Maternal and Child Health Services Title V Block Grant

Wisconsin

FY 2027 Application/ FY 2025 Annual Report

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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 3, 2026

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 (MCH) Services Title V Block Grant application and annual report which is being submitted electronically via HRSA's Electronic Handbook, 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 Katrina Heche, Title V Maternal and Child Health (MCH) Block Grant Director at 608-266-0594, katrina.heche@dhs.wisconsin.gov.

Sincerely,

Signed by:
Debra Standridge
B176181CD0B8490...
Debra Standridge
Deputy Secretary

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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 (Last Modified: FY 2027 Application/FY 2025 Annual Report)

Introduction to Wisconsin's Title V Program and Operations

The Wisconsin Title V Maternal and Child Health (MCH) Services Block Grant Program is a federally funded public health initiative administered by the Wisconsin Department of Health Services through the Division of Public Health's Family Health Section. Title V is the nation's oldest federal public health program, authorized under Title V of the Social Security Act, and provides formula-based block grant funding to improve the health and well-being of mothers, infants, children, adolescents, and children and youth with special health care needs. Wisconsin receives funds from the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau and channels support to county, local, Tribal, and community partners across the state.

The program's mission in Wisconsin is to ensure that all families have access to coordinated, integrated, and sustainable systems of services that promote health, prevention, and quality care for maternal and child populations. This mission is operationalized through funding partnerships, technical assistance, policy engagement, and data-driven strategic planning. Annual applications and reports are submitted to HRSA to monitor funding use, progress toward goals, and compliance with federal requirements.

Program Framework: Needs Assessment, Planning and Performance Reporting

Wisconsin's Title V program employs a comprehensive planning and performance framework rooted in the federal Title V requirements. Every five years, the program conducts a statewide needs assessment to inform the development of priorities and strategies that guide the subsequent five-year grant cycle (e.g., 2026–2030). This process integrates existing state and national data with structured community and stakeholder input, including surveys, focus groups, and public feedback. The needs assessment identifies strengths, service gaps, and opportunities for improvement across maternal and child health populations.

The program's planning and accountability are structured around performance measures defined at both the national and state levels: national performance measures, state performance measures, and evidence-based strategy measures. Wisconsin's most recent needs assessment for the 2026–2030 cycle incorporated community and organizational surveys, focus group input, and state/national health data. Key findings reflect persistent and emerging needs among maternal and child populations. The needs assessment in 2025 clarified partnerships and capacity challenges, as well as community strengths—including collaboration with local health departments, Tribal agencies, academic institutions, and family advocacy organizations—that inform priority selection and strategic planning.

Priorities and Five-Year State Action Plan

Drawing on the statewide needs assessment, Wisconsin has identified core maternal and child health priority areas that will shape its 2026–2030 State Action Plan. These priorities integrate national performance frameworks with state-specific context:

- 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 drive the development of objectives, strategies, and measurable indicators in the State Action Plan, aligning with selected national and state performance measures to systematically address priority needs. They guide subrecipient funding opportunities and technical assistance initiatives for local and Tribal partners to implement evidence-informed strategies statewide.

Supporting Comprehensive, Coordinated, Family-Centered Services

The Title V program plays a central role in assuring that statewide services are comprehensive, coordinated, and family-centered, consistent with federal expectations. Key operational roles include:

- **Funding and Technical Support**: Distributing block grant funds to local health departments, Tribal agencies, and community organizations to deliver targeted interventions such as reproductive health services, perinatal mental health care, developmental screening, and other resources for children and youth with special health care needs.
- **Cross-Sector Collaboration**: Partnerships with Medicaid, academic institutions, statewide collaboratives (such as the Wisconsin Perinatal Quality Collaborative), and family advocacy networks enhance service integration and quality improvement efforts.
- **Family-Centered and Coordinated Care Systems**: Initiatives targeting health systems and health services for children and youth with special health care needs, bolstered by provider training and direct support to families, parents, and caregivers that help them navigate services to deliver coordinated care.

These components work together to ensure that all families can access needed services across the life course, from preconception to adolescent health.

Integrating Community Input and Experience

In addition to quantitative data analysis, Wisconsin's Title V program integrates the experiences of individuals, families, caregivers, and communities into its planning and evaluation processes. The statewide needs assessment in 2025 included surveys and focus groups available in multiple languages to collect the perspectives of many different people and communities to inform priority setting. Public comments and stakeholder feedback further refined objectives and strategies.

Family participation is also central in advisory roles, particularly in planning and evaluation structures for children and youth with special health care needs. This ensures that policy and program decisions reflect the needs and preferences of the communities served.

Program Evaluation, Accomplishments, & Challenges

Wisconsin measures progress using selected national performance measures, state performance measures, and evidence-based strategy measures over the five-year cycle, with annual reporting required through the Title V Information System. Evaluation efforts emphasize the effectiveness of strategies in improving health outcomes, fostering continuous quality improvement, and informing revisions to approaches as needed.

Notable Accomplishments in 2025:

- Strengthened collaborations with Tribal health agencies and academic partners to address priority needs.
- Expanded access to perinatal mental health services and reproductive health resources via funded partner projects.
- Enhanced developmental screening initiatives and support infrastructure statewide for children and youth with special health care needs.
- 2025 Wisconsin Act 102 was signed into law, extending postpartum Medicaid coverage from 60 days to one year for thousands of new moms, babies, and families across the state. Wisconsin was the 49th state to extend Medicaid's

postpartum coverage to 12 months. See the press release from Governor Tony Evers for more information.

Ongoing Challenges:

- Addressing workforce shortages in public health.
- Ensuring access to services across rural and urban populations.
- Aligning Title V strategies with broader state health financing systems, such as Medicaid, while navigating policy and funding constraints.

III.A.2. How Federal Title V Funds Complement State-Supported MCH Efforts (Last Modified: FY 2027 Application/FY 2025 Annual Report)

Wisconsin allocates its state-controlled general purpose revenue (GPR) funds to maternal and child health by directly matching federal grants and targeting specific state-level healthcare gaps. Through the Wisconsin Department of Health Services (DHS), the state uses general purpose revenue (GPR) as a required non-federal match to secure and amplify services for populations the federal Title V program serves. Beyond match requirements, the legislature and governor utilize general purpose revenue appropriations within the state budget to finance localized health initiatives. These include the Women's Health Block Grant, which secures general purpose revenue funds for preventative screenings and family planning, as well as specialized funding to support clinics in urban city centers like Racine, Kenosha, and Milwaukee. Additionally, Wisconsin uses its State Health Assessment and the State Health Improvement Plan as roadmaps to strengthen 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 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 2025, 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 32% of Wisconsin’s total 2025 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.

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.

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 (Last Modified: FY 2027 Application/FY 2025 Annual Report)

2025 Maternal and Child Health Summit

The Maternal and Child Health Summit is held every other year. Title V staff lead the coordination through a summit planning workgroup and Innovation Horizons was funded to host the event. Summit attendance is required for all Title V grantees, and the event offers both social work and certified health education specialist continuing education credits.

The theme for the first session on May 14, 2025, was Social Connections. Speakers discussed the impact of social connections and strategies that strengthen these connections for maternal, child, and adolescent health. The keynote speaker was Megan Nix, a mother of five and author of three memoirs about parenting, including *Remedies for Sorry: An Extraordinary Child*. Nix shared how connection helped her and her family after her daughter's diagnosis with congenital cytomegalovirus. Attendees then went to breakout sessions by Title V program partners about how they support families and foster social connections for their populations. Presenters included Connecting Families, Southwest Suburban Health Department, Family Resource Center of St. Croix Valley, Hope Mayotte (founder of Wiiji-Nitaawiginaawasojig Indigenous Birth Services), and Andre Ellis (founder of We Got This).

Over 330 individuals registered, with 275 participants attending live and many others viewing the recording. A total of 90 participants received continuing education credits. Speakers received outstanding ratings overall, with 83.5% of participants rating them as excellent in all performance areas.

The theme of the second session was *Working Together for Impact: Advancing Maternal and Child Health through Partnerships* and was held on October 29, 2025. It included three panel presentations about how local and Tribal health agencies, children and youth with special health care needs-focused Title V partners, and maternal health innovation grantees can effectively work with community partners to elevate maternal, child, and adolescent health and well-being.

Over 325 individuals registered and 244 participants attended live. The recordings of both summits were available through the end of 2025 for participants to view. One shared how the event impacted them: "Excellent presenters and valuable information! I really appreciated everything shared at today's Fall Summit and gained a lot of insight from the work being done in different counties."

Staff invited a variety of Title V partners to both summits, including home visitors, prenatal care coordination providers, statewide technical assistance providers, university faculty, and maternal health innovation grantees. The evaluation indicated that most participants prefer a virtual format over an in-person one. In the evaluations, many topics were suggested for the 2027 MCH Summit, including:

- Belonging as a public health strategy
- Mental health for young families
- Approaches to social connections for American Indian communities
- Enhancing policy-level interventions, including workplace policies to support breastfeeding
- Improving access to key resources (i.e., housing, health care, etc.)
- Community birth workforce professionals and programs (i.e., doulas, home visiting programs, birth centers, etc.)
- Development of a strong community birth workforce across the state
- Best practices for maternal and child health programs, collaboration, and community engagement

III.B. Overview of the State

III.B.1. State Description (Last Modified: FY 2026 Application/FY 2024 Annual Report)

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 (Last Modified: FY 2026 Application/FY 2024 Annual Report)

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 (Last Modified: FY 2026 Application/FY 2024 Annual Report)

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 (Last Modified: FY 2027 Application/FY 2025 Annual Report)

Health Care System Delivery

Wisconsin's systems of care for women, infants, children, and families are implemented across 72 counties, 11 federally recognized tribes, 80 birthing hospitals, 21 NICUs, 5 children's hospitals, and many statewide community-based organizations. The Wisconsin Title V program funds numerous entities to improve public health systems and services for

maternal and child populations across the state. The state demonstrates strong capacity through established programs such home visiting, newborn screening, adolescent health, reproductive health and family planning, and the children and youth with special health care needs network. Using data-driven planning and the results of Wisconsin's 5-year Title V Needs Assessment, the state has identified priorities such as access to mental health services, reducing infant and maternal morbidity and mortality, and increasing supports for families as areas of need. These directly align with the state's health improvement plan priority areas of person and community centered health care and mental and emotional health and well-being. Despite these strengths, challenges remain as shown by the Neighborhood Atlas Area Deprivation Index for Wisconsin. Wisconsin has a significant portion of the population living in rural areas which can impact access to care due to distance, winter effect, and care deserts. Many rural areas of the state have higher Area Deprivation Index (ADI) scores which indicates being more disadvantaged compared to lower scoring areas. The major health systems in Wisconsin are in larger metropolitan areas such as Madison and Milwaukee, which are in the southern part of the state. Opportunities exist to strengthen the system through improved care coordination, especially in rural areas, reducing barriers to accessing health care, and applying innovative solutions to address provider shortages and service availability.

Population Served

According to 2025 population data estimates from the United States Census Bureau, Wisconsin has a total population of 5,972,787. Of this, the estimated number of children under the age of 18 is 1,242,340 and of this, the estimated number of children and youth with special health care needs is approximately 331,751. The average Wisconsin family size is 2.91 persons (American Community Survey, 2024). The overall population of the state remains steady, with a slight increase in growth. Based on Wisconsin's Department of Administration, the top five most populated cities are Milwaukee, Madison, Green Bay, Kenosha, and Racine, and nearly 20% of the state's population live in these 5 cities. The fastest growing counties are Dane (39%), Trempealeau (34%), and Eau Claire (12%). The fastest shrinking counties are Florence (31%), Adams (29%), and Richland (28%). As of June 2025, the Wisconsin Department of Corrections reported that there were 23,418 adults in correctional institutions. Between 2018 – 2022, the average daily population for Wisconsin juvenile correctional facilities was 121 youth.

In the state, the leading causes of death for adults over age 26 years old are heart disease and cancer. The leading cause of death in 2024 in Wisconsin for people ages 1-25 years old was unintentional injuries. The overall leading cause of infant mortality in Wisconsin from 2022–2024 was congenital malformations, but for neonatal infants it was short gestation or low birthweight, while the leading cause of post neonatal deaths was sudden unexpected infant deaths.

The Wisconsin state birth rate has slowly declined over the past 20 years, dropping from 12.7 live births per 1,000 people in 2003 to 10.0 in 2024. The Wisconsin fertility rate is declining, dropping to 52.8 live births to females 15–44 years-old. Age-specific Wisconsin fertility rates are decreasing among the age groups that fall under 29 years of age while there has been a steady increase among persons aged 35 to 44 years old. In 2024, 62.7% of all births in Wisconsin were to people aged 25 to 34 years old. The state's teen birth rate was 9.8 per 1000 females aged 15-19 in 2024.

Per Wisconsin's vital records in 2025, there were 59,637 live births. In 2025, Medicaid or BadgerCare Plus covered 19,226 births (32.2%), private insurance covered 36,538 births (61.3%), self-pay 2,531 births (4.2%), and other 842 births (1.4%) which includes tribal health and military systems. In 2024, more than one out of every 125 delivery hospitalizations resulted in at least one severe maternal morbidity, with a statewide rate of 89.3 per 10,000 delivery hospitalizations. These include hemorrhagic complications, renal complications, respiratory complications, cardiac complications, sepsis, and other obstetric or medical complications.

Based on the Federal Poverty Level, 11% of Wisconsin households in 2023 were financially insecure. However, this does not include households who earn above the Federal Poverty Level but still struggle to afford basic day-to-day needs. Asset Limited Income Constrained Employed (ALICE) represents individuals and households who earn just above the FPL. An estimated 35% of Wisconsin households were below the ALICE threshold.

The Department of Children and Families (DCF) provides or oversees programs to assist children and families which includes child protective services, adoption and foster care services, the licensing of facilities, child abuse and neglect

investigations, and community-based juvenile justice services. Their reports and data dashboard provides insights to child support, child welfare, and childcare subsidies across the state.

In 2024, there were 7,907 unique youth referred to the Wisconsin Youth Justice System, with the most common referral type being delinquency (90%). In this same year, a total of 9,386 children were served in out of home care and of this 3,480 was the number of unique children entering care. The top reasons included neglect, caretaker drug use, child behavior, incarcerated caretaker, and physical abuse.

Health Services Infrastructure

The Wisconsin Hospital Association is an organization that advocates for hospital systems and works to quality and affordable health care. The association provides a dashboard of reports for hospitals to review their organization's quality check report or to run a comparison report.

In 2024, the Wisconsin Hospital Association reported that there were 140 total hospitals in Wisconsin, of which 58 are critical access hospitals, 80 have birthing facilities, 21 have NICUs, and five are children's hospitals.

Children's Hospitals:

- Children's Wisconsin (Milwaukee)
- Children's Wisconsin (Fox Cities)
- Marshfield Children's Hospital (Marshfield)
- University of Wisconsin American Family Children's Hospital (Madison)
- Hospital Sisters Health System (HSHS) St. Vincent Children's Hospital (Green Bay)

The five largest health systems that provide a substantial share of hospital and specialty services across Wisconsin, ranked primarily by Net Patient Revenue (NPR) and geographic footprint, include the following networks:

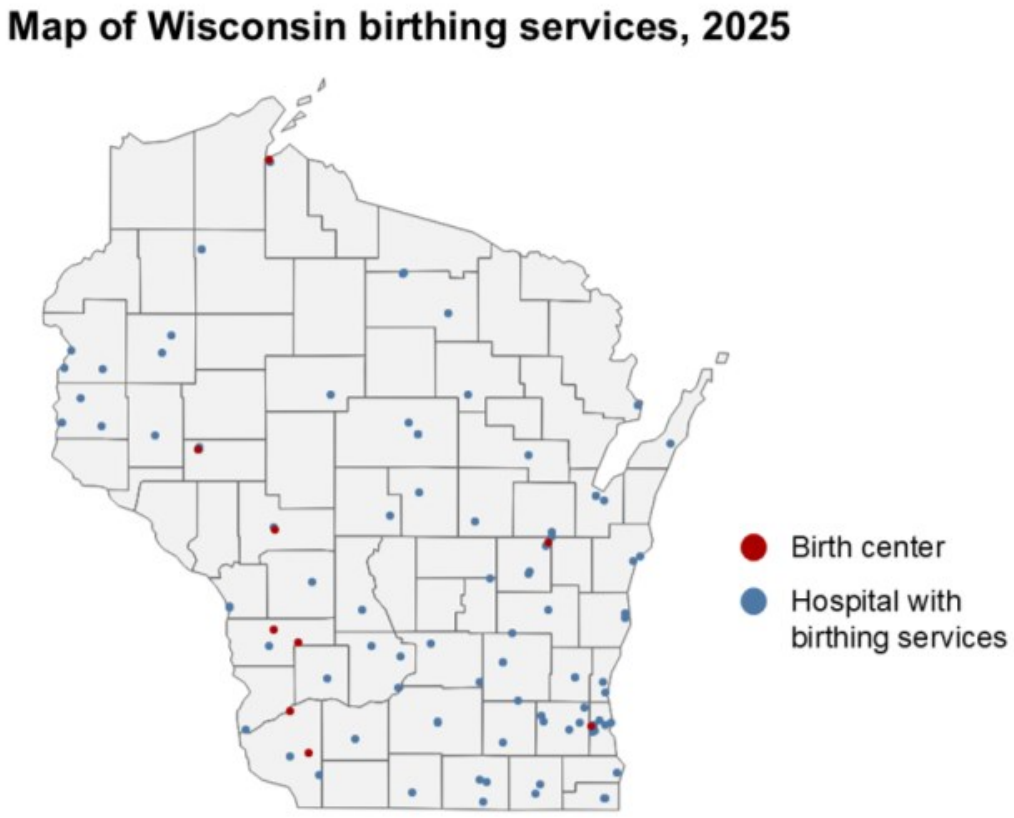
- **Froedtert ThedaCare Health**, formed by a massive merger, includes the Froedtert and Medical College of Wisconsin network, which operates eastern Wisconsin's only adult Level I trauma center. Froedtert ThedaCare Health has 20 hospitals and hundreds of clinics stretching from the Milwaukee metro area up through the Fox Valley and northeast Wisconsin.
- **Aurora Health Care (Advocate Health),** Wisconsin's largest private employer, operates as part of Advocate Health, one of the nation's biggest non-profit systems. Aurora Health Care operates 18 hospitals and more than 150 care sites, retaining massive market dominance across eastern and southeastern Wisconsin.
- **UW Health (University of Wisconsin Hospitals and Clinics),** the premier academic medical system in the state, and its flagship facility, the University Hospital in Madison, functions as a world-class center for organ transplants, cancer treatment via the Carbone Cancer Center. UW Health dominates south-central Wisconsin with multiple major hospitals and over 105 primary and specialty clinic locations.
- **Ascension Wisconsin,** part of one of the country's largest Catholic non-profit health networks, offers substantial community and faith-based specialty infrastructure, ranging from neonatal intensive care units (NICUs) to orthopedic and labor and delivery services. Ascension Wisconsin operates 16 full scale hospitals and dozens of clinics clustered heavily across southeastern Wisconsin and the Fox Valley.
- **Aspirus Health and Marshfield Clinic Region of Sanford Health,** these two dominant rural health systems serve central, northern, and western portions of the state. With their extensive geographical spread, they handle a massive share of the regional population. Together, they anchor dozens of hospitals and rural health clinics across northern and central Wisconsin, extending into the Upper Peninsula of Michigan

Since 2018, Wisconsin has experienced an unprecedented wave of health care consolidation. Driven by rising labor costs, inflation, and the need to scale digital and specialty infrastructure, independent and regional health system networks have rapidly combined. This includes the merger of Advocate Health Care and Aurora Health in 2018 to form Advocate Health, the merger of Gunderson Health System and Bellin Health in 2022 to form Emplify, the merger of Froedtert Health and ThedaCare in 2024, and the purchase of Marshfield clinic by Sanford Health in 2025.

Closure of birthing facilities

Wisconsin has seen a sharp rise in hospital closures and obstetric unit shutdowns, with 11 of Wisconsin's 72 counties (roughly 15%) being classified as maternal care deserts. This loss of local maternity care infrastructure forces pregnant individuals to travel long distances for care, leading them to skip vital prenatal checkups and causing a measurable rise in dangerous deliveries, preterm births, and low-birth-weight infants. According to a 2024 study, The Effect of Rural Hospital Closures on Maternal and Infant Health, which conducted a large-scale analysis evaluating the historical effect of rural hospital closures on infant health, they found that in moderately rural counties experiencing an obstetric closure, the prevalence of low-birth-weight births increased by exactly 10.4% and that this is driven by delayed or missed prenatal checkups as travel distances increased. Furthermore, stripping a community of obstetric services drives away essential family physicians and pediatricians, creating a secondary healthcare shortage that degrades the long-term well-being of the entire area. The crisis was highlighted by the sudden pullout of HSHS hospitals in western Wisconsin, closing two full-scale hospitals and 19 regional clinics and care centers. This eliminated vital labor and delivery departments and the region's only inpatient youth psychiatric unit, creating significant access to care gaps in the northern region of the state.

