Syst
Data Source Year		NA	2020	2022	2023
Provisional or Final ?		Final	Final	Final	Final

2021-2025: SPM 4 - Percent of performance measures with family, youth, and community engagement embedded into program and policies

Measure Status:		Active			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		60	70	80	90
Annual Indicator		63.6	63.6	63.6	63.6
Numerator		7	7	7	7
Denominator		11	11	11	11
Data Source		Title V State Action Plan			
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

State Performance Measure 03: Percent of Wisconsin adults who report that they “usually” or “always” get the social and emotional support that they need

Due to environmental and social barriers, too many Wisconsinites are lacking meaningful social connection, which can lead to increased risk of adverse health outcomes. In Wisconsin, the number of adults and youth who feel socially connected has declined in recent years. In 2023, 18 percent (17/96) of local and Tribal health agencies chose to work on Social Connections as an objective.

According to 2023 data from the CDC’s [Behavioral Risk Factor Surveillance System \(BRFSS\)](#), currently, 80.4 percent of adults report that they usually or always get the social and emotional support they need. In addition, 71.2 percent of adults report that they rarely or never feel lonely. According to the [2023 Wisconsin Youth Risk Behavior Survey](#), 53.6 percent of high school students agreed or strongly agreed that they belong at their school.

Measure	Data
Percent of Wisconsin adults who report that they “usually” or “always” get the social and emotional support that they need	80.4% (2023 Behavioral Risk Factor Surveillance System)

Supporting Measures

Measure	Data
Percent of adults report that they rarely or never feel lonely	71.2% (2023 Behavioral Risk Factor Surveillance System)
Percent of high school students agreed or strongly agreed that they belong at their school.	53.6% (2023 Wisconsin Youth Risk Behavior Survey)

Overall reflections: Wisconsin’s Title V program incorporated work addressing social connection and access to informal and formal resources throughout the national and state performance measure strategies. Activities included offering social connections as a project option for local and Tribal health agencies to address challenges with social connections, providing expertise on social connections, continuing to review existing efforts, aligning with the work of other Wisconsin performance measure teams, and organizing current and potential efforts by leveraging existing data sources. Of the full five-year Title V grant cycle, this was the second year working to advance Social Connections as an option for local and Tribal health agencies.

Title V staff continued to lead and host quarterly learning community calls for participating agencies. It was an exciting year with many noted successes including a poster presentation at CityMatCH. Agencies were asked to assess the need for social connections work, prioritize partnerships and community engagement, and to develop an action plan to support social connections.

Organize current and potential social connection efforts throughout the state by leveraging existing data sources and by identifying new and innovative opportunities for data collection.

A web-based survey template and database were utilized quarterly among the local and Tribal health agencies in order to gather local-level data on their social connections related projects and activities. The data collected included but was not limited to why local and Tribal health agencies chose the Social Connections project option, areas of focus for their work, activity progress, challenges and barriers, their utilization of partnerships to advance their work, and how they were integrating health outcomes. The information collected through quarterly reports helped to inform state-level work to better understand and support the unique needs for social connection across Wisconsin communities.

To further support the development of social connections work in Wisconsin, [The State of Social Connections](#) report, created by Title V MCH Interns in 2023 was shared widely in 2024 with local and statewide partners to support decision-making, project planning processes, and sustainability of their work. This included: 1) a report which highlighted the importance and public health impact of social connections and synthesized key findings from the quarterly data collected

from the local health agencies; 2) opportunities or recommendations for future data collection strategies that could close gaps in currently collected data; and 3) a series of one-pagers based upon the report's findings.

Staff attended and presented a poster at the CityMatCH 2024 conference. The poster was titled "[Social Connections: A Wisconsin Performance Measure.](#)" The poster included information about how social connections became a state performance measure in Wisconsin and what steps were taken to develop it. This included the 2020 Needs Assessment findings, creating an option for local and Tribal health agencies, developing the learning community calls and creating an evaluation process. Local programmatic activities were highlighted including partnership with [Providers And Teens Communicating for Health \(PATCH\)](#). How data was gathered and analyzed was shared as well as barriers and lessons learned.

Strengthen collaboration and partnerships with Title V-funded programs and other programs and grant-funded projects doing similar work to increase knowledge and promote resource utilization and tools to support social connection.

Title V staff and other core team members met monthly throughout the year to plan and collaborate on social connections. Collaboration continued with multiple agencies that were focusing their efforts on social connections including the [Office of Children's Mental Health](#), [Wisconsin Prevention Board](#), and [Wisconsin State Health Improvement Plan \(SHIP\)](#), [Wisconsin Coalition for Social Connection](#), and [Family Foundations Home Visiting Program](#). Collaboration efforts included meeting regularly, planning and networking. Partners were invited to share their social connections work at required quarterly learning community calls for local health agencies.

Learning community calls focused on sharing local, state, and national resources and highlighting programs that would inspire and inform local health agencies. Quarterly learning community calls were rich in discussion and collaboration. During the first call, Dr. Jasmine Zapata, State Epidemiologist for Maternal and Child Health and Chronic Diseases and Chief Medical Officer, with staff from the Maternal Mortality Review Team, joined us to present the [Maternal Mortality Issue Brief - Social Support and Curbing Isolation \(wisconsin.gov\)](#). This issue brief emphasized how critical social support is for new and expecting mothers, positively impacting maternal health outcomes. At the second learning community call, [Providers And Teens Communicating for Health \(PATCH\)](#) shared their [special project for youth to increase social connectedness](#). Title V funded Providers and Teens Communicating for Health to develop a social connections project focusing on youth. They created a funding opportunity for mini grants for youth to address social connections in their communities. The project gave youth experience in writing a grant proposal, complete with budgets and timelines. They funded 12 unique projects spanning across the state. Providers and Teens Communicating for Health also prioritized social connections by training their staff on social connections and bringing the topic to discussions to help foster it. Each learning community call shared resources, reported out on progress, facilitators and barriers and focused on making connections. Learning community calls are recorded and shared out with the participants.

Social connections expertise was shared with the [Family Foundations Home Visiting Program](#) for their 2024 Family Mental Health Wellness continuous quality improvement project. Smart Aim statements were focused on mental health with some activities aligned with social connections such as, "Increase the percentage of time spent outside as a family (5 to 7 days a week) from 58% to 70%. To improve mental health outcomes for families." Support was provided throughout the continuous quality improvement project as needed.

Work with local and Tribal health agencies to assess the need for improvement of social connections within their community.

Twenty-four agencies selected to work on social connections. Most agencies (87.5%) noted that they were working on social connections because it was raised as a priority area in their community health assessment and community health improvement plans. The top four areas of needed improvement were community connections (91.7%), social support (83.3%), social isolation (75.0%) and the family unit (75.0%). Agencies were asked to create an action plan to support their social connection activities. Action plans were developed as a part of their community health improvement plans, in collaboration with partners or based on local surveys. Every agency worked with multiple partners to achieve their goals with 62.5% developing new partnerships. Based on quarterly reporting, partners were engaged with consistent active communication (95.8%), planning and hosting collaborative events (87.5%) and utilizing already existing/long standing relationships (83.3%).

Agencies hosted community events; provided education packages or resources to other organizations, policy makers, or citizens; implemented social media campaigns or marketing; and implemented educational or support group sessions. The

City of DePere noted the importance of engaging their community, “We care and really feel strongly about engaging the community for input (through voting) while promoting social connection resources and the [“Belonging Begins Here campaign.”](#) This project builds upon and strengthens community connections and builds relationships with Wisconsin residents through involving them in decisions and listening to their feedback in a respectful and supportive way.” Southwest Suburban Health Department reached 718 people with their [social connections events](#) in comparison to 175 reached in 2023. They hosted 22 events including family cooking classes and the [West Allis Hope Walk](#). Family cooking classes partnered with the Hunger Task Force to provide families with ingredients for the meal prepared in class and to take home. Post event evaluations indicated that 88.5% of the participants “feel that attending the events reduced their feelings of loneliness/isolation.” Other local health agencies activities included events at local libraries, learning CPR for parents, community baby showers, Parent Cafes, and community trail walks.

In 2023, the Eau Claire City-County Health Department was awarded an 18-month grant that focused on advancing health outcomes in youth in Eau Claire County. The grant was a partnership effort between Eau Claire County youth-serving agencies including the Boys and Girls Clubs of the Greater Chippewa Valley, City of Eau Claire, Eau Claire Area School District, Eau Claire City-County Health Department, Eau Claire County Department of Human Services, and the United Way of the Greater Chippewa Valley. The goals of this grant were to: develop a comprehensive understanding of available local data that focuses on child health issues, assess data, implement an organizational or system-level change based on the data and use this learning to consider sustainable ways to continue to improve child health outcomes in Eau Claire County.

The partnership completed an extensive data review and chose school connectedness as an indicator of focus for the grant period. Key findings included that school connectedness had been declining. The following groups were all less likely to feel like they belong at school than their peers: female students, students with a disability or chronic health condition, students who are food insecure, students of multiple races, students who previously used special education services, student experiencing mental health concerns, and students receiving low grades.

In addition to looking at both qualitative and quantitative data from Eau Claire County, the partnership also worked with nine community agencies, including: At The Roots LLC, Bared Feet, Boys and Girls Clubs of Greater Chippewa Valley, Chippewa Valley LGBTQ Community Center, Eau Claire Area Hmong Mutual Assistance Association, Eau Claire Area School District, Eau Claire Treehouse, JONAH, and Power of Perception to help fund pilot projects that directly addressed school connectedness to at-risk youth in middle and high school.

The agency hosted “Our Youth: A Community Approach Summit,” held on June 13, 2024. In addition to highlighting the work of the nine community agencies, attendees heard from Janessa VandenBerge, Project Manager & Public Health Specialist, on the grant process and indicator of focus data; Linda Hall, Director of Wisconsin’s Office of Children’s Mental Health, on social connectedness; and Paul Schmitz, CEO of Leading Inside Out, on collective impact. In addition, youth serving agencies had the opportunity to collaborate and discuss sustainability options for their continued work.

The agency reports that while the grant has ended, there is continued interest by partners to find ways to work collaboratively on child and youth health issues, using data to guide action.

State Performance Measure 04: Percent of performance measures with family, youth, and community engagement embedded into program and policies

Identify roadblocks to community engagement and develop plans and opportunities to address them.

In 2024, Wisconsin’s Title V program supported local programs in their efforts to optimize family health outcomes and reduce health differences. Starting in 2024, Title V required individualized technical assistance instead of requiring a standardized community engagement assessment tool for each local health agency whose focus in 2024 was reducing health differences and increasing community engagement. This shift toward individualized technical assistance has allowed for context specific goal setting and resource offerings. Twelve local health agencies meet with Smith Research and Consulting for one-on-one quarterly technical assistance appointments, and during quarter one appointments, programs are asked to describe their status with embedding plans and opportunities to address health differences in their work and discuss ways to start or continue this work. The technical assistance provider helps them uncover opportunities for advancing their community engagement strategies through a strengths, weaknesses, opportunities, and threats analysis.

Local programs compile the available community resources and assets they currently have in these appointments to move forward with a realistic action plan. They also co-create goals with the technical assistance provider to follow through on their action plan and decide on evaluation methods to later reflect on and assess if these goals were achieved. Examples of program goals include improving the design of and offerings at community baby shower events to increase attendance, creating an advisory committee to help meet language needs, enhancing staff capacity to reduce health differences through a monthly newsletter and quarterly trainings, and creating Fetal Infant Mortality Review data reports that can be leveraged for local program and policy advocacy.

Of the 12 local programs who are focusing their efforts on this work, final 2024 progress reports revealed the facilitators that help support programs in addressing health differences and increasing community engagement:

- Three quarters (75%) of the agencies shared the value of partnerships and alignment with other agency's efforts
- More than half (67%) of the agencies shared that staff interest is important
- More than half (67%) of the agencies appreciated technical assistance to discuss approaches to their work
- More than half (67%) of the agencies shared that acquiring new resources from technical assistance is helpful
- More than half (58%) of the agencies expressed the importance of staff expertise and helpful resources from the technical assistance provider and their contract administrator
- Half (50%) of the agencies shared the importance of high interest and alignment with providers, community members, other governmental departments, or others
- Half (50%) of the agencies expressed that it is helpful for them to hear the expertise of the technical assistance provider
- A quarter (25%) of the agencies expressed that individualized technical assistance helps them brainstorm new ideas
- A quarter (25%) of the agencies shared that it is helpful to make connections with other programs whose work is like theirs
- Less than half (36%) of the agencies shared the value of learning from other agencies' work and approaches

The progress report also revealed barriers that limit programs from accomplishing their goals:

- All but one (92%) agency shared that staff capacity is a barrier
- More than half (58%) of the agencies expressed they experience competing priorities as a barrier
- Half (50%) of the agencies shared the challenge of lack of funding sources.
- Less than half (42%) of the agencies shared that they experience challenges reaching high-need populations
- Less than half (33%) of the agencies shared lack of trust with communities and collaborating across departments or units as challenges
- A quarter (25%) of the agencies expressed difficulties knowing who is experiencing differences in health in their areas
- A quarter (25%) of the agencies shared that partners' lack of interest is a challenge as well as staff turnover at partner agencies
- Less than a quarter (17%) of the agencies shared programmatic silos as a barrier

To address these barriers moving forward, in 2025, the Title V technical assistance sessions will elevate creative ways to break down silos, help leverage existing partnerships and programs as opportunities to make progress when funding and capacity is limited, support data needs, and share strategies to align interests between program staff and with partner agencies.

Increase family, youth, and community member participation in MCH efforts including but not limited to ongoing MCH Needs Assessment activities.

Wisconsin's Title V program carried out needs assessment data collection activities in 2024. An internal steering committee created a community input survey, organizational input survey, and focus group guide to collect information about family needs across the state. Materials were offered in English, Spanish and Hmong. The public had an opportunity to provide feedback on the initial design of the community input survey in a public forum and a survey, and the Title V program made community input survey changes according to this feedback. Through emails, phone calls, and in person outreach to statewide programs, 2024 data collection efforts reached 2,210 individuals in the community survey, 534 individuals in the organizational survey, and 13 organizations held a total of 18 focus groups with 141 community members, and 284 participants were compensated for their time. The response rates to the community input survey were significantly higher compared to the 2020 needs assessment when the Title V program heard from 360 community members. The successful

rate of needs assessment responses this cycle is reflective of the Title V program's strong commitment in 2024 to reach as many counties and community members as possible through Title V's trusted partnerships across the state. Title V had successfully reached many respondents who had never engaged with the block grant prior to this effort, and this was made possible through community-based organizations who have trusted relationships with community members. The built relationships with ARPA grantee recipients helped with improved response rates, as well. Wisconsin Title V is proud and excited about the 2025 needs assessment findings reflecting more community voices across the state because of this reach.

Between 2023-2025, the Title V program supported a youth, caregiver and family engagement funding opportunity to enhance community engagement in maternal and child health efforts. The three organizations that received funding to focus in this area of work were Cia Siab, Family Voices of Wisconsin, and Public Health Madison and Dane County.

[Cia Siab, Inc.](#) is a service agency supporting victims of institutional and/or interpersonal violence focused on allowing the ability to begin to heal from past traumatic events by providing holistic support services, building trusting relationships, and enabling social connection for the HMoob communities in the La Crosse County area. The intent of the program is to connect HMoob caregivers, primarily mothers, to others who can support them in their times of struggle and revise and further develop workshops where participants can socially connect while being introduced to community resources. Cia Siab, Inc. facilitated a total of eighteen workshops in 2024, collecting information about youth, parent, and caregiver experiences with preconception health, pregnancy, childbirth, and caretaking within the HMoob Community. Feedback received during these workshops provided the ability to revise the perinatal focus group questions and processes throughout the cohort, while emphasizing on cultural knowledge related to pregnancy, childbirth, and parenting. They also focused on revisions to the bilingual workshop materials, adjusted traditional paj ntaub participant sewing patterns, and revised the supply lists utilized to guide these sessions. Cia Siab, Inc. developed and continually evolved per session feedback, most notably for areas of interest related to parents of teens. Transportation, on-site childcare, meals, and a stipend payment was provided for each adult focus group participant. Session attendees were introduced to supportive organizations and resources available to them in the La Crosse area: Great Rivers 211, The Parenting Place, Head Start, and Planned Parenthood. An additional bilingual session focused on the importance of cervical cancer screening. Participants also participated in a "Self-Care Day" that included wellness activities in each series of workshops. The introduction of traditional art of HMoob sewing allowed for connection and creative engagement in a stress-relieving setting. The addition of the adolescent girls with their mothers provided a space for shared healing and personal development as they learned more about the community resources available to them. All participants were invited to attend the quarterly rice pantry food giveaway and additional community engagement events, such as the HMoob American Day event held in May, allowing families to meet with Cia Siab, Inc. advocates to discuss ongoing personal or family needs while connecting as a community. The sessions were of great value in building connections between Cia Siab, Inc. staff and support group participants, noted by participants reaching out additionally to attend the ongoing drop-in-person support group, "Paj Ntaub Circle."

[Family Voices of Wisconsin](#) is a state affiliate of the national Family Voices and the home of Wisconsin's Family-to-Family Health Information Center. They support leadership, advocacy, public policy, education, and training specific to families of children and youth with special health care needs. Serving as Wisconsin's family to family health information center, Family Voices developed the Wisconsin Family Leadership Institute for parents of children and youth with special health care needs. Through the Wisconsin Family Leadership Institute, every participant gains the skills and confidence to be at the table when decisions are made in the community, as part of community advisory groups, or on county or state boards or committees.

The [Public Health Madison Dane County](#) family engagement grant focuses on three main objectives:

Project Objective #1 - Nurse-Family Partnership families and graduates will feel engaged and empowered to help lead the Community Advisory Board elevating their voices to identify opportunities to promote positive maternal child health outcomes.

Public Health Madison Dane County completed four successful Community Advisory Board meetings but decided in early 2024 that it would not be expanding these meetings to include additional members beyond the contracted members and coordinators due to low in-person attendance. This decision allowed greater capacity to host the casual meetups, start conversations on developing a longer-term plan for the Community Advisory Board meetings, and still gain feedback to implement and impact aspects such as doula work. Public Health Madison Dane County began 2024 with contracting four Nurse Family Partnership Community Advisory Board Contractors, however, one individual decided she did not have capacity to continue the contract due to their personal life changes and added responsibilities, subsequently the year ended

with a total of three. Doula support was provided for eight clients through Nurse Family Partnership and Prenatal Care Coordination. In November, collaboration with the Nurse Family Partnership Community Advisory Board Contractor allowed for creation of doula bios for the perinatal nurses to share with families.

Project Objective #2 - Foster relationships and increase social connectedness among Nurse Family Partnership and Prenatal Care Coordination families and graduates.

Public Health Madison Dane County completed a total of three meetups and a Title V Maternal Child Health Needs Assessment Focus Group. The first meetup occurred in March at WiscoKidz and involved families and staff enjoying food and social connection. April's meetup occurred at Kids in the Rotunda (featuring the Lullaby Project) which offered the opportunity for Nurse Family Partnership and Prenatal Care Coordination families to meet and connect with other families in the Dane County community at large. This event had a total of three shows and a large public turnout. Two Community Advisory Board Contractors and the Nurse Family Partnership Lead Worker attended from Public Health Madison Dane County. Structuring the event this way helped Public Health Madison Dane County explore how families use community engagement resources, assess their levels of comfort, and evaluate how Title V can help them to engage in public events. The last meetup occurred at the Henry Vilas Zoo. Forty-three people attended including families, children, and staff. Families organically formed small groups to spend time and get to know each other, fostered by the previous social connections from past Community Advisory Board hosted events earlier in the year.

Connections were enhanced by the inclusion of Russian, Spanish, and French interpreter availability. Public Health Madison Dane County had initially planned to host four casual meetups but due to capacity restraints, decidedly hosted a potluck gathering for families in early 2025. Attendance for meetups ranged from 10-15 Nurse Family Partnership and Prenatal Care Coordination adults.

Project Objective #3 - Increase access to training opportunities related to perinatal child health and community factors that influence health outcomes for staff, families, and graduates from the Nurse-Family Partnership and Prenatal Care Coordination programs.

Public Health Madison Dane County exceeded the number of people who attended relevant trainings/conferences. Four Nurse Family Partnership Community Advisory Board contractors continued their extensive online doula education, with one now in the practical experience phase of their doula education. Shared key highlights from conferences were shared at perinatal meetings, Nurse Family Partnership and Prenatal Care Coordination team meetings and Community Advisory Board Contractor meetings. Public Health Madison Dane County attended the following enrichment opportunities to foster their collaboration and work together:

- Eight staff attended the Fulfilling the Promise conference
- Two staff attended the Safe Healthy Strong Conference
- One staff attended Multicultural Mental health
- One staff attended the Facilitated Attuned Interactions (FAN) training
- Four staff attended Motivational interviewing training
- One staff attended Nurse Family Partnership training
- Four perinatal staff attended the Roots4Change the first Latin American maternal child health conference in Madison
- Three Nurse Family Partnership Community Advisory Board Contractors attended YWCA Racial Justice Summit accompanied by two perinatal Public Health Madison Dane County staff
- Two Nurse Family Partnership Community Advisory Board Contractors attended Black Women's Wellness Day accompanied by two perinatal Public Health Madison Dane County staff
- Three Nurse Family Partnership Community Advisory Board Contractors and two perinatal Public Health Madison Dane County staff attended the 4th Annual Immigration Resources Fair

Cost of attendance for the trainings/conferences were funded in part by this grant, but some trainings/conferences listed were funded through other funding sources. These relevant trainings and conferences were included illustrating the relation to the grant objectives.

Support internal and external stakeholders to incorporate community engagement into standard organizational practice.

Alongside Title V supporting local programs, the Title V program also supports state department staff in their capacity

building to address and reduce health differences and increase community engagement efforts. Minnesota and Wisconsin Title V staff host a monthly collaborative called Minnesota Wisconsin Connections for staff across both state departments to learn about local and statewide success projects that reach, engage with, and center high-risk populations in program design and implementation. Staff are encouraged to engage in discussions during these meetings, and network, so that they can continue to learn from each other's state agencies and local programs. In 2024, this collaborative hosted seven virtual connection events featuring the following programs:

Wisconsin Programs:

- [Maternal Health Innovation Program](#)
- [Padres e Hijos en Acción \(Parents and Children in Action\)](#)
- [People of Progression](#)
- [We All Rise](#)

Minnesota Programs:

- [Birth Justice Collaborative](#)
- [Community Connectors- Follow Along Program](#)
- [Task Force on Pregnancy Health and Substance Use Disorders](#)

The presenters share how their initiative started compared to where they are today, what state and federal agencies can do to support their work, any challenges faced implementing their programs, and other takeaways about families' needs served by their agency. Post-meeting evaluations revealed that 80% of collaborative participants had learned something new that they could incorporate into their Title V programs, and 90% had shared that they learned something new about health differences in Minnesota and Wisconsin from attending the meetings. Wisconsin Minnesota Connections plans to continue to host this collaborative in 2025 and in the next Title V grant cycle.

[Somos Raíces Conference](#) In May 2024, Wisconsin's Family Health Outcomes Quality Improvement Coordinator and Perinatal Nurse Consultant were invited to present maternal and child health information at Somos Raíces: The First Latin American Maternal & Child Health Conference, located in Madison, Wisconsin. This conference was hosted by Roots4Change, a community-based cooperative led by doulas who represent varied nationalities of Latin America and provide pregnancy care and resources for families living in Madison and Dane County. Over 120 professionals and community members registered for the conference, and information was presented in English and Spanish. This conference included plenary and breakout sessions about supporting women through pregnancy, including nutrition and mental health talks, understanding trauma during pregnancy and obstetric violence, policy talks, and more. Wisconsin staff were represented at two plenary sessions, discussing the importance of investing in community doulas, the challenges that Latin American families face during the perinatal care period in the U.S., and the public health initiatives that Wisconsin invests in to improve perinatal care outcomes for Latine communities. Specifically, Wisconsin shared insights about the American Rescue Plan Act (ARPA) funds that were contracted out to support doula training services, including for Roots4Change, and shared the successes of these doula initiatives. The conference was attended by many families with their own unique perinatal care experiences, and the Title V staff who attended gained insight into how the program can improve care services to meet the needs of these families. Wisconsin staff heard from many families at this conference about how investing in doulas for all pregnant women, but especially those with high-risk pregnancies is vital to improve perinatal care outcomes. Some families shared in the questions and answers portions of the plenary and breakout sessions how they would have had serious complications during their pregnancies if it were not for having a doula advocate for them during pregnancy, birth, and postpartum. The Family Health Outcomes Quality Improvement Coordinator continues to support Roots4Change in a project called Jardines de Espacios, where Latine families share their desires for better perinatal care, and Wisconsin staff from both the local and state health department can offer insight into what's possible now, and what Title V can plan to support in the future. This project is ongoing, with the goal of co-creating a final list of strategies for improving perinatal care for Latine families in Wisconsin by the end of 2025.

ALL FAMILIES EXPERIENCE EMOTIONAL AND PHYSICAL SAFETY IN THEIR COMMUNITIES, ARE FREE FROM DISCRIMINATION, AND HAVE THE SOCIAL SUPPORT THEY NEED.

Full details of the plan to address this Priority Need in 2026-2030 are being completed throughout the remainder of 2025. Currently, the 2026 State Action Plan contains the following details:

Objective: Increase the percent of children living in supportive neighborhoods.

Strategies:

1. Support community events and community engagement opportunities.
2. Promote community-level access and coordination of services and resources.

Additional information including accountability measures, specific strategy activities, funded partnerships, and more will be determined by the Title V program in the remainder of 2025.

ALL FAMILIES HAVE ENOUGH FOOD AND ADEQUATE NUTRITION TO LIVE AND THRIVE.

Full details of the plan to address this Priority Need in 2026-2030 are being completed throughout the remainder of 2025. Currently, the 2026 State Action Plan contains the following details:

Objective: Decrease rates of food insecurity in Wisconsin.

Strategy: Support the Food is Medicine movement.

Additional information including accountability measures, specific strategy activities, funded partnerships, and more will be determined by the Title V program in the remainder of 2025.

III.F. Public Input

In 2024, gathering input from the public was largely focused on the upcoming 2025 Title V Needs Assessment and ensuring that the voice of the public was central in developing Wisconsin's priority needs, action plan, and goals and its selection of National Performance Measures (NPMs), State Performance Measures (SPMs), and Evidence-based or -informed Strategy Measures (ESMs) for the upcoming 2026-2030 grant cycle. The Title V program values and encourages families and communities to share their thoughts and feedback about maternal and child health work with Title V program staff.

The Wisconsin Maternal and Child Health Services Title V Block Grant FY 2025 Application / FY 2023 Annual Report ("FY 2025 Application/2023 Annual Report") was shared publicly in mid-July shortly after it was submitted through the online Title V Information System (TVIS), administered by the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB). The FY 2025 Application/2023 Annual Report was posted to the Department of Health Services Webpage on the [Maternal and Child Health \(MCH\) Program \(Title V\)](#) website. Since July of 2024, 1,387 people visited the MCH website while the block grant submission was posted and there were 90 clicks on the submission link.

The Children and Youth with Special Health Care Needs (CYSHCN) Director shared the report directly with the CYSHCN Network, which is comprised of partner organizations, like the five [Children's Resource Centers; Family Voices of Wisconsin](#), Wisconsin's Family-to-Family (F2F) Health Information Center; the [Well Badger Resource Center](#); the two programs that help Wisconsin meet its CYSHCN national performance measure goals [Wisconsin Medical Home Initiative](#) (administered by the [Children's Health Alliance of Wisconsin](#)) and the [Youth Health Transition Initiative](#) (which is based out of the UW-Madison Waisman Center that houses one of the 68 national [UCEDDs](#)); and other Title V funded organizations such as [Connecting Families](#) which provides peer support for families of children with special health care needs; [ABC for Health, Inc.](#) that works to ensure health care access for children and families; and the [Genetics Systems Integration Hub](#) which improve access to genetics services in Wisconsin.

These program partners interface directly with families and community members statewide and help to promote public input on the work outlined in the FY 2025 Application/2023 Annual Report. These partners have a long-standing presence in local Wisconsin communities and as a result, have established trust and developed strong relationships with the public making them a vital resource when the Title V program seeks public input. For example, the Youth Health Transition Initiative sent email blasts to the Wisconsin Community of Practice on Autism Spectrum Disorder and other Developmental Disabilities, which has been gathering for over 16 years and includes families, self-advocates, educators, health care providers, and other community members and professionals from across Wisconsin. The listserv currently has 2,293 members. Another example, in 2024, Family Voice of Wisconsin held a listening session as part of the Circles of Life Conference with approximately 170 participants. Families identified difficulty finding direct caregivers, school and IEP challenges, and community social support and interaction as some of the top barriers and challenges they were facing in 2024 and identified the [Children's Long-Term Support \(CLTS\) Program](#) (a home and community-based support Medicaid waiver program), [Wisconsin Wayfinder](#) (a service that helps families and professionals navigate and get connected to resources available for children and youth, ages 0-21, with delays, disabilities, and special health care needs), and the [Birth to 3 Program](#) (early intervention as mandated by the Individuals with Disabilities Education Act (IDEA)) as the most helpful programs and resources.

The Title V program hosted two public input opportunities in 2024. In March of 2024, the goal of the public forum was for stakeholders to offer their feedback on the survey tool that would be used to collect needs assessment data. A total of 85 attendees represented 56 organizations during the daytime and evening public forums. Another public forum was hosted on June 6, 2024 with the purpose of this forum being to communicate timelines and outline the multifaceted data collection plans that involved survey tools and focus groups. The FY 2025 Application/2023 Annual Report was not yet complete at the time of the public forums. For more details about the public forums refer to the Needs Assessment "Process Description" section of this submission.

Wisconsin has a variety of [Statutory Boards, Committees, and Councils](#) that provide advice about policies and programming that impact the people of Wisconsin. Many of these boards, councils and committees address issues that impact mothers, infants, children, and families such as the [Children Come First Advisory Committee](#), the [Medicaid Advisory Committee](#), the [Wisconsin Council on Mental Health](#), the [Governor's Committee for People with Disabilities](#), the [Council on Birth Defect Prevention and Surveillance](#), and the [Governor's Birth to 3 Program Interagency Coordinating Council](#). In Wisconsin, state councils, as governmental bodies, are subject to [Wis. Stat. § 19.81](#), the state's open meetings rules and are therefore encouraged to facilitate public comment and participation during allotted meeting times. Title V staff routinely attend council and committee meetings to remain informed about current issues being identified and discussed as well as

to communicate updates about matters that affect maternal and child health.

Community and family input is crucial to the success and effectiveness of Wisconsin's Title V program for many reasons. Families and community members have first-hand experience with the challenges and needs facing women, infants, children, and families in their communities. This unique perspective can help to highlight service gaps, barriers to care, and the effectiveness of existing programs. Engaging families and the community in the planning and development stages of Title V work helps ensure that programs and policies are tailored to address the real needs and resonate with the populations Title V is entrusted to serve. Wisconsin recognizes the true value in gathering community and family input on its programs and services and involving those stakeholders in planning and decision making. In the new 2026-2030 grant cycle, the Title V program plans to convene an advisory board consisting solely of community and family members, which will allow them to provide recommendations and guidance to Title V on program policy, effectiveness, operations, and awareness to assure that services are reflective of the needs and voice of the public.

III.G. Technical Assistance

The Wisconsin Title V program does not plan to request technical assistance support from HRSA at this time. To learn more about the Title V programs experience with receiving technical assistance from HRSA in 2024, see the "MCH Success Story" narrative of this submission.

IV. Title V-Medicaid IAA/MOU

The Title V-Medicaid IAA/MOU is uploaded as a PDF file to this section - [20240730 Title V MOU_signed PT.pdf](#)

V. Supporting Documents

No Supporting documents were provided by the state.

VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - [Final Org Chart_2025 Block Grant Submission.pdf](#)

VII. Appendix

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Form 2
MCH Budget/Expenditure Details

State: Wisconsin

	FY 26 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	\$ 11,042,550	
A. Preventive and Primary Care for Children	\$ 3,359,299	(30.4%)
B. Children with Special Health Care Needs	\$ 3,381,150	(30.6%)
C. Title V Administrative Costs	\$ 154,008	(1.4%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	\$ 6,894,457	
3. STATE MCH FUNDS (Item 18c of SF-424)	\$ 4,140,957	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	\$ 4,140,956	
5. OTHER FUNDS (Item 18e of SF-424)	\$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	\$ 0	
7. TOTAL STATE MATCH (Lines 3 through 6)	\$ 8,281,913	
A. Your State's FY 1989 Maintenance of Effort Amount \$ 4,721,800		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	\$ 19,324,463	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.		
10. OTHER FEDERAL FUNDS(Subtotal of all funds under item 9)	\$ 0	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	\$ 19,324,463	

OTHER FEDERAL FUNDS

FY 26 Application Budgeted

No Other Federal Programs were provided by the State on Form 2 Line 9.

	FY 24 Annual Report Budgeted		FY 24 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	\$ 16,054,426 (FY 24 Federal Award: \$ 11,213,179)		\$ 11,073,342	
A. Preventive and Primary Care for Children	\$ 5,297,961	(33%)	\$ 4,760,697	(42.9%)
B. Children with Special Health Care Needs	\$ 5,297,961	(33%)	\$ 3,425,211	(30.9%)
C. Title V Administrative Costs	\$ 226,052	(1.4%)	\$ 148,454	(1.4%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	\$ 10,821,974		\$ 8,334,362	
3. STATE MCH FUNDS (Item 18c of SF-424)	\$ 6,983,676		\$ 3,829,493	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	\$ 5,057,144		\$ 4,580,391	
5. OTHER FUNDS (Item 18e of SF-424)	\$ 0		\$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	\$ 0		\$ 0	
7. TOTAL STATE MATCH (Lines 3 through 6)	\$ 12,040,820		\$ 8,409,884	
A. Your State's FY 1989 Maintenance of Effort Amount \$ 4,721,800				
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	\$ 28,095,246		\$ 19,483,226	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.				
10. OTHER FEDERAL FUNDS (Subtotal of all funds under item 9)	\$ 335,000		\$ 335,000	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	\$ 28,430,246		\$ 19,818,226	

OTHER FEDERAL FUNDS	FY 24 Annual Report Budgeted	FY 24 Annual Report Expended
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Early Hearing Detection and Intervention (EHDI) State Programs	\$ 235,000	\$ 235,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	\$ 100,000	\$ 100,000

Form Notes for Form 2:

None

Field Level Notes for Form 2:

1.	Field Name:	1.FEDERAL ALLOCATION
	Fiscal Year:	2024
	Column Name:	Annual Report Expended
	Field Note:	The budgeted dollar amount provided was an estimate. While the budgeted amount was \$16,054,426, Wisconsin only received a total of \$11,213,179 in funding. Therefore, we only spent what was received
2.	Field Name:	Federal Allocation, A. Preventive and Primary Care for Children:
	Fiscal Year:	2024
	Column Name:	Annual Report Expended
	Field Note:	In 2024, some work for the Newborn Screening Program that had been previously funded by Title V was shifted to the general purpose revenue (state-funded source), which reducing the federal dollar amount spend in the CYSHCN category for 2024.
3.	Field Name:	Federal Allocation, B. Children with Special Health Care Needs:
	Fiscal Year:	2024
	Column Name:	Annual Report Expended
	Field Note:	In 2024, some Newborn screening work that had historically be counted under CYSHCN was moved to a state-funded program, reducing the federal dollar amount spend in the CYSHCN category.
4.	Field Name:	Federal Allocation, C. Title V Administrative Costs:
	Fiscal Year:	2024
	Column Name:	Annual Report Expended
	Field Note:	The amount provided was an estimate. Reduced administrative spending occurred than was originally estimated in the budget
5.	Field Name:	3. STATE MCH FUNDS
	Fiscal Year:	2024
	Column Name:	Annual Report Expended
	Field Note:	The budgeted amount provided was an estimate. This amount reflects the actual state level contribution that was able to be made in 2024

Data Alerts: None

Form 3a
Budget and Expenditure Details by Types of Individuals Served
 State: Wisconsin

I. TYPES OF INDIVIDUALS SERVED

IA. Federal MCH Block Grant	FY 26 Application Budgeted	FY 24 Annual Report Expended
1. Pregnant Women	\$ 1,382,698	\$ 912,993
2. Infants < 1 year	\$ 1,382,697	\$ 912,993
3. Children 1 through 21 Years	\$ 3,359,299	\$ 4,760,697
4. CSHCN	\$ 3,381,150	\$ 3,425,211
5. All Others	\$ 1,382,698	\$ 912,994
Federal Total of Individuals Served	\$ 10,888,542	\$ 10,924,888

IB. Non-Federal MCH Block Grant	FY 26 Application Budgeted	FY 24 Annual Report Expended
1. Pregnant Women	\$ 920,212	\$ 934,431
2. Infants < 1 year	\$ 920,212	\$ 934,431
3. Children 1 through 21 Years	\$ 2,760,638	\$ 2,803,295
4. CSHCN	\$ 2,760,638	\$ 2,803,295
5. All Others	\$ 920,213	\$ 934,432
Non-Federal Total of Individuals Served	\$ 8,281,913	\$ 8,409,884
Federal State MCH Block Grant Partnership Total	\$ 19,170,455	\$ 19,334,772

Form Notes for Form 3a:

None

Field Level Notes for Form 3a:

None

Data Alerts: None

Form 3b
Budget and Expenditure Details by Types of Services
State: Wisconsin

II. TYPES OF SERVICES

IIA. Federal MCH Block Grant	FY 26 Application Budgeted	FY 24 Annual Report Expended
1. Direct Services	\$ 0	\$ 0
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	\$ 0	\$ 0
B. Preventive and Primary Care Services for Children	\$ 0	\$ 0
C. Services for CSHCN	\$ 0	\$ 0
2. Enabling Services	\$ 5,521,275	\$ 2,208,750
3. Public Health Services and Systems	\$ 5,521,275	\$ 8,864,592
4. Select the types of Federally-supported "Direct Services", as reported in II.A.1. Provide the total amount of Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		\$ 0
Physician/Office Services		\$ 0
Hospital Charges (Includes Inpatient and Outpatient Services)		\$ 0
Dental Care (Does Not Include Orthodontic Services)		\$ 0
Durable Medical Equipment and Supplies		\$ 0
Laboratory Services		\$ 0
Direct Services Line 4 Expended Total		\$ 0
Federal Total	\$ 11,042,550	\$ 11,073,342

IIB. Non-Federal MCH Block Grant	FY 26 Application Budgeted	FY 24 Annual Report Expended
1. Direct Services	\$ 0	\$ 0
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	\$ 0	\$ 0
B. Preventive and Primary Care Services for Children	\$ 0	\$ 0
C. Services for CSHCN	\$ 0	\$ 0
2. Enabling Services	\$ 0	\$ 0
3. Public Health Services and Systems	\$ 8,281,913	\$ 8,409,884
4. Select the types of Non-Federally-supported "Direct Services", as reported in II.B.1. Provide the total amount of Non-Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		\$ 0
Physician/Office Services		\$ 0
Hospital Charges (Includes Inpatient and Outpatient Services)		\$ 0
Dental Care (Does Not Include Orthodontic Services)		\$ 0
Durable Medical Equipment and Supplies		\$ 0
Laboratory Services		\$ 0
Direct Services Line 4 Expended Total		\$ 0
Non-Federal Total	\$ 8,281,913	\$ 8,409,884

Form Notes for Form 3b:

None

Field Level Notes for Form 3b:

None

Form 4
Number and Percentage of Newborns and Others Screened Cases Confirmed and Treated

State: Wisconsin

Total Births by Occurrence: 59,499

Data Source Year: 2024

1. Core RUSP Conditions

Program Name	(A) Aggregate Total Number Receiving at Least One Valid Screen	(B) Aggregate Total Number of Out-of-Range Results	(C) Aggregate Total Number Confirmed Cases	(D) Aggregate Total Number Referred for Treatment
Core RUSP Conditions	59,389 (99.8%)	1,434	295	295 (100.0%)

Program Name(s)				
3-Hydroxy-3-Methylglutaric Aciduria	3-Methylcrotonyl-Coa Carboxylase Deficiency	Argininosuccinic Aciduria	Biotinidase Deficiency	Carnitine Uptake Defect/Carnitine Transport Defect
Citrullinemia, Type I	Classic Galactosemia	Classic Phenylketonuria	Congenital Adrenal Hyperplasia	Critical Congenital Heart Disease
Cystic Fibrosis	Glutaric Acidemia Type I	Glycogen Storage Disease Type II (Pompe)	Hearing Loss	Holocarboxylase Synthase Deficiency
Homocystinuria	Isovaleric Acidemia	Long-Chain L-3 Hydroxyacyl-Coa Dehydrogenase Deficiency	Maple Syrup Urine Disease	Medium-Chain Acyl-Coa Dehydrogenase Deficiency
Methylmalonic Acidemia (Cobalamin Disorders)	Methylmalonic Acidemia (Methylmalonyl-Coa Mutase)	Primary Congenital Hypothyroidism	Propionic Acidemia	S, Beta-Thalassemia
S,C Disease	S,S Disease (Sickle Cell Anemia)	Severe Combined Immunodeficiencies	Spinal Muscular Atrophy Due To Homozygous Deletion Of Exon 7 In SMN1	β-Ketothiolase Deficiency
Trifunctional Protein Deficiency	Tyrosinemia, Type I	Very Long-Chain Acyl-Coa Dehydrogenase Deficiency		

2. Other Newborn Screening Tests

None

3. Screening Programs for Older Children & Women

None

4. Long-Term Follow-Up

The Wisconsin State Laboratory of Hygiene and the WI Newborn Screening Program (NBS) partner to work with primary care providers, audiologists, and congenital condition experts to assure all children with identified conditions enter into appropriate care. By statute, Wisconsin provides special dietary treatment products at no charge for life to individuals identified with Cystic Fibrosis and metabolic conditions. The NBS contracts with clinical centers to provide a medical home for patients with metabolic conditions, cystic fibrosis, and hemoglobinopathies. In addition to providing care to patients, these centers assist children and families in transitioning to adult care and document their ongoing clinical care interactions in REDCap. The Wisconsin Sound Beginnings program works to ensure that all families have equal access to a seamless system of early and continuous hearing screening, skilled and timely diagnostics, and quality interventions.

Form Notes for Form 4:

None

Field Level Notes for Form 4:

1.	Field Name:	Total Births by Occurrence
	Fiscal Year:	2024
	Column Name:	Total Births by Occurrence Notes
	Field Note:	From Vital Records (reported births that occurred in WI and was provisional at the time of reporting)
2.	Field Name:	Core RUSP Conditions - Total Number of Out-of-Range Results
	Fiscal Year:	2024
	Column Name:	Core RUSP Conditions
	Field Note:	Blood: 437 CCHD: 341 (82 infants had failing results for the screen. 259 were not screened and had confirmed heart disease selected as the reason why they did not receive screening.) Hearing: 656
3.	Field Name:	Core RUSP Conditions - Total Number Confirmed Cases
	Fiscal Year:	2024
	Column Name:	Core RUSP Conditions
	Field Note:	Blood: 121 (Only conditions on the RUSP list below were included in this count. Other conditions identified through screening were excluded. CF carriers were excluded.) CCHD: 66 Hearing: 108
4.	Field Name:	Core RUSP Conditions - Total Number Referred For Treatment
	Fiscal Year:	2024
	Column Name:	Core RUSP Conditions
	Field Note:	Blood: 121 CCHD: 66 Hearing: 108

Data Alerts: None

Form 5
Count of Individuals Served by Title V & Total Percentage of Populations Served by Title V

State: Wisconsin
Annual Report Year 2024

Form 5a – Count of Individuals Served by Title V
(Direct & Enabling Services Only)

Types Of Individuals Served	(A) Title V Total Served	Primary Source of Coverage				
		(B) Title XIX %	(C) Title XXI %	(D) Private / Other %	(E) None %	(F) Unknown %
1. Pregnant Women	825	33.7	0.0	61.0	4.3	1.0
2. Infants < 1 Year of Age	59,024	33.7	0.0	61.0	4.3	1.0
3. Children 1 through 21 Years of Age	33,183	31.8	0.0	62.1	6.1	0.0
3a. Children with Special Health Care Needs 0 through 21 years of age^	20,157	49.1	0.0	49.6	1.3	0.0
4. Others	3,845	11.9	0.0	84.9	3.2	0.0
Total	96,877					

Form 5b – Total Percentage of Populations Served by Title V
(Direct, Enabling, and Public Health Services and Systems)

Populations Served by Title V	Reference Data	Used Reference Data?	Denominator	Total % Served	Form 5b Count (Calculated)	Form 5a Count
1. Pregnant Women	59,754	No	59,504	1.4	833	825
2. Infants < 1 Year of Age	59,504	Yes	59,504	99.2	59,028	59,024
3. Children 1 through 21 Years of Age	1,504,196	Yes	1,504,196	2.3	34,597	33,183
3a. Children with Special Health Care Needs 0 through 21 years of age^	411,264	Yes	411,264	6.2	25,498	20,157
4. Others	4,347,212	Yes	4,347,212	0.1	4,347	3,845

^Represents a subset of all infants and children.

Form Notes for Form 5:

Form is complete

Field Level Notes for Form 5a:

1.	Field Name:	Pregnant Women Total Served
	Fiscal Year:	2024
	Field Note:	Dual Protection (contraceptive care and STI testing) + Well Badger (MCH hotline for info, access and referral); Insurance estimates: 2024 provisional birth data
2.	Field Name:	Infants Less Than One Year Total Served
	Fiscal Year:	2024
	Field Note:	Data Source: 2024 provisional birth data, Count includes number of newborns who received newborn screening in WI. Wisconsin considers any infant who receives a new born screening to have been served by the Title V program
3.	Field Name:	Children 1 through 21 Years of Age
	Fiscal Year:	2024
	Field Note:	Count includes: dual protection (contraceptive care and STI testing) clinics, schools served by the physical activity and nutrition program, developmental screening and Well Badger (MCH hotline for info, referral, and access). Insurance estimates: 2022-2023 NSCH This does not include CYSHCN
4.	Field Name:	Children with Special Health Care Needs 0 through 21 Years of Age
	Fiscal Year:	2024
	Field Note:	Count includes: CYSHCN program data which includes children served through the children's resource centers, health benefits coordination, Well Badger (MCH hotline for info, access and referral), family peer support, child psychiatric consultation line, dual protection clinics (contraceptive care and STI testing), newborn screening follow-up, trainings, videos, and mass communications such as letters listservs and newsletters, Insurance estimates: 2022-2023 NSCH, special health care needs status (expanded criteria)
5.	Field Name:	Others
	Fiscal Year:	2024
	Field Note:	Dual Protection (contraceptive care and STI testing); Well Badger age data was not available this year; Insurance estimates: Family Health Survey Data (Year 2023)

Field Level Notes for Form 5b:

1.	Field Name:	Pregnant Women Total % Served
	Fiscal Year:	2024
	Field Note:	Data Source: 2024 provisional birth data, number of birth certificates filed by WI facilities. Numerator includes

Data Source: 2024 provisional birth data, number of birth certificates filed by WI facilities. Numerator includes pregnant women served by dual protection clinics (dual protection clinics= contraceptive care and STI testing) and pregnant women served by the MCH hotline for access, info and referral

2.	Field Name:	Pregnant Women Denominator
	Fiscal Year:	2024
	Field Note:	Data is correct
3.	Field Name:	Infants Less Than One Year Total % Served
	Fiscal Year:	2024
	Field Note:	Data Source: 2024 provisional birth data, numerator includes number of newborns who received newborn screening in WI. Wisconsin considers any infant who receives a new born screening to have been served by the Title V program
4.	Field Name:	Children 1 through 21 Years of Age Total % Served
	Fiscal Year:	2024
	Field Note:	Numerator includes=dual protection (contraceptive care and STI testing) clinics, schools served by the physical activity and nutrition program, developmental screening and the MCH hotline for info, referral, and access. This does not include CYSHCN
5.	Field Name:	Children with Special Health Care Needs 0 through 21 Years of Age Total % Served
	Fiscal Year:	2024
	Field Note:	Data is correct. Numerator includes= CYSHCN served through the children's resource centers, health benefits coordination, MCH hotline, family peer support, child psychiatric consultation line, dual protection clinics (contraceptive care and STI testing), newborn screening follow-up, trainings, videos, and mass communications such as letters listservs and newsletters
6.	Field Name:	Others Total % Served
	Fiscal Year:	2024
	Field Note:	Numerator=dual protection clinics (contraceptive care and STI testing)

Data Alerts:

1.	Pregnant Women, Form 5a Count is greater than or equal to 90% of the Form 5b Count (calculated). Please check that population based services have been included in the 5b Count and not in the 5a Count.
2.	Infants Less Than One Year, Form 5a Count is greater than or equal to 90% of the Form 5b Count (calculated). Please check that population based services have been included in the 5b Count and not in the 5a Count.
3.	Children 1 through 21 Years of Age, Form 5a Count is greater than or equal to 90% of the Form 5b Count (calculated). Please check that population based services have been included in the 5b Count and not in the 5a Count.

Form 6
Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX

State: Wisconsin

Annual Report Year 2024

I. Unduplicated Count by Race/Ethnicity

	(A) Total	(B) Non- Hispanic White	(C) Non- Hispanic Black or African American	(D) Hispanic	(E) Non- Hispanic American Indian or Native Alaskan	(F) Non- Hispanic Asian	(G) Non- Hispanic Native Hawaiian or Other Pacific Islander	(H) Non- Hispanic Multiple Race	(I) Other & Unknown
1. Total Deliveries in State	59,504	40,731	5,441	8,257	450	2,716	0	1,465	444
Title V Served	59,474	40,423	5,836	8,194	445	2,702	0	1,448	426
Eligible for Title XIX	20,178	8,507	3,904	5,494	289	990	0	740	254
2. Total Infants in State	59,504	40,731	5,441	8,257	450	2,716	0	1,465	444
Title V Served	59,474	40,423	5,836	8,194	445	2,702	0	1,448	426
Eligible for Title XIX	20,178	8,507	3,904	5,494	289	990	0	740	254

Form Notes for Form 6:

None

Field Level Notes for Form 6:

1.	Field Name:	1. Total Deliveries in State
	Fiscal Year:	2024
	Column Name:	Total
	Field Note:	Data Source: Birth Records (number of birth certificates filed by Wisconsin facilities), 2024 provisional data; Combined Other Asian/Pacific Islander with Laotian/Hmong to get Asian total
2.	Field Name:	1. Title V Served
	Fiscal Year:	2024
	Column Name:	Total
	Field Note:	Data Source: Birth Records, 2024 provisional data; number of infants who received newborn screening in Wisconsin; Combined Other Asian/Pacific Islander with Laotian/Hmong to get Asian total
3.	Field Name:	1. Eligible for Title XIX
	Fiscal Year:	2024
	Column Name:	Total
	Field Note:	Data Source: Birth Records (number of birth certificates filed by Wisconsin facilities), 2024 provisional data; Combined Other Asian/Pacific Islander with Laotian/Hmong to get Asian total
4.	Field Name:	2. Total Infants in State
	Fiscal Year:	2024
	Column Name:	Total
	Field Note:	Data Source: Birth Records (number of birth certificates filed by Wisconsin facilities), 2024 provisional data; Combined Other Asian/Pacific Islander with Laotian/Hmong to get Asian total
5.	Field Name:	2. Title V Served
	Fiscal Year:	2024
	Column Name:	Total
	Field Note:	Data Source: Birth Records, 2024 provisional data; number of infants who received newborn screening in Wisconsin; Combined Other Asian/Pacific Islander with Laotian/Hmong to get Asian total

6. **Field Name:** **2. Eligible for Title XIX**

Fiscal Year: **2024**

Column Name: **Total**

Field Note:

Data Source: Birth Records (number of birth certificates filed by Wisconsin facilities), 2024 provisional data;
Combined Other Asian/Pacific Islander with Laotian/Hmong to get Asian total

Form 7
Title V Program Workforce
State: Wisconsin

Form 7 Entry Page

A. Title V Program Workforce FTEs	
Title V Funded Positions	
1. Total Number of FTEs	28.89
1a. Total Number of FTEs (State Level)	25.84
1b. Total Number of FTEs (Local Level)	3.05
2. Total Number of MCH Epidemiology FTEs (subset of A. 1)	3.50
3. Total Number of FTEs eliminated in the past 12 months	0
4. Total Number of Current Vacant FTEs	5
4a. Total Number of Vacant MCH Epidemiology FTEs	1
5. Total Number of FTEs onboarded in the past 12 months	7
B. Training Needs (Optional)	
No training needs were reported by the state.	

Form Notes for Form 7:

None

Field Level Notes for Form 7:

None

Form 8
State MCH and CSHCN Directors Contact Information

State: Wisconsin

1. Title V Maternal and Child Health (MCH) Director	
Name	Katrina Heche
Title	Title V MCH Director
Address 1	1 West Wilson
Address 2	
City/State/Zip	Madison / WI / 53703
Telephone	(608) 504-1336
Extension	
Email	katrina.heche@dhs.wisconsin.gov

2. Title V Children with Special Health Care Needs (CSHCN) Director	
Name	Michelle Lund
Title	Title V CYSHCN Director
Address 1	1 West Wilson
Address 2	
City/State/Zip	Madison / WI / 53703
Telephone	(608) 250-0124
Extension	
Email	michellem.lund@dhs.wisconsin.gov

3. State Family Leader (Optional)

Name	Mandy Quainoo
Title	Newborn Screening Follow-through Coordinator
Address 1	1 West Wilson
Address 2	
City/State/Zip	Madison / WI / 53703
Telephone	(608) 335-4146
Extension	
Email	amanda.quainoo@dhs.wisconsin.gov

4. State Youth Leader (Optional)

Name	
Title	
Address 1	
Address 2	
City/State/Zip	
Telephone	
Extension	
Email	

5. SSDI Project Director

Name	Leah Eckstein
Title	Family Health Section Manager
Address 1	1 West Wilson
Address 2	
City/State/Zip	Madison / WI / 53703
Telephone	(715) 365-2708
Extension	
Email	leahm.eckstein@dhs.wisconsin.gov

6. State MCH Toll-Free Telephone Line

State MCH Toll-Free "Hotline" Telephone Number	(800) 642-7837
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Form Notes for Form 8:

None

Form 9
List of Priority Needs – Needs Assessment Year

State: Wisconsin

Application Year 2026

No.	Priority Need	Priority Need Type (New, Revised or Continued Priority Need for this five-year reporting period)
1.	All women experience the safe and stable supports they need to live and thrive from preconception through 12 months postpartum.	New
2.	All infants experience the safe and stable supports they need to live and thrive starting from birth to celebrating their first birthday.	New
3.	All women of reproductive age have nearby and affordable contraceptive care options and have safe, positive sexual experiences.	New
4.	All children and their families experience timely, nearby, uncomplicated, coordinated care and supports to live and thrive.	New
5.	All adolescents have the reliable, timely, nearby mental health supports that they need, and are free from the harms of untreated mental health conditions.	New
6.	All children and youth with special health care needs and their families experience timely, nearby, uncomplicated, coordinated supports to live and thrive.	New
7.	All families experience emotional and physical safety in their communities, are free from discrimination, and have the social support they need.	New
8.	All families have enough food and adequate nutrition to live and thrive.	New

Form Notes for Form 9:

None

Field Level Notes for Form 9:

None

**Form 10
National Outcome Measures (NOMs)**

State: Wisconsin

Form Notes for Form 10 NPMs, NOMs, SPMs, SOMs, and ESMs.