Additionally, the closing of birthing units at Ascension Ozaukee in late 2024, ThedaCare Waupaca and Aspirus Medford in early 2025, and Ascension Elmbrook in early 2026, has severely fractured Wisconsin's maternal healthcare infrastructure. In suburban Milwaukee, the consolidation has forced expectant parents into crowded urban facilities, straining city labor teams and raising equity concerns. In rural areas like Waupaca and Medford, the shutdowns have created immediate maternity deserts, forcing pregnant individuals to face dangerous winter highway travel of 30 to 45 miles to deliver a baby. Ultimately, while these local hospitals still manage basic outpatient checkups, they can no longer support actual deliveries, leaving local emergency rooms unequipped for critical, sudden obstetric crises.



Providers involved in maternal and child health include a wide range of specialists such as pediatricians, family physicians, pediatric geneticists, psychiatrists, neonatologists, obstetrician-gynecologists, maternal-fetal medicine specialists, and midwives.

Provider shortages in the state include psychiatrists, pediatric geneticists, pediatric audiologists, and frontline technical positions in hospital systems. The Health Professional Shortage Areas (HPSA) identifies communities experiencing

shortages in health care services related to include maps for dental, mental, and primary care. Wisconsin's designated health professional shortage areas are mostly in rural areas of the state. Wisconsin Primary Care Programs: Maps and Data | Wisconsin Department of Health Services

Integration of services

The integration of services and looking at people holistically is an important part of providing timely, coordinated, and patient centered care. Reviewing the needs of people from a systems perspective that includes medical needs, physical health, behavioral health, mental health, social services, and education regarding health care.

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.

The 2025 Title V Needs Assessment clearly showed the need for expanded behavioral and mental health services along with improved access to care. Current wait times for appointments with a therapist or psychiatrist are lengthy, which is causing primary care providers to provide more mental health and behavioral health services. Title V is supporting the Periscope Project (see Partnerships, Collaboration, and Coordination section of this submission for more information) to assist in this area. Additionally, Title V funding is being used to support Wisconsin Wayfinder which provides information and referral services (refer to the Children and Youth with Special Health Care Needs report section).

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 project, from a list determined by the Title V program, to use their annual non-competitive Title V funds to support this work. The project options for 2025 were: adolescent well-being, breastfeeding, developmental screening, community engagement, perinatal mental health, physical activity and nutrition, social connections, and infant mortality prevention.

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 the Division of Medicaid Services to enhance the quality of the Prenatal Care Coordination (PNCC) home visiting benefit and to pilot reimbursement of doula services. 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.

Financing

The Department of Health Services is required by Wisconsin statute to share a health care guide with consumers to provide information on choosing health care providers and paying for care. There is a high degree of complexity and costs with accessing the health care system along with understanding insurance coverage and options.

Health insurance coverage in Wisconsin is primarily provided through employer-sponsored private insurance, public coverage through Medicaid and BadgerCare Plus, and an uninsured population. Based on the most recent data available:

- Approximately 3.12 million Wisconsin residents have employer-sponsored private health insurance coverage (about 45% of the state's population) (Association of Health Care Journalists).
- Another portion of the population (~5%) purchases private insurance through the individual market, with over 313,000 selecting plans through the ACA Marketplace during recent open enrollment (Covering Wisconsin).
- About 1,053,100 residents (~18.2%) are enrolled in Medicaid or Children's Health Insurance Program programs known in Wisconsin as Badgercare Plus (Association of Health Care Journalists).
- Roughly 5% of the population (~280,000 people) remain uninsured (self-pay or without coverage) despite these programs (Association of Health Care Journalists).

The portion of Wisconsin's population obtains health coverage through Medicaid and Badgercare Plus which is administered by the Wisconsin Department of Health Services. Badgercare Plus serves as Wisconsin's primary Medicaid and Children's Health Insurance Program. Eligible populations include children up to age 18 and pregnant women with household incomes up to 300 percent of the Federal Poverty Level, as well as parents, caregivers, and childless adults with incomes below 100% Federal Poverty Level (Wisconsin ForwardHealth, 2024). By minimizing most out of pocket costs for low-income families, BadgerCare Plus helps reduce financial barriers to care and supports access to essential services that are critical for maternal and child health.

Wisconsin delivers most Medicaid services, including BadgerCare Plus coverage, through a managed care model. The Wisconsin Department of Health Services contracts with 13 Health Maintenance Organizations (HMOs) across the state to provide care for Medicaid enrollees (Wisconsin Department of Health Services, 2024). While this model is designed to promote care coordination and cost containment, network participation varies by region and plan, which can limit beneficiary choice and create access challenges, particularly in rural areas or for specialty care.

Policy and Innovation

Wisconsin has worked to help ensure that mothers and children have access to healthcare services through Title V supported programs and other state initiatives. The state's maternal and child-focused programs support a range of services, from Prenatal Care Coordination that connects pregnant people to needed care and supports, to home visiting, child developmental screening, and adolescent mental health services, that all improve connections to preventive and primary health care and address health needs during critical periods of development.

Wisconsin's progress on the Prenatal-to-3 Policy Roadmap, an evidence based framework outlining 12 policies and strategies proven to support optimal health and access to services from prenatal through age three, shows a mixed picture: while Wisconsin continues to invest in many effective service strategies, it remains one of a small number of states that has not fully implemented the four broad policy levers, including expanded income eligibility for health insurance, paid family leave, meaningful minimum wage increased, and refundable stated earned income tax credit-that evidence suggest most strongly expand access to care and improve family resources.

In March of 2026, Wisconsin took a significant policy step by extending postpartum Medicaid coverage from the federally required 60 days to a full 12 months after birth, joining nearly all other states in recognizing the importance of continuous coverage through the first year postpartum. Wisconsin was the second-to-last state in the nation to implement this extension, highlighting both progress and prior gaps in coverage continuity for new mothers.

In addition to this significant policy change, in 2025 Wisconsin's Title V program also began supporting access to care for

mothers and children by investing in three doula organizations to recruit, train and support doula organizations servicing families that live 50 miles or more from a nearest birthing hospital. The three organizations that Title V funds include Roots4Change, Wisconsin Doula's Association, and African American Breastfeeding Network whose work is described in more detail in the Infant/Perinatal sections of this submission.

III.B.3.b. System of Services for CSHCN (Last Modified: FY 2027 Application/FY 2025 Annual Report)

Wisconsin's system of services for children and youth with special health care needs (CYSHCN) provides a comprehensive support network for individuals from birth through age 21 who face chronic physical, developmental, or emotional conditions. In Wisconsin, the CYSHCN Unit is housed under the Family Health Section in the Division of Public Health within the Department of Health Services. The CYSHCN Unit administers the framework of services for children and youth with special health care needs and includes the CYSHCN program, Newborn Screening program, and the Birth Defect Prevention and Surveillance program. Wisconsin receives state funds for the Birth Defect Prevention and Surveillance program and the Newborn Screening program, while the CYSHCN program is funded primarily by the Title V block grant. Having these three programmatic areas in one unit allows for cross collaboration and information sharing, and some members of the team work in more than one programmatic area. Additionally, Wisconsin has several county-administered intensive support programs and health plans that provide direct funding, early intervention, and medical coverage to ensure children with high-level needs can thrive at home and in their communities.

Children and Youth with Special Health Care Needs Program

A critical component of the service system for CYSHCN, 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 CYSHCN, ages 0-21. 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 training, 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:

- 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.
- 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) to 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 someone that has a child or sibling that has a special health care need. The children's resource guides live in the same area as the caller and can provide accurate and up to date information on local 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.

Newborn Screening

First implemented 60 years ago, the Newborn Screening program 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 provides overall coordination of infant health and hearing screening programs. The program also has partnerships with Wisconsin State Lab of Hygiene to perform blood screening and Screening Hearts in Newborns to coordinate infant heart screening. 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 who make recommendations to add conditions to the newborn screening panel.

In 2025, the Wisconsin State Lab of Hygiene screened 59,093 babies for congenital disorders and identified 154 confirmed cases. 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 Newborns program verified 57,895 newborns received pulse oximetry in 2025, identifying 75 newborns with significant heart disease. Pending record verification, the expected number is around 100 for the year. The Wisconsin early hearing detection and intervention program, Wisconsin Sound Beginnings, works to ensure that all newborns receive necessary screening for hearing loss, timely diagnosis, and early intervention, if needed. Permanent congenital hearing loss is one of the most frequently occurring congenital conditions in the U.S., with approximately 2.5 infants per thousand born deaf or hard of hearing each year. In 2025, there were 57,964 infants that received a hearing screening and 103 were identified with a permanent hearing loss.

The Newborn Screening program has determined that approximately 300 babies per year do not receive all three necessary hearing screenings. To address this gap, the program intends to review the data to improve uptake of newborn screening in communities that have historically declined all three screenings.

Birth Defect Prevention and Surveillance Program

Congenital conditions are one of the leading causes of death in children less than one year of age, causing one in every five deaths. The Wisconsin Department of Health Services operates the Birth Defect Prevention and Surveillance program which oversees the Wisconsin Birth Defect Registry, a passive surveillance system that collects information on selected congenital conditions diagnosed before the second year of life. Established under Wis. Stat. § 253.12, the Wisconsin Birth Defect Registry is designed to collect, analyze, and share data on congenital conditions in 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 congenital conditions. Additionally, guardians and caregivers with a child included in the registry are sent a letter providing them with information about Wisconsin Wayfinder, allowing them to connect to statewide CYSHCN services.

Intensive Support Systems: Long-Term Care, Waivers, and Specialized Health Plans

Within the broader Wisconsin CYSHCN framework, the state deploys a specialized network of long-term supports, Medicaid waivers, and dedicated health plans to handle the direct funding and clinical management of CYSHCN with the most intensive needs. These programs bridge the gap between information navigation and hands-on care by delivering localized therapies, home modifications, and coordinated medical coverage directly to eligible families.

- **Birth to 3 Program**: This federally mandated, state-supervised early intervention system serves infants and toddlers from birth to age three who show a 25% developmental delay or have a diagnosed physical or mental condition likely to result in a delay. County teams perform free evaluations and deliver speech, physical, or occupational therapies directly in the child's natural environment, such as their home or daycare.
- **Children's Long-Term Support (CLTS) Waiver**: The Children's Long-Term Support program is a Medicaid waiver that funds home and community-based services for children and youth with developmental, physical, or emotional disabilities and have significant support or health needs. Administered locally by county health departments, the CLTS Waiver covers critical non-medical needs that standard health insurance excludes, such as home modifications (i.e., wheelchair ramps, etc.), adaptive communication equipment, sensory tools, and respite care to support families.
- **Katie Beckett Medicaid**: Katie Beckett Medicaid is a special eligibility pathway that provides full Wisconsin Medicaid coverage to children under 19 living at home who have long-term disabilities with significant support needs or complex medical needs. By utilizing this pathway, the state evaluates eligibility based solely on the child's individual income and assets, completely bypassing the parents' income, which would otherwise disqualify the family from Medicaid benefits. The program is also commonly known as a TEFRA waiver because it was formally established under Section 134 of the federal Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982, which codified Katie Beckett's advocacy into national policy.
- **Care4Kids Program**: This unique, specialized managed care health plan is designed specifically for children and youth placed in out-of-home care, such as foster care or kinship placements. Operating as a partnership between the state and Children's Wisconsin, the program assigns a dedicated health care coordinator to every enrolled child to create a comprehensive "Health Care Home" that seamlessly integrates their physical, behavioral, developmental, and dental health needs.

In Wisconsin, the Department of Health Services, specifically the Division of Medicaid Services, is the primary agency responsible for the Title XIX program, which is the federal legal name for Medicaid and these terms are often used interchangeably. Wisconsin Medicaid refers to health coverage for residents who are aged 65 or older, blind, or have a qualifying disability. BadgerCare Plus is a specific Wisconsin Medicaid program for low-income families, children, and adults (ages 0-64). Finally, ForwardHealth is the state's administrative system for all of Wisconsin's state-funded health and nutrition benefit programs.

Wisconsin's Title V program and Title XIX program share a common goal of working to improve the overall health of maternal and child populations. Partnership and collaboration between these programs allow for the effective leveraging of federal and state resources, which results in more effective program administration to ensure maternal and child populations receive needed health services. To translate this collaborative vision into a structured reality, Title V and Title XIX programs work to align their initiatives, services, and financing structures to create a seamless continuum of care for Wisconsin families.

Formal Agreements and Coordination

As required by federal law, the Wisconsin Title V and Title XIX programs have an existing memorandum of understanding that expires June 30, 2026. In May 2026, a revised version that includes clearly defined roles, outlines projects to collaborate on, and details the process for the exchange of data is currently under review by leadership in the Division of Public Health. Additionally, the Children and Youth with Special Health Care Needs program, located in the Division of Public Health, has its own memorandum of understanding with the Bureau of Children's Services in the Division of Medicaid Services that serves as an enduring commitment between both parties to continue cross-divisional partnerships, strengthen interconnectivity, and understand their collective role in serving children and youth with special health care needs. It also allows for the exchange of information, training, technical assistance, data, and other relevant information necessary to effectively and collaboratively administer the Wisconsin Wayfinder program.

Program Enrollment and Outreach

Enrollment for Title XIX is an ongoing process with no set "open enrollment" period allowing individuals to apply at any time during the year. However, specific deadlines apply for renewals and for service providers seeking to remain in the network. Individuals can apply for benefits through options such as the ACCESS portal to check eligibility and submit an application, or by contacting their Local Income Maintenance or Tribal Agency to apply with assistance.

Program outreach is a collaborative effort between Title V and Title XIX designed to connect low-income families, mothers, and children with essential health services. Wisconsin Wayfinder is a free, confidential statewide system which helps children and youth with special health care needs, their families, and the professionals that work with them navigate complex Medicaid benefit programs. The Well Badger Resource Center is a statewide specialized referral and information hub that helps families and clinicians navigate complex health systems and social supports that are not covered by traditional medical billing. The difference between Wisconsin Wayfinder and the Well Badger Resource Center is primarily their scope of service. Wisconsin Wayfinder is a specialized network exclusively for families of children and youth with special health care needs, while the Well Badger Resource Center is a broad health information service for all Wisconsin residents covering everything from pregnancy resources to financial aid.

Specialized Care and Gap Filling

While Medicaid focuses on providing medical assistance to low-income populations, Title V funds serve in a system-building and gap-filling capacity to support the infrastructure, outreach, and services necessary to connect families to care. In addition to Wisconsin Wayfinder and the Well Badger Resource Center, some additional examples of these Title V-funded programs are:

- Periscope Project: a free, statewide psychiatry access program designed to support health care providers who care for pregnant and postpartum individuals struggling with mental health or substance use disorders
- Baby Badger Network (BBN): an initiative designed to improve and expand access to rapid genomic testing for

critically ill newborns in Neonatal Intensive Care Units (NICUs) statewide

Joint Programmatic Initiatives

The doula reimbursement pilot and Prenatal Care Coordination program represents a strategic bridge between Wisconsin's Title V and Title XIX programs.

Doula Reimbursement Pilot: Wisconsin Medicaid does not yet provide direct, statewide reimbursement for doula services. To bridge this gap, Title V supports three projects that train new doulas, expand continuing education for them, and educate them about building business infrastructure. The goal is to increase doula providers as Wisconsin Medicaid pursues avenues for doulas to become Medicaid providers.

Prenatal Care Coordination: This benefit is a Medicaid and BadgerCare Plus program that helps high-risk pregnant individuals access the social and medical support they need to ensure a healthy pregnancy. In collaboration with the University of Wisconsin-Milwaukee, the Title V program created four web-based modules on client-centered interviewing, behavioral health, and family-focused service delivery to enhance prenatal care coordination. These modules can be found on the ForwardHealth Prenatal Care Coordination Resources page.

Health Care Financing Structure

Wisconsin Medicaid is a joint federal and state partnership funded through a combination of federal matching funds and state-generated revenue. For the 2025–2027 biennium, the program is projected to spend approximately $36.2 billion. The state's portion of Medicaid funding is drawn from four primary sources:

- **General Purpose Revenue (GPR)**: State tax dollars allocated through the biennial budget.
- **Provider Assessments**: Fees collected from medical providers, such as the hospital tax.
- **Program Revenues (PR)**: Funds generated from sources like drug manufacturer rebates and estate recovery.
- **Federal Funds (FED)**: The matching dollars received based on the state's qualifying expenditures.

Wisconsin uses two main systems to pay for Medicaid: Managed Care and Fee-for-Service. In the Fee-for-Service model, the state pays doctors for every individual visit or procedure. This model is primarily used for members with complex needs, those in nursing homes, or those living in areas with fewer HMO options. However, the state relies much more heavily on Managed Care with approximately 80% of individuals in programs like BadgerCare Plus being covered this way. Under Managed Care, the state pays private insurance companies (called Managed Care Organizations) a fixed, monthly fee for every person enrolled. This pre-paid fee stays the same regardless of how many services a patient uses, making costs predictable for the state while the insurance company handles the day-to-day coordination of care.

To ensure providers in both systems remain supported, the state has implemented several targeted pay increases. In January 2022, Wisconsin introduced a 5% rate increase for providers, originally funded by the American Rescue Plan Act, which has since been made permanent through subsequent state budgets. Building on this momentum, the 2025-2027 state budget provides over $3.2 billion in new hospital funding and significantly raises rates for obstetric and direct care professionals to improve access for Wisconsin families. These historic investments aim to stabilize the health care workforce and ensure Medicaid reimbursements more closely align with the actual cost of care.

Waivers or State Plan Amendments

Wisconsin has two Medicaid waiver programs relative to the maternal and child health populations. First, Katie Beckett (also called the Tax Equity and Fiscal Responsibility Act of 1982, or TEFRA), a TERFA 134 waiver, is an eligibility pathway that allows children with significant disabilities to qualify for Medicaid based on their own income rather than their parents. Second the Children's Long-Term Support, a home and community based 1915(c) waiver, then provides the actual funding for community-based services, such as home modifications and respite care, to help those children live at home rather than in an institution.

Medicaid Core Set Measures

As outlined in the Medicaid Managed Care Quality Strategy 2025-2027, Wisconsin's strategy aims to have more Adult and Child Core Set measures meet or exceed the national Medicaid HEDIS median by 2027.

III.B.4. MCH Emergency Planning and Preparedness (Last Modified: FY 2027 Application/FY 2025 Annual Report)

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.

Additionally, the Office of Preparedness and Emergency Response maintains a web page with robust resources that can support the public as well as professionals before and in the event of an emergency:

- Health Care Emergency Preparedness
- Preparedness Resources
- Emergency Human Services
- Disaster Volunteer Services
- Preparedness Systems
- Trainings

Specific to maternal and child health needs, the Wisconsin Title V program also maintains an internal MCH Emergency Contact List to share with partners in the event of an emergency.

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 for Needs Assessment Update (Last Modified: FY 2027 Application/FY 2025 Annual Report)

Per the Title V Maternal and Child Health (MCH) Services Block Grant to States Program Application/Annual Report Guidance, Wisconsin is exercising the Reporting Flexibility Option for this interim year section. There have been no significant changes to the Process Description 2025 submission. The previously approved narrative and data remain current and accurate.

III.C.1.b. Findings

III.C.1.b.i. MCH Population Health and Wellbeing (Last Modified: FY 2027 Application/FY 2025 Annual Report)

Following completion of the 2025 Needs Assessment in late 2024, including analysis of quantitative data and qualitative data from public input gathered through surveys and focus groups, Title V staff refined priority need statements in early 2025 for each Title V population group: pregnant women, women of reproductive age, infants, children, adolescents, children and youth with special health care needs, and families.

To ground action planning in measurable outcomes, the Title V evaluator and epidemiologist identified one key indicator for each priority need. These indicators served as a clear “north star” to guide brainstorming and maintain focus. Additional data were provided to ensure staff had a comprehensive understanding of the broader health context affecting each population.

For each priority area (except women of reproductive age - they are supported through Title V’s collaboration with Title X, which already has established program goals), staff were asked to respond to the guiding question “What is contributing to [indicator] among different groups in Wisconsin?” Participants brainstormed contributing factors on shared boards in Mural (an interactive platform for virtual workspaces) and discussed observations. Staff grouped these brainstormed items into categories based on shared characteristics, with each grouping given a descriptive title to reflect the underlying themes represented.

Recognizing that resources are finite and that not all contributing factors can be addressed simultaneously, staff voted to prioritize one to three groupings for each population area to move forward in the planning process. This step ensured focus while honoring the full range of factors identified.

For each selected grouping, staff then considered the question “What could Title V do, within the scope of the program, to address this?” Potential strategies and interventions were brainstormed that aligned with the Title V program’s system-building role in maternal and child health. After discussion of all proposed ideas, staff voted to identify one strategy per grouping to advance into the 2026-2030 State Action Plan.

This structured process ensured that selected strategies were data-informed, aligned with stakeholder input, grounded in measurable outcomes, and reflective of the Title V program’s scope and capacity.

Following action planning, staff decided if each strategy was internal (e.g., Title V staff could implement it) or external (e.g., a contract with an external partner would be necessary to implement the strategy). For strategies that required an external contracted partner, Title V staff developed a competitive funding process. Partners were identified and contracts were developed in collaboration with the Title V program’s epidemiology support staff to ensure Title V program measures are reflected in external projects throughout the 2026-2030 grant cycle.

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

III.C.1.b.ii.a. Impact of Organizational Structure (Last Modified: FY 2026 Application/FY 2024 Annual Report)

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 (Last Modified: FY 2026 Application/FY 2024 Annual Report)

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 heath 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 (Last Modified: FY 2027 Application/FY 2025 Annual Report)

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 operate within the Family Health Section. The section's six units are organized by population(s) to promote communication, collaboration, and alignment across these programs. The units are Child and Adolescent Health, Children and Youth with Special Health Care Needs, Community Health Operations, Data and Evaluation, Maternal and Infant Health, and Reproductive Health and Family Planning.

In 2025, approximately 20 staff in the Family Health Section had a portion or all of their position funded by the Title V program. Due to limitations on position authority, the Department of Health Services utilizes an interagency agreement with the University of Wisconsin to hire additional contracted staff to work in the Family Health Section. Balancing meeting Title V program goals while strategically navigating broader Title V priorities required significant administrative adaptability in 2025, as fluctuating federal funding forecasts created budgetary uncertainty at the state level. To address this, state leadership adopted a conservative spending posture, which included temporary pauses on travel and personnel recruitment, leaving the Title V program with 4 full time employee vacancies. To mitigate these constraints and ensure no disruption to services, the Title V program proactively worked to maximize internal capacity by cross-training team members, allowing existing personnel to fluidly pivot and cover roles left by vacancies. 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. The Family Health Section reorganization was implemented in 2024 to further enhance collaboration across programs. One key part of the reorganization moved all the 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 as a unit to discuss workflows, planning efforts, and status updates.

Needs

Staff retention and turnover is a concern within both the Family Health Section and the field of public health, in general. Further challenges included a hiring pause within the Wisconsin Division of Public Health which began in March 2025. Current vacant positions supporting the Title V program include:

- Child/adolescent health nurse consultant (vacant since October 2023)
- Infant mortality prevention specialist (vacant since July 2024)
- Maternal health epidemiologist (vacant since October 2024)
- Community Health Operations unit supervisor (vacant since February 2025)
- Title V epidemiologist and evaluator (vacant since March 2025)
- Health outcomes quality improvement coordinator (vacant since May 2025)
- Newborn Hearing Screening program director and audiologist (vacant since August 2025)
- Family Health Section manager (vacant since September 2025)

The needs of the Data and Evaluation unit include filling two key epidemiologist positions, Maternal health epidemiologist and Title V epidemiologist and evaluator. With the reorganization, the Maternal health epidemiologist was selected to serve as the Data and Evaluation unit supervisor. She has been performing both roles due to the extended hiring pause. Most data

needs and projects directly or indirectly impact multiple areas of the Family Health Section's work – including Title V. With the Title V evaluator and epidemiologist vacancy occurring during finalization of the Title V 5 –year needs assessment analysis, other data staff have been assisting with covering Title V tasks. Capacity is a concern as staff are performing additional tasks without additional staffing. The Data and Evaluation unit did apply for a CSTE fellow in 2025 to assist with capacity but did not match with an incoming fellow.

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

Title V state staff bring a variety of backgrounds and skill sets 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, pharmacist, 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.

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. The reorganization also moved all the section's epidemiologists and data experts to a single unit, rather than distributing these positions across the section. This unit has plans for continued development of technical skills, once fully staffed, to support the entire section and the wide variety of programs, including Title V.

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. Beginning in 2026, under the Children and Youth with Special Health Care Needs program, a committee of 11 parents, caregivers, or siblings of a child or youth with a special health care need and two adolescents who identify as having a special health care need was created. The purpose of this committee is to engage those that have experiences navigating services and systems for children and youth with special health care needs to understand if current programs are effective, how they could be improved, and ensure that services are reflective of the needs of this population.

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 regularly attends the annual Association of Maternal and Child Health Programs conference. Mandy's insights are invaluable to Wisconsin's Title V endeavors.

RECRUITMENT AND RETENTION

The Wisconsin Department of Health Services issued a hiring pause in March 2025. Prioritized positions can get elevated for a review, however there isn't a guarantee that the request will be honored to move forward with position posting and hiring. At this time the Title V program has limited ability 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. The wellness and employee assistance program manager was a guest speaker at a bureau-wide meeting and has been invited to Family Health Section unit meetings also.

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. Staff attended multiple conferences in 2025, some of which included CityMatCH, Association of Maternal and Child Health Programs, Early Hearing Detection and Intervention, and the National Birth Defects Prevention Network.

Unit supervisors encouraged further individual staff development through a wide range of opportunities such as Perinatal Mental Health Certification, Financial and Administrative Section trainings, Bureau of Training and Development sessions, and division-wide leadership trainings. The division's Bureau of Operations created a Workforce Development Section a few years ago which has been leading monthly division-wide all leader training on a variety of topics including communication, mentoring, and employee engagement. This bureau created a Supportive Work Environment Action Team to review division-wide trends related to employee satisfaction. The three main action items are around communication, risk taking, and recognition. The Workforce Development Section has been working to improve coordination of learners including students, fellows, and interns across the division. The Public Health Career program coordinator has been working closely with Family Health Section unit supervisors to assist with the onboarding process, orientation and DPH101 training, sharing learner resources, and opportunities for networking.

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 representatives, program coordinators, and the Title V director. Additionally, the Title V Maternal and Child Health director and the Children and Youth with Special Health Care Needs unit supervisor have volunteered as mentors for Leadership Lab participants since 2021 and 2025 respectively.

Medical College of Wisconsin Public Health Graduate Programs

The Newborn Screening program mentored a student pursuing a Master of Public Health (MPH) degree from the Medical College of Wisconsin for the first time in 2025. The student completed their field placement work and decided to extend her time with the program and completed their final capstone paper on a newborn screening project.

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 health care 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.

University of Wisconsin-Milwaukee Zilber School of Public Health

The Title V program has cultivated a strong relationship with the University of Wisconsin-Milwaukee 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 and Title V program staff precept these graduate students.

Additionally, the Zilber School of Public Health has a class about children and youth with special health care needs and invites the Title V Children and Youth with Special Health Care Needs director to present each semester.

University of Wisconsin-Madison School of Medicine and Public Health

The Title V program has cultivated a strong relationship with the University of Wisconsin-Madison School of Medicine and Public Health. Working closely with faculty and advisors, the Title V program continues to host graduate students completing their required field experience activities. Staff within the Maternal Health Innovation, Maternal Mortality Review, and Newborn Screening programs have served as preceptors to support these public health students. Staff have served as preceptors for Master of Public Health (MPH) students, as well as dual degree students earning their master's degrees in genetic counseling and public health.

INNOVATION AND PARTNERSHIP TO ENHANCE WORKFORCE CAPACITY

Wisconsin Population Health Service Fellowship

The Wisconsin Population Health Service Fellowship is a 2-year fellowship dedicated to training early career public health professionals through University of Wisconsin-School of Medicine and Public Health's Population Health Institute. The fellowship program has served as a workforce development pathway for the Wisconsin Department of Health Services and has been a key partnership to enhance the capacity of the public health workforce in Wisconsin. Staff serve as faculty for the program including the state health plan coordinator. Alumni of the program have joined many areas of the state health department. The current Wisconsin State Health Officer for the division is an alumna. Family Health Section alumni of the program are the epidemiologist for the Children and Youth with Special Health Care Needs program and the Birth Defects program, as well as the Child and Adolescent Health unit supervisor.

III.C.1.b.ii.d. State Systems Development Initiative (SSDI) (Last Modified: FY 2027 Application/FY 2025 Annual Report)

The State Systems Development Initiative improves the availability, timeliness, and use of data to support informed decision-making and resource allocation for Wisconsin's Title V program. To support this work, the state has a Title V epidemiologist and evaluator role that is responsible for data work for both the Title V program and State Systems Development Initiative. This position has faced significant turnover over the past two years. The staff member in this role took parental leave in March 2024, returned in September of 2024 to focus on needs assessment data analysis, and ultimately resigned in February of 2025. Following this, the family health section manager stepped in as the interim project director in March of 2025 but also resigned that September. Adding to these staffing challenges, the Wisconsin Department of Health Services issued a hiring freeze for non-essential positions in March of 2025. The Title V program secured an exemption for the epidemiologist and evaluator role and was able to begin recruitment in February of 2026. The new Title V epidemiologist and evaluator was successfully hired and started their role in April of 2026.

Ultimately, the State Systems Development Initiative provides the infrastructure support needed to serve all women, children, and families in Wisconsin. The initiative supports the development, integration, and tracking of health optimization metrics to inform state programming. Over the years, this grant has expanded Title V program access to multiple data sources and new data linkages for needs assessment and surveillance purposes. The following information outlines the goals, objectives, and progress of Wisconsin's State Systems Development Initiative initiatives.

Goal 1: Build and expand the Wisconsin Title V program's data capacity to support Title V Maternal and Child Health (MCH) Block Grant program activities and contribute to data-driven decision making throughout the Family Health Section including assessment, planning, implementation, and evaluation.	
Objective	**Progress Toward Objective**
Objective 1.1: By June 2025, maintain timely submission of data-driven 5-year Needs Assessment.	This activity was completed by the Title V maternal and child health (MCH) director in June 2025.

Objective 1.2: By June of each grant year, publish or submit for publication at least one unique data product developed using data collected through the Wisconsin Title V State Action Plan.	Three unique data products were finalized and published by June 2025: 1. Wisconsin Title V Needs Assessment data was shared directly with partners and the MCH listserv members. This document summarized the Needs Assessment process and results, thanked participants for their engagement, and shared the priorities for the 2026 - 2030 State Action Plan. 2. The Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS) Native Mother Oversample Report was published and released publicly. This report provides detailed health and healthcare access information about this population before, during, and after pregnancy and birth. The report provides partners, community organizations, and members of the community with the information they need to help identify barriers, opportunities, and gaps for this population to inform planning and tailoring of interventions to improve health and access to care. This report is published on the Wisconsin Department of Health Services website for easy public access. 3. The Maternal Health Baseline Assessment update was finalized and presented to the Maternal Health Task Force. This report includes data on mental health, substance use, access to quality healthcare, and trust and safety within healthcare settings, as well as other key health indicators. This report is also available by request.
Objective 1.3: By June of each grant year, maintain timely submission of the Title V Maternal and Child Health Block Grant Application and Annual Report.	This activity was completed by the Title V MCH director in 2025.
Objective 1.4: By June 2025, finalize Wisconsin's Title V tool for tracking performance measures, strategies, measurements, data, process notes, and other details to enhance accountability and collaboration.	This activity is still in progress due to staff capacity and a division-wide transition to a new grants management process. This activity is on track to be completed in 2026.
Objective 1.5: By December 2026, increase consistent and direct access to standard datasets that inform Title V program planning, evaluation, and improvement.	While no new specific datasets have been consistently shared with the Title V program at this time, the Title V MCH director meets monthly with a team of epidemiologists across Wisconsin's Division of Public Health to discuss data updates, projects currently underway across the division, and to share information and resources. As part of these efforts, the Social Determinants of Health dataset is now publicly available. More detail is included in the relevant section below.
Objective 1.6: By December 2025, establish consistent and efficient access to state Medicaid data.	This activity has not been completed yet due to a vacancy in the Title V evaluator and epidemiologist position and other staff vacancies in the Family Health Section's Data and Evaluation unit. During the interim, ongoing efforts have been made by staff to deepen current and formalize

	additional partnerships between the Wisconsin Title V program and the Division of Medicaid Services to facilitate these data access efforts.
Goal 2: Develop a set of social determinants of health metrics for identifying improvement opportunities and tracking state progress as part of the Title V MCH Block Grant Application and Annual Report	
Objective	**Progress Toward Objective**
Objective 2.1: By June 2024, incorporate the Wisconsin Division of Public Health's Social Determinants of Health dataset into the Title V Maternal and Child Health Block Grant 5-year Needs Assessment.	This activity was completed.
Objective 2.2: By December 2024, develop a plan to incorporate indicators from the Wisconsin Division of Public Health's Social Determinants of Health dataset into the Title V Maternal and Child Health Block Grant State Action Plan, including but not limited to state performance measures, evidence-based strategy measures, and strategy-specific accountability measures.	This activity was completed.
Objective 2.3: By June of each year, share any updates made to the Wisconsin Division of Public Health's Social Determinants of Health dataset with Title V-funded partners.	The Social Determinants of Health dataset is now publicly available. The webpage was last updated February 2026. The dataset includes over 800 indicators across a wide array of topics, including housing, economics and employment, education, health care access, childcare, transportation, and other social and community data. Data are available at the national, state, county, census tract, and county subdivision level where available.
Goal 3: Enhance 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.	
Objective	**Progress Toward Objective**
Objective 3.1: By June 2025, create a "Public Health Emergency for Maternal and Child Health Populations Resources" toolkit.	Resources and information for governmental partners, other partners, and emergency human services are publicly available, and maintained by the Office of Preparedness and Emergency Health Care. Title V program staff are consulted for reviews and revisions regarding the plan to ensure MCH needs are sufficiently and effectively accounted for in the Wisconsin Emergency Response Plan. Specific to MCH needs, the Title V program also maintains an internal MCH Emergency Contact List that can be shared with partners and MCH-serving organizations in the event of an emergency.
Objective 3.2: By June 2027,	Resources and information for governmental partners,

share the published “Public Health Emergency for Maternal and Child Health Populations Resources” toolkit and/or toolkit development process with at least 3 other state/jurisdiction Title V programs.	other partners, and emergency human services are publicly available, and maintained by the Office of Preparedness and Emergency Health Care. The Title V program also maintains an internal MCH Emergency Contact List that can be shared with partners and MCH-serving organizations in the event of an emergency.

III.C.1.b.ii.e. Other Data Capacity (Last Modified: FY 2026 Application/FY 2024 Annual Report)

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 (Last Modified: FY 2027 Application/FY 2025 Annual Report)

OTHER MCHB INVESTMENTS

Early Hearing Detection and Intervention Program

Wisconsin's Early Hearing Detection and Intervention (EHDI) program, known as Wisconsin Sound Beginnings, ensures all newborns are screened for hearing loss and receive timely diagnosis and intervention. This program is managed within the Children and Youth with Special Health Care Needs Unit of the Family Health Section in the Wisconsin Department of Health Services, where most of the staff are funded by revenue through the Newborn Screening program.

Maternal Health Innovation Program

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. The Title V Director meets monthly with the grant's coordinator and is a member of the Maternal Health Innovations Maternal Health Taskforce alongside others such as members of the state Maternal Mortality Review team, community organization representatives, and Wisconsin's Chief Medical Officer of Community Health and State Epidemiologist. 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 rates and morbidity rates.

Pregnancy Risk Assessment Monitoring System

This program is managed within the Data and Evaluation Unit of the Family Health Section in the Wisconsin 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.

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.

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 the Wisconsin 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

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. Title V program staff 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, the Wisconsin Title V program staff implemented the state's maternal mortality team. Now, due 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. However, the Title V staff continue to attend mortality review meetings and actively work to integrate recommendations into the Wisconsin Title V State Action Plan.

Personal Responsibility Education Program

The Personal Responsibility Education Program grant is a federal funding initiative authorized by the Affordable Care Act of 2010 to prevent teen pregnancy and sexually transmitted infections. It provides formula grants to states to educate youth aged 10-19 on abstinence, contraception, and adulthood preparation subjects, such as healthy relationships and financial literacy. This program is managed within the Child and Adolescent Health Unit of the Family Health Section in the Wisconsin 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

The Rape Prevention and Education Program is a CDC-funded program aimed at preventing sexual violence before it occurs. The 2024–2029 cycle supports community-level strategies to address root causes of sexual violence and reduce risk factors to prevent sexual violence. This program is managed within the Child and Adolescent Health Unit of the Family Health Section in the Wisconsin 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

The Sexual Risk Avoidance Education (SRAE) is a federal grant designed to fund programs that teach youth aged 10–19 to voluntarily refrain from non-marital sexual activity. It focuses on healthy relationships, goal setting, and preventing pregnancy and STIs. This program is managed within the Child and Adolescent Health Unit of the Family Health Section in the Wisconsin 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

The Teen Pregnancy Prevention Program is a national, evidence-based grant program that provides funding to develop and

evaluate new and innovative approaches to prevent teen pregnancy, prevent sexually transmitted infections (STIs) among adolescents, and promote positive youth development. This program is managed within the Child and Adolescent Health Unit of the Family Health Section in the Wisconsin 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 Services Grant

The Title X Family Planning Services Grant is administered by the Reproductive Health and Family Planning unit and is implemented through interagency agreements and competitively awarded grants to a diverse network of public and private non-profit health and community-based clinics. Title X services are voluntary, confidential, and provided regardless of one's ability to pay. Title X funded Reproductive Health Family Planning clinics provide clients with a broad range of medically approved family planning services, which includes all Food and Drug Administration (FDA)-approved contraceptive products and natural family planning methods for clients. Additionally, Title X clinics may also provide other reproductive health and related preventive health services such as HPV vaccination, provision of HIV pre-exposure prophylaxis (PrEP), breast and cervical cancer screening, and screening for obesity, smoking, drug and alcohol use, mental health, and intimate partner violence. This grant is managed within the Family Health Section in the Wisconsin 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.

Transforming Maternal Health Model

The Transforming Maternal Health Model is a 10-year (2025–2034) initiative through the Centers for Medicare and Medicaid Services designed to improve maternal health outcomes for Medicaid and CHIP (Children's Health Insurance Program) beneficiaries. The Transforming Maternal Health model supports state Medicaid agencies in the development of a whole-person approach to pregnancy, childbirth, and postpartum care. This funding will allow Wisconsin to implement the Transforming Maternal Health model in the northwestern and western regions of the state as well as Milwaukee County. These areas comprise rural, micropolitan, and large metropolitan populations, as well as Tribal nations. This regional approach allows Wisconsin to identify a wide range of health care challenges and opportunities to build a system that improves care for all Wisconsinites. While Wisconsin's state Medicaid agency is the recipient of the funds for this initiative, it has presented opportunities for Title V staff to collaborate between this grant's project areas and the Wisconsin Title V program's activities.

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 four projects to use their annual non-competitive Title V funds to support. In 2025, project options included perinatal mental health; infant mortality prevention; developmental screening; or adolescent mental health. These project options align with the Wisconsin Title V State Action Plan.

OTHER STATE PROGRAMS

Child Psychiatry Consultation Program

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

Family Foundations Home Visiting Program

The Family Foundations Home Visiting program is a voluntary, evidence-based program that provides free in-home support

for pregnant women and families with children under age five. It operates statewide to enhance child development, promote positive parenting, and connect families to community resources through home visits, particularly for those facing adversities. It is a state-managed, federally funded initiative primarily supported by the Maternal, Infant, and Early Childhood Home Visiting program and Temporary Assistance for Needy Families (TANF) funds. There is a unique nurse consultant role positioned within both the Department of Children and Families, which administers the Family Foundations Home Visiting program and the Department of Health Services, which administers the Title V program. This cross-department collaboration works to break down silos, enhance communication, and allows for better coordination and collaboration across these agencies and their respective programs. In addition, the nurse consultant provides consultation to support alignment of the action plans to strengthen crosswalks and measures shared between the two departments. In 2022, the programs signed a Memorandum of Understanding that established and maintains this partnership.

Grant for Colonoscopies and Other Services

This program is supported by 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.

Newborn Screening program and Birth Defects Surveillance and Prevention program

The Wisconsin Title V program collaborates with the Wisconsin 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.

Pregnancy Outreach and Infant Outreach Program

This program is supported by 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.

Women's Health Block Grant

This program is supported by Wisconsin state statute and housed within the Bureau of Community Health Promotion in the Wisconsin Department of Health Services. The Wisconsin Title V program is also housed within this bureau in a different section. The teams communicate regularly to ensure alignment and identify opportunities for collaboration.

OTHER GOVERNMENTAL AGENCIES

Division of Medicaid Services

The Wisconsin Title V program actively partners with Wisconsin Medicaid in their efforts to improve access and quality of health care for maternal and child health populations. Title V program staff have been closely involved with a redesign of the prenatal care coordination benefit. This benefit is Wisconsin-specific and created by a state waiver that connects pregnant women to medical, social, and educational services to improve birth outcomes. Wisconsin Title V program staff have also consulted on the proposals to extend Medicaid coverage beyond 60 days postpartum. On March 18, 2026, Wisconsin Governor Tony Evers signed the 2025 Wisconsin Act 102 to expand BadgerCare Plus postpartum Medicaid coverage from 60 days to a full year. This expansion is scheduled to take effect on July 1, 2026, pending federal approval.