Measure has been replaced by new measure for the 2026 - 2030 cycle

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

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	76.0	3.7	428	56,319
2021	77.4	3.7	450	58,122
2020	79.3	3.7	453	57,147
2019	65.4	3.3	391	59,814
2018	62.3	3.3	369	59,238
2017	54.9	3.0	340	61,935
2016	61.3	3.1	392	63,933
2015	49.1	3.2	238	48,467
2014	47.1	2.7	302	64,130
2013	45.9	2.7	293	63,782
2012	48.3	2.7	312	64,558
2011	43.0	2.6	281	65,306
2010	42.8	2.6	282	65,889
2009	47.2	2.6	323	68,450
2008	50.4	2.7	351	69,689

Legends:

 Indicator has a numerator ≤10 and is not reportable

 Indicator has a numerator <20 and should be interpreted with caution

NOM SMM - Notes:

None

Data Alerts: None

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

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2023	16.4	2.3	50	305,448
2018_2022	13.2	2.1	41	309,792
2017_2021	10.8	1.9	34	314,718
2016_2020	9.7	1.7	31	319,552
2015_2019	8.6	1.6	28	325,999
2014_2018	9.7	1.7	32	329,890

Legends:

- Indicator has a numerator <10 and is not reportable
- Indicator has a numerator <20 and should be interpreted with caution

NOM MM - Notes:

None

Data Alerts: None

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

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	9.9	0.2	1,882	190,248
2022	9.8	0.2	1,832	187,112
2021	10.1	0.2	1,906	189,414
2020	11.5	0.3	2,113	184,120
2019	12.5	0.3	2,318	184,817
2018	13.0	0.3	2,406	185,188
2017	13.8	0.3	2,564	186,254
2016	15.0	0.3	2,808	186,790
2015	16.2	0.3	3,040	187,109
2014	18.0	0.3	3,378	187,412
2013	19.5	0.3	3,692	188,862
2012	21.8	0.3	4,159	190,766
2011	23.3	0.4	4,504	193,311
2010	26.2	0.4	5,100	194,468
2009	29.4	0.4	5,798	197,064

Legends:

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

NOM TB - Notes:

None

Data Alerts: None

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

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	7.8 %	0.1 %	4,685	59,709
2022	8.0 %	0.1 %	4,813	60,024
2021	7.7 %	0.1 %	4,756	61,749
2020	7.7 %	0.1 %	4,665	60,550
2019	7.6 %	0.1 %	4,788	63,204
2018	7.7 %	0.1 %	4,935	64,039
2017	7.7 %	0.1 %	4,968	64,931
2016	7.4 %	0.1 %	4,925	66,574
2015	7.3 %	0.1 %	4,870	66,992
2014	7.3 %	0.1 %	4,911	67,125
2013	7.0 %	0.1 %	4,668	66,616
2012	7.1 %	0.1 %	4,809	67,262
2011	7.2 %	0.1 %	4,876	67,779
2010	7.0 %	0.1 %	4,818	68,456
2009	7.1 %	0.1 %	5,027	70,817

Legends:

🚫 Indicator has a numerator <10 and is not reportable

⚡ Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM LBW - Notes:

None

Data Alerts: None

NOM - Percent of preterm births (<37 weeks gestation) - PTB

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	9.9 %	0.1 %	5,922	59,692
2022	10.3 %	0.1 %	6,157	59,994
2021	10.0 %	0.1 %	6,173	61,727
2020	9.9 %	0.1 %	6,013	60,545
2019	10.1 %	0.1 %	6,366	63,226
2018	9.9 %	0.1 %	6,348	64,045
2017	9.6 %	0.1 %	6,260	64,917
2016	9.6 %	0.1 %	6,385	66,576
2015	9.4 %	0.1 %	6,271	66,878
2014	9.2 %	0.1 %	6,163	67,041
2013	9.0 %	0.1 %	5,964	66,519
2012	9.4 %	0.1 %	6,335	67,178
2011	9.3 %	0.1 %	6,281	67,735
2010	8.2 %	0.1 %	5,640	68,424
2009	8.2 %	0.1 %	5,792	70,749

Legends:

🚫 Indicator has a numerator <10 and is not reportable

⚡ Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM PTB - Notes:

None

Data Alerts: None

NOM - Stillbirth rate per 1,000 live births plus fetal deaths - SB

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	5.3	0.3	320	60,369
2021	5.2	0.3	321	62,102
2020	5.2	0.3	317	60,911
2019	5.4	0.3	342	63,612
2018	5.1	0.3	330	64,428
2017	4.7	0.3	306	65,281
2016	5.0	0.3	332	66,947
2015	5.1	0.3	342	67,383
2014	4.9	0.3	330	67,491
2013	5.1	0.3	343	66,992
2012	5.6	0.3	378	67,673
2011	5.4	0.3	368	68,178
2010	5.2	0.3	361	68,848
2009	5.0	0.3	355	71,198

Legends:

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

NOM SB - Notes:

None

Data Alerts: None

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

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	5.4	0.3	325	60,197
2021	5.5	0.3	342	61,956
2020	6.4	0.3	390	60,775
2019	6.1	0.3	386	63,450
2018	5.5	0.3	355	64,262
2017	5.7	0.3	368	65,129
2016	5.8	0.3	387	66,771
2015	5.6	0.3	379	67,199
2014	5.9	0.3	400	67,329
2013	6.2	0.3	411	66,818
2012	6.2	0.3	419	67,495
2011	6.6	0.3	448	68,017
2010	5.9	0.3	402	68,678
2009	5.8	0.3	409	71,021

Legends:

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

NOM PNM - Notes:

None

Data Alerts: None

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

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	5.8	0.3	348	60,049
2021	5.4	0.3	331	61,781
2020	5.9	0.3	360	60,594
2019	5.9	0.3	371	63,270
2018	6.1	0.3	392	64,098
2017	6.4	0.3	415	64,975
2016	6.3	0.3	420	66,615
2015	5.8	0.3	389	67,041
2014	5.7	0.3	384	67,161
2013	6.3	0.3	417	66,649
2012	5.7	0.3	382	67,295
2011	6.2	0.3	423	67,810
2010	5.8	0.3	400	68,487
2009	6.0	0.3	424	70,843

Legends:

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

NOM IM - Notes:

None

Data Alerts: None

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

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	3.6	0.3	217	60,049
2021	3.5	0.2	216	61,781
2020	4.2	0.3	255	60,594
2019	4.0	0.3	253	63,270
2018	3.9	0.3	247	64,098
2017	4.0	0.3	263	64,975
2016	4.3	0.3	284	66,615
2015	4.0	0.3	269	67,041
2014	4.1	0.3	274	67,161
2013	4.5	0.3	299	66,649
2012	4.1	0.3	276	67,295
2011	4.2	0.3	287	67,810
2010	3.9	0.2	265	68,487
2009	4.0	0.2	281	70,843

Legends:

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

NOM IM-Neonatal - Notes:

None

Data Alerts: None

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

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	2.2	0.2	131	60,049
2021	1.9	0.2	115	61,781
2020	1.7	0.2	105	60,594
2019	1.9	0.2	118	63,270
2018	2.3	0.2	145	64,098
2017	2.3	0.2	152	64,975
2016	2.0	0.2	136	66,615
2015	1.8	0.2	120	67,041
2014	1.6	0.2	110	67,161
2013	1.8	0.2	118	66,649
2012	1.6	0.2	106	67,295
2011	2.0	0.2	136	67,810
2010	2.0	0.2	135	68,487
2009	2.0	0.2	143	70,843

Legends:

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

NOM IM-Postneonatal - Notes:

None

Data Alerts: None

NOM - Preterm-related mortality rate per 100,000 live births - IM-Preterm Related
Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	181.5	17.4	109	60,049
2021	182.9	17.2	113	61,781
2020	226.1	19.3	137	60,594
2019	218.1	18.6	138	63,270
2018	198.1	17.6	127	64,098
2017	229.3	18.8	149	64,975
2016	217.7	18.1	145	66,615
2015	208.8	17.7	140	67,041
2014	217.4	18.0	146	67,161
2013	225.1	18.4	150	66,649
2012	209.5	17.7	141	67,295
2011	227.1	18.3	154	67,810
2010	210.3	17.5	144	68,487
2009	225.9	17.9	160	70,843

Legends:

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

NOM IM-Preterm Related - Notes:

None

Data Alerts: None

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

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	84.9	11.9	51	60,049
2021	80.9	11.5	50	61,781
2020	87.5	12.0	53	60,594
2019	88.5	11.8	56	63,270
2018	106.1	12.9	68	64,098
2017	115.4	13.3	75	64,975
2016	78.1	10.8	52	66,615
2015	74.6	10.6	50	67,041
2014	75.9	10.6	51	67,161
2013	60.0	9.5	40	66,649
2012	80.2	10.9	54	67,295
2011	84.1	11.1	57	67,810
2010	94.9	11.8	65	68,487
2009	81.9	10.8	58	70,843

Legends:

 Indicator has a numerator <10 and is not reportable

 Indicator has a numerator <20 and should be interpreted with caution

NOM IM-SUID - Notes:

None

Data Alerts: None

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

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	5.0	0.3	283	56,447
2021	5.5	0.3	320	58,264
2020	6.4	0.3	365	57,303
2019	6.6	0.3	396	59,960
2018	7.2	0.4	429	59,753
2017	8.5	0.4	535	62,588
2016	7.8	0.4	503	64,667
2015	7.9	0.4	387	49,035
2014	7.6	0.3	492	65,012
2013	8.0	0.4	518	64,458
2012	5.8	0.3	381	65,460
2011	5.4	0.3	359	66,200
2010	4.1	0.3	271	66,701
2009	3.0	0.2	206	69,343
2008	2.5	0.2	177	70,503

Legends:

🚫 Indicator has a numerator ≤10 and is not reportable

⚡ Indicator has a numerator <20 and should be interpreted with caution

NOM NAS - Notes:

None

Data Alerts: None

NOM - Percent of children meeting the criteria developed for school readiness - SR

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

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	71.7 %	3.1 %	130,411	181,979

Legends:

🚫 Indicator has an unweighted denominator <30 and is not reportable

⚡ Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM SR - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year - TDC

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

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	12.7 %	1.2 %	149,944	1,180,649
2021_2022	13.3 %	1.1 %	158,538	1,188,828
2020_2021	12.1 %	0.7 %	144,427	1,191,633
2019_2020	10.2 %	1.1 %	121,918	1,195,260
2018_2019	11.3 %	1.5 %	135,486	1,195,444
2017_2018	11.0 %	1.5 %	131,836	1,201,925
2016_2017	9.6 %	1.1 %	114,728	1,195,784

Legends:

🚩 Indicator has an unweighted denominator <30 and is not reportable

⚡ Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM TDC - Notes:

None

Data Alerts: None

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

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	18.7	1.8	111	593,360
2022	21.3	1.9	126	591,260
2021	13.8	1.5	84	607,084
2020	15.0	1.6	91	608,024
2019	18.1	1.7	111	614,370
2018	14.8	1.6	92	619,593
2017	14.6	1.5	91	623,580
2016	17.0	1.7	107	628,170
2015	14.8	1.5	94	633,664
2014	14.7	1.5	94	637,291
2013	15.2	1.5	98	643,596
2012	14.3	1.5	93	649,683
2011	16.0	1.6	104	651,354
2010	16.1	1.6	106	657,614
2009	14.5	1.5	95	655,574

Legends:

🚫 Indicator has a numerator <10 and is not reportable

⚡ Indicator has a numerator <20 and should be interpreted with caution

NOM CM - Notes:

None

Data Alerts: None

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

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	37.3	2.2	280	751,526
2022	35.6	2.2	266	746,849
2021	37.6	2.2	287	763,933
2020	32.8	2.1	243	740,993
2019	29.4	2.0	219	744,359
2018	29.2	2.0	218	747,766
2017	32.5	2.1	243	748,799
2016	33.4	2.1	250	748,549
2015	29.3	2.0	220	749,950
2014	28.5	2.0	215	753,798
2013	25.9	1.9	196	756,573
2012	31.9	2.0	243	762,938
2011	30.7	2.0	237	772,875
2010	31.6	2.0	245	775,136
2009	32.0	2.0	250	781,458

Legends:

- Indicator has a numerator <10 and is not reportable
- Indicator has a numerator <20 and should be interpreted with caution

NOM AM - Notes:

None

Data Alerts: None

NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 - AM-Motor Vehicle

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021-2023	11.5	1.0	134	1,161,362
2020_2022	9.7	0.9	111	1,146,530
2019_2021	11.0	1.0	125	1,140,538
2018_2020	8.7	0.9	99	1,131,574
2017_2019	10.6	1.0	120	1,136,216
2016_2018	11.1	1.0	127	1,139,826
2015_2017	11.4	1.0	130	1,143,545
2014_2016	10.9	1.0	125	1,146,140
2013_2015	9.2	0.9	106	1,149,686
2012_2014	11.4	1.0	132	1,157,270
2011_2013	11.3	1.0	133	1,172,583
2010_2012	14.1	1.1	167	1,187,068
2009_2011	14.1	1.1	169	1,202,228
2008_2010	15.6	1.1	189	1,214,177
2007_2009	17.5	1.2	215	1,227,804

Legends:

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

NOM AM-Motor Vehicle - Notes:

None

Data Alerts: None

NOM - Adolescent suicide rate, ages 10 through 19 per 100,000 - AM-Suicide

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2023	6.9	0.6	155	2,262,308
2020_2022	6.7	0.6	151	2,251,775
2019_2021	7.0	0.6	158	2,249,285
2018_2020	7.1	0.6	159	2,233,118
2017_2019	8.0	0.6	180	2,240,924
2016_2018	8.2	0.6	185	2,245,114
2015_2017	7.9	0.6	177	2,247,298
2014_2016	7.5	0.6	168	2,252,297
2013_2015	6.7	0.5	151	2,260,321
2012_2014	6.6	0.5	149	2,273,309
2011_2013	6.4	0.5	146	2,292,386
2010_2012	6.3	0.5	146	2,310,949
2009_2011	6.3	0.5	147	2,329,469

Legends:

 Indicator has a numerator <10 and is not reportable

 Indicator has a numerator <20 and should be interpreted with caution

NOM AM-Suicide - Notes:

None

Data Alerts: None

NOM - Adolescent firearm mortality rate, ages 10 through 19 per 100,000 - AM-Firearm
Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2023	10.0	0.7	226	2,262,308
2020_2022	9.5	0.7	214	2,251,775
2019_2021	8.1	0.6	182	2,249,285
2018_2020	6.3	0.5	140	2,233,118
2017_2019	5.8	0.5	130	2,240,924
2016_2018	6.0	0.5	135	2,245,114
2015_2017	6.3	0.5	142	2,247,298
2014_2016	5.9	0.5	134	2,252,297
2013_2015	5.3	0.5	120	2,260,321
2012_2014	5.1	0.5	115	2,273,309
2011_2013	5.0	0.5	115	2,292,386
2010_2012	5.1	0.5	118	2,310,949
2009_2011	4.6	0.4	107	2,329,469
2008_2010	3.9	0.4	92	2,345,225
2007_2009	4.4	0.4	104	2,366,182

Legends:

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

NOM AM-Firearm - Notes:

None

Data Alerts: None

NOM - Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 - IH-Child

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	78.0	3.5	509	652,538
2021	85.7	3.6	572	667,069
2020	75.3	3.4	505	670,783
2019	82.5	3.5	559	677,736
2018	83.3	3.5	570	684,181
2017	88.6	3.6	611	689,277
2016	87.2	3.5	605	694,150
2015	99.5	4.4	523	525,482
2014	101.7	3.8	716	704,171
2013	147.4	4.6	1,048	710,873
2012	143.1	4.5	1,027	717,536
2011	134.3	4.3	968	720,707
2010	149.1	4.5	1,084	727,060
2009	151.6	4.6	1,101	726,400
2008	164.0	4.8	1,185	722,559

Legends:

🚫 Indicator has a numerator ≤10 and is not reportable

⚡ Indicator has a numerator <20 and should be interpreted with caution

NOM IH-Child - Notes:

None

Data Alerts: None

NOM - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 - IH-Adolescent

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	180.5	4.9	1,348	746,849
2021	196.5	5.1	1,501	763,933
2020	171.0	4.8	1,267	740,993
2019	180.0	4.9	1,340	744,359
2018	172.6	4.8	1,291	747,766
2017	201.0	5.2	1,505	748,799
2016	202.1	5.2	1,513	748,549
2015	235.7	6.5	1,326	562,463
2014	205.5	5.2	1,549	753,798
2013	233.8	5.6	1,769	756,573
2012	248.6	5.7	1,897	762,938
2011	238.1	5.6	1,840	772,875
2010	252.6	5.7	1,958	775,136
2009	275.9	5.9	2,156	781,458
2008	297.6	6.1	2,347	788,631

Legends:

- Indicator has a numerator ≤10 and is not reportable
- Indicator has a numerator <20 and should be interpreted with caution

NOM IH-Adolescent - Notes:

None

Data Alerts: None

NOM - Percent of women, ages 18 through 44, in excellent or very good health - WHS

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	50.9 %	1.8 %	506,156	994,677
2022	50.6 %	1.7 %	502,128	992,958
2021	59.5 %	2.4 %	592,101	995,241
2020	59.1 %	2.5 %	580,865	982,721
2019	55.9 %	2.5 %	548,385	981,806
2018	55.6 %	2.5 %	544,041	978,890
2017	58.2 %	2.3 %	568,432	977,345
2017	58.2 %	2.3 %	568,432	977,345
2016	59.3 %	2.4 %	580,847	979,056
2015	59.1 %	2.3 %	577,195	976,409
2014	58.0 %	2.2 %	565,123	974,667
2013	57.4 %	2.3 %	560,203	976,244
2012	63.6 %	2.3 %	619,306	974,003

Legends:

 Indicator has an unweighted denominator <30 and is not reportable

 Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM WHS - Notes:

None

Data Alerts: None

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

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

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	89.7 %	1.1 %	1,124,986	1,254,751
2021_2022	91.5 %	0.9 %	1,154,411	1,261,229
2020_2021	91.8 %	0.7 %	1,152,338	1,255,286
2019_2020	91.1 %	1.1 %	1,148,936	1,261,706
2018_2019	91.7 %	1.2 %	1,165,561	1,270,456
2017_2018	91.9 %	1.2 %	1,177,186	1,280,453
2016_2017	91.3 %	1.2 %	1,172,242	1,284,208

Legends:

 Indicator has an unweighted denominator <30 and is not reportable

 Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM CHS - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 2 through 4, and adolescents, ages 6 through 17, who are obese (BMI at or above the 95th percentile) - OBS

Data Source: WIC

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	15.2 %	0.2 %	3,977	26,177
2018	14.4 %	0.2 %	5,040	35,043
2016	14.3 %	0.2 %	5,316	37,116
2014	14.7 %	0.2 %	5,893	39,965
2012	15.2 %	0.2 %	6,979	45,988
2010	15.2 %	0.2 %	7,383	48,511
2008	14.1 %	0.2 %	6,047	42,810

Legends:

 Indicator has a denominator <20 and is not reportable

 Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

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

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	18.4 %	1.6 %	153,129	832,665
2021_2022	18.8 %	1.6 %	157,092	835,639
2020_2021	16.4 %	1.1 %	135,857	827,033
2019_2020	14.8 %	1.6 %	122,321	826,598
2018_2019	15.4 %	2.0 %	127,372	828,241
2017_2018	18.7 %	2.3 %	154,982	827,293
2016_2017	18.1 %	2.0 %	143,706	793,504

Legends:

 Indicator has an unweighted denominator <30 and is not reportable

 Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM OBS - Notes:

None

Data Alerts: None

NOM - Percent of women who experience postpartum depressive symptoms - PPD

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	12.9 %	1.5 %	7,167	55,520
2022	9.2 %	1.1 %	5,205	56,639
2021	12.0 %	1.6 %	6,959	57,883
2020	13.8 %	1.3 %	7,906	57,182
2019	13.8 %	1.6 %	8,037	58,280
2018	10.5 %	1.3 %	6,225	59,394
2017	11.7 %	1.3 %	6,998	59,965
2016	11.4 %	1.3 %	6,999	61,289
2015	9.9 %	1.2 %	6,108	61,670
2014	12.4 %	1.3 %	7,728	62,385
2013	9.7 %	1.1 %	6,038	62,409
2012	11.2 %	1.3 %	6,990	62,620