The Wisconsin Title V program also works closely with the Division of Medicaid Services' Bureau of Children's Services that oversees the Birth to 3 program, the Children's Long-Term Support (CLTS) program, and Katie Beckett Medicaid, which are early intervention and health benefit programs for children. Another multi-year cross-divisional project between Medicaid and the Title V program is Wisconsin Wayfinder, a statewide hotline that connects children and youth with special health care needs, their families, and professionals to health services and supports, See more on Wisconsin Wayfinder in the "2025 Children and Youth with Special Health Care Needs Annual Report" section of this submission. Title V provides 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 "Relationship with Medicaid" section of this submission.

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 the School Health Profiles. These surveys provide vital information about Wisconsin's young people at the state and local levels. Through this collaboration, Title V funds an Education Specialist position to assist the YRBS Coordinator and is responsible for many of the steps involved in data collection, state and federal grant reporting, and the creation of reports, presentations, and other products for public dissemination. 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 at least one of four projects to use their annual non-competitive Title V funds to support: perinatal mental health; infant mortality prevention; developmental screening; or adolescent mental health. Additional funds are offered to Tribal health agencies to improve services and supports for their children and youth with special health care needs populations. These projects focus on planning and hosting educational events, creating toolkits for use in their community, creating accessible and understandable training materials for community members, and training therapists in evidence-based practices.

PUBLIC HEALTH AND HEALTH PROFESSIONAL EDUCATIONAL PROGRAMS AND UNIVERSITIES

University of Wisconsin Zilber School of Public Health

Based within the Wisconsin Department of Health Services, the Wisconsin Title V program, Maternal Health Innovations program, Maternal Mortality Review, and Newborn Screening program collaborate to work with the University of Wisconsin Zilber School of Public Health to offer a robust list of paid and unpaid student field experience opportunities to their graduate and doctoral students. So far, this expanded collaboration is successfully improving coordination, collaboration, and communication across all the teams involved in this endeavor. Many students complete their field experience activities in the summer months. While projects are primarily rooted in epidemiological methods, there are also more programmatic opportunities for students. Additionally, the CYSHCN Director presents information about these opportunities to classes at the college annually.

NON-GOVERNMENTAL ORGANIZATIONS

Organizations receiving Title V funding

- **Women/Maternal Health**
  - Medical College of Wisconsin
  - Wisconsin Association for Perinatal Care
  - Wisconsin Doulas Association
  - Healthfirst Network
- **Infant/Perinatal Health**
  - African American Breastfeeding Network
  - Roots4Change
  - Wisconsin Doulas Association

- **Child Health**
  - Wisconsin Collaborative for Healthcare Quality
  - Gundersen Lutheran Medical Center
  - Children's Hospital of Wisconsin
  - First Five Fox Valley
- **Adolescent Health**
  - Embolden WI
  - Wisconsin Women's Health Foundation
- **Children and Youth with Special Health Care Needs**
  - ABC for Health
  - Children's Hospital of Wisconsin
  - Family Voices of Wisconsin
  - SOAR Fox Cities
  - University of Wisconsin Waisman Center
  - Wisconsin Women's Health Foundation
  - Wisconsin Collaborative for Healthcare Quality
  - UW Board of Regents (UW Pediatrics)
  - Gundersen Lutheran Medical Center
  - Embolden WI
- **Family Health**
  - People of Progression
  - The Parenting Network
  - Wello
  - Feeding America of Eastern Wisconsin
  - University of Wisconsin Extension
  - University of Wisconsin School of Human Ecology

Collaborations Not Funded by Title V

- Healthy Early Collaborative
- University of Wisconsin Prevention Research Center Community Advisory Board

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 of the four project options to implement with their annual non-competitive Title V funding: perinatal mental health, infant mortality prevention, developmental screening, or adolescent mental health. 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 infection 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.

Please 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 (Last Modified: FY 2027 Application/FY 2025 Annual Report)

Per the Title V Maternal and Child Health (MCH) Services Block Grant to States Program Application/Annual Report Guidance, Wisconsin is exercising the Reporting Flexibility Option for this interim year section. There have been no

significant changes to the Family and Community Partnerships 2025 submission. The previously approved narrative and data remain current and accurate.

III.C.1.c. Identifying Priority Needs and Linking to Performance Measures (Last Modified: FY 2026 Application/FY 2024 Annual Report)

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

	2023		2024	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$11,263,354	$11,042,550	$16,054,426	$11,073,342
State Funds	$4,721,800	$849,920	$6,983,676	$3,829,493
Local Funds	$3,156,457	$3,794,498	$5,057,144	$4,580,391
Other Funds	$5,034,473	$3,638,465	$0	$0
Program Funds	$0	$0	$0	$0
SubTotal	$24,176,084	$19,325,433	$28,095,246	$19,483,226
Other Federal Funds	$0	$0	$335,000	$335,000
Total	$24,176,084	$19,325,433	$28,430,246	$19,818,226

	2025		2026	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$11,042,550	$9,991,979	$11,042,550	
State Funds	$4,404,893	$4,770,200	$4,140,957	
Local Funds	$3,877,020	$3,674,488	$4,140,956	
Other Funds	$0	$0	$0	
Program Funds	$0	$0	$0	
SubTotal	$19,324,463	$18,436,667	$19,324,463	
Other Federal Funds	$0	$0	$0	
Total	$19,324,463	$18,436,667	$19,324,463	

	2027	
	Budgeted	Expended
Federal Allocation	$11,259,584	
State Funds	$4,770,200	
Local Funds	$3,674,488	
Other Funds	$0	
Program Funds	$0	
SubTotal	$19,704,272	
Other Federal Funds	$0	
Total	$19,704,272	

III.D.1. Expenditures (Last Modified: FY 2027 Application/FY 2025 Annual Report)

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 in 2025.

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 health care** by improving health care access for women, children, adolescents, and children and youth with special health care needs.
- **Social and community conditions** by enhancing support and coordinating access to services for children and youth with special health care 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 2025 was **$11,259,584**. In 2025, the Wisconsin Title V program spent a total of $9,991,979 to:

- Reduce infant deaths.
- Improve access to quality health care services, including prenatal, delivery, and postnatal care, preventative and primary care services for low-income women and children, and improved access to all kinds of care for women and children who struggle to find the care they need 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 2025 expenditure for salary in total was **$2,078,300**. Across the 24.83 FTE (full-time employees) funded through this line item, costs were divided between programs as follows:

- $827,594 for women, mothers, and infants
- $502,826 for preventive and primary care for children
- $747,880 for children and youth with special health care needs

In 2025, the Wisconsin Title V program had staff working across the Family Health Section and in all six units: Maternal and Infant Health, Reproductive Health and Family Planning, Child and Adolescent Health, Children and Youth with Special Health Care Needs, Data and Evaluation, and Community Health Operations.

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 2025 was **$777,455**. These costs were divided between programs as follows:

- $313,544 for women, mothers, and infants

- $186,066 for preventive and primary care for children
- $277,845 for children and youth with special health care needs

In 2025, the fringe benefits were calculated at 41.89% of salary, which is divided between benefits as follows:

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 spend any Title V-related funds on equipment.

Supplies

The total cost for supplies in 2025 was **$28,644**. Costs were divided between programs as follows:

- $8,969 for women, mothers, and infants
- $8,146 for preventative and primary care for children
- $11,529 for children and youth with special health care needs

Travel

The total cost for travel in 2025 was **$56,008**. Costs were divided between programs as follows:

- $13,338 for women, mothers, and infants
- $12,144 for preventive and primary care for children
- $30,526 for children and youth with special health care needs

Travel included staff participation in the Association of Maternal and Child Health Programs Conference in Washington D.C. Additionally, Title V staff attended many Wisconsin-based conferences and training events, such as the Circles of Life Conference, the Fulfilling the Promise Conference, the Wisconsin Association for Perinatal Care Conference, and the Wisconsin Public Health Association Conference in 2025. Travel costs are significantly lower than costs in 2024 ($475,439) due to a freeze on travel-related expenses by the Wisconsin Department of Health Services starting in the second quarter of 2025.

Other

The total cost for “other” in 2025 was **$378,801.** This includes expenses such as rent, insurance, telecommunications, equipment rental, enterprise accounting, and email licenses, mail services, professional services, and office supplies. Costs were divided between programs as follows:

- $136,696 for women, mothers, and infants
- $92,688 for preventive and primary care for children

- $149,417 for children and youth with special health care needs

Contractual

The total cost for contractual work in 2025 was **$6,524,033**. These funds were subcontracted to local, tribal, regional, and statewide partners to support system-building efforts to improve the health of Wisconsin women, children, families, and infants. Costs were divided between programs as follows:

- $1,308,068 for women, mothers, and infants
- $2,817,551 for preventive and primary care for children
- $2,398,414 for children and youth with special health care needs

Indirect Charges

The total cost for indirect charges in 2025 was **$148,738**, which is 1.5% of the total amount expended. This amount is in accordance with [Section 504(d)] of the Title V legislation, which states that not more than ten percent (10%) may be used for administering the funds.

Non-Federal Contribution

Wisconsin received a total of $11,259,584 in 2025. The required 75% match amount for this allocation in non-federal (State general purpose revenue and local match) funding sources totaled **$8,444,688**. Of this, $4,770,200 was contributed from Wisconsin's General Purpose Revenue funding source that invests in state maternal and child health programs and $3,674,488 was contributed from local partners.

Program Income

The Wisconsin Title V program does not collect program income.

III.D.2. Budget (Last Modified: FY 2027 Application/FY 2025 Annual Report)

The Wisconsin Title V program has structured the 2027 budget to build upon the important work accomplished in 2025, respond to major public health challenges, and to improve the lives and well-being of the people of Wisconsin by strengthening and supporting the health of mothers, infants, children, families, and communities. The Wisconsin Title V program will ensure funding will be used to sustain and improve access to maternal and child health services throughout Wisconsin. 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 (e.g., direct service providers). Using last year's allocation of $11,259,584 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 2027, the Wisconsin Title V program estimates it will spend **$3,855,039** on non-contractual services. The breakdown of this estimate by expense category is summarized in the table below:

Expense Category	Estimated Cost
Salary	$2,353,379
Fringe benefits	$940,881
Consultant costs	$0
Equipment	$0
Supplies	$0
Travel	$94,574
Other	$466,205
Indirect costs	$157,676

Additionally, non-contractual costs will be divided between programs as follows:

- $1,482,753 for women, mothers, and infants
- $1,344,336 for preventative and primary care for children
- $1,027,950 for children and youth with special health care needs

Salary

The 2027 budget for salary in total is **$2,353,379** for an estimated 24.68 FTE. This FTE includes three vacant positions the Department of Health Services plans to fill by 2027.

Fringe Benefits

The 2027 budget for fringe benefits is **$940,881.** 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 use any Title V program dollars on consultant costs in 2027.

Equipment

The Department of Health Services does not plan to use any Title V program dollars on equipment costs in 2027.

Supplies

Beginning in 2025, the Wisconsin Department of Health Services added supply costs to the total in the “Other” category.

Travel

The 2027 budget for both in-state and out-of-state travel costs associated with this grant is **$94,574**. Planned travel will consist of approximately three national conferences or training events for the Chief Medical Officer, Title V Director, Children and Youth with Special Health Care Needs Title V 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 ($400/conference), airfare ($600/roundtrip and includes baggage fees), transportation and parking costs ($40/conference), lodging ($250/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 $2,260 per conference. In-state travel costs are estimated at $0.51/mile with an estimated 500 miles per FTE, $98/night for lodging for 10 nights, and $45 daily per diem for 10 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 2027 budget for other costs is **$466,205**. Other costs associated with this grant include $18,890 per person multiplied by 24.68 FTE. These costs include rent, telecommunications, maintenance and repairs, systems and information technology, software, internal services, fiscal services, and supplies.

Indirect Costs

The 2027 budget for indirect costs is **$157,676**. Wisconsin Department of Health Services has an approved indirect rate of 6.7% of salary ($2,353,379).

Contractual

The 2027 budget for contracted services is estimated to be **$7,246,869**. Included in this contractual amount is approximately $2.8 million that will go directly to local and Tribal health agencies. Contractual costs will be divided between programs as follows:

- $2,545,923 for projects that improve the health of women, mothers, and infants
- $2,245,998 for projects that improve the health of children
- $2,454,948 for projects that improve the health of 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 $4,061,905 in local match contributions and $4,382,783 in state funds to contribute towards the total match amount of **$8,444,688**. Beginning with the 2026 grant cycle the Wisconsin Title V program reduced the amount of match it collects from its contracted partners from 75% to 60% in order to reduce the burden on these external partners. State of Wisconsin General Purpose Revenue funds will be used to make up the 15% gap created by this policy change. This change was made based on feedback from contracted partners who shared that the 75% match created a significant burden, especially for smaller agencies. Additionally, some community partners named this high match percentage as a barrier to applying for Title V funding. This policy change is an actionable step made by the Wisconsin Title V program to reduce that burden on current and future community partners.

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) (Last Modified: FY 2027 Application/FY 2025 Annual Report)

Wisconsin’s Title V State Action Plan is a strategic roadmap dedicated to improving the health and well-being of the state's women, infants, children, including those with special health care needs, and families. By integrating data-driven insights with evidence-based strategies, the plan addresses critical needs across local and Tribal communities. At its core, the State Action Plan focuses on:

- Accessible Services: Expanding access to comprehensive, affordable maternal and child health services.
- Cross-Sector Collaboration: Uniting local, Tribal, and statewide partners to build sustainable, integrated systems of care.
- Strategic Partnerships: Strengthening public health networks and community alliances to broaden the reach and impact of essential resources.

Ultimately, this collaborative approach drives long-term, positive health outcomes for Wisconsin’s families. By fostering these vital connections, the state ensures that every community receives the specific, localized resources and support they need to live and thrive.

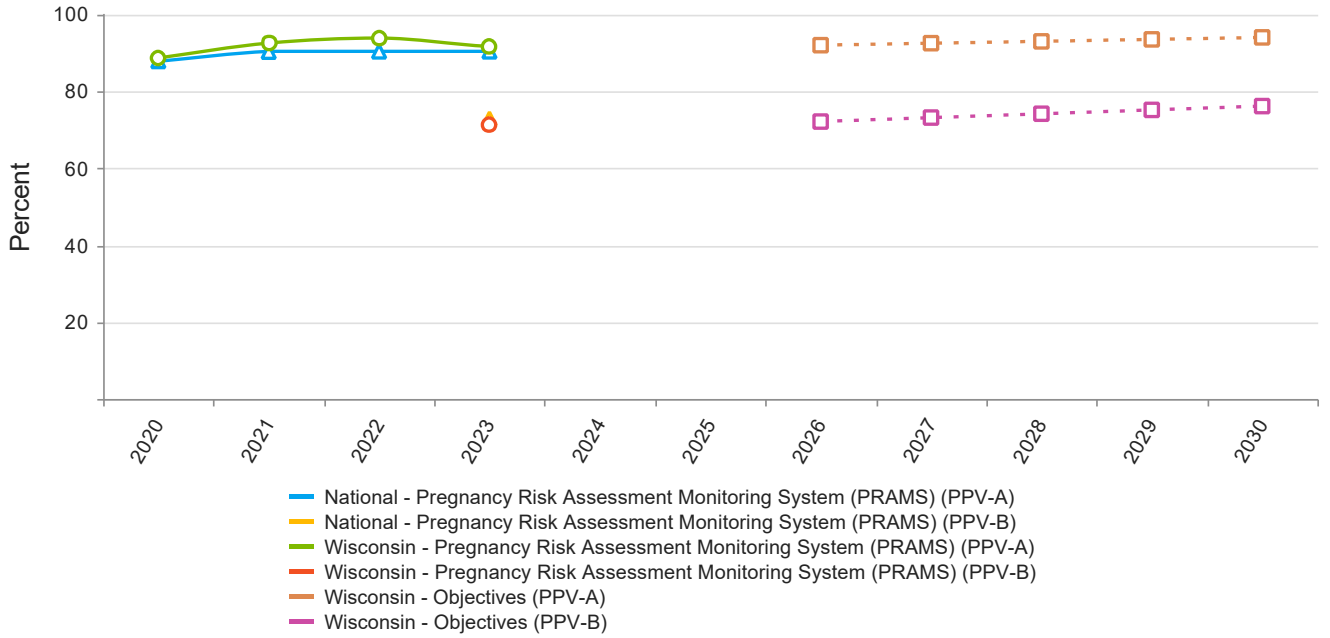
III.E.3 State Action Plan Narrative by Domain

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**	**2025**
Annual Objective			
Annual Indicator	93.6	91.4	91.4
Numerator	52,855	50,874	50,874
Denominator	56,444	55,663	55,663
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2022	2023	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**	**2025**
Annual Objective			
Annual Indicator	83.9	71.1	71.1
Numerator	43,756	36,016	36,016
Denominator	52,128	50,657	50,657
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2022	2023	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.

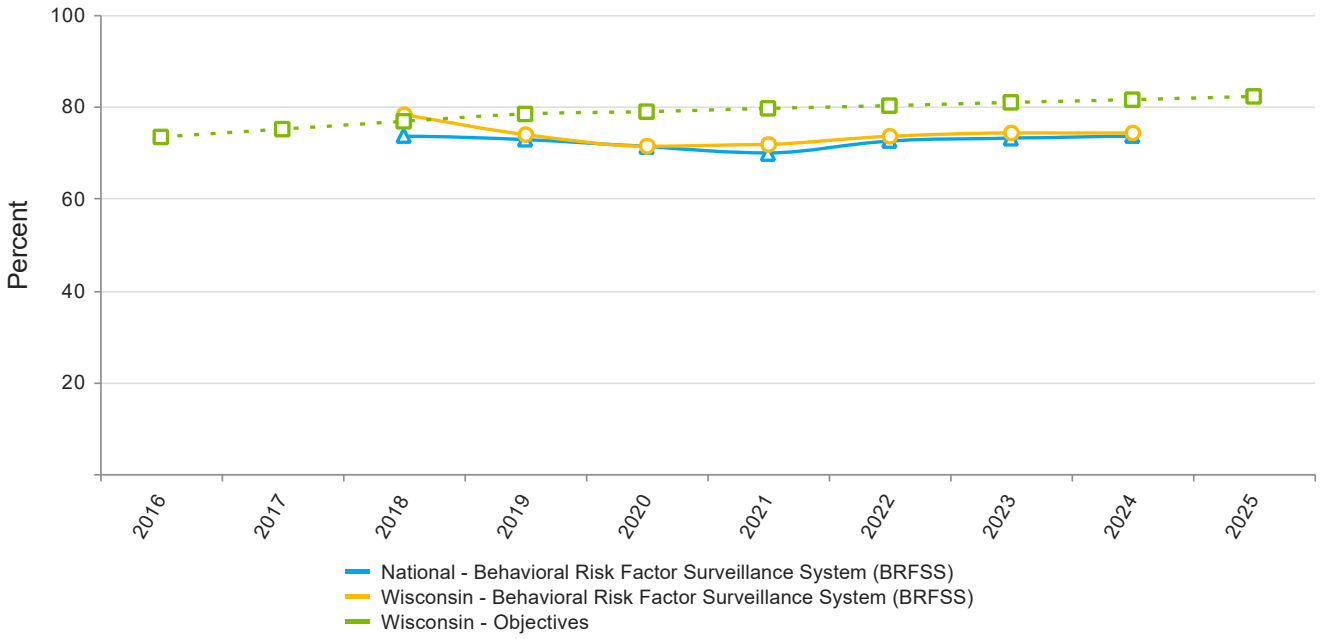
ESMs	Status
ESM PPV.1 - Percent of birth workforce providers who report increased confidence in providing perinatal health education to their clients/patients following a workforce training.	Active

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)					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	79.5	80.1	80.8	81.4	82.1
Annual Indicator	71.4	71.8	73.4	74.1	74.1
Numerator	693,615	713,536	717,715	722,736	735,932
Denominator	971,414	993,299	978,344	975,577	992,920
Data Source	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2020	2021	2022	2023	2024

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**	**2025**
Annual Objective			90	95	98
Annual Indicator	88	90.4	89.3	83.6	91.6
Numerator	88	15,480	10,696	9,537	8,647
Denominator	100	17,124	11,979	11,414	9,441
Data Source	Reproductive Health Program Data	Reproductive Health Program Data	Reproductive Health Program Data	Reproductive Health Program Data	Reproductive Health Program Data
Data Source Year	2021	2022	2023	2024	2025
Provisional or Final ?	Final	Final	Final	Final	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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	60	61.5	63	64.5	66
Annual Indicator	60.7	62.8	66.2	67.5	66.5
Numerator	13,134	13,115	12,987	12,654	12,079
Denominator	21,649	20,874	19,625	18,751	18,164
Data Source	Vital Records	Vital Records	Vital Records	Vital Records	Vital Records
Data Source Year	2018-2020	2019-2021	2020-2022	2021-2023	2022-2024
Provisional or Final ?	Final	Final	Final	Final	Final

The Wisconsin Title V program views 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 works to support the creation of such a system. This work spans both the Women/Maternal Health and the Infant/Perinatal Health population domains. Reviewing the narratives from both population domains will provide the most detailed account of this work.