Legends:

 Indicator has an unweighted denominator <30 and is not reportable

 Indicator has an unweighted denominator between 30 and 59 or a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM PPD - Notes:

None

Data Alerts: None

NOM - Percent of women who experience postpartum anxiety symptoms - PPA

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	26.1 %	2.1 %	14,356	55,074

Legends:

🚫 Indicator has an unweighted denominator <30 and is not reportable

⚡ Indicator has an unweighted denominator between 30 and 59 or a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM PPA - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 6 through 11, who have a behavioral or conduct disorder - BCD

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

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	8.7 %	1.4 %	36,167	417,384
2021_2022	8.0 %	1.3 %	33,615	421,965
2020_2021	8.2 %	1.0 %	34,340	420,993
2019_2020	8.3 %	1.6 %	35,223	422,739
2018_2019	9.3 %	2.3 %	39,871	427,277
2017_2018	8.5 %	2.2 %	36,638	433,427
2016_2017	7.0 %	1.5 %	30,667	436,599

Legends:

 Indicator has an unweighted denominator <30 and is not reportable

 Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM BCD - Notes:

None

Data Alerts: None

NOM - Percent of adolescents, ages 12 through 17, who have depression or anxiety - ADA

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

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	23.1 %	2.1 %	106,080	459,622
2021_2022	20.1 %	2.0 %	90,858	451,543
2020_2021	18.8 %	1.3 %	82,798	439,638
2019_2020	23.2 %	2.5 %	102,256	441,249
2018_2019	22.0 %	2.7 %	97,285	443,128
2017_2018	12.9 %	2.1 %	57,231	443,025
2016_2017	13.3 %	1.9 %	58,785	440,424

Legends:

🚩 Indicator has an unweighted denominator <30 and is not reportable

⚡ Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM ADA - Notes:

None

Data Alerts: None

NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system - SOC
Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	15.9 %	1.9 %	52,436	330,345
2021_2022	15.8 %	2.0 %	44,988	284,236
2020_2021	12.6 %	1.4 %	35,191	278,773
2019_2020	11.4 %	1.8 %	34,543	303,318
2018_2019	11.7 %	2.1 %	35,524	304,707
2017_2018	11.7 %	2.2 %	33,865	289,633
2016_2017	14.6 %	2.2 %	43,714	299,148

Legends:

 Indicator has an unweighted denominator <30 and is not reportable

 Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM SOC - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 6 months through 5, who are flourishing - FL-YC

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

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	83.4 %	2.0 %	282,376	338,582
2021_2022	83.0 %	1.9 %	290,149	349,416
2020_2021	83.5 %	1.5 %	298,409	357,568
2019_2020	82.9 %	2.5 %	297,145	358,362
2018_2019	84.8 %	3.0 %	301,947	356,239

Legends:

 Indicator has an unweighted denominator <30 and is not reportable

 Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM FL-YC - Notes:

None

Data Alerts: None

NOM - Percent of children with and without special health care needs, ages 6 through 17, who are flourishing - FL-CA

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

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	36.8 %	2.9 %	104,572	284,399
2021_2022	37.6 %	3.1 %	92,062	244,809
2020_2021	36.2 %	2.3 %	84,943	234,382
2019_2020	38.5 %	3.2 %	101,007	262,676
2018_2019	42.6 %	3.8 %	118,086	277,417

Legends:

 Indicator has an unweighted denominator <30 and is not reportable

 Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM FL-CA - Notes:

None

Data Alerts: None

NOM - Percent of children with and without special health care needs, ages 6 through 17, who are flourishing - FL-Child Adolescent
Data Source: National Survey of Children's Health (NSCH)-All Children

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	60.9 %	1.8 %	530,773	871,418
2021_2022	61.9 %	1.7 %	535,417	865,377
2020_2021	60.2 %	1.3 %	513,702	853,556
2019_2020	61.2 %	2.0 %	527,721	862,856
2018_2019	63.2 %	2.4 %	550,905	871,892

Legends:

 Indicator has an unweighted denominator <30 and is not reportable

 Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM FL-Child Adolescent - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 0 through 17, who have experienced 2 or more Adverse Childhood Experiences - ACE

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

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	16.4 %	1.2 %	203,027	1,237,016
2021_2022	16.8 %	1.2 %	207,802	1,237,461
2020_2021	17.5 %	0.9 %	216,428	1,233,411
2019_2020	17.2 %	1.3 %	212,475	1,232,679
2018_2019	17.7 %	1.6 %	219,934	1,245,289
2017_2018	21.3 %	1.9 %	270,780	1,272,605
2016_2017	21.5 %	1.7 %	273,522	1,271,070

Legends:

 Indicator has an unweighted denominator <30 and is not reportable

 Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM ACE - Notes:

None

Data Alerts: None

Form 10
National Performance Measures (NPMs)
 State: Wisconsin

NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth - PPV

Federally Available Data		
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)		
	2023	2024
Annual Objective		
Annual Indicator	93.6	91.4
Numerator	52,855	50,874
Denominator	56,444	55,663
Data Source	PRAMS	PRAMS
Data Source Year	2022	2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	91.9	92.4	92.9	93.4	93.9

Field Level Notes for Form 10 NPMs:

None

NPM - B) Percent of women who attended a postpartum checkup and received recommended care components - PPV

Federally Available Data		
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)		
	2023	2024
Annual Objective		
Annual Indicator	83.9	71.1
Numerator	43,756	36,016
Denominator	52,128	50,657
Data Source	PRAMS	PRAMS
Data Source Year	2022	2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	72.1	73.1	74.1	75.1	76.1

Field Level Notes for Form 10 NPMs:

None

NPM - Percent of women with a recent live birth who experienced racial/ethnic discrimination while getting healthcare during pregnancy, delivery, or at postpartum care - DSR - Perinatal/Infant Health

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2024
Annual Objective	
Annual Indicator	1.5
Numerator	825
Denominator	54,929
Data Source	PRAMS
Data Source Year	2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	1.4	1.3	1.2	1.1	1.0

Field Level Notes for Form 10 NPMs:

None

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

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2020	2021	2022	2023	2024
Annual Objective	43.8	44.5	45.2	45.9	46.6
Annual Indicator	37.9	42.8	43.9	39.3	42.8
Numerator	58,870	61,909	62,035	55,399	56,086
Denominator	155,316	144,602	141,361	140,958	130,892
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2018_2019	2019_2020	2020_2021	2021_2022	2022_2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	43.3	43.8	44.3	44.8	45.3

Field Level Notes for Form 10 NPMs:

None

NPM - Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH)	
	2024
Annual Objective	
Annual Indicator	82.4
Numerator	86,205
Denominator	104,586
Data Source	NSCH
Data Source Year	2022_2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	82.9	83.4	83.9	84.4	84.9

Field Level Notes for Form 10 NPMs:

None

NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2020	2021	2022	2023	2024
Annual Objective	43.5	44.2	44.9	45.6	46.3
Annual Indicator	42.4	41.6	46.6	45.4	45.3
Numerator	105,372	105,574	109,447	109,187	149,465
Denominator	248,384	253,596	234,815	240,532	330,057
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2018_2019	2019_2020	2020_2021	2021_2022	2022_2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	45.8	46.3	46.8	47.3	47.8

Field Level Notes for Form 10 NPMs:

None

NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH - Child Health - All Children

Federally Available Data		
Data Source: National Survey of Children's Health (NSCH) - All Children		
	2023	2024
Annual Objective		
Annual Indicator	50.2	49.5
Numerator	633,382	621,665
Denominator	1,261,952	1,256,053
Data Source	NSCH-All Children	NSCH-All Children
Data Source Year	2021_2022	2022_2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	50.0	50.5	51.0	51.5	52.0

Field Level Notes for Form 10 NPMs:

None

Form 10
National Performance Measures (NPMs) (2021-2025 Needs Assessment Cycle)

State: Wisconsin

2021-2025: NPM - A) Percent of infants who are ever breastfed - BF

Federally Available Data		
Data Source: National Vital Statistics System (NVSS)		
	2023	2024
Annual Objective	85.5	86
Annual Indicator	85.0	85.2
Numerator	49,114	49,097
Denominator	57,768	57,648
Data Source	NVSS	NVSS
Data Source Year	2022	2023

Field Level Notes for Form 10 NPMs:

None

2021-2025: NPM - B) Percent of infants breastfed exclusively through 6 months - BF

Federally Available Data		
Data Source: National Survey of Children's Health (NSCH)		
	2023	2024
Annual Objective	31.6	32.3
Annual Indicator	32.5	31.7
Numerator	54,101	50,477
Denominator	166,466	159,459
Data Source	NSCH	NSCH
Data Source Year	2021_2022	2022_2023

Field Level Notes for Form 10 NPMs:

None

2021-2025: NPM - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day - PA-Child

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CHILD					
	2020	2021	2022	2023	2024
Annual Objective		31.5	32.1	32.7	33.3
Annual Indicator	30.8	29.2	29.9	31.2	32.3
Numerator	132,298	125,830	125,102	131,574	133,422
Denominator	429,126	430,350	418,899	421,426	413,095
Data Source	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD
Data Source Year	2018_2019	2019_2020	2020_2021	2021_2022	2022_2023

Field Level Notes for Form 10 NPMs:

None

2021-2025: NPM - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2020	2021	2022	2023	2024
Annual Objective	21	21.4	21.8	22.2	22.6
Annual Indicator	28.8	34.0	34.6	31.2	27.7
Numerator	35,732	41,630	40,088	40,777	47,491
Denominator	124,081	122,493	115,904	130,758	171,387
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2018_2019	2019_2020	2020_2021	2021_2022	2022_2023

Field Level Notes for Form 10 NPMs:

None

2021-2025: NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year - WWV

Federally Available Data					
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
	2020	2021	2022	2023	2024
Annual Objective	78.8	79.5	80.1	80.8	81.4
Annual Indicator	73.7	71.4	71.8	73.4	74.1
Numerator	718,148	693,615	713,536	717,715	722,736
Denominator	974,077	971,414	993,299	978,344	975,577
Data Source	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2019	2020	2021	2022	2023

Field Level Notes for Form 10 NPMs:

None

2021-2025: NPM - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 - IH-Adolescent

Federally Available Data					
Data Source: HCUP - State Inpatient Databases (SID)					
	2020	2021	2022	2023	2024
Annual Objective	200	199.0	198	197	196
Annual Indicator	172.6	180.0	171.0	196.5	180.5
Numerator	1,291	1,340	1,267	1,501	1,348
Denominator	747,766	744,359	740,993	763,933	746,849
Data Source	SID- ADOLESCENT	SID- ADOLESCENT	SID- ADOLESCENT	SID- ADOLESCENT	SID- ADOLESCENT
Data Source Year	2018	2019	2020	2021	2022

Field Level Notes for Form 10 NPMs:

None

Form 10
State Performance Measures (SPMs)

State: Wisconsin

SPM 1 - Percent of children living in supportive neighborhoods.

Measure Status:		Active
State Provided Data		
	2024	
Annual Objective		
Annual Indicator	59.2	
Numerator	713,566	
Denominator	1,204,836	
Data Source	National Survey of Childrens Health	
Data Source Year	2022	
Provisional or Final ?	Final	

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	62.0	63.0	64.0	65.0	66.0

Field Level Notes for Form 10 SPMs:

1.	Field Name:	2024
	Column Name:	State Provided Data
	Field Note:	https://www.nschdata.org/browse/survey/results?q=11669&r=51

SPM 2 - Percent of food insecurity in Wisconsin.

Measure Status:		Active
State Provided Data		
	2024	
Annual Objective		
Annual Indicator	32.7	
Numerator	401,278	
Denominator	1,228,982	
Data Source	National Survey of Childrens Health	
Data Source Year	2022-2023	
Provisional or Final ?	Final	

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	32.2	31.7	31.2	30.7	30.2

Field Level Notes for Form 10 SPMs:

1.	Field Name:	2024
	Column Name:	State Provided Data

Field Note:
<https://map.feedingamerica.org/county/2022/overall/wisconsin>

Form 10
State Performance Measures (SPMs) (2021-2025 Needs Assessment Cycle)

2021-2025: SPM 1 - Infant mortality rate in babies born to non-Hispanic Black mothers

Measure Status:				Active	
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		14.3	14	13.6	13.3
Annual Indicator	14.6	12.8	11.4	14.5	12.5
Numerator	290	76	65		68
Denominator	19,863	5,935	5,680		5,441
Data Source	Vital Records				
Data Source Year	2016-2018	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Provisional	Provisional

Field Level Notes for Form 10 SPMs:

1.	Field Name:	2024
	Column Name:	State Provided Data

Field Note:

Numerator: Number of infant deaths to non-Hispanic Black mothers, based on residence at death

Denominator: Number of births to non-Hispanic Black mothers, based on residence at birth

Rate per 1,000 live births

Missing/refused to answer were excluded from the calculation.

2021-2025: SPM 2 - A) Percent of non-Hispanic Black and non-Hispanic Native birthing persons receiving prenatal care within the first trimester; B) Percent of birthing persons receiving a quality postpartum visit

Measure Status:		Active			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		60	61.5	63	64.5
Annual Indicator	60.1	60.7	63	70.7	67.5
Numerator	13,220	13,134	63	3,933	12,654
Denominator	21,988	21,649	100	5,564	18,751
Data Source	Vital Records (WISH)				
Data Source Year	2016-2018	2018-2020	2019-2021	2022	2021-2023
Provisional or Final ?	Final	Final	Final	Final	Final

Field Level Notes for Form 10 SPMs:

1.	Field Name:	2021
	Column Name:	State Provided Data

Field Note:

A) Percent of non-Hispanic Black and non-Hispanic Native birthing persons receiving prenatal care within the first trimester:

Non-Hispanic American Indian and Alaska Native

-Annuals Indicator: 62.5%

-Numerator: 363

-Denominator: 581

-Data Source: Vital Records

-Data Source Year: 2020

Non-Hispanic American Indian and Alaska Native

-Annual Indicator: 76.2%

-Data Source: WI PRAMS

-Data Source Year: 2019-2020

Data note: The annual indicator provided utilizes survey-weighted frequencies.

Non-Hispanic Black

-Annual Indicator: 62.8%

-Numerator: 4,002

-Denominator: 6,374

-Data Source: Vital Records

-Data Source Year: 2020

Non-Hispanic Black

-Annuals Indicator: 75.1%

-Data Source: WI PRAMS

-Data Source Year: 2019-2020

Data note: The annual indicator provided utilizes survey-weighted frequencies.

B) Percent of women receiving a quality* postpartum visit:

All respondents

-Annuals Indicator: 53.9%

-Data Source: WI PRAMS

-Data Source Year: 2019-2020

Respondents who indicated they had a postpartum visit

-Annuals Indicator: 60.7%

-Data Source: WI PRAMS

-Data Source Year: 2019-2020

2.	Field Name:	2022
	Column Name:	State Provided Data

Field Note:

A) Percent of non-Hispanic Black and non-Hispanic Native birthing persons receiving prenatal care within the first trimester:

Non-Hispanic American Indian and Alaska Native

-Annuals Indicator: 64.7%

-Data Source: Vital Records

-Data Source Year: 2021

Data Note: Provisional Data

Non-Hispanic American Indian and Alaska Native

-Annual Indicator: 82.6%

-Data Source: WI PRAMS

-Data Source Year: 2020-2021

Data note: The annual indicator provided utilizes survey-weighted frequencies.

Non-Hispanic Black

-Annual Indicator: 67.4%

-Data Source: Vital Records

-Data Source Year: 2021

Non-Hispanic Black

-Annuals Indicator: 77.8%

-Data Source: WI PRAMS

-Data Source Year: 2020-2021

Data note: The annual indicator provided utilizes survey-weighted frequencies.

B) Percent of women receiving a quality* postpartum visit:

All respondents

-Annuals Indicator: 52.2%

-Data Source: WI PRAMS

-Data Source Year: 2020-2021

Respondents who indicated they had a postpartum visit

-Annuals Indicator: 58.2%

-Data Source: WI PRAMS

-Data Source Year: 2020-2021

3. **Field Name:** 2023

Column Name: State Provided Data

Field Note:

2021-2022 PRAMS data currently unavailable

4. **Field Name:** 2024

Column Name: State Provided Data

Field Note:

State Performance Measure 02.A: Percent of non-Hispanic Black or non-Hispanic American Indian/Alaska Native women receiving care within the first trimester

Numerator: Number of births to non-Hispanic Black or non-Hispanic American Indian/Alaska Native mothers, where the mother first received prenatal care in the first trimester

Denominator: Number of births to non-Hispanic Black or non-Hispanic American Indian/Alaska Native mothers

67.5%

Numerator: 12,654

Denominator: 18,751

Individuals missing information on prenatal care are still included in denominator (to keep consistent with past calculations)

State Performance Measure 02.B: Percent of women receiving a quality* postpartum visit

Source: Pregnancy Risk Assessment Monitoring System

Quality postpartum visit is defined as a health care visit after pregnancy that includes a depression screening, discussion around tobacco use, and discussion around EITHER contraception OR birth spacing. The denominator for the measure is the number of women who attended a postpartum visit, NOT all women.

58.0%

Numerator (unweighted): 860

Numerator (weighted): 61,660

Denominator (unweighted): 1,339

Denominator (weighted): 106,263

Missing/refused to answer were excluded from the calculation.

2021-2025: SPM 3 - Percent of Wisconsin adults who report that they “usually” or “always” get the social and emotional support that they need.

Measure Status:		Active				
State Provided Data						
	2020	2021	2022	2023	2024	
Annual Objective		60	7	8	9	
Annual Indicator		0	77	76.4	80.4	
Numerator		0	77	2,803,995	3,093,606	
Denominator		100	100	3,668,434	3,849,504	
Data Source		NA	Wisconsin Behavioral Risk Factor Surveillance Syst	Wisconsin Behavioral Risk Factor Surveillance Syst	Wisconsin Behavioral Risk Factor Surveillance Syst	
Data Source Year		NA	2020	2022	2023	
Provisional or Final ?		Final	Final	Final	Final	

Field Level Notes for Form 10 SPMs:

1.	Field Name:	2021
	Column Name:	State Provided Data
	Field Note:	Not applicable, the Wisconsin Title V team identified this updated measure in 2022.
2.	Field Name:	2022
	Column Name:	State Provided Data
	Field Note:	<p>Percent of Wisconsin adults who report that they “usually” or “always” get the social and emotional support that they need.</p> <p>Annual Indicator: 76.8%</p> <p>Numerator: 3092</p> <p>Denominator: 3952</p> <p>*The numerator and denominator reflect actual numbers of people who responded, but the overall estimate for this measure is weighted.</p> <p>Percent of high school students who agree or strongly agree that they belong at their school.</p> <p>Annual Indicator: 60.8%</p> <p>Data Source: Wisconsin Youth Risk Behavior Survey</p> <p>Data Source Year: 2021</p> <p>Rate of social associations in Wisconsin (Number of membership associations per 10,000 population).</p> <p>Annual Indicator: 11.4</p> <p>Data Source: Wisconsin County Health Rankings and Roadmaps</p> <p>Data Source Year: 2022</p>
3.	Field Name:	2023
	Column Name:	State Provided Data
	Field Note:	Weighted numerator is 2,803,995 and weighted denominator is 3,668,434.
4.	Field Name:	2024
	Column Name:	State Provided Data
	Field Note:	<p>The State Performance Measure is the percentage of Wisconsin adults who report “always” or “usually” getting the social and emotional support they need from the BRFSS.</p> <p>Missing/refused to answer were excluded from the calculation.</p>

2021-2025: SPM 4 - Percent of performance measures with family, youth, and community engagement embedded into program and policies

Measure Status:		Active			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		60	70	80	90
Annual Indicator		63.6	63.6	63.6	63.6
Numerator		7	7	7	7
Denominator		11	11	11	11
Data Source		Title V State Action Plan			
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

Field Level Notes for Form 10 SPMs:

None

2021-2025: SPM 5 - Percent of adolescents, ages 12 through 17, reporting feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the last 12 months

Measure Status:		Active			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective			26	25.5	24.8
Annual Indicator	27		33.7	33.7	35
Numerator			615	615	1,870
Denominator			1,827	1,827	5,343
Data Source	Wisconsin YRBSS		Wisconsin Youth Risk Behavior Surveillance Survey	Wisconsin Youth Risk Behavior Surveillance Survey	Wisconsin Youth Risk Behavior Surveillance Survey
Data Source Year	2019		2021	2021	2023
Provisional or Final ?	Final		Final	Provisional	Final

Field Level Notes for Form 10 SPMs:

1.	Field Name:	2021
	Column Name:	State Provided Data
	Field Note:	Due to the extraordinary circumstances of COVID-19, the YRBSS was postponed from Spring 2021 until Fall 2021. The survey was administered to students from September 7, 2021 to December 10, 2021. School, District, and County-level reports are expected to be released in late Spring or early Summer 2022. The Wisconsin Department of Public Instruction is currently analyzing all returned data and will post reports to the Secure Access File Exchange (SAFE) system as soon as it is able to certify the data. The representative statewide sample report will be available later in Fall 2022.
2.	Field Name:	2022
	Column Name:	State Provided Data
	Field Note:	11 students were excluded from this analysis.
3.	Field Name:	2024
	Column Name:	State Provided Data
	Field Note:	Percentage of students who felt sad or hopeless almost every day for ≥ 2 weeks in a row so that they stopped doing some usual activities, ever during the 12 months before the survey Missings: Not sure how missings are dealt with in YRBS - we pulled this data from the summary tables https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/2023_YRBS_SummaryTables.pdf

Form 10
Evidence-Based or –Informed Strategy Measures (ESMs)

State: Wisconsin

ESM PPV.1 - Percent of birth workforce providers who report increased confidence in providing perinatal health education to their clients/patients following a workforce training.

Measure Status:	Active
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Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 ESMs:

None

ESM DSR.1 - Percent of participants who report increased confidence in applying knowledge or skills as a result of the doula education they received.

Measure Status:	Active
------------------------	---------------

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 ESMs:

None

ESM DS.1 - Percent of medical providers trained who report using an evidence-based screening tool

Measure Status:		Inactive - Replaced			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		80	85	90	95
Annual Indicator		38	48.3	48.3	43.7
Numerator		38	340	340	94
Denominator		100	704	704	215
Data Source		SurveyMonkey	SurveyMonkey	SurveyMonkey	SurveyMonkey
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

Field Level Notes for Form 10 ESMs:

1.	Field Name:	2022
	Column Name:	State Provided Data
	Field Note:	Percent of medical providers trained who report they do not use an evidence-based screening tool. Annual Indicator: 51.7% Numerator: 364 Denominator: 704
2.	Field Name:	2023
	Column Name:	State Provided Data
	Field Note:	This measure is not accurate in 2023, as the agency responsible for data collection did not limit their data collection to only medical providers.
3.	Field Name:	2024
	Column Name:	State Provided Data
	Field Note:	reported in pre-training survey

ESM DS.2 - Percent of medical providers trained who report a change in knowledge related to developmental screening age interval recommendations

Measure Status:		Inactive - Replaced			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		80	85	90	95
Annual Indicator		0	91.9	91.9	91.3
Numerator		0	306	306	84
Denominator		100	333	333	92
Data Source		N/A	SurveyMonkey	SurveyMonkey	N/A
Data Source Year		2021	2022	2022	N/A
Provisional or Final ?		Final	Final	Final	Final

Field Level Notes for Form 10 ESMs:

1.	Field Name:	2021
	Column Name:	State Provided Data
	Field Note:	There is no data to report due to the COVID-19 Pandemic affecting this work and putting much of it on hold.
2.	Field Name:	2022
	Column Name:	State Provided Data
	Field Note:	Percent of medical providers trained who report an increase in awareness of the recommended referrals and resources for children with concerning screening results. Annual Indicator: 90.9% Numerator: 303 Denominator: 333
3.	Field Name:	2023
	Column Name:	State Provided Data
	Field Note:	This measure is not accurate in 2023, as the agency responsible for data collection did not limit their data collection to only medical providers.
4.	Field Name:	2024
	Column Name:	State Provided Data
	Field Note:	Data reported is a combination of both medical providers (ESM DS.2) and community members (ESM DS.3). Therefore identical data will be reported under DS.3: Percent of community developmental screening training participants who report an increase in knowledge regarding developmental screening. Data was not disaggregated by medical or community providers this year.

ESM DS.3 - Percent of community developmental screening training participants who report an increase in knowledge regarding developmental screening

Measure Status:		Inactive - Replaced			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		80	85	90	95
Annual Indicator		0	91.9	95	91.3
Numerator		0	306	95	84
Denominator		100	333	100	92
Data Source		N/A	SurveyMonkey	SurveyMonkey	SurveyMonkey
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

Field Level Notes for Form 10 ESMs:

1.	Field Name:	2021
	Column Name:	State Provided Data
	Field Note:	There is no data to report due to the COVID-19 Pandemic affecting this work and putting much of it on hold.
2.	Field Name:	2022
	Column Name:	State Provided Data
	Field Note:	Percent of medical providers trained who report an increase in awareness of the recommended referrals and resources for children with concerning screening results. Annual Indicator: 90.9% Numerator: 303 Denominator: 333
3.	Field Name:	2023
	Column Name:	State Provided Data
	Field Note:	*Data reported for 2022 and 2023 includes all participants (both medical providers and community partner participants).
4.	Field Name:	2024
	Column Name:	State Provided Data
	Field Note:	Data reported is a combination of both community members (ESM DS.3) and medical providers (ESM DS.2). Therefore identical data will be reported under DS.2 - Percent of medical providers trained who report a change in knowledge related to developmental screening age interval recommendations. Data was not disaggregated by medical or community providers this year.

ESM DS.4 - Percentage of trainees who report they will begin implementing developmental monitoring and/or developmental screening practices.

Measure Status:	Active
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Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	60.0	60.0	60.0	60.0	60.0

Field Level Notes for Form 10 ESMs:

None

ESM MHT.1 - Number of youth engaged in planning, creating, implementing, or evaluating Title V-funded adolescent mental health projects and initiatives.

Measure Status:	Active
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Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	75.0	105.0	135.0	165.0	195.0

Field Level Notes for Form 10 ESMs:

None

ESM MH.1 - Percent of Regional Center information & referral staff who report competence in explaining medical home concepts

Measure Status:		Inactive - Replaced			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		75	76	78	79
Annual Indicator		100	85.7	100	88.9
Numerator		12	6	9	8
Denominator		12	7	9	9
Data Source		Self-Report Survey	Self-Report Survey	Self-Report Survey	Self-Report Survey
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

Field Level Notes for Form 10 ESMs:

1.	Field Name:	2024
	Column Name:	State Provided Data

Field Note:

In 2024, there was an uncharacteristically low number of completed survey evaluations for trainings provided to families. The CYSHCN program worked with the organizations providing trainings to better understand the challenges around low survey completion rates. The following challenges were reported:

- Evaluation survey link is shared at the end of the training when participants may be fatigued or need to leave immediately following the training
- Many participants that attend the virtual sessions attend via cell their cell phones which makes scanning a QR code to complete the survey a logistical challenge
- Participants that attend the trainings virtually often sign off immediately following the content completion and don't stay on to complete survey
- Adequate cell phone reception is required for scanning QR codes and completing surveys which may be difficult in rural areas
- Miscommunication about the survey link not functioning appropriately
- Trainings provided at conferences often encounter barriers because many conferences ask those providing training sessions to not to do independent evaluations because they want participants to complete an evaluation survey of the full conference

ESM MH.2 - Percent of family members, health care providers, and community professionals trained on Medical Home-related concepts who report a change in knowledge or skills or behavior following the training

Measure Status:		Inactive - Replaced			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		75	76	78	79
Annual Indicator		96	95.3	94.7	0
Numerator		96	61	18	
Denominator		100	64	19	
Data Source		Self-Report Survey	Self-Report Survey	Self-Report Survey	Self-Report Survey
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

Field Level Notes for Form 10 ESMs:

1.	Field Name:	2024
	Column Name:	State Provided Data

Field Note:

Insufficient data

In 2024, there was an uncharacteristically low number of completed survey evaluations for trainings provided to families. The CYSHCN program worked with the organizations providing trainings to better understand the challenges around low survey completion rates.

In the narrative the measure is worded slightly differently: "Percent of participants trained on medical home concepts who report a change in knowledge, skills, or intended behavior following the training."

ESM MH.3 - Percent of families who receive at least one Regional Center referral that results in needed services received

Measure Status:		Inactive - Replaced			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		40	43	46	48
Annual Indicator		66.2	64.5	47.4	61.1
Numerator		632	522	1,132	1,037
Denominator		954	809	2,386	1,696
Data Source		REDCap	REDCap	REDCap	REDCap
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

Field Level Notes for Form 10 ESMs:

None

ESM MH.4 - Number of unduplicated organizations (hospitals, clinics, or health care systems) collaborating with Title V to implement medical home practices for all children, including children with special health care needs.

Measure Status:	Active
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Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	8.0	10.0	12.0	14.0	16.0

Field Level Notes for Form 10 ESMs:

None

ESM MH.5 - Percent of referrals that resulted in services received at the time of follow-up.

Measure Status:	Active
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Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	50.0	50.0	50.0	50.0	50.0

Field Level Notes for Form 10 ESMs:

None

ESM MH.6 - Percent of youth-serving providers who report a planned behavior change as a result of participating in training.

Measure Status:	Active
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Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	70.0	70.0	70.0	70.0	70.0

Field Level Notes for Form 10 ESMs:

None

Form 10
Evidence-Based or -Informed Strategy Measures (ESMs) (2021-2025 Needs Assessment Cycle)

2021-2025: ESM BF.2 - Percent of non-Hispanic Black infants ever breastfed

Measure Status:				Active	
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		52	53	54	55
Annual Indicator	49	53	63.4	65	66.5
Numerator	49	53	3,600	3,549	3,516
Denominator	100	100	5,680	5,461	5,290
Data Source	Vital Records				
Data Source Year	2020	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Provisional	Provisional

Field Level Notes for Form 10 ESMs:

1.	Field Name:	2020
	Column Name:	State Provided Data
	Field Note:	Provisional 2020 WI birth record data; infant breastfed at discharge field 2020 PRAMS data: 74.7% of respondents report their infant was ever breastfed
2.	Field Name:	2022
	Column Name:	State Provided Data
	Field Note:	2021 PRAMS data: 70.9% of respondents report their infant was ever breastfed. Numerator: 170 Denominator: 226 *The numerator and denominator reflect actual numbers of people who responded, but the overall estimate for this measure is weighted. The “ever breastfed” measure from the birth record is based on a healthcare provider’s report about whether the birthing person was breastfeeding at discharge while the measure from PRAMS is based on a pregnant woman self-reporting whether they ever breastfed their baby. Therefore, the data from the two sources are capturing slightly different things. While data from birth records are more stable, they are likely also under-counting “ever-breastfed” babies.
3.	Field Name:	2023
	Column Name:	State Provided Data
	Field Note:	The “ever breastfed” measure from the birth record is based on a healthcare provider’s report about whether the birthing person was breastfeeding at discharge while the measure from PRAMS is based on a pregnant woman self-reporting whether they ever breastfed their baby. Therefore, the data from the two sources are capturing slightly different things. While data from birth records are more stable, they are likely also under-counting “ever-breastfed” babies.

2021-2025: ESM BF.3 - Percent of non-Hispanic American Indian/Alaska Native infants ever breastfed

Measure Status:				Active	
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		66.4	67.4	68.4	69.4
Annual Indicator	65	55	65	73.3	76.5
Numerator	65	55	65	357	339
Denominator	100	100	100	487	443
Data Source	Vital Records				
Data Source Year	2020	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Provisional	Provisional

Field Level Notes for Form 10 ESMs:

1.	Field Name:	2020
	Column Name:	State Provided Data
	Field Note:	Provisional 2020 WI birth record data; infant breastfed at discharge field
2.	Field Name:	2022
	Column Name:	State Provided Data
	Field Note:	2021 PRAMS data: 88.1% of respondents report their infant was ever breastfed. Numerator: 19 Denominator: 22 *The numerator and denominator reflect actual numbers of people who responded, but the overall estimate for this measure is weighted.

The “ever breastfed” measure from the birth record is based on a healthcare provider’s report about whether the birthing person was breastfeeding at discharge while the measure from PRAMS is based on a pregnant woman self-reporting whether they ever breastfed their baby. Therefore, the data from the two sources are capturing slightly different things. While data from birth records are more stable, they are likely also under-counting “ever-breastfed” babies.

2021-2025: ESM PA-Child.3 - Percent of local and tribal health agencies in Wisconsin receiving Title V funding who chose the physical activity and nutrition objective.

Measure Status:		Active		
State Provided Data				
	2022	2023	2024	
Annual Objective			12	
Annual Indicator	9.4	12.5	13.5	
Numerator	9	12	13	
Denominator	96	96	96	
Data Source	Grants and Contracts Supplement	Grants and Contracts Supplement	Grants and Contracts Supplement	
Data Source Year	2022	2023	2024	
Provisional or Final ?	Final	Final	Final	

Field Level Notes for Form 10 ESMs:

None

2021-2025: ESM TAHC.1 - Percent of Regional Center information and referral staff who report competence in explaining youth health transition concepts

Measure Status:		Active			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		75	76	77	79
Annual Indicator		91.7	85.7	100	88.9
Numerator		11	6	11	8
Denominator		12	7	11	9
Data Source		Self-Report Survey	Self-Report Survey	Self-Report Survey	Self-Report Survey
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

Field Level Notes for Form 10 ESMs:

None

2021-2025: ESM TAHC.2 - Percent of participants trained on youth health care transition concepts who report a change in knowledge, skills, or intended behavior following the training

Measure Status:		Active			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		75	76	77	79
Annual Indicator		98	98.4	98.9	95.2
Numerator		98	63	86	20
Denominator		100	64	87	21
Data Source		Self-Report Survey	Self-Report Survey	Self-Report Survey	Self-Report Survey
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

Field Level Notes for Form 10 ESMs:

None

2021-2025: ESM WWV.4 - Percent of clients served who have complete race and ethnicity data

Measure Status:			Active	
State Provided Data				
	2021	2022	2023	2024
Annual Objective			90	95
Annual Indicator	88	90.4	89.3	83.6
Numerator	88	15,480	10,696	9,537
Denominator	100	17,124	11,979	11,414
Data Source	Title X Program Data			
Data Source Year	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Provisional	Final

Field Level Notes for Form 10 ESMs:

None

2021-2025: ESM IH-Adolescent.1 - Percent of students who report feeling comfortable seeking help from 1+ adult if they had an important question affecting their life, according to the Wisconsin YRBSS

Measure Status:		Active			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		72.6	73.6	74.6	75.6
Annual Indicator		84	82.4	82.4	80.9
Numerator		84	1,466	1,466	1,837
Denominator		100	1,779	1,779	2,271
Data Source		Wisconsin Youth Risk Behavior Surveillance Survey			
Data Source Year		2019	2021	2021	2023
Provisional or Final ?		Final	Final	Final	Final

Field Level Notes for Form 10 ESMs:

- Field Name:** 2021

Column Name: State Provided Data

Field Note:
 Due to the extraordinary circumstances of COVID-19, the YRBSS was postponed from Spring 2021 until Fall 2021. The survey was administered to students from September 7, 2021 to December 10, 2021. School, District, and County-level reports are expected to be released in late Spring or early Summer 2022. The Wisconsin Department of Public Instruction is currently analyzing all returned data and will post reports to the Secure Access File Exchange (SAFE) system as soon as it is able to certify the data. The representative statewide sample report will be available later in Fall 2022.
- Field Name:** 2022

Column Name: State Provided Data

Field Note:
 A) Percent of students who report feeling comfortable seeking help from 1+ adult if they had an important question affecting their life, according to the Wisconsin Youth Risk Behavior Surveillance System

Denominator: N = 1779 although the survey overall was completed by 1838 students. A foot note indicates 59 students were excluded from this analysis.