National Performance Measure 01: Percentage 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 was 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 System. In 2024, an estimated 73.3% (95% CI, 70.2% to 76.4%) 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. A summary of the available data is included in the two tables below.

Objectives

Objective	2021 Data	2022 Data	2023 Data	2024 Data	2025 Data
Increase the percentage of women 18 to 44 who have had an annual preventive visit in the last 12 months from 70.6% in 2020 to 82.1% 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)	73.3% (2024 Wisconsin Behavioral Risk Factor Surveillance System)

Evidence-Based Strategy Measurement

Measure	2021 Data	2022 Data	2023 Data	2024 Data	2025 Data
Percentage of clients served who have complete race and ethnicity data.	88.4%	90.4%	89.3%	83.6%*	91.6%

** 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.*

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

Assessments of training needs identified service gaps to inform the development of targeted content for learning community calls. These sessions covered topics such as enrolling clients in Family Planning Only Services and providing trauma-informed care. Monthly newsletters complemented these efforts by highlighting training opportunities from nationally recognized reproductive health and family planning networks. Collectively, these initiatives enhance provider capacity and ensure that comprehensive reproductive care remains accessible to communities across the state.

Expand access to preventive services.

Strengthening referral networks is a critical component of expanding preventive services. In most reproductive health and family planning clinics, nurses lead patient care. Because these nurses cannot perform preventive exams, they work closely with primary care providers and refer patients to ensure these important exams are completed. During annual site visits reproductive health and family planning clinics are evaluated to confirm that a current referral list is maintained on file.

Enhance health outcomes in clinic-level data collection.

Improving clinic-level data quality continued to be the primary initiative to improve health outcomes. In collaboration with Ancilla Ventures, the Wisconsin Department of Health Services developed a system for clinics to submit encounter-level data for both Title V and Title X clinics. To better target improvement efforts, clinic data is analyzed quarterly, and feedback is provided to clinics to create buy-in for improvement plans. For Title V clinics, system upgrades have simplified the submission process and improved data accuracy. For Title X clinics, improvements include aligning clinic workflows with Family Planning Annual Report (FPAR) 2.0 standards and addressing data quality issues as they arise. These initiatives ensure accurate, reliable data collection to inform decision-making and improve service delivery across Wisconsin.

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

Wisconsin Title V Maternal Child Health collaborated with the Division of Medicaid Services to support improved maternal health and infant outcomes. Prenatal care coordinator provider support continues to be a substantial focus of this work. Prenatal care coordinator providers were provided a variety of training opportunities in 2025 to support their work that provided four modules published in January 2025 to ForwardHealth, the web-based portal that centralizes state-sponsored assistance programs (e.g., Medicaid, etc.) in Wisconsin. These four modules were: 1) Coordinating Prenatal Care; 2) Client-Centered Interviewing Techniques; 3) Providing Support and Connecting Women to Behavioral Health Services; and 4) Teaming/Coordination Across Systems of Care. Additional support included sharing community-based birth workforce trainings on health literacy and pregnancy and postpartum hypertension webinar series. Wisconsin Title V staff also supported the Division of Medicaid Services in developing their Transforming Maternal Health federal grant application.

Enhance perinatal mental health services.

Perinatal mental health continues as a major preventable mortality concern both nationally and for the State of Wisconsin communities. As indicated in the Wisconsin Department of Health Services Maternal Mortality Review Team Recommendations: 2020 Pregnancy-Associated Deaths (released June 2024):

- 38% of all pregnancy-related deaths were caused by mental health conditions.
- 88% of pregnancy-related deaths caused by mental health conditions were due to overdose.
- 10,543 women had a mental health or substance use disorder diagnosis at the time of delivery in 2020.

Mental health conditions include the following disorders: anxiety, depressive, bipolar, psychotic, substance use, and other psychiatric conditions and include overdoses in this category. The Wisconsin Title V program provided local and Tribal health agencies with the ability to support maternal mental health and substance use intervention within their communities by using their annual, non-competitive Title V funding to impact perinatal mental health. These agencies could select between four strategies to guide their activities:

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

Nine local health departments and one Tribal health agency used their annual, non-competitive Title V funding to support one

of these four strategies and attended four learning community calls throughout 2025 facilitated by Mom's Mental Health Initiative. Education content included:

- Overviews of perinatal mental health conditions, including best practice policy and procedure resources.
- Interactive sessions, such as “Reimaging Perinatal Screenings – Building Confidence, Comfort and Connection” that shared best practices for perinatal mental health screening, including the experience of the Kenosha County Health Department on how to provide support and ease to patients.
- Discussions about perinatal loss, with holistic perspectives on perinatal mental health after loss shared by Return to Zero and an overview of the Public Health Madison Dane County Fetal Infant Mortality Review interview project.
- Space for local and Tribal health agencies to openly share their work with each other, highlight challenges, discuss how they support clients to prevent crises, and celebrate their accomplishments.

Practice changes

Local and Tribal health agencies made many significant improvements to their practices over the last year in their work on perinatal mental health.

In La Crosse County, integration within WIC has been a major success by embedding routine Patient Health Questionnaire 2 (PHQ-2) and Patient Health Questionnaire 9 (PHQ-9) screenings for depression into every WIC check-in and providing staff with a clear internal flowchart to guide this screening. This process has not only normalized mental health conversations and streamlined referrals to providers but also reduced barriers to family identification and follow-up.

The Oneida Nation focused their first-year efforts on building foundational program components essential for future growth. Successes included completing Postpartum Support International training, developing appropriate resource magnets for families, and building referral pathways with NICU staff to support families during highly stressful moments. While staffing changes created challenges, provider engagement and early NICU referrals will contribute to sustainable growth in future work.

Door County took a data-informed approach by conducting an environmental scan of providers to understand screening practices and gaps. This led to the creation of self-care kits for new parents that pair gentle mental health messaging with practical support. The county is also intentionally working to strengthen bereavement and miscarriage support systems to address this often-overlooked area of perinatal mental health.

In Dane County, long-standing capacity challenges have been met with innovation and persistence. The Nurse-Family Partnership developed a triage model to ensure families with urgent mental health needs receive referrals and navigation support even while on waitlists. Strong partnerships with community organizations like Anesis and the Rainbow Project have expanded access to immediate and in-home mental health care. Additionally, collaboration with the Young Parent Collective resulted in a community-informed and youth-centered roadmap and toolkit to better support pregnant and parenting students, creating models that other school districts can replicate.

Sawyer County strengthened community trust through outreach at food pantries to reach families who may not otherwise engage with health care systems. Feedback from parents highlighted appreciation for this visibility and reinforced the importance of nontraditional access points for mental health resources.

The City of Appleton is finalizing a comprehensive perinatal mental health brochure aimed at helping staff feel more confident about having these conversations with families. This brochure also provides consistent and accessible resources that differentiate “baby blues” from more serious concerns. Preventive efforts were also woven into breastfeeding support groups and postpartum outreach postcards to reinforce mental health care as part of routine care.

Kenosha County demonstrated the power of peer connection by launching bilingual perinatal support groups. These groups have quickly become spaces where relationships, mutual support, and shared leadership with community members flourish. This has also helped to expand access to services beyond home-visiting programs, while intentional collaboration with community doulas further strengthened continuity of care.

Other counties – including Barron, Dodge, and Grant – highlighted successes in policy development, staff education, screening frequency, staff education, community events (i.e., community baby showers), and coordination with WIC and home-visiting programs that reduce fragmentation and build long-term systems change.

Agencies defined their own measures of success to implement screening policies and procedures. These definitions of success include:

- Routine and standardized screening that improves early identification of perinatal mental health concerns.
- Appropriate education, referral and safety planning for clients with elevated screening scores.
- Improved documentation and follow-up, particularly for clients with moderate to severe symptoms.
- Increased client awareness and normalization of mental health care during pregnancy and the postpartum period.
- Pregnant and postpartum women receive the support they need for mental wellness.

Agencies also created perinatal mental health resources that included printed materials (100% of agencies), one-on-one education (83%), online materials (67%), community event education (50%), and social media engagement (17%). These resources addressed many important mental health topics, including postpartum self-care strategies (83% of agencies), proper nutrition and sleep habits (83%), and strategies to identify support systems (67%). Agencies also shared several strategies that helped them measure the success and impact of their perinatal mental health materials, resources and education, including:

- Recording and tracking use of resources shared with individuals and families.
- Maintaining (and annually updating) public-facing materials and resources for accessibility and accuracy.
- Building public awareness and connection to services through resource guides and visualizations.
- Implementing individualized suicide risk assessments and safety planning with clients.
- Integrating universal perinatal mental health education into home visiting programs.
- Utilization of open-ended questions when working with clients.
- Implementing universal screening and referrals for clients of all backgrounds.
- Creating appropriate and accessible materials that meet the needs of individuals and families of many backgrounds into service provisions.

The Periscope Project is a fundamental support for perinatal mental health in Wisconsin that provides perinatal mental health and substance use psychiatric consultative services, community resource information, utilization of provider toolkits, and ongoing training opportunities. Every local and Tribal health agency implementing the perinatal mental health project option with their annual, non-competitive Title V funding are encouraged to utilize, enroll, and promote the Periscope Project's services, and 83% of agencies partnered with the Periscope Project.

Local and Tribal health agencies that used their annual, non-competitive Title V funding to improve perinatal mental health were supported through partnerships with community-based organizations (80% of agencies), coalitions (70%), health systems (70%), other government agencies (40%), and more. Agencies intentionally engaged with communities to serve specific populations, including rural communities (50%), low-income residents (50%), parents (40%), pregnant residents (40%), and others.

Despite all the above successes, local and Tribal health agencies endured significant barriers and challenges to their work due to:

- **Difficulty engaging and sustaining relationships with health care providers.** Many counties – including Sawyer, Appleton, Door, and Dodge – reported low provider response rates to surveys, limited feedback, inconsistent screening practices, and difficulty meeting with providers due to their limited availability.
- **Provider turnover and competing clinical demands.** These factors further complicated efforts to build standardized referral pathways and increase awareness of the Periscope Project and other resources.
- **Capacity constraints within health departments and partner programs.** Dane County highlighted ongoing staffing shortages and high caseloads within WIC and the Nurse-Family Partnership program, contributing to waitlists and reinforcing internal silos. Less populated and more rural counties echoed similar concerns, noting limited staff time to expand outreach, follow up on referrals, or deepen provider engagement.

- **Inconsistent screening practices across systems.** Door County and Oneida Nation both described variability in screening tools, timing, and staff training across obstetrics, pediatrics, and other healthcare providers, especially after families transition out of prenatal care. This inconsistency increases the risk that parents fall through gaps during the postpartum period.
- **Difficulty reaching some populations at higher risk of poor health outcomes and those more disconnected from services.** Barron County shared that community surveys largely reflected voices already connected to services, while Sawyer County and others described limited clinical touchpoints in rural settings.
- **Creating accessible and appropriate materials in multiple languages.** These required additional time and intentional investment of resources that slowed development, even when progress was being made.

To expand work on perinatal mental health and substance use during pregnancy in Wisconsin, the Title V maternal infant nurse consultant and the maternal health innovation coordinator collaborated with the Department of Health Services communications team to develop a perinatal mental health brochure. This trifold brochure offers comprehensive resources on a wide variety of relevant topics, from “baby blues” to support for mental health crises. The brochure highlighted quotes from the Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS) data collection related to maternal mental health. The brochure was vetted by Mom's Mental Health Initiative and local and Tribal health agencies using their Title V funding to improve perinatal mental health. In conjunction with this work, staff highlighted Maternal Mental Health Awareness Week and updated the Title V Maternal Child Health webpage to include the National Maternal Mental Health Hotline, Postpartum Support International, and the Suicide & Crisis Lifeline.

Our Title V-funded partner the Wisconsin Association for Perinatal Care provided essential education about perinatal mental health and substance use in pregnancy. Their Perinatal Grand Rounds webinar, “Behavioral Health Access Challenges Across Wisconsin and Rural America” examined the critical issues affecting behavioral health access in the rural United States with a focus on Wisconsin. Attendees gained insights into the geographic distribution of behavior health clinicians and variation in the availability of care for rural people. The presentation featured maps and research findings that highlighted differences in health care access and explored potential solutions to address these unique challenges. The 2025 Perinatal Substance Use Webinar series included the following sessions:

- “Benzodiazepine Use in the Perinatal Period.”
- “Compassionate Care of Pregnant People with Substance Use Disorder.”
- “Compassionate Care through Harm Reduction: Minimizing the Risks of Substance Use in the Perinatal Period.”
- “Confidential, Anonymous Assessment of Perinatal Substance Use.”
- “Improving Care for Pregnant and Postpartum People with Substance Use Disorder.”
- “Improving Obstetric Outcomes for Pregnant Patients with Substance Use in Pregnancy.”
- “Understanding the Legal Environment Cradling Alcohol Use during the Perinatal Period.”
- “What NOWS? The Latest Updates on Neonatal Opioid Withdrawal Syndrome.”

Implement a revised perinatal care designation process.

The Wisconsin Association for Perinatal Care continued their work to develop and implement a level of care designation process. There are nine Wisconsin hospitals participating in the levels of care designation pilot: Aspirus Rhinelander, Aurora Medical Center Kenosha, Children's of Wisconsin (Milwaukee), Froedtert Hospital, Marshfield Medical Center - Eau Claire, SSM Health St. Mary's Hospital – Madison, Tamarack Health Hayward, Tamarack Health Ashland, SSM Health St. Agnes Hospital - Fond du Lac. By end of Quarter 2, these hospital pilot sites completed the first phase of the process, a self-assessment survey. Results were shared with the nine pilot sites and staff in individual site meetings to discuss results, correct mistakes, answer questions, and collect additional feedback on overall ease and use of survey.

The Wisconsin Association for Perinatal Care created a resource hub of materials appropriate to the levels of care in a catalog using Basecamp. Nine resources were added in 2025, offering resource components necessary to complete this collaborative work. One on one meetings per pilot site supported four additional resources added to the Basecamp resource hub. In October 2025, to address training needs for hospitals that no longer offer obstetric delivery services they provided an in-person Obstetric and Neonatal Stabilization 101, a Wisconsin specific, case-based training course. A total of 10 hospitals and 16 individuals attended this training course at the Wisconsin Association for Perinatal Care Conference.

Participating hospitals in the Levels of Care pilot program expressed that this process has given them a greater understanding of perinatal levels of care more broadly and highlighted the importance of levels of care towards improving birthing outcomes. Their feedback is directly benefiting the first designation cycle, helping the Wisconsin Association for Perinatal Care refine their process and provide a more seamless experience for other hospitals.

Strengthen collaboration and partnership with community- based and clinical health care workforce.

Wisconsin Association for Perinatal Care has been an important partner to support both the community-based and clinical health care workforce. They meet quarterly with the Professional Development committee to which is made up of both lived and professional experienced individuals to identify appropriate topic selection. They have promoted community partnerships through facilitation of guided planning and logistics for the health topics identified which support education and action within communities.

In 2025, the Wisconsin Association for Perinatal Care delivered 28 virtual webinars that included Perinatal Grand Round series, Perinatal Substance Use series, Fetal Monitoring Case Review series, and Pregnancy and Postpartum Hypertension series.

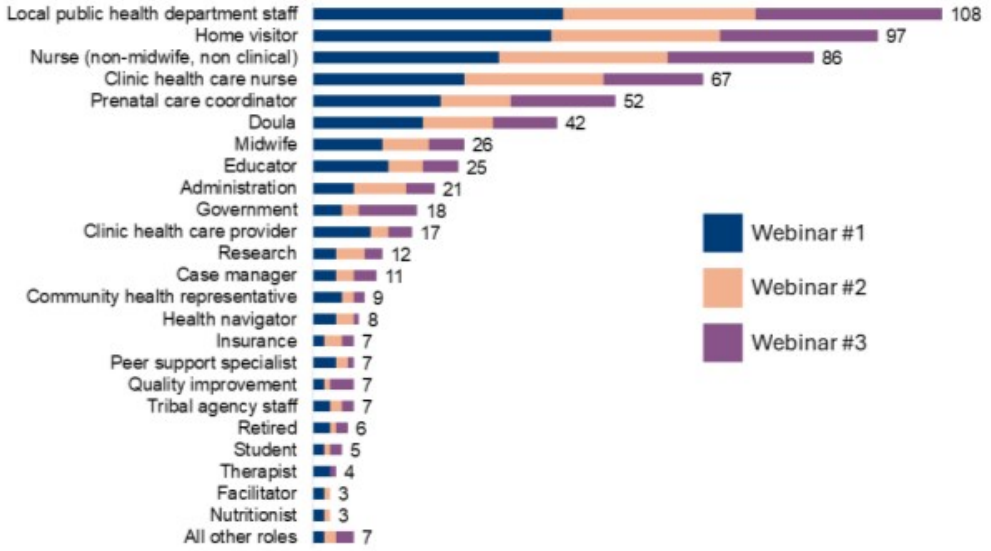
Per Wisconsin Department of Health Services Maternal Mortality Review Team Recommendations: 2020 Pregnancy-Associated Deaths (released November 2024), pregnancy-related deaths due to cardiovascular conditions (e.g., conditions that affect the heart of blood vessels and excludes cardiomyopathy) and hypertensive disorders (e.g., high blood pressure, which includes preeclampsia, eclampsia, and chronic hypertension) continue to be a major preventable death and comorbid condition to address. Of all pregnancy-related deaths, 29% were caused by cardiovascular conditions or hypertensive disorders. Including non-fatal cardiac complications, 48 people experienced severe cardiac complications during delivery, and 7,113 people had a hypertensive disorder during pregnancy or at delivery.

The pregnancy and postpartum hypertension series, “Recognizing and Responding to Pregnancy and Postpartum Hypertension: The Critical Role of Birth Workers” provided a unique webinar series to the audience of both community-based and clinical health care workforce to enable connection and learning together of sharing evidence-based information and knowledge that centered on improving skills, care practices, home-based blood pressure monitoring with the ultimate goal to improve health outcomes.

A multi-sector team convened to develop a powerful series through collaboration of two Title V Maternal and Infant Health nurse consultants, a Title V Home Visiting Nurse Consultant, the Wisconsin Maternal Mortality Nurse Abstractor, the Wisconsin Association for Perinatal Care, and the Department of Obstetrics and Gynecology at the University of Wisconsin School of Medicine and Public Health. The team co-developed a birth worker training program series focused on maternal hypertension during pregnancy and postpartum utilizing recommendations from Wisconsin’s Maternal Mortality 2020 Recommendations and Cardiovascular Issue Brief, the Hypertension Change Package, CDC Hear Her Campaign and Staying Healthy After Childbirth - University of Wisconsin Obstetrics and Gynecology program. These webinars reached approximately 421 registered participants that included a wide variety of roles and disciplines that attended virtual live or recorded sessions. These sessions included pre-and post- knowledge assessment and post-webinar evaluations.

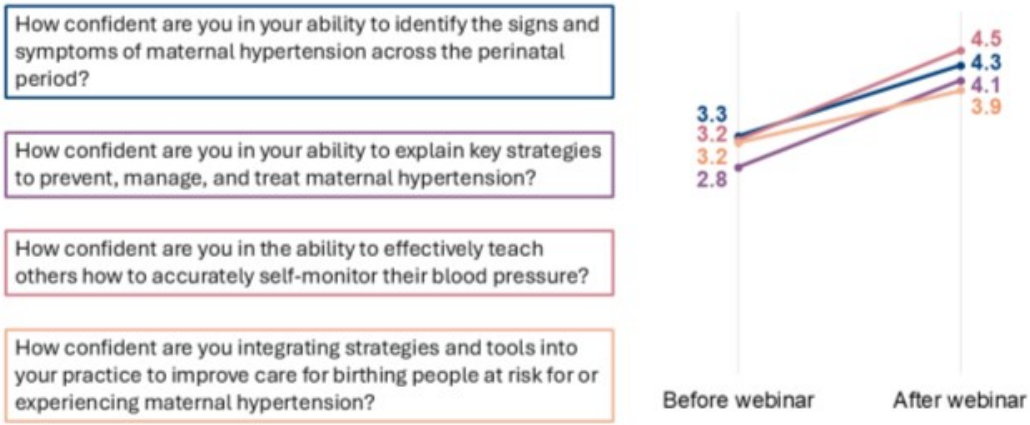
655 individuals with varying roles attended live or watched recorded Community Birth Worker Training for Hypertension webinars.

Number of views



Webinar attendance increased participants' confidence to provide quality hypertension care to Wisconsin mothers.