2021-2025: ESM IH-Adolescent.2 - Annual number of individuals who receive gatekeeper training (e.g., QPR, Mental Health First Aid) in suicide prevention

Measure Status:		Active			
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective	18,678	0	0	0	0
Annual Indicator	0	1,272	2,586	6,475	6,654
Numerator					
Denominator					
Data Source	REDCap	REDCap	REDCap	REDCap	REDCap
Data Source Year	2020	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Final	Final

Field Level Notes for Form 10 ESMs:

None

Form 10
State Performance Measure (SPM) Detail Sheets

State: Wisconsin

SPM 1 - Percent of children living in supportive neighborhoods.
Population Domain(s) – Cross-Cutting/Systems Building

Measure Status:	Active									
Goal:	Increase the percent of children living in supportive neighborhoods.									
Definition:	<table border="1"> <tr> <td style="background-color: #1f4e79; color: white;">Unit Type:</td> <td>Percentage</td> </tr> <tr> <td style="background-color: #1f4e79; color: white;">Unit Number:</td> <td>100</td> </tr> <tr> <td style="background-color: #1f4e79; color: white;">Numerator:</td> <td>Child that lives in a supportive neighborhood.</td> </tr> <tr> <td style="background-color: #1f4e79; color: white;">Denominator:</td> <td>Children age 0-17 years</td> </tr> </table>		Unit Type:	Percentage	Unit Number:	100	Numerator:	Child that lives in a supportive neighborhood.	Denominator:	Children age 0-17 years
Unit Type:	Percentage									
Unit Number:	100									
Numerator:	Child that lives in a supportive neighborhood.									
Denominator:	Children age 0-17 years									
Data Sources and Data Issues:	National Survey of Children's Health									
Significance:	<p>This measure is referred to in various contexts as “neighborhood support,” “neighborhood cohesion,” and “social capital” – and is derived from responses to three statements: 1) People in this neighborhood help each other out (K10Q30); 2) We watch out for each other's children in this neighborhood (K10Q31); and 3) When we encounter difficulties, we know where to go for help in our community (GOFORHELP). Respondents were asked whether they "definitely agree," "somewhat agree," "somewhat disagree," or "definitely disagree" with each statement. Children are considered to live in supportive neighborhoods if their parents reported “definitely agree” to at least one of the items above and “somewhat agree” or “definitely agree” to the other two items. Only children with valid responses on all three items are included in the denominator.</p>									

**SPM 2 - Percent of food insecurity in Wisconsin.
Population Domain(s) – Cross-Cutting/Systems Building**

Measure Status:	Active	
Goal:	Decrease the percentage of food insecurity in Wisconsin.	
Definition:	Unit Type:	Percentage
	Unit Number:	100
	Numerator:	Food insecure population in Wisconsin.
	Denominator:	Total population in Wisconsin.
Data Sources and Data Issues:	National Survey of Children's Health	
Significance:	<p>Food insecurity is defined by the United States Department of Agriculture as the lack of access, at times, to enough food for an active, healthy life. Food insecurity is associated with numerous adverse social and health outcomes and is increasingly considered a critical public health issue. Key drivers of food insecurity include unemployment, poverty, and income shocks, which can prevent adequate access to food. Alternatively, multiple interventions have been shown to reduce food insecurity, including participation in food assistance programs and broader societal-level improvements in economic stability.</p>	

Form 10
State Performance Measure (SPM) Detail Sheets (2021-2025 Needs Assessment Cycle)

2021-2025: SPM 1 - Infant mortality rate in babies born to non-Hispanic Black mothers
Population Domain(s) – Perinatal/Infant Health

Measure Status:	Active									
Goal:	By 2025, reduce the infant mortality rate in babies born to non-Hispanic Black mothers from 14.6 to 13.0 per 1,000 live births									
Definition:	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">Unit Type:</td> <td>Rate</td> </tr> <tr> <td>Unit Number:</td> <td>1,000</td> </tr> <tr> <td>Numerator:</td> <td>number of infants born alive to non-Hispanic black women who die before one year of age</td> </tr> <tr> <td>Denominator:</td> <td>total number of live births born to non-Hispanic Black mothers in Wisconsin</td> </tr> </table>		Unit Type:	Rate	Unit Number:	1,000	Numerator:	number of infants born alive to non-Hispanic black women who die before one year of age	Denominator:	total number of live births born to non-Hispanic Black mothers in Wisconsin
Unit Type:	Rate									
Unit Number:	1,000									
Numerator:	number of infants born alive to non-Hispanic black women who die before one year of age									
Denominator:	total number of live births born to non-Hispanic Black mothers in Wisconsin									
Healthy People 2030 Objective:	N/A									
Data Sources and Data Issues:	Baseline is 2016-2018 infant mortality data from Vital Records. Vital Records will continue to inform this measure.									
Significance:	Infants born to non-Hispanic Black mothers are dying preventable deaths (prematurely).									

2021-2025: SPM 2 - A) Percent of non-Hispanic Black and non-Hispanic Native birthing persons receiving prenatal care within the first trimester; B) Percent of birthing persons receiving a quality postpartum visit
Population Domain(s) – Women/Maternal Health, Perinatal/Infant Health

Measure Status:	Active								
Goal:	By 2025, A) increase the percent of non-Hispanic Black and Native birthing persons receiving prenatal care in the first trimester from 60% to 66%; B) increase the percent of birthing persons receiving a quality postpartum visit from 56% to 67%.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>A) number of pregnant birthing persons in Wisconsin receiving prenatal care in the first trimester; B) number of birthing persons who report receiving a quality postpartum visit on the Wisconsin PRAMS survey (weighted)</td> </tr> <tr> <td>Denominator:</td> <td>A) number of birthing persons who gave birth in Wisconsin; B) total number of birthing persons who report attending a postpartum visit on the Wisconsin PRAMS survey (weighted)</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	A) number of pregnant birthing persons in Wisconsin receiving prenatal care in the first trimester; B) number of birthing persons who report receiving a quality postpartum visit on the Wisconsin PRAMS survey (weighted)	Denominator:	A) number of birthing persons who gave birth in Wisconsin; B) total number of birthing persons who report attending a postpartum visit on the Wisconsin PRAMS survey (weighted)
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	A) number of pregnant birthing persons in Wisconsin receiving prenatal care in the first trimester; B) number of birthing persons who report receiving a quality postpartum visit on the Wisconsin PRAMS survey (weighted)								
Denominator:	A) number of birthing persons who gave birth in Wisconsin; B) total number of birthing persons who report attending a postpartum visit on the Wisconsin PRAMS survey (weighted)								
Healthy People 2030 Objective:	N/A								
Data Sources and Data Issues:	<p>A) WISH (https://www.dhs.wisconsin.gov/wish/index.htm)</p> <p>B) Wisconsin PRAMS survey question #70. "Quality" is defined by those who report receiving these services on Wisconsin PRAMS Question #70: postpartum depression screening, tobacco use screening, and EITHER contraception OR birth spacing discussion.</p>								
Significance:	Wisconsin lacks a comprehensive, high-quality, regionalized perinatal care system that successfully engages birthing persons throughout the continuum of care, from preconception through the postpartum transition to ongoing well woman care.								

2021-2025: SPM 3 - Percent of Wisconsin adults who report that they “usually” or “always” get the social and emotional support that they need.

Population Domain(s) – Cross-Cutting/Systems Building

Measure Status:	Active								
Goal:	By 2025, increase the percent of adults who report they “usually” or “always” get the social and emotional support that they need from 76.8% to 78.8%.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of adults who report they “usually” or “always” get the social and emotional support that they need.</td> </tr> <tr> <td>Denominator:</td> <td>Total number of adults participating in the Wisconsin Behavioral Risk Factor Surveillance System</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of adults who report they “usually” or “always” get the social and emotional support that they need.	Denominator:	Total number of adults participating in the Wisconsin Behavioral Risk Factor Surveillance System
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of adults who report they “usually” or “always” get the social and emotional support that they need.								
Denominator:	Total number of adults participating in the Wisconsin Behavioral Risk Factor Surveillance System								
Data Sources and Data Issues:	Wisconsin Behavioral Risk Factor Surveillance System								
Significance:	Via environmental and social barriers, too many Wisconsinites are lacking meaningful social connections, which can lead to increased risk of adverse health outcomes.								

2021-2025: SPM 4 - Percent of performance measures with family, youth, and community engagement embedded into program and policies
Population Domain(s) – Cross-Cutting/Systems Building

Measure Status:	Active									
Goal:	By 2025, have 100% of action plans demonstrate measurable annual progress in family, youth, and community engagement.									
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of performance measures with family, youth, and community engagement embedded into program and policies</td> </tr> <tr> <td>Denominator:</td> <td>Number of performance measures</td> </tr> </table>		Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of performance measures with family, youth, and community engagement embedded into program and policies	Denominator:	Number of performance measures
Unit Type:	Percentage									
Unit Number:	100									
Numerator:	Number of performance measures with family, youth, and community engagement embedded into program and policies									
Denominator:	Number of performance measures									
Data Sources and Data Issues:	Wisconsin State Action Plan									
Significance:	Wisconsin Title V Programs do not consistently and effectively embed family, youth, and community member perspectives into their programs' policies and practices.									

2021-2025: SPM 5 - Percent of adolescents, ages 12 through 17, reporting feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the last 12 months
Population Domain(s) – Adolescent Health

Measure Status:	Active								
Goal:	A) By 2025, decrease the percentage of youth reporting feeling hopeless on the Wisconsin YRBSS from 27% to 24%. B) By 2025, decrease the percent of youth reporting being bullied on school property on the Wisconsin YRBSS from 24% to 20%.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>A) number of youth reporting feeling hopeless on the Wisconsin YRBSS</td> </tr> <tr> <td>Denominator:</td> <td>total number of youth participating in the YRBSS</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	A) number of youth reporting feeling hopeless on the Wisconsin YRBSS	Denominator:	total number of youth participating in the YRBSS
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	A) number of youth reporting feeling hopeless on the Wisconsin YRBSS								
Denominator:	total number of youth participating in the YRBSS								
Data Sources and Data Issues:	Wisconsin Youth Risk Behavior Surveillance System								
Significance:	Wisconsin adolescents lack strong, positive, and consistent sources of social connection and support, impacting both their psychological and physical health.								

Form 10
State Outcome Measure (SOM) Detail Sheets
State: Wisconsin

No State Outcome Measures were created by the State.

Form 10
Evidence-Based or –Informed Strategy Measures (ESM) Detail Sheets

State: Wisconsin

ESM PPV.1 - Percent of birth workforce providers who report increased confidence in providing perinatal health education to their clients/patients following a workforce training.
NPM – A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV

Measure Status:	Active								
Goal:	80% of birth workforce providers who report increased confidence in providing perinatal health education to their clients/patients after they complete a workforce training.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of birth workforce providers who report increased confidence providing perinatal education to their clients/patients among those who received workforce training.</td> </tr> <tr> <td>Denominator:</td> <td>Number of birth workforce providers who received workforce training AND complete post training surveys.</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of birth workforce providers who report increased confidence providing perinatal education to their clients/patients among those who received workforce training.	Denominator:	Number of birth workforce providers who received workforce training AND complete post training surveys.
	Unit Type:	Percentage							
	Unit Number:	100							
	Numerator:	Number of birth workforce providers who report increased confidence providing perinatal education to their clients/patients among those who received workforce training.							
Denominator:	Number of birth workforce providers who received workforce training AND complete post training surveys.								
Data Sources and Data Issues:	Data to be collected by funded partner. Data will be collected via post-training surveys. The post-training survey will be administered right after the training is complete.								
Evidence-based/informed strategy:	Increase community access to holistic resources and support for pregnant women and support persons.								
Significance:	This metric helps determine if training effectively increases the capacity of the birth workforce to provide perinatal health education to their clients/patients served.								

ESM DSR.1 - Percent of participants who report increased confidence in applying knowledge or skills as a result of the doula education they received.
NPM – Percent of women with a recent live birth who experienced racial/ethnic discrimination while getting healthcare during pregnancy, delivery, or at postpartum care - DSR

Measure Status:	Active								
Goal:	80% of participants who report increased confidence in applying knowledge or skills as a result of the doula education they received.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of participants who report increased confidence in applying knowledge or skills as a result of the doula education they received.</td> </tr> <tr> <td>Denominator:</td> <td>Total number of participants that received doula education that completed the evaluation survey.</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of participants who report increased confidence in applying knowledge or skills as a result of the doula education they received.	Denominator:	Total number of participants that received doula education that completed the evaluation survey.
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of participants who report increased confidence in applying knowledge or skills as a result of the doula education they received.								
Denominator:	Total number of participants that received doula education that completed the evaluation survey.								
Data Sources and Data Issues:	Data to be collected by funded partner. Data will be collected via post-training surveys. The post-training survey will be administered right after the training is complete.								
Evidence-based/informed strategy:	Increase the accessibility of doula support for all who want one.								
Significance:	This metric helps determine if new doula training and support programs effectively increase the size of the Wisconsin doula workforce serving clients. Increasing the size of the Wisconsin doula workforce can help to increase access to maternal care in underserved areas.								

ESM DS.1 - Percent of medical providers trained who report using an evidence-based screening tool
NPM – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS

Measure Status:	Inactive - Replaced	
Goal:	100% of medical providers trained will report using an evidence-based screening tool by 2025.	
Definition:	Unit Type:	Percentage
	Unit Number:	100
	Numerator:	Number of medical providers trained who report using an evidence-based screening tool
	Denominator:	Number of medical providers trained who complete an evaluation
Data Sources and Data Issues:	Training evaluation will be distributed via the Wisconsin Medical Home Initiative using Survey Monkey, and reported to the Wisconsin Title V Program. No data issues anticipated.	
Significance:	Too few children receive a developmental screening using a standardized parent-completed tool. Providers, especially pediatricians, report that use of a standardized screening tool increased from 21% in 2002 to 63% in 2016. Progress has been made, but more is needed. Unfortunately, AAP screening guidelines have not yet been uniformly embraced. All providers serving children must embrace screening guidelines and, be trained to increase their knowledgeable of using a standardized developmental screening tool.	

ESM DS.2 - Percent of medical providers trained who report a change in knowledge related to developmental screening age interval recommendations
NPM – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS

Measure Status:	Inactive - Replaced								
Goal:	100% of medical providers trained will report a change in knowledge related to developmental screening age interval recommendations by 2025.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of medical providers trained who report a change in knowledge related to developmental screening age interval recommendations</td> </tr> <tr> <td>Denominator:</td> <td>Number of medical providers trained</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of medical providers trained who report a change in knowledge related to developmental screening age interval recommendations	Denominator:	Number of medical providers trained
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of medical providers trained who report a change in knowledge related to developmental screening age interval recommendations								
Denominator:	Number of medical providers trained								
Data Sources and Data Issues:	Training evaluation will be distributed via the Wisconsin Medical Home Initiative using Survey Monkey, and reported to the Wisconsin Title V Program. No data issues anticipated.								
Significance:	Too few children receive a developmental screening using a standardized parent-completed tool. Providers, especially pediatricians, report that use of a standardized screening tool increased from 21% in 2002 to 63% in 2016. Progress has been made, but more is needed. Unfortunately, AAP screening guidelines have not yet been uniformly embraced. All providers serving children must embrace screening guidelines and, be trained to increase their knowledgeable of using a standardized developmental screening tool.								

ESM DS.3 - Percent of community developmental screening training participants who report an increase in knowledge regarding developmental screening
NPM – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS

Measure Status:	Inactive - Replaced									
Goal:	100% of community developmental screening training participants will report an increase in knowledge regarding developmental screening by 2025.									
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of community developmental screening training participants who report an increase in knowledge regarding developmental screening</td> </tr> <tr> <td>Denominator:</td> <td>Number of community developmental screening training participants who complete an evaluation</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of community developmental screening training participants who report an increase in knowledge regarding developmental screening	Denominator:	Number of community developmental screening training participants who complete an evaluation	
Unit Type:	Percentage									
Unit Number:	100									
Numerator:	Number of community developmental screening training participants who report an increase in knowledge regarding developmental screening									
Denominator:	Number of community developmental screening training participants who complete an evaluation									
Data Sources and Data Issues:	Training evaluation will be distributed via the Wisconsin Medical Home Initiative using Survey Monkey, and reported to the Wisconsin Title V Program. No data issues anticipated.									
Significance:	Too few children receive a developmental screening using a standardized parent-completed tool. Community education and training is needed to educate, support, and empower communities and their families on the importance of developmental monitoring and screening, and to know what action to take when a child has a possible concern.									

ESM DS.4 - Percentage of trainees who report they will begin implementing developmental monitoring and/or developmental screening practices.

NPM – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS

Measure Status:	Active								
Goal:	60% of individuals trained on developmental monitoring and/or developmental screening indicate they, or their organization, will begin implementing evidence-based practices within their agency in the next 6-12 months.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of trainees who report they, or their organization, will begin implementing developmental monitoring and/or developmental screening practices within their agency in the next 6-12 months following a training.</td> </tr> <tr> <td>Denominator:</td> <td>Total number of individuals who attended developmental monitoring and developmental screening trainings and completed evaluation survey.</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of trainees who report they, or their organization, will begin implementing developmental monitoring and/or developmental screening practices within their agency in the next 6-12 months following a training.	Denominator:	Total number of individuals who attended developmental monitoring and developmental screening trainings and completed evaluation survey.
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of trainees who report they, or their organization, will begin implementing developmental monitoring and/or developmental screening practices within their agency in the next 6-12 months following a training.								
Denominator:	Total number of individuals who attended developmental monitoring and developmental screening trainings and completed evaluation survey.								
Data Sources and Data Issues:	Program data collected by funded partner. Partner will take attendance and track # of attendees at each training. A post-training survey will be distributed at the end of each training to identify attendees who will begin implementing developmental monitoring and/or screening practices within 6-12 months following a training. Additional follow-up will be conducted (method TBD) with attendees 6-12 months following the training to identify agencies that have started implementing monitoring and/or screening practices and/or need additional support in implementing practice changes.								
Evidence-based/informed strategy:	Enhance and expand universal developmental monitoring and developmental screening (using evidence-based screening tools) and strengthen referral processes.								
Significance:	Training professionals on developmental monitoring and screening best-practices is an important part of increasing opportunities for all children to be screened for potential developmental delays. This measure will tell us the percentage of training participants who plan to implement a practice change post-training.								

ESM MHT.1 - Number of youth engaged in planning, creating, implementing, or evaluating Title V-funded adolescent mental health projects and initiatives.

NPM – Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT

Measure Status:	Active								
Goal:	Increase the number of youth engaged in state and local adolescent mental health promotion projects.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Count</td> </tr> <tr> <td>Unit Number:</td> <td>500</td> </tr> <tr> <td>Numerator:</td> <td>Number of youth engaged in planning, creating, implementing, or evaluating Title V-funded adolescent mental health projects and initiatives.</td> </tr> <tr> <td>Denominator:</td> <td></td> </tr> </table>	Unit Type:	Count	Unit Number:	500	Numerator:	Number of youth engaged in planning, creating, implementing, or evaluating Title V-funded adolescent mental health projects and initiatives.	Denominator:	
Unit Type:	Count								
Unit Number:	500								
Numerator:	Number of youth engaged in planning, creating, implementing, or evaluating Title V-funded adolescent mental health projects and initiatives.								
Denominator:									
Data Sources and Data Issues:	Program data collected by funded partner.								
Evidence-based/informed strategy:	Implement initiatives to improve youth mental health supports in collaboration with youth, local/Tribal health agencies, schools, and/or school based health centers.								
Significance:	This measure helps show how many youth are being engaged in planning, creating, implementing, or evaluating mental health projects that impact them. We know that when youth are involved and have a say in programs that affect them those programs are more effective and impactful. Youth engagement also helps build community connectedness and empowers young people to be involved in and lead the charge in tackling community health issues. We intend to collect this information from local and Tribal health agencies who select Adolescent Mental Health as an objective as well as competitively funded organizations engaging youth in their projects and efforts.								