Average response, ranging from low confidence (1) to high confidence (5)



Comments from the evaluation survey indicated the important reach this webinar series provided:

- "I appreciate the emphasis on really listening to our birthing person, often times we become overwhelmed with staffing shortages and increase workload that we don't take the time to actually listen, we look at the numbers and go by that. This presentation has definitely humbled me. "
- "This was a very helpful and informative session that was friendly to community workers and medical professionals. I enjoyed starting with the video of the woman sharing her experience during her pregnancy."
- "After viewing the webinar our OB department is considering creating an initiative that will help our pregnant patients obtain BP monitors to use at home."
- "As a home visitor working for a family resource center, I feel that this information is very beneficial to me and would be greatly beneficial to the families that I work with."
- "Really great info. I would love to be a part of a national effort to give every pregnant individual a validated, appropriately sized BP monitor."

- “Appreciated the attention paid to community involvement in improving health outcomes, the limitations of clinical settings in meeting health care needs, and collaboration.”

The 2025 Wisconsin Perinatal Conference provided a platform for dissemination of Maternal Child Health work throughout the state. The agenda included integrated mental health and substance use treatment, optimizing fourth trimester care, reducing gaps in access to maternal milk at discharge from the NICU, childbirth education for families with newborns in palliative care, perinatal cannabis, and congenital syphilis. The conference provided three plenary sessions, 24 breakout sessions, oral poster presentation sessions, and 41 poster abstracts, and a Great Debate session. The conference was attended by 147 participants, rating the overall quality of the plenary sessions (scale of 1-4; low to high) between 3.63 and 3.92 and the breakout sessions between 3.40 and 4.00 (mean of 3.81 and a median of 3.85). Wisconsin Association for Perinatal Care launched their Learning Hub in October 2025 which provided a platform for access to 60 webinars and enabled learners to access webinar recordings, complete knowledge assessments, webinar evaluations, download presentations and resources provided and download certificates for continuing education or participation. Overall, the Wisconsin Association for Perinatal Care has allowed for strengthening partnerships with the health care workforce through their educational efforts.

Maternal Mortality Review

In 2025, the Maternal Mortality Review program held an open recruitment for new members to join the Maternal Mortality Review Team for the fourth time, prioritizing external stakeholders with subject matter expertise currently missing from review. As a result, six new members were invited to join the Maternal Mortality Review Team with expertise in child welfare, community health work, systems change, and maternal fetal medicine. In addition to onboarding these six new Team members, the Maternal Mortality Review program held six review meetings where the Team reviewed a total of 55 cases from 2023 to complete case review of all 2023 maternal deaths, as well as the remaining 25 unreviewed cases from 2018 through an expedited review process, which gives the Maternal Mortality Review program eight consecutive years of data from 2016 through 2023. The Team also produced approximately 70 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 Team members to debrief and reflect after each case review meeting, now guided by outside Department of Health Service staff. In September 2025, the Maternal Mortality Review program hosted its third annual hybrid Maternal Mortality Review Team meeting; all other meetings have been virtual since March 2020. This hybrid approach continues to allow members to connect in-person and strengthen relationships, while also allowing members who are 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 Team members, co-chairs, and Maternal Mortality Review program staff members. Maternal Mortality Review program data was also used to inform Title V priorities and help shape funding opportunities for the next five-year funding cycle.

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 to identify critical action steps for disseminating and implementing recommendations. The focus of the Impact Team is to move data to action and assist with generating regular issue briefs. The Impact Team met four times in 2025 to discuss its third issue brief focused on rural maternal health, how to build trust in health care, strategic planning, and strategies to move data to action to improve outcomes.

The Maternal Mortality Review program successfully hired a part-time informant interview coordinator to develop a process to interview family members and loved ones of Wisconsinites who have died during and after pregnancy. The goal of these interviews is to gain a multi-faceted perspective on the individual’s care experiences before and surrounding her death. The program also successfully hired a part-time records gatherer. Finally, the process was also initiated to hire a new full-time maternal health epidemiologist to support the program, as the position became vacant in October 2024.

The program also continued to release meeting summaries after each Maternal Mortality Review Team meeting, which are publicly available on the DHS website: January 2025, March 2025, May 2025, July 2025, September 2025, and November 2025. 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 an issue brief highlighting cardiovascular maternal health outcomes, which includes maternal mortality review data, as well as prevention recommendations made by the Maternal Mortality Review Team and other resources. Although the program did not release a data report in 2025, they responded to several critical data requests, including those related to postpartum Medicaid coverage expansion. The governor of Wisconsin signed the postpartum Medicaid coverage expansion into law in early 2026.

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

National Performance Measure: Postpartum Visit	
Objective	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.
Evidence-based Strategy Measure	Percent of birth workforce providers who report increased confidence in providing perinatal health education to their clients/patients following a workforce training.

Perinatal mental health continues as a major preventable mortality concern both nationally and locally within Wisconsin communities. The Policy Center for Maternal Mental Health purports that the risk for maternal mental health disorders is rising in the U.S., including counties with “severe” risk tripling since 2023, 84% of birthing-aged women still live in U.S. maternal mental health resource shortage areas, 13,885 providers are needed across the United States to fill these shortage gaps. Mental health conditions include the following disorders: anxiety, depressive, bipolar, psychotic, substance use, and other psychiatric conditions and include overdoses in this category.

As indicated in the Wisconsin Department of Health Services Maternal Mortality Review Team Recommendations: 2020 Pregnancy-Associated Deaths (Released November 2024):

- Of all pregnancy-related deaths, 38% were caused by mental health conditions.
- Of pregnancy-related deaths caused by mental health conditions, 88% were due to overdose.
- At the time of delivery, 10,543 women had a mental health or substance use disorder diagnosis in 2020.

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

Perinatal mental health remains as a significant focus for making impactful and necessary system change. The priorities related to perinatal mental health efforts focus on perinatal mental health disorders including substance use during pregnancy and the postpartum period in the following aspects:

- Increase access and expand mental health services for women and families during the pregnancy and postpartum period,
- Promote universal screening procedures for perinatal mental health disorders including substance use,
- Improve care coordination referral and follow-up procedures for any and all individuals who screen positive for perinatal mental health disorders or substance use,
- Improve access to educational materials and resources,
- Increase the community-based and clinical health care workforce capacity and knowledge related perinatal mental health disorders and substance use in pregnancy and the postpartum period.

As of January 1, 2026, 21 local and Tribal health agencies are using their Title V Maternal Child Health funding to impact

perinatal mental health: Sawyer County, Rusk County, Chippewa County, Taylor County, Marathon County, Portage County, Door County, Brown County, Columbia County, Sauk County, Fond du Lac County, North Shore Health Department, Jefferson County, Walworth County, Kenosha County, Lac Courte Oreille Tribal Health Center, Lac du Flambeau Tribal Health Center, Stockbridge Munsee Tribal Health Center, Oneida Nation Tribal Health Center, Forest County Potawatomi Tribal Health Center, and Ho-Chunk Nation Tribal Health Center. Many of these agencies will be encouraged to continue this work throughout this grant cycle.

The Title V Maternal Child Health funded partner, The Medical College of Wisconsin – The Periscope Project was awarded the perinatal mental health Access Expansion funding to improve access to perinatal mental health provider services and resources that support pregnant and postpartum women up to 12 months statewide for the 2026-2030 grant cycle.

Expand access to subspeciality perinatal mental health and substance use disorder care through a patient's existing health care network. The Periscope Project will maintain their psychiatric consultation services Monday through Friday 8 am – 4pm via phone and email. The Periscope Project will measure the number of perinatal mental health psychiatric consultative service health care provider inquiries occurring quarterly. Training offered as quarterly webinars for health care providers and other professionals open to all provider types and areas of practice provides additional maternal mental health provider expansion opportunities.

Expand access to perinatal mental health and perinatal substance use disorder resources statewide. Following a statewide landscape analysis of perinatal mental health providers and resources, the Periscope Project will promote utilization of publicly available statewide perinatal mental health resource databases that include Well Badger Resource Center and Postpartum Support International's Provider Directory. Enhancing centralized existing databases supports and builds upon structures already familiar to providers working with clients. The Periscope Project will continue to review and update their Provider Toolkit with evidence-based screening tools, procedure implementation, brief intervention tools, substance use screening tools, and trauma informed care practice information. The Periscope Project webpage content intended for mothers and families, builds awareness for perinatal mental health and substance use disorder conditions, connecting people to available and appropriate resources.

Increase awareness for perinatal mental health and perinatal substance use disorder statewide. The Periscope Project continues to build awareness of perinatal substance use disorder through their educational campaign promotions such as: May Mental Health Awareness Month social media blasts; Child Psychiatric Consultation program meetings; external communication promotions; stigma reduction magnets; substance use harm reduction cards; and an average of two planned presentations to health care providers or other health professionals who engage services with perinatal people.

Title V promotes and uses Maternal Health Data Dashboards for a greater understanding of maternal health outcomes and experiences. The data shared in these dashboards and upcoming topic areas offer utilization of data not previously released that includes quotes from mothers and recommendations for each topic.

Title V Maternal Child Health continues to work closely with maternal health innovation coordinator related to the perinatal mental health certification trainings and offerings as well as additional development of mental health brochures to support families more robustly. The Maternal Health Innovation program has elevated community voices regarding maternal mental health and substance use. By centering lived experiences, the program highlights key service gaps and inconsistent care to drive system-level improvements. The Title V program will stay cognizant related to updates to align and collaborate with the Rural Health Transformation Program in particular to support Pillar 3: Transforming Rural Care Through Partnerships. This pillar will be working to create coordinated systems of care to reduce the fragmentation within primary care, specialty care, behavioral health, chronic disease prevention, and community social supports.

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

Title V Maternal Child Health funded partner, Wisconsin Association for Perinatal Care was awarded funding to provide training and development opportunities for Wisconsin's birth workforce that will increase access, support, and resources for pregnant individuals and their support persons for the 2026-2030 grant cycle.

The Wisconsin Association for Perinatal Care delivers a comprehensive statewide educational programs and technical assistance consisting of live and recorded webinars, Perinatal Grand Rounds, the Wisconsin Perinatal Conference, and other educational offerings to support ongoing professional development and training for those who serve pregnant women and families in Wisconsin. Their professional development committee is comprised of diverse birth workers (those with personal and professional experience) and convenes quarterly to identify topics for the Perinatal Grand Rounds, Perinatal Substance Use Series and other webinars. This committee also supports the presentation selection for the Wisconsin Perinatal Conference. The Wisconsin Association for Perinatal Care continues ongoing recruitment for this committee.

In 2027, the Wisconsin Association for Perinatal Care will host their 57th annual Wisconsin Perinatal Conference, welcoming perinatal professionals from across all spectrums of care that includes nurses, physicians, midwives, doulas, quality improvement experts, public health professionals, lactation consultants, social workers, and more. The agenda for this conference brings a wide range of topics and poster sessions to support the wide audience in attendance. They continue to integrate Title V Maternal Child Health project content into the conference, providing a platform for dissemination of Title V work throughout the state via the speakers, presentations, and poster presentations chosen.

The Wisconsin Association for Perinatal Care supports the Perinatal Grand Rounds series that is designed to meet the needs of a broad range of perinatal participants. Topics are selected from suggestions as well as current trends and needs in perinatal health. Sessions are held virtually and the recordings are housed in their Learning Hub. Continuing education credits for nurses and medical professionals are available.

The Wisconsin Association for Perinatal Care will continue to partner to support and develop a minimum of twelve virtual and continuing educational and professional development opportunities. Five of these will emphasize patient-centered care and incorporate facilitated discussions. They will also provide three quality improvement sessions annually and access to Fetal Monitoring Case Reviews. Webinars and training support both the health care system and community-based birth workforce in collaboration with the Title V program, the Wisconsin Association for Perinatal Care's Professional Development Committee, and designated subject matter experts. Webinars focus on holistic workforce development support regarding concepts of health and wellness aiming to understand the connection of social, emotional, psychological and physical functions. The goal of these webinars is to enable transfer of evidence- based education, resources, and consistent messaging to patients/clients served by frontline birthing workforce in the community and health care settings. This strategy will be measured by tracking the percentage of birth workforce providers who report increased confidence in providing perinatal health education to their clients and patients following a workforce training. Data will be collected by the Wisconsin Association for Perinatal Care and shared with the Title V program with the goal being that 80% of the birth workforce providers will report increased confidence in providing perinatal health education to their clients/patients after they complete a workforce training.

The Wisconsin Association for Perinatal Care's Learning Hub provides a platform for registration, new and previously recorded learning opportunities, certificates and continuing education units, slide decks and resources, and session evaluations. They also maintain a list serv of participants for all trainings and use it to promote educational opportunities and dissemination of their newsletter. Other enhancements include social media promotions, and an online webinar calendar allows for better forecasting and planning.

Collaborate with Medicaid to support expanded Medicaid coverage up to 12-months postpartum.

On March 18, 2026, Governor Tony Evers officially signed into law 2025 Wisconsin Act 102, which expanded postpartum Medicaid coverage from 60 days to 12 months. Expanded postpartum coverage will be available for Wisconsin families starting July 1, 2026. To support this legislative change and other policy and practice changes Title V remains committed to supporting agencies and organizations that support pregnant and postpartum Medicaid care recipients. Policy changes and

updates to the Medicaid prenatal care coordination benefit are communicated to enrolled providers through the ForwardHealth portal. Agencies and organizations value this additional ongoing support to assist them in gaining greater understanding specifically related to navigating the billing and reimbursement of Medicaid insurance benefit changes.

The Title V program is involved in three workgroups to support the Medicaid: Transforming Maternal Health project in the State of Wisconsin. Wisconsin is one of 15 states to receive multi-year funding from the federal Centers for Medicare & Medicaid Services to transform the maternal health care experience. Through 2027, the Medicaid: Transforming Maternal Health project will focus on policy analysis and plan design to support implementation changes of the Medicaid maternal health model in northwestern and western regions of Wisconsin, as well as in Milwaukee County.

The Title V program has involvement in the following workgroups to support this grant:

- **Behavioral Health and Health Related Social Needs**: This workgroup focuses on developing and implementing a plan to increase risk assessments, screenings, referrals, and follow-up for behavioral health and health related social needs for pregnant women who receive the Medicaid benefit. This work will include but not limited to support for the pregnancy and the postpartum period related to perinatal mental health disorders and substance use: a) identifying and selecting universal screening and tools for perinatal mental health disorders and substance use in pregnancy and the postpartum period, b) developing and implementing a plan for risk assessments for risk appropriate care, and 3) identifying workflows and data collection process for behavioral health and substance use.
- **Access, Workforce, Medical Services**: This workgroup focuses on increasing access to midwifery, birth centers, and perinatal community health workers. They will focus on increasing coverage of doula services as well as increasing home monitoring for diabetes and hypertension. And lastly, increasing home visits, mobile health, and telehealth services.
- **Quality Improvement and Payment Workgroup**: This workgroup focuses on supporting managed care plan organizations, maternal health providers, and community-based organizations during the pre-implementation period to build capacity for the development and implementation of a value-based payment model.

Maternal Mortality Review

In 2027, the Maternal Mortality Review program plans to convene the Maternal Mortality Review team every other month to review maternal deaths that occurred in 2024 and 2025. By the beginning of 2027, the team will complete their review of most 2024 cases, and the program anticipates having a finalized and approved maternal mortality data report, which they will circulate and promote throughout the year. They also anticipate releasing a supplemental 2018-2019 data product in 2027.

Another open recruitment process for new Maternal Mortality Review team members will be considered in early 2027 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.

Recruitment and retention to the Maternal Mortality Review team can be challenging due to a variety of reasons, especially:

- These are non-funded positions.
- Meetings are a full day commitment every other month.
- Prework is required prior to meetings.
- Recruiting for specific expertise reduces the pool of eligible applicants.

As a result, there are typically 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 Maternal Mortality Review Impact team will continue to meet throughout 2027 to widely disseminate information and ensure implementation of Maternal Mortality Review team's prevention recommendations across the state, particularly those related to rural health and intimate partner violence, and other recommendations established to be "high priority" in a public-facing prioritization process (to be completed in 2026).

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

This priority need supports the collaborative efforts across the Title V program and Title X Family Planning program, which already has its own established program goals. The Reproductive Health and Family Planning program supports clinics across the state of Wisconsin to help them provide family planning services, reproductive health services, and sexual health services. Title X in Wisconsin is a federally funded program that provides voluntary, confidential, and income-based services at no cost or on a sliding fee scale. The Department of Health Services serves as the primary state grantee, distributing these funds to local health departments and community-based organizations.

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

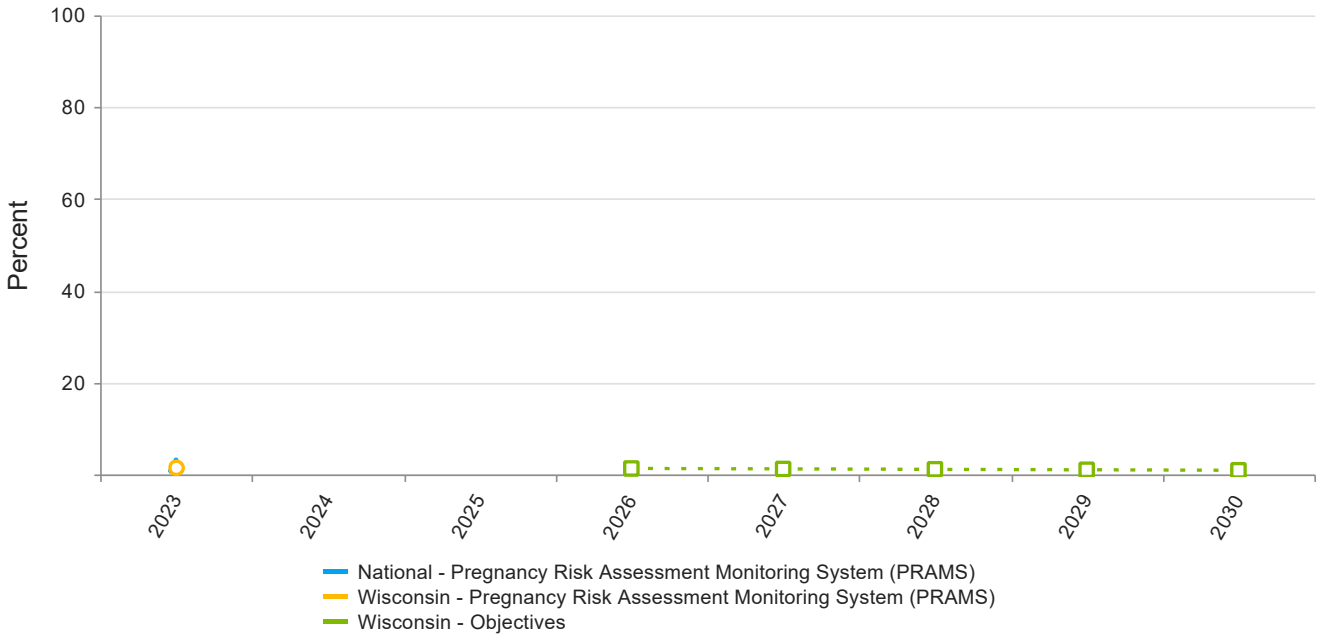
Reproductive Health and Family Planning funded clinics provide clients with a broad range of medically approved family planning services, which includes all Food and Drug Administration (FDA)-approved contraceptive products and natural family planning methods for clients. Additionally, these clinics may also provide other reproductive health and related preventive health services such as HPV vaccination, provision of HIV pre-exposure prophylaxis (also known as PrEP), breast and cervical cancer screening, and screening for obesity, smoking, drug and alcohol use, mental health, and intimate partner violence.

In fall 2026, the Reproductive Health Family Planning program will partner with agencies to design performance measures that reflect each agency’s unique goals. These measures will be built into the scopes of work for 2027 funding. To support success, agencies will connect through monthly learning community calls and an annual site visit centered on fiscal performance.

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	**2025**
Annual Objective		
Annual Indicator	1.5	1.5
Numerator	825	825
Denominator	54,929	54,929
Data Source	PRAMS	PRAMS
Data Source Year	2023	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

Baseline data was not available/provided.