**ESM MH.1 - Percent of Regional Center information & referral staff who report competence in explaining medical home concepts
NPM – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH**

Measure Status:	Inactive - Replaced								
Goal:	80% of Regional Center information and referral staff, who have been in their position for one year or more, will self-evaluate at a minimum of 50% “competent” or “proficient” in Medical Home competencies.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of Regional Center information and referral staff, who have been in their position for one year or more, who self-evaluate at a minimum of 50% “competent” or “proficient” in Medical Home competencies</td> </tr> <tr> <td>Denominator:</td> <td>Number of Regional Center information and referral staff who have been in their position for one year or more who complete a self-evaluation</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of Regional Center information and referral staff, who have been in their position for one year or more, who self-evaluate at a minimum of 50% “competent” or “proficient” in Medical Home competencies	Denominator:	Number of Regional Center information and referral staff who have been in their position for one year or more who complete a self-evaluation
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of Regional Center information and referral staff, who have been in their position for one year or more, who self-evaluate at a minimum of 50% “competent” or “proficient” in Medical Home competencies								
Denominator:	Number of Regional Center information and referral staff who have been in their position for one year or more who complete a self-evaluation								
Data Sources and Data Issues:	Qualtrics tracking system will be used. The system was piloted in 2020 and no issues are anticipated.								
Significance:	Because Regional Centers for CYSHCN serve in a leadership capacity in their region to promote the use of Medical Home tools and common messages with regional and community partners (local and tribal health agencies, home visiting programs, and others) it is critical that they have the necessary knowledge of Medical Home concepts. In an effort to maintain a competent Regional Center work force related to Medical Home concepts, the CYSHCN Program, with the Wisconsin Medical Home Initiative, developed a Medical Home self-assessment. At the beginning of 2021, all Regional Center information and referral staff will complete the Medical Home self-assessment. The results of this self-assessment will guide staff training and onboarding.								

ESM MH.2 - Percent of family members, health care providers, and community professionals trained on Medical Home-related concepts who report a change in knowledge or skills or behavior following the training
NPM – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH

Measure Status:	Inactive - Replaced	
Goal:	200 participants will be trained, and 80% of those completing an evaluation following their training will report a change in knowledge, skills, or intended behavior.	
Definition:	Unit Type:	Percentage
	Unit Number:	100
	Numerator:	Number of participants trained on Medical Home concepts who report a change in knowledge, skills, or intended behavior following the training
	Denominator:	Number of participants trained on Medical Home concepts, who complete an evaluation following their training
Data Sources and Data Issues:	REDCap. No data concerns anticipated.	
Significance:	Trainings will increase the knowledge and skills about Medical Home concepts among families, health care providers, and other community health professionals, and evaluations following the training will assure the effectiveness of these trainings.	

ESM MH.3 - Percent of families who receive at least one Regional Center referral that results in needed services received
NPM – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH

Measure Status:	Inactive - Replaced	
Goal:	50% of families who receive at least one Regional Center referral will receive needed services.	
Definition:	Unit Type:	Percentage
	Unit Number:	100
	Numerator:	Number of families who receive at least one Regional Center referral that results in needed services received
	Denominator:	Number of families who receive at least one Regional Center referral, and follow up is reported
Data Sources and Data Issues:	REDCap. No issues anticipated.	
Significance:	Families of CYSHCN are linked to needed supports and services through Regional Center information and referral services. This service linkage provides easily accessible referral resource information to families and providers to link families to needed supports and services.	

**ESM MH.4 - Number of unduplicated organizations (hospitals, clinics, or health care systems) collaborating with Title V to implement medical home practices for all children, including children with special health care needs.
 NPM – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH**

Measure Status:	Active								
Goal:	Increase the number of unduplicated organizations (hospitals, clinics, or health care systems) collaborating with Title V to implement medical home practices for all children, including CYSHCN by at least two per year.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Count</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of unduplicated organizations (hospitals, clinics, or health care systems) collaborating with Title V to implement medical home practices for all children, including children and youth with special health care needs.</td> </tr> <tr> <td>Denominator:</td> <td></td> </tr> </table>	Unit Type:	Count	Unit Number:	100	Numerator:	Number of unduplicated organizations (hospitals, clinics, or health care systems) collaborating with Title V to implement medical home practices for all children, including children and youth with special health care needs.	Denominator:	
	Unit Type:	Count							
	Unit Number:	100							
	Numerator:	Number of unduplicated organizations (hospitals, clinics, or health care systems) collaborating with Title V to implement medical home practices for all children, including children and youth with special health care needs.							
Denominator:									
Data Sources and Data Issues:	Program data collected by funded partner(s). Organization will track the number of hospitals, clinics, or health systems that they are collaborating with.								
Evidence-based/informed strategy:	Support providers to implement medical home practices.								
Significance:	Working with health care providers to implement medical home practices is essential for ensuring all children, including children and youth with special health care needs, have a medical home. The measure will track the number of clinics, hospitals, or health care systems collaborating with Title V to implement medical home practices.								

ESM MH.5 - Percent of referrals that resulted in services received at the time of follow-up.

NPM – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH

Measure Status:	Active	
Goal:	50% of referrals result in services received at the time of follow-up.	
Definition:	Unit Type:	Percentage
	Unit Number:	100
	Numerator:	Number of referrals that resulted in services received at the time of follow-up.
	Denominator:	Total number of referrals made.
Data Sources and Data Issues:	REDCap Information and Referral database	
Evidence-based/informed strategy:	Increase support for families of children and youth with special health care needs (CYSHCN).	
Significance:	Children and youth with special health care needs (CYSHCN) and their families are supported through information and referrals through the Children's Resource Centers. As the more families are supported through information and referrals it is important to assess if referrals continue to result in services needed.	

**ESM MH.6 - Percent of youth-serving providers who report a planned behavior change as a result of participating in training.
 NPM – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH**

Measure Status:	Active								
Goal:	70% of youth-serving providers report a planned behavior change as a result of participating in training.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of youth-serving providers who report a planned behavior change as a result of participating in training.</td> </tr> <tr> <td>Denominator:</td> <td>Number of youth-serving providers who participate in training AND complete a post-training evaluation.</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of youth-serving providers who report a planned behavior change as a result of participating in training.	Denominator:	Number of youth-serving providers who participate in training AND complete a post-training evaluation.
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of youth-serving providers who report a planned behavior change as a result of participating in training.								
Denominator:	Number of youth-serving providers who participate in training AND complete a post-training evaluation.								
Data Sources and Data Issues:	Training evaluation survey conducted by funded partner.								
Evidence-based/informed strategy:	Support providers to implement medical home practices and increase support for children and youth with special health care needs (CYSHCN) in school settings.								
Significance:	Assessing the effectiveness and impact of this training is important. The goal of training is to not only increase knowledge but have a change in practice or behavior. The measure will tell us the percentage of participants who plan to implement a behavior change post training.								

Form 10

Evidence-Based or -Informed Strategy Measure (ESM) (2021-2025 Needs Assessment Cycle)

2021-2025: ESM BF.2 - Percent of non-Hispanic Black infants ever breastfed

2021-2025: NPM – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF

Measure Status:	Active								
Goal:	Increase the percent of non-Hispanic Black infants ever breastfed according to Vital Records from 51% to 56.1% (+10%) by 2025.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of non-Hispanic Black infants ever breastfed in Wisconsin</td> </tr> <tr> <td>Denominator:</td> <td>Number of non-Hispanic Black infants born alive in Wisconsin</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of non-Hispanic Black infants ever breastfed in Wisconsin	Denominator:	Number of non-Hispanic Black infants born alive in Wisconsin
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of non-Hispanic Black infants ever breastfed in Wisconsin								
Denominator:	Number of non-Hispanic Black infants born alive in Wisconsin								
Data Sources and Data Issues:	Vital Records will be the main data source for this ESM. One issue is that Vital Records is often missing information. Additionally, “ever breastfed” is filled out by health care workers at time of hospital discharge, so there are gaps in this information. The strength of this data source over others such as PRAMS or Home Visiting data is that Vital Records is more reflective of the entire population. It is also reported in a timely manner, and collects information on a larger number of individuals than other sources.								
Significance:	Breastfeeding offers both short and long term benefits for the mother and child. Breastfeeding is also a protective factor for Sudden Unexpected Infant Death. Disparities persist in Wisconsin related to breastfeeding initiation and duration rates for the African American community.								

2021-2025: ESM BF.3 - Percent of non-Hispanic American Indian/Alaska Native infants ever breastfed
2021-2025: NPM – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF

Measure Status:	Active	
Goal:	Increase the percent of non-Hispanic American Indian/Alaska Native infants ever breastfed according to Vital Records from 65.4% to 70.3% (+7.5%) by 2025.	
Definition:	Unit Type:	Percentage
	Unit Number:	100
	Numerator:	Number of non-Hispanic American Indian/Alaska infants ever breastfed
	Denominator:	Number of non-Hispanic American Indian/Alaska infants born alive
Data Sources and Data Issues:	Vital Records will be the main data source for this ESM. One issue is that Vital Records is often missing information. Additionally, “ever breastfed” is filled out by health care workers at time of hospital discharge, so there are gaps in this information. The strength of this data source over others such as PRAMS or Home Visiting data is that Vital Records is more reflective of the entire population. It is also reported in a timely manner, and collects information on a larger number of individuals than other sources.	
Significance:	Breastfeeding offers both short and long term benefits for the mother and child. Breastfeeding is also a protective factor for Sudden Unexpected Infant Death. Disparities persist in Wisconsin related to breastfeeding initiation and duration rates for the Indigenous community.	

2021-2025: ESM PA-Child.3 - Percent of local and tribal health agencies in Wisconsin receiving Title V funding who chose the physical activity and nutrition objective.

2021-2025: NPM – Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day - PA-Child

Measure Status:	Active								
Goal:	Increase the percentage of local and tribal health agencies that select the physical activity and nutrition objective from 9% to 14% by 2025.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of local and tribal health agencies in Wisconsin selected the physical activity and nutrition objective.</td> </tr> <tr> <td>Denominator:</td> <td>Total number of local and tribal health agencies in Wisconsin.</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of local and tribal health agencies in Wisconsin selected the physical activity and nutrition objective.	Denominator:	Total number of local and tribal health agencies in Wisconsin.
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of local and tribal health agencies in Wisconsin selected the physical activity and nutrition objective.								
Denominator:	Total number of local and tribal health agencies in Wisconsin.								
Data Sources and Data Issues:	Annual Grants and Contracts Supplement								
Evidence-based/informed strategy:	<p>Enhance Title V's workforce capacity to implement nutrition and physical activity (social, physical, and mental) programming for the Maternal and Child Health (MCH) population through skill building and peer-to-peer learning opportunities.</p> <p>Develop and implement strategies for local and tribal health agencies focused on physical activity and nutrition, based on community input from 2021 survey results.</p>								
Significance:	<p>Too few children ages 6 to 11 in Wisconsin are active for at least 60 minutes per day.</p> <p>Increasing the number of local and tribal agencies that select the physical activity and nutrition objective will increase interventions at the local level that are based on community need and elevate the priority of this work throughout the state.</p>								

2021-2025: ESM TAHC.1 - Percent of Regional Center information and referral staff who report competence in explaining youth health transition concepts
 2021-2025: NPM – Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC

Measure Status:	Active								
Goal:	80% of Regional Center information and referral staff, who have been in their position for one year or more, will self-evaluate at a minimum of 50% “competent” or “proficient” in Transition competencies.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of Regional Center information and referral staff, who have been in their position for one year or more, who self-evaluate at a minimum of 50% “competent” or “proficient” in Transition competencies</td> </tr> <tr> <td>Denominator:</td> <td>Number of Regional Center information and referral staff who have been in their position for one year or more who complete a self-evaluation</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of Regional Center information and referral staff, who have been in their position for one year or more, who self-evaluate at a minimum of 50% “competent” or “proficient” in Transition competencies	Denominator:	Number of Regional Center information and referral staff who have been in their position for one year or more who complete a self-evaluation
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of Regional Center information and referral staff, who have been in their position for one year or more, who self-evaluate at a minimum of 50% “competent” or “proficient” in Transition competencies								
Denominator:	Number of Regional Center information and referral staff who have been in their position for one year or more who complete a self-evaluation								
Data Sources and Data Issues:	Qualtrics tracking system will be used. The system was piloted in 2020 and no issues are anticipated.								
Significance:	Based on the results of this self-assessment, staff from the Youth Health Transition Initiative will assist Regional Centers to ensure that the Network has the necessary skills and knowledge to address any questions that arise. As new staff are onboarded, this survey can be used as a thorough training guide, to assure the competency and effectiveness of the workforce.								

2021-2025: ESM TAHC.2 - Percent of participants trained on youth health care transition concepts who report a change in knowledge, skills, or intended behavior following the training
 2021-2025: NPM – Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC

Measure Status:	Active								
Goal:	600 participants will be trained, and 80% of those completing an evaluation following their training will report a change in knowledge, skills, or intended behavior.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of participants trained on youth health care transition concepts who report a change in knowledge, skills, or intended behavior following the training</td> </tr> <tr> <td>Denominator:</td> <td>Number of participants trained on youth health care transition concepts, who complete an evaluation following their training</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of participants trained on youth health care transition concepts who report a change in knowledge, skills, or intended behavior following the training	Denominator:	Number of participants trained on youth health care transition concepts, who complete an evaluation following their training
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of participants trained on youth health care transition concepts who report a change in knowledge, skills, or intended behavior following the training								
Denominator:	Number of participants trained on youth health care transition concepts, who complete an evaluation following their training								
Data Sources and Data Issues:	REDCap. No data concerns anticipated.								
Significance:	Trainings will increase the knowledge and skills about transition among families, health care providers, and other community health professionals, and evaluations following the training will assure the effectiveness of the trainings.								

2021-2025: ESM WWV.4 - Percent of clients served who have complete race and ethnicity data
 2021-2025: NPM – Percent of women, ages 18 through 44, with a preventive medical visit in the past year - WWV

Measure Status:	Active	
Goal:	95%	
Definition:	Unit Type:	Percentage
	Unit Number:	100
	Numerator:	Number of clients served who have complete race and ethnicity data
	Denominator:	Total number of clients served
Data Sources and Data Issues:	Reproductive Health Family Planning Program	
Evidence-based/informed strategy:	Identify and develop mechanisms to improve equity issues in clinic-level data collection.	
Significance:	More than 10% of race and ethnicity data is currently missing.	

2021-2025: ESM IH-Adolescent.1 - Percent of students who report feeling comfortable seeking help from 1+ adult if they had an important question affecting their life, according to the Wisconsin YRBSS

2021-2025: NPM – Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 - IH-Adolescent

Measure Status:	Active								
Goal:	Increase the percent of students who report feeling comfortable seeking help from 1+ adult if they had an important question affecting their life, according to the Wisconsin YRBSS, from 71.6% to 76.6% by 2025.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> <tr> <td>Numerator:</td> <td>Number of students who report feeling comfortable seeking help from 1+ adult if they had an important question affecting their life, according to the Wisconsin YRBSS</td> </tr> <tr> <td>Denominator:</td> <td>Number of students who complete the Wisconsin YRBSS</td> </tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of students who report feeling comfortable seeking help from 1+ adult if they had an important question affecting their life, according to the Wisconsin YRBSS	Denominator:	Number of students who complete the Wisconsin YRBSS
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of students who report feeling comfortable seeking help from 1+ adult if they had an important question affecting their life, according to the Wisconsin YRBSS								
Denominator:	Number of students who complete the Wisconsin YRBSS								
Data Sources and Data Issues:	Data will be pulled from the YRBSS. Data issues may arise from lack of in person schooling due to the COVID-19 Pandemic. Due to the rapidly-evolving nature of school environments in the midst of the COVID-19 Pandemic, collection and release of data in upcoming years may be affected.								
Significance:	Students who report feeling comfortable seeking help from 1+ adult if they had an important question affecting their life are associated with decreases in negative mental health concerns, such as isolation, loneliness, depression, self-harm, and suicidal ideation. These mental health concerns are of emphasized concern during the COVID-19 Pandemic. Enhanced protective factors and reduced risk factors are associated with reduced risk of adolescent injury.								

2021-2025: ESM IH-Adolescent.2 - Annual number of individuals who receive gatekeeper training (e.g., QPR, Mental Health First Aid) in suicide prevention

2021-2025: NPM – Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 - IH-Adolescent

Measure Status:	Active									
Goal:	To increase the number of individuals that receive gatekeeper training in suicide prevention									
Definition:	<table border="1"> <tr> <td>Unit Type:</td> <td>Count</td> </tr> <tr> <td>Unit Number:</td> <td>50,000</td> </tr> <tr> <td>Numerator:</td> <td>Cumulative number of individuals who receive gatekeeper training in suicide prevention</td> </tr> <tr> <td>Denominator:</td> <td></td> </tr> </table>		Unit Type:	Count	Unit Number:	50,000	Numerator:	Cumulative number of individuals who receive gatekeeper training in suicide prevention	Denominator:	
Unit Type:	Count									
Unit Number:	50,000									
Numerator:	Cumulative number of individuals who receive gatekeeper training in suicide prevention									
Denominator:										
Data Sources and Data Issues:	REDCap; 2016 data will be available early 2017									
Significance:	Training individuals who receive gatekeeping training will decrease the likelihood that an adolescent attempts or commits suicide.									

**Form 11
Other State Data**

State: Wisconsin

The Form 11 data are available for review via the link below.

[Form 11 Data](#)

Form 12
Part 1 – MCH Data Access and Linkages

State: Wisconsin
Annual Report Year 2024

Data Sources	Access				Linkages	
	(A) State Title V Program has Consistent Annual Access to Data Source	(B) State Title V Program has Access to an Electronic Data Source	(C) Describe Periodicity	(D) Indicate Lag Length for Most Timely Data Available in Number of Months	(E) Data Source is Linked to Vital Records Birth	(F) Data Source is Linked to Another Data Source
1) Vital Records Birth	Yes	Yes	Daily	0		
2) Vital Records Death	Yes	Yes	Daily	0	Yes	
3) Medicaid	No	No	Never	NA	Yes	
4) WIC	No	No	Never	NA	No	
5) Newborn Bloodspot Screening	Yes	No	Annually	0	Yes	
6) Newborn Hearing Screening	Yes	Yes	Daily	0	Yes	<ul style="list-style-type: none"> • Birth to three program participation system (PPS)
7) Hospital Discharge	Yes	Yes	Quarterly	3	Yes	<ul style="list-style-type: none"> • Medicaid (only for live births)
8) PRAMS or PRAMS-like	Yes	Yes	Annually	12	Yes	

Other Data Source(s) (Optional)

Data Sources	Access				Linkages	
	(A) State Title V Program has Consistent Annual Access to Data Source	(B) State Title V Program has Access to an Electronic Data Source	(C) Describe Periodicity	(D) Indicate Lag Length for Most Timely Data Available in Number of Months	(E) Data Source is Linked to Vital Records Birth	(F) Data Source is Linked to Another Data Source
9) Reproductive Health Program	Yes	Yes	Quarterly	3	No	
10) CYSHCN Program	Yes	Yes	Quarterly	3	No	
11) Newborn Heart Screening	Yes	Yes	Daily	0	Yes	
12) Youth Risk Behavior Survey	Yes	Yes	Less Often than Annually	4	No	
13) National Survey of Children's Health	Yes	Yes	Annually	10	No	
14) Family Health Survey	Yes	Yes	Annually	11	No	
15) Behavior Risk Factor Surveillance Survey	Yes	Yes	Annually	8	No	
16) Maternity Practices in Infant Nutrition and Care	Yes	Yes	Less Often than Annually	4	No	
17) Maternal Mortality Review	Yes	Yes	Annually	3	Yes	

Form Notes for Form 12:

None

Field Level Notes for Form 12:

None

Form 12
Part 2 – Products and Publications (Optional)

State: Wisconsin
Annual Report Year 2024

Products and Publications information has not been provided by the State.