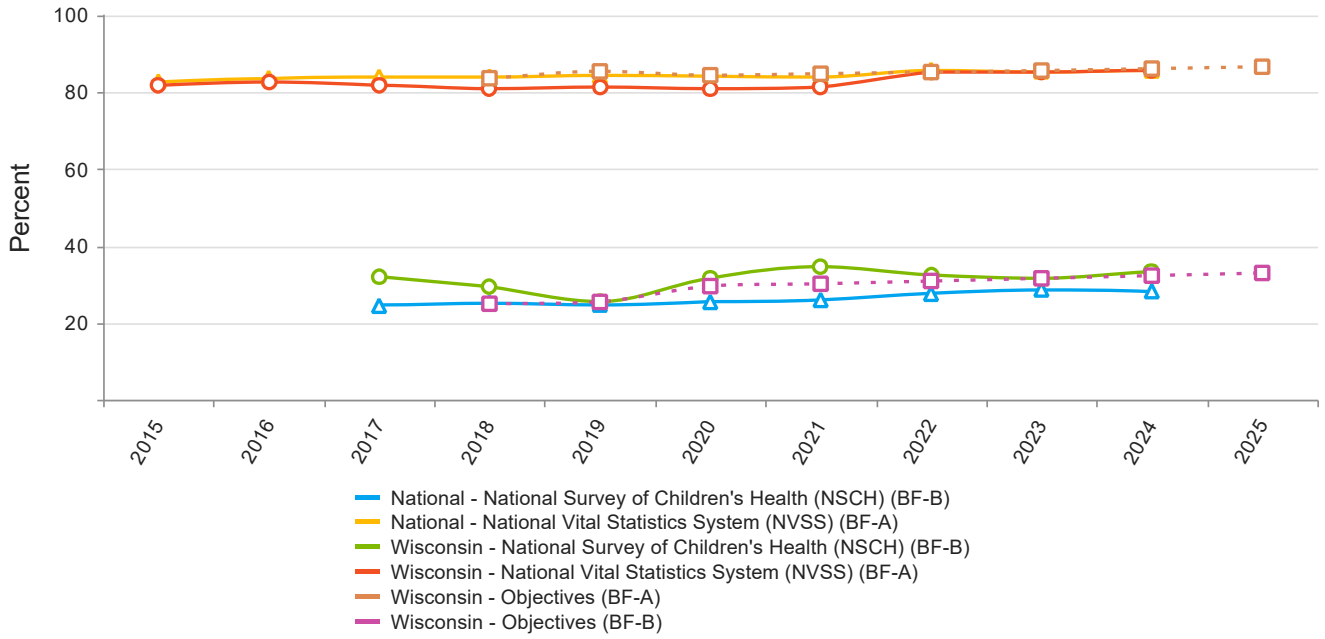
Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

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**	**2025**
Annual Objective	85.5	86	86.5
Annual Indicator	85.0	85.2	85.5
Numerator	49,114	49,097	49,017
Denominator	57,768	57,648	57,363
Data Source	NVSS	NVSS	NVSS
Data Source Year	2022	2023	2024

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**	**2025**
Annual Objective	31.6	32.3	33
Annual Indicator	32.5	31.7	33.5
Numerator	54,101	50,477	51,331
Denominator	166,466	159,459	153,418
Data Source	NSCH	NSCH	NSCH
Data Source Year	2021_2022	2022_2023	2023_2024

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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	52	53	54	55	56.1
Annual Indicator	54.8	65.3	65	66.5	67.4
Numerator	3,127	3,600	3,548	3,516	3,448
Denominator	5,707	5,516	5,460	5,290	5,116
Data Source	Vital Records	Vital Records	Vital Records	Vital Records	Vital Records
Data Source Year	2021	2022	2023	2024	2025
Provisional or Final ?	Final	Final	Final	Final	Final

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

Measure Status:				Active	
State Provided Data					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	66.4	67.4	68.4	69.4	70.3
Annual Indicator	63.5	71.4	73.3	76.5	69.5
Numerator	342	360	357	339	308
Denominator	539	504	487	443	443
Data Source	Vital Records	Vital Records	Vital Records	Vital Records	Vital Records
Data Source Year	2021	2022	2023	2024	2025
Provisional or Final ?	Final	Final	Final	Final	Final

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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	14.3	14	13.6	13.3	13
Annual Indicator	12.8	11.4	14.5	12.5	12.8
Numerator	76	65	81	68	67
Denominator	5,935	5,680	5,586	5,441	5,238
Data Source	Vital Records	Vital Records	Vital Records	Vital Records	Vital Records
Data Source Year	2021	2022	2023	2024	2025
Provisional or Final ?	Final	Final	Final	Final	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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	60	61.5	63	64.5	66
Annual Indicator	60.7	62.8	66.2	67.5	66.5
Numerator	13,134	13,115	12,987	12,654	12,079
Denominator	21,649	20,874	19,625	18,751	18,164
Data Source	Vital Records	Vital Records	Vital Records	Vital Records	Vital Records
Data Source Year	2018-2020	2019-2021	2020-2022	2021-2023	2022-2024
Provisional or Final ?	Final	Final	Final	Final	Final

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

Objectives

	2016-2018 PRAMS	2019-2020 PRAMS	2020-2021 PRAMS	2021-2022 PRAMS	2022-2023 PRAMS	2023-2024 PRAMS
Increase the proportion of non-Hispanic Black women who ever breastfeed 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%	2024 PRAMS not available
	2016 National Immunization Survey	2018 National Immunization Survey	2019 National Immunization Survey	2020 National Immunization Survey	2021 National Immunization Survey	2022 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%	30.7%

Evidence-Based Strategy Measurement

Measure	2021 Data	2022 Data	2023 Data	2024 Data	2025 Data
Number of hospitals in Coffective's Community Match Online Platform	48	Not Available*	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)	67.4% (2025 Birth Records)
	74.7% (2020 PRAMS)	70.9% (2021 PRAMS)	73.8% (2022 PRAMS)	73.1% (2023 PRAMS)	2024 PRAMS not available
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)	69.5% (2025 Birth Records)
	76.3% (2020 PRAMS)	75.5% (2020-2021 PRAMS)	73.1% (2020-2022 PRAMS)	80.4% (2023 PRAMS)	2024 PRAMS not available

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

***The "ever breastfed" measure from the birth record is based on a health care provider's report about whether the infant was breastfeeding at discharge while the measure from PRAMS is based on parent self-reporting whether they ever breastfed their baby. While data from birth records are more stable, they are likely also under-count "ever-breastfed" babies.*

Overall Reflections

Wisconsin focused on improving perinatal outcomes, health outcomes for women, and promoting optimal nutrition through targeted breastfeeding initiatives in 2025. The plan included quarterly meetings with funded state partners to facilitate communication and highlight opportunities for collaboration. A significant effort was made to enhance support to local and Tribal health agencies to strengthen breastfeeding practices across prenatal, maternity, and postpartum care settings.

The Family Foundations Home Visiting program (Wisconsin's Maternal, Infant, and Early Childhood Home Visiting program), the Maternal Health Innovation program and the Title V program collaborated to fund the Michigan Breastfeeding Network Great Lakes Breastfeeding Webinars to provide free lactation-related education focused on improving breastfeeding outcomes for the maternal and child health workforce in Wisconsin. The Title V program required all local and Tribal health agencies implementing breastfeeding strategies to participate in the webinar series. Wisconsin participants included nurses (22.8%), home visitors (22.6%), and other maternal and child health workforce (54.6%).

Seven local health departments and two Tribal health agencies used their annual, non-competitive 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 (100%), alignment with other agency efforts (78%), staff interest (78%), and funding resources (78%). Barriers to the work included their partners' staff capacity (78%), their own staff capacity (67%), and trouble reaching priority populations (67%).

Local and Tribal health agencies prioritized community engagement into their work. One agency shared that, "The most exciting part of this work is seeing community input directly shaping our breastfeeding initiatives. Knowing that our communities' voices are not only being heard, but actively influencing programs and policies, makes this work incredibly meaningful." At the Stockbridge-Munsee Nation, community members participated in numerous activities for Indigenous Milk Medicine Week and August Breastfeeding Month.

Coffective provided technical assistance at quarterly learning community calls where topics included community

engagement, policy development, emergency preparedness, and discussions specific to each breastfeeding strategy, as well as presentations from state and national partners. Evaluation of these calls was overwhelmingly positive, with attendees reporting that they encouraged collaboration, helped adapt strategies to local contexts, and increased awareness of non-traditional partnerships.

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

Six local and Tribal health agencies used their annual, non-competitive Title V funds to implement this strategy. Local and Tribal health agencies that were already 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. Agencies continued their focus on building relationships with employers and offering support for activities like establishing a space for expressing milk, improving space and facilities for expressing milk, and changing organizational policy to protect lactation in the worksite. Waukesha County worked closely with the Waukesha County Breastfeeding Coalition to get community feedback on worksites that would be interested in creating or updating a lactation space for the Pumpspotting app. They also worked with Waukesha County Human Resources to evaluate the current state of breastfeeding resources, spaces, and policies for county employees.

Local health agency staff worked to reestablish and build new relationships with local childcare programs. Many struggled with staff turnover and shortages, limiting their capacity to engage in quality improvement activities, such as the Breastfeeding Friendly Child Care initiative. However, local agencies assisted four new childcare providers in becoming recognized as Breastfeeding Friendly in 2025 and helped nine programs renew their recognition status, including ensuring all staff completed the breastfeeding training. Additionally, Thriving Wisconsin and several of their member agencies offered this training to childcare staff in both English and Spanish. A total of 263 individual providers completed the training for continuing education hours in 2025.

Childcare programs continued using the Go NAPSACC Breastfeeding and Infant Feeding Self-Assessment and online database, with additional support from childcare resource and referral staff and YoungStar technical consultants. While 194 total Go NAPSACC self-assessments were completed, only 9 sites completed both pre- and post-assessments. The lowest scoring practices 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 training on a variety of topics, and 43 childcare providers at least one in 2025.

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

Eight local and Tribal health agencies focused on this strategy. 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 partnerships and reduce barriers to lactation services. Coffective provided individual technical assistance throughout the year and fostered sharing between agencies during the quarterly learning community calls. Agencies took successful action steps by facilitating family support groups, mapping local lactation resources, creating lactation spaces (e.g., in public buildings, or portable spaces for community events), disseminating lactation resources in multiple languages, and facilitating local breastfeeding coalitions.

Local and Tribal health agencies shared common challenges throughout 2025, including limited support for lactating families, difficulty engaging health system partners, lack of comprehensive local breastfeeding data, little sustainable funding, and issues with local coalition engagement. They also identified common successes, including partnerships with health care providers and sectors beyond health care, creative sustainability strategies, community-led approaches, peer support activities, and expansion of lactation-friendly environments in their communities.

Brown County's partnerships with multiple local agencies led them to host a lactation tent and provide education at community events including the Brown County Breastfeeding Coalition's annual event, the annual Parenting Expo, Hmong New Year celebration, and the Juneteenth event. Brown County also partnered with the Green Bay School District to provide lactation supplies and education in English and Spanish to teens.

Support hospital use of quality improvement strategies.

Collaboration continued with the Wisconsin Association for Perinatal Care and Coffective to support Human Milk Feeding quality improvement initiatives through the Wisconsin Perinatal Quality Collaborative. A total of 13 hospitals, health systems, and public health stakeholders received support with strategies, assessment, and community engagement. The Post Birth Infant Feeding Survey was used by health systems to gain patient feedback, and the Human Milk Feeding Expert Group met regularly and advised the direction of quality improvement initiatives.

The Wisconsin Perinatal Quality Collaborative collected and analyzed data for the Human Milk Feeding quality improvement initiative. In their final report, they noted that over the past three years, aggregate outcomes for the Human Milk Feeding initiative have remained largely unchanged. While many participating teams are consistently collecting data across the required measures, the focus has often been on policy compliance rather than active quality improvement. The Wisconsin Association for Perinatal Care encountered some challenges around communication capacity, particularly in developing and disseminating materials, as well as maintaining an up-to-date program presence on their website. To better support teams in translating data into action, they transitioned program oversight to the Wisconsin Perinatal Quality Collaborative, where quality improvement infrastructure is already established and dedicated expertise can provide more targeted guidance and strategic alignment. They also hired a new communications and outreach coordinator who started in quarter three to support this area.

Overall, the greatest challenge was involvement. While all hospitals submitted data for the two outcome measures (any human milk during hospitalization and exclusive human milk during hospitalization), fewer submitted data for the process measures. The small sample sizes, already high success rates of some hospitals, and the homogeneity of the hospital patient populations also limited evaluation. Additionally, many patients had already decided on what they are going to feed their infants and how prior to any intervention. The initiative did not address prenatal education, but some hospitals acknowledged the importance and began work with prenatal care educators.

Nine teams were active during the Human Milk Feeding initiative. Teams were required to submit data for both outcome measures, but only five teams submitted data for all twelve months and two teams for January to November. Of the remaining two teams, one submitted ten months of data and the other seven months.

- **Percent of infants receiving any human milk during hospitalization.** Since data collection began in January 2022, the overall average for this measure has been 92%. Data shows a decrease overall during 2025 (89%), with April 2025 marking the lowest point to date at 81%. The reasons for the decrease are unclear.
- **Percent of infants receiving exclusive human milk during hospitalization.** The percentage of infants receiving human milk exclusively also declined in early 2025, reaching a low of 60% in April. Rates rebounded to at least 80% or higher after May. The aggregate rate saw some stabilization later in the year, with a 76% rate in quarter four. The cause of the early 2025 decline is unclear. It may be related to differences in staff, patient population, or data submission. In response, the program reinforced foundational data practices and quality improvement tools in one-on-one meetings and quarterly calls.

Teams were also encouraged to use the Post Birth Infant Feeding Survey or similar to collect feedback directly from patients, and 85% of the participating teams did so in 2025. Coffective generated and shared both hospital-level and collaborative-level quarterly reports. To support future data collection, Coffective also created an offline tool.

The Wisconsin Association for Perinatal Care and Coffective provided technical assistance with quarterly one-on-one meetings with participating sites. A total of 15 one-on-one meetings were completed. These meetings reinforced initiative expectations, including submission of both outcome measures and selection of at least one relevant process measure. Teams were supported in identifying appropriate process measures and clarifying data submission requirements. Teams were also encouraged to establish, formalize, and strengthen hospital-community partnerships. With support from Title V staff, Coffective helped to facilitate six connections between hospitals and their local or Tribal health agencies to explore improvements in care for families. Individualized technical assistance was also provided, including guidance on postpartum survey timing to reduce burden on birthing persons, development of a project charter for a new prenatal Certified Lactation Counselor visit initiative, and support for teams experiencing staff turnover. To streamline access to support, a Microsoft Bookings system was implemented to simplify scheduling and reduce coordination burden.

Additionally, these organizations hosted quarterly learning community calls to review data, support educational needs, and share site experiences (including asking the expert group to participate and provide an update on the group's work). There was a reported 100% participation for teams in at least one learning community call with five (45%) of the teams participating in all four meetings, two (18%) in three meetings, two (18%) in two meetings, and two (18%) in one meeting. Calls covered trends in outcome measures for any human milk and exclusive human milk during hospitalization, with discussion of participation rates and opportunities to strengthen data submission. Teams shared successes and challenges related to human milk feeding, including implementation of donor milk programs, improvements in data collection processes, and application of quality improvement methods such as plan-do-study-act cycles. Educational content included updates on National Breastfeeding Month activities, transition to self-managed post-birth infant feeding surveys, sustainability planning, and a presentation on the Maternity Practices in Infant Nutrition and Care (mPINC™) Survey. The final call was held in December 2025 focused on sustainability and future planning for human milk feeding work. Seven teams attended this call, and participants shared reflections on their experiences and plans to continue or expand human milk feeding efforts beyond the current funding period.

The expert group engaged quarterly to define issues and identify strategies to address differences in human milk feeding. At the March meeting, participants shared their perspectives of the root causes affecting breastfeeding and human milk feeding. In July, participants discussed strategies they found helpful. The final meeting was spent planning for the December webinar on sustainability. All members of the expert group respondents expressed satisfaction with group composition and direction.

The Wisconsin Association for Perinatal Care developed one standardized template and a process to support consistent communication and dissemination of quality improvement results. Previous Human Milk Feeding results (two data sets) were added to their website, with plans to post 2025 outcome data once submissions are finalized. Process measure data will not be included due to the low number of submissions. Final reports and dissemination materials will be shared with participating teams, along with guidance on poster abstract submissions for the 2026 Wisconsin Perinatal Conference. The Wisconsin Association for Perinatal Care Perinatal Grand Rounds webinar in January was titled "Supporting Human Milk Feeding in the Community." Two members of the expert group discussed issues related to data and community/peer support. Forty-one people attended the webinar.

Although this was the final year of the Human Milk Feeding initiative, efforts to sustain lactation support will continue with support from the Wisconsin Association for Perinatal Care. One participating hospital launched a quality improvement initiative to add a visit with a lactation counselor during prenatal care in order to increase human milk feeding rates during the birth hospitalization. The hospital completed a detailed project charter and now has a clear plan to implement this multidisciplinary effort in collaboration with outpatient staff.

Support community agencies to address breastfeeding challenges.

The African American Breastfeeding Network provided focused support for the Breastfeeding Friendly Child Care initiative in Milwaukee, working closely with their regional childcare 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 four childcare programs complete the recognition process and planned for a completion ceremony in early 2026 to celebrate the breastfeeding friendly programs. In their survey results, two mothers enrolled in one of the childcare sites said they appreciated the security in knowing that the center was breastfeeding friendly.

Strengthen collaboration and partnerships.

Collaboration between the Title V program, the Family Foundations Home Visiting program, the Chronic Disease Prevention program, and Wisconsin's WIC program continued to be a priority. Program staff met regularly as a breastfeeding team throughout the year to discuss training opportunities, partnerships, and strategies to enhance breastfeeding support at the state level. Throughout 2025, WIC offered opportunities for home visitors, local and Tribal health agency staff, doulas, and other community-based programs and providers to attend USDA breastfeeding trainings. The 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 2025 highlighted the work of the Hmong Breastfeeding Coalition, Wisconsin's statewide network of Family Resource Centers and Child Care Resource and Referral agencies, the Wisconsin Guild of Midwives, and the Mothers' Milk Bank of the Western Great Lakes, as well as a summary of highlights of community-based lactation work. In addition, the team collaborated with both internal and external partners to explore other opportunities for outreach and support, including donor milk, lactation support in food pantries, emergency preparedness for families with infants and young children, pregnant and postpartum incarcerated individuals, and breastfeeding-related data collection and analysis.

The Title V program worked closely with the Wisconsin Department of Health Services' breastfeeding team to share information and promote breastfeeding-related celebrations throughout August 2025. The Governor approved five state proclamations that recognized key awareness events, including National Breastfeeding Month. Social media messages and an email announcement shared the proclamations publicly and provided additional context for these celebrations' importance.

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. Constellation members work together to increase understanding of employer responsibilities and employee rights under federal law and identify gaps in the current laws and work to expand protections for all employees. Title V staff provided consultation and expertise in the development of 'USBC's Workplace Lactation Accommodations: Employer Toolkit,' expected to be released in 2026.

With new priorities starting in 2026, Title V staff engaged in strategic conversations with state and local partners about opportunities for sustaining lactation support efforts into the future. Staff remain committed to ongoing connections with other breastfeeding partners as priorities and funding shifts and, as a result, capacity evolves. With the added dissolution of the Wisconsin Breastfeeding Coalition, it is even more essential that breastfeeding champions continue to connect with each other and find innovative ways to support the work moving forward.

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. 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	2025 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)	14.5 (2023 Vital Records)	12.5 (2024 Vital Records)	12.8 (2025 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)	76.7% (2025 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**	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	2025 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)	12.6 (2025 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)	60.7% (2018-2020 Vital Records)	62.8% (2019-2021 Vital Records)	66.2% (2020-2022 Vital Records)	67.5% 2021-2023 Vital Records)	66.5% (2022-2024 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*

Infant Mortality Prevention Objective

For the first time in 2024, infant mortality prevention was a new project option for local and Tribal health agencies to choose to implement with their annual, non-competitive Title V funding. Agencies that selected this strategy were required to implement at least one of the two strategies:

1. Access community health systems for unmet social service needs that impact birth outcomes, including safe and stable housing, community connections, neighborhood safety, prevention of sudden unexpected infant death, safe sleep education, and prevention of injury.
2. Collaborate with health care providers, social service providers, and/or community champions (including doulas) to reduce tobacco, vape, and marijuana use among pregnant women.

Nine local and Tribal health agencies selected infant mortality prevention: Fond du Lac County, Forest County, Marathon County, Menominee Tribal Clinic, City of Milwaukee, City of Racine, Rock County, Sauk County, and Wood County. All agencies except Sauk County selected the first strategy focused on assessing and strengthening community systems that impact birth outcomes. Sauk County concentrated efforts on the second strategy to reduce tobacco, vape and marijuana use among pregnant women. Half of the agencies implementing the first strategy focused on reducing preventable injuries, and all of them incorporated work related to sudden unexpected infant death prevention and safe sleep education. Marathon County certified two public health nurses as child passenger safety technicians, enabling the county to begin offering community-based car seat safety checks. They also partnered with the local Hmong and Hispanic Network to provide accessible and meaningful safe sleep education at community events. Finally, Sauk County provided One Key Question training for all home visiting staff. One Key Question is a standardized screening tool that helps providers tailor counseling and support based on pregnancy intention, including preconception health guidance. Sauk County has integrated this approach into home visiting services and is addressing vape use among clients through education and cessation support.

Title V program staff convened four infant mortality prevention learning community calls throughout 2025. Given the small number of agencies implementing this project option, each call incorporated structured roundtable sharing, which participants reported as highly valuable for peer learning and problem-solving. During one learning community call, Rock County presented the work of their Fetal and Infant Mortality Review (FIMR) team and described how data is translated into action by its Community Action Team. As a result of their findings, Rock County developed a local resource handout for medical providers to distribute to families experiencing pregnancy or infant loss. The Community Action Team also recommended creating separate waiting spaces free of infant imagery and parenting materials to reduce re-traumatization for families who have experienced a miscarriage, stillbirth, or infant death.

When agencies that chose infant mortality prevention were asked to identify challenges or barriers to implementation, about half (55.6%) reported limited staff capacity and 44.4% noted staff vacancies and turnover.

Overall, local and Tribal health agencies who chose infant mortality prevention demonstrated meaningful progress to infant mortality, strengthening community partnerships, and implementing prevention-focused strategies aimed at improving birth outcomes across populations.

Infant Loss and Bereavement

Under Wisconsin State Statute 253.14(1), the Department of Health Services is required to prepare and widely distribute printed informational materials focused on the concerns of parents who have lost a child to sudden infant death syndrome (SIDS). Furthermore, Wisconsin State Statute 253.14(2) mandates that the department must provide follow-up counseling services by trained healthcare professionals to these affected families upon their request. Since January 2023, the Star Legacy Foundation has provided services to families who have experienced infant loss statewide, including early referral and intervention services. Their services will continue through the calendar year 2030. The agency has 20 years of experience serving bereaved parents and families who have suffered the tragedy of infant loss, including sudden unexpected infant death and sudden infant death syndrome and is led by staff who have experienced infant loss and combine personal passion and clinical expertise to provide sensitive and effective support that is practical, and evidence based. The Wisconsin Center for Stillbirth and Infant Death was established through the partnership of the Wisconsin Department of Health Services and the Star Legacy Foundation. Any family who lives in Wisconsin and experienced the death of a baby through stillbirth, neonatal death, sudden unexpected infant death and sudden infant death syndrome, or any other infant death is eligible. The program has served a total of 1,152 Wisconsin families.

Through these services, it is the goal to reach Wisconsin families who experience the death of a baby during pregnancy or infancy and ensure they are referred to the program for support and resources as soon as possible after the loss of a baby. Families receive grief resources, comprehensive answers, funeral assistance, and support. The printed education materials are free of charge to health professionals, clinics, hospitals, and funeral homes to share with families during their time of loss. Resources include information about prenatal care which highlights prevention areas to prevent future pregnancy and infant loss.

The agency also offers free, virtual support groups for pregnancy loss, sudden unexpected infant death, sudden infant death syndrome, or infant loss, and supports families including fathers, grandparents, parents of grieving children, and pregnancy after a loss. These groups are facilitated by health professionals with personal experience and professional expertise to effectively meet the unique needs of bereaved families. Partnerships with health professionals and agencies throughout the state are key to providing direct referrals to families. The agency has worked to develop community outreach to potential referral sources and supporting organizations, including the Child Loss Foundation/Faiths Lodge. This partnership established an additional retreat for bereaved grandparents. Other partnerships include the Periscope Project, Mom's Mental Health Initiative, Dignity with Departure, Walk with You Foundation, National Cytomegalovirus (CMV) Foundation, Chaplin at Aurora Hospital, Northland Newborn Foundation, Meriter Hospital in Madison, Crest Funeral Home in Madison, and Bellin Hospital.

The Star Legacy Foundation works to actively increase community awareness. Throughout the course of this work, the agency distributed 5,006 printed educational materials, has 233 social media followers, and has had 635 website visits by 544 unique users. Awareness events and exhibits were held at the professional meetings of various partnered Wisconsin agencies and with health professionals including the Wisconsin Perinatal Conference, the Jackson County Public Health Department, the Wisconsin Family Foundations Home Visiting Program, the Wisconsin Child Death Review Partner meeting, and the Jefferson County Pregnancy and Infant Loss event. Continued efforts to reach families, provide resources, and raise awareness will include hosting vendor tables and facilitating presentations on 'Perinatal Bereavement: Elevating Care for Grieving Families.' These events include the Wisconsin Doula Conference, Wisconsin Lactation Conference, Fulfilling the Promise Conference, the State of Wisconsin Association of Neonatal Nurses Conference, Oneida Nation Home Visiting Team, Wisconsin Center for Stillbirth and Infant Death, Wisconsin Sip and Shop, the Door County Public Health Team Meeting, and the Annual Jack Fischer Golf Tournament.

In 2025, Children's Health Alliance of Wisconsin implemented the Keeping Kids Alive initiative, a statewide effort focused on preventing child injury and death through education, systems change, and cross-sector collaboration. Keeping Kids Alive is a system of multidisciplinary county and regional-based death review teams that work to better understand the risk factors and circumstances surrounding a child's death and to develop policy and program recommendations to prevent future deaths.

Keeping Kids Alive advanced injury prevention efforts by strengthening partnerships with local and Tribal health departments, health care systems, and community-based organizations. The initiative provided technical assistance, and evidence-based resources to improve implementation of best practices related to safe sleep, child passenger safety, suicide prevention, and other leading causes of infant and child death. In 2025, the program expanded its reach through three key initiatives:

- Supporting local communities in implementing best practice safe sleep education in clinical and community settings.
- Providing training and resources to increase child passenger safety, including car seat education.
- Guiding data-informed community prevention strategies by sharing state and local injury data.

Through these efforts, Keeping Kids Alive strengthened Wisconsin's injury prevention infrastructure and supported communities in implementing sustainable, evidence-based strategies to reduce preventable child and infant deaths.

In 2025, Title V staff participated in the Public Health Madison Dane County Fetal Infant Mortality Review Team team. The team has been working since 2023 to create a more representative team that can more effectively focus on long-term system change strategies. In 2025, Public Health Madison Dane County (PHMDC) combined their funding opportunities to proactively support community-led infant mortality prevention solutions and strategies. This work centered the voices of

people who have experienced infant loss through strategic storytelling approaches. This approach moves beyond the classic medical record review strategy by incorporating the stories of the people most impacted, adding a qualitative lens that humanizes birth outcomes and more effectively informs solutions. In 2025, PHMDC hosted "Story Camp," a training opportunity for PHMDC staff and key partners to learn the foundational skills of qualitative story integration. PHMDC held two pre-training virtual meetings, one full-day training in person, and 2 mini trainings virtually. In her role as technical advisor to the program, Dr. Magda Peck described the necessity for this work: "Storytelling requires vulnerability and humility, clarity and courage. We must know and be willing to tell our own stories first, before we ask others to share theirs. And we must listen deeply to stories that want to be told. Stories of infant loss deserve our utmost honor and respect." A story camp attendee shared, "Story camp has revitalized the foundation to my story. It reminded me that my story is not just one linear event or time in my life. It has many more events and stories that wander and intertwine within my foundation, in return, makes more stories and explains more and more of who I am, and why I do what I do for my community."

To make this impactful system change PHMDC did the following throughout 2025:

- Participated with public health staff in Strategic Storytelling Cohort ("Story Camp") facilitated by the National Center for Fatality Review and Prevention.
- Collaborated on a blog series about the roles of doulas and accessing doula care locally.
- Informed the Fetal Infant Mortality Review process by obtaining feedback from the Case Review team of the Fetal Infant Mortality Review after each quarterly meeting on how to change and improve processes.
- Provided individuals who have experienced infant loss compensation for their participation in pre-Fetal and Infant Mortality Review and Case Review Team meetings, as well as travel and childcare stipend for in-person meetings.
- Provided growth of Fetal Infant Mortality Review team and public health staff by launching the framework Conversations About Loss interview project. This project provided a platform for discussions with people who have experienced stillbirth or infant loss to provide an opportunity for people to share their story in a way that is meaningful to them and focuses on the experiences before, during and after the loss of their baby. This qualitative Fetal and Infant Mortality Review case conceptualization helps the coalition team learn first-hand about difficulties experienced to improve Dane County and Wisconsin systems. These Conversations About Loss are crucial to this work because they contextualize and humanize each case of infant loss, helping to eliminate assumptions that are common in care review and creating a broader perspective and scope of the context of infant loss beyond the medical details of each case.

Congenital Syphilis Collaboration

The Title V program collaborated with the Sexually Transmitted Disease Program on Congenital Syphilis at the Department of Health Services. The number of congenital syphilis cases increased from two cases in 2019 to 31 cases in 2024, an increase of 1450%. Work in 2025 focused on provider-based education. A Prenatal Syphilis Screening quick reference guide was developed for clinicians and the community birthing workforce. The Sexually Transmitted Infection team also presented a workshop at the 2025 Wisconsin Association for Perinatal Care Conference about congenital syphilis and prenatal care coordination. This collaboration will continue in 2026.

The Title V program collaborated with the Adult Lead Program at the Department of Health Services. This included attendance at the Pregnancy and Lead Workgroup and review of clinical guidance documents to support initiatives led by the Adult Lead Program. A social media campaign was launched during National Lead Poisoning Prevention Week linking to Lead-Safe Wisconsin: Stay Safe During Pregnancy and Lactation. In 2026 the Adult Lead Program plans to publish a Lead and Pregnancy Flyer, conduct more outreach and education to providers, and publish clinical and public health guidance about prenatal lead exposure.

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)
  2025: 67% (2022-2024 Vital Records)

  By Race/Ethnicity:

	2021		2022		2023		2024		2025	
	2020 Vital Records	2019-2020 PRAMS	2021 Vital Records	2020-2021 PRAMS	2022 Vital Record	2021-2022 PRAMS	2023 Vital Records	2022-2023 PRAMS	2024 Vital Records	2023-2024 PRAMS
Non-Hispanic American Indian and Alaska Native	62.5%	73.8%	64.4%	77.6%	67.7%	*Not shown to protect privacy*	66.8%	68.4%	64.5%	2024 PRAMS not available
Non-Hispanic Black	62.8%	75.1%	67.3%	77.8%	69.3%	76.8%	66.3%	75.6%	63.9%	2024 PRAMS not available

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	2023-2024 PRAMS
All respondents	53.9%	52.2%	53.4%	Not available*	Not available*
Respondents who indicated they had a postpartum visit	60.7%	58.2%	58.0%	Not available*	Not available*

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

NEWBORN SCREENING

The Department of Health Services Newborn Screening program staff led the Wisconsin Sound Beginnings program and partnered with Wisconsin State Laboratory of Hygiene, and Wisconsin Screening Hearts in NEwborns (SHINE) to administer Wisconsin's Newborn Screening program. The committees and subcommittees that support the overall program

are made up of nearly 100 external members that represent over 20 Wisconsin organizations. The program consists of infant blood, heart, and hearing screening.

- **Blood:** The WSLH Newborn Screening Laboratory is contracted by the Department of Health Services to screen Wisconsin newborns for 50 conditions to ensure timely diagnosis and appropriate treatment.
- **Heart:** Screening Hearts in NEwborns is contracted by the Department of Health Services to provide information and resources for universal screening of newborns for critical congenital heart disease (CCHD).
- **Hearing:** Wisconsin Sound Beginnings is Wisconsin's Early Hearing Detection and Intervention program within the Department of Health Services and ensures all Wisconsin newborns are screened for hearing loss and receive timely diagnosis, intervention, and family support.

In 2025, the Newborn Screening program successfully worked through the rulemaking process to increase the newborn screening blood card fee (which supports the majority of program costs) and added two newborn screening conditions to Wisconsin's newborn screening panel. The Newborn Screening program also provided outreach and education for submitters, providers, and families through a variety of forums. Newborn screening information and brochures are available online and as printed resources for partners and parents in English, Spanish and Hmong. 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 August 2025, the program released five sets of updated newborn screening educational materials, and nearly 70,000 copies have been ordered and distributed so far.

In 2025, the Newborn Screening program ad-hoc research workgroup submitted their final report to the Department of Health Services' Secretary for research requests that come to the program. The recommendations in the final report included proposed research request workflows and review processes. The Newborn Screening team provides ongoing administrative support and follow-up on missing newborn screening results, to ensure that all babies in Wisconsin are offered newborn screening. The team's internally developed database called WE-TRAC was updated in fall 2025 to incorporate the new version of the blood care used by the lab and transitioned to a new sign-in process to align with other login processes across State of Wisconsin platforms.

Work Completed in 2025

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 worked collaboratively with contracted agencies to provide ongoing clinical services and special dietary treatment, update and document workflows, provide care coordination under the medical home model, prevent loss to follow-up, connect to services including early intervention, and assist with youth transitions 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.

Hearing: The Wisconsin Sound Beginnings program supported hospitals and providers to increase the percentage of babies screened, received timely diagnosis, and enrolled in early intervention, as well as 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. This work resulted in 94.0% of babies born in 2025 diagnosed with permanent hearing difference receiving referral to early intervention services.

The team also hosted a family weekend in July 2025, funded by Title V, for families with a child who has a hearing difference. Families received free lodging at the University of Wisconsin-Whitewater and access to social activities and educational opportunities, including keynote presentations and panel discussions. Fourteen deaf or hard of hearing children and 45 family members attended the event representing all five regions of Wisconsin. The event focused on language and literacy, highlighting both sign language and spoken language.

BIRTH DEFECT PREVENTION AND SURVEILLANCE

Wisconsin's Title V program supported staff who are responsible for administering the Wisconsin Birth Defect Prevention and Surveillance program surveillance and prevention initiatives.

The program is required to maintain a registry to collect information on children from birth to two years of age who are born with or treated for specified birth defects. This Wisconsin Birth Defect Registry is a secure, web-based system that allows pediatric specialty clinics and physicians to submit one report at a time or monthly batch reports online or to submit paper forms to the registry administration. The Wisconsin Birth Defect Registry collects identifying and demographic information on the child and mother, risk factors, and the diagnostic information for one or more of the 64 reportable conditions included in the registry. Physicians and pediatric specialty clinics are mandated reporters, while hospitals may report. The program continues to conduct outreach with other health care systems to increase statewide reporting. Program staff also mailed letters with information on resources for children and youth with special health care needs directly to 201 families in 2025.

Staff also supported the Council on Birth Defect Prevention and Surveillance, which met quarterly. The Council members are appointed and include a group of experts who make recommendations to the state about the registry and are responsible for coordinating with other state efforts.

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 (CMV) to research and recommend steps for implementing high-quality systemic screening. The Wisconsin Screening Prevention and Early Recognition (CMV WiSPER Project) is a cross-sector collaborative with representatives from health care and public health, community members, and parents of children diagnosed with congenital CMV. In 2025, WiSPER developed and distributed three surveys statewide to audiologists, birthing hospitals, and families to better understand the current landscape and identify gaps in CMV screening, treatment and follow up. WiSPER will also conduct family focus groups to gather more information.

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

National Performance Measure: Perinatal Care Discrimination	
Objective	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, sudden unexpected infant death, stillbirth, and low birthweight.
Evidence-based Strategy Measure	Percent of participants who report increased confidence in applying knowledge or skills as a result of the doula education they received.

Increase the accessibility of doula support for all who want one.

The African American Breastfeeding Network, Roots4Change, and the Wisconsin Doula Association will continue their Title V-funded work to increase the accessibility of doula support for all who want one. The Title V program plans to continue funding the African American Breastfeeding Network with the following project-specific goals:

1. Expand the trained birth workforce statewide by enrolling and certifying a cohort of community-based doulas from across underserved regions and backgrounds in Wisconsin. We will strengthen nonprofit leadership capacity through mentorship sessions focused on sustaining organizations that provide doula, breastfeeding, and perinatal support services.
2. Increase access to high-quality perinatal care by connecting newly trained doulas with healthcare systems, public health agencies, and community-based referral networks. We will foster cross-sector collaboration to support ongoing workforce development, resource sharing, and the adoption of best practices in maternal and infant care across Wisconsin.
3. Advance data-driven evaluation by continuing to track birth outcomes, service reach, and program satisfaction to inform continuous improvement and demonstrate impact.

The Title V program plans to continue funding Roots4Change with the following project-specific goals:

1. Increase the practical and advocacy skills of community-based doulas and peer-to-peer specialists working with immigrant, Latina, Spanish-speaking perinatal families.
2. Create an online network offering resources, connections, and reflective space for frontline community-based doulas and peer-to-peer specialists.
3. Create and offer mentoring opportunities where mentees, students, and community members can explore their interests, cultivate personal agency, and receive guidance in navigating client care, family needs, and complex systems, in alignment with their roles and capacities.

The Title V program plans to continue funding the Wisconsin Doulas Association with the following project-specific goals:

1. Strengthen the local doula workforce.
2. Deepen community and provider awareness.
3. Strengthen organizational capacity and leadership infrastructure.

Support agencies to reduce rates of preterm birth, sudden unexpected infant death, stillbirth, and low birthweight.

Infant Mortality Prevention will continue to be a project option for local and Tribal health departments to choose to use their annual, non-competitive Title V funding to address. The project option will ask participating agencies to complete a standardized review of infant mortality in their jurisdiction, assess gaps in services and resources, and conduct a community educational campaign based on the findings. This project option may develop into additional activities as the work continues.

In the first quarter of 2026, the Title V program will support participating local and Tribal health agencies to assess their community health systems for unmet social service needs of pregnant and recently delivered women that may be related to: environment and reducing preventable injury; safe, stable housing; community connections; social support, reducing social isolation; newborn screening and birth defects; schools and childcare; community development; neighborhood safety; and sudden unexpected infant death and safe sleep.

Using the assessment results, the Title V program will support participating local and Tribal health agencies to collaborate with community partners and develop an action plan to support infant mortality prevention. Agencies may also conduct a community educational campaign on at least two infant mortality prevention topics based on their agency's findings. Some topics may include but are not limited to: Premature birth/low birthweight; Unintentional injuries; Maternal complications in pregnancy that affect both the mother's and baby's health; Congenital anomalies (birth defects); and sudden infant death syndrome.

Infant Loss Grief and Bereavement

Star Legacy will continue to support Wisconsin families who experience the death of a baby during pregnancy or infancy and ensure they are referred to the program for support and resources as soon as possible after the loss of a baby. More information on specific activities can be found in the Perinatal/Infant 2025 Annual Report section of this submission.

The Title V program will continue to participate in the Public Health Madison Dane County Fetal Infant Mortality Review team.

NEWBORN SCREENING

The Wisconsin Newborn Screening program utilizes revenue from the newborn screening blood card fee and the federal HRSA Universal Newborn Hearing Screening (Early Hearing Detection and Intervention) grant 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. Currently, there are 50 conditions on Wisconsin's newborn blood screening panel. Five conditions are pending governor approval to start the rulemaking process in 2026, with hopes of being added to the newborn blood screening panel in 2027.

Wisconsin's Newborn Screening program will continue to work in partnership 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 Project (SHINE) program for critical congenital heart disease screening and follow-up and will continue partnering with and funding the City of Milwaukee Health Department for newborn screening follow-up focused on the southeast region of the state. The Newborn Screening program includes the newborn hearing screening program called Wisconsin Sound Beginnings. Wisconsin Sound Beginnings is funded through the Universal Newborn Hearing Screening federal grant and program revenue. Wisconsin Sound Beginnings developed Parents Reaching Out which connects families who have recently learned that their child has a hearing difference to support parents. Title V shifted funding for parent support to a regional model, so the contract for Parents Reaching Out through University of Wisconsin's Waisman Center is now funded through the Newborn Screening program.

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, 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.

In early 2026, the Newborn Screening program completed a funding opportunity for the next five-year cycle. Over 20 organizations applied, and of those, five are new partners. Newborn Screening staff ensured that ongoing clinical care contracts matched the needs for all the newborn screening conditions on Wisconsin's blood screening panel. Two new contracts were also developed to focus on outreach, education and follow up to the Plain community.

The Wisconsin Newborn Screening program will maintain an advisory committee structure, enlisting the help of condition experts from 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 or from Wisconsin's panel of conditions.

Outreach and education will continue to be provided for data submitters, providers, and families about newborn screening. The Newborn Screening Education Subcommittee will continue to focus on prenatal education and newborn screening awareness. A main focus will be reaching parents in the prenatal period through childbirth educators, OBGYN clinics and early childcare centers. The Education Subcommittee also plans to promote September as Newborn Screening Awareness month through social media blasts and mail outs of program materials to birthing clinics, hospitals, and audiologists.

The Newborn Screening program is dedicated to improving health outcomes by ensuring all babies born in Wisconsin can access timely newborn screening services. The Newborn Screening program is currently conducting a program evaluation, and based on those findings, will develop student projects in 2027. Based on recommendations from the Newborn Screening Research Workgroup, the Newborn Screening program plans to implement guidelines in 2027 for research requests. The program is also working to improve communication across partners, including sharing standard operating procedures across blood, heart and hearing screening.

BIRTH DEFECT 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.

The Wisconsin Birth Defect Prevention and Surveillance program is required to maintain a registry. The Wisconsin Birth Defect 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 Defect Registry state administrator for inclusion in the registry. Physicians and pediatric specialty clinics are mandated reporters, while hospitals may report. The Wisconsin Birth Defect 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 had major challenges with functionality since 2020 since it began integration as a module within the Wisconsin Electronic Disease Surveillance System. Implementation timelines were extended due to capacity restraints resulting from the COVID-19 pandemic response. Since deployment, the registry has experienced significant functional instability, including intermittent failures of the upload module, user access challenges, and repeated discrepancies between documented procedures and actual system behavior. In addition, batch reporting sites have been slow to start reporting within this system due in part to staff turnover and competing priorities. In 2025, one of the state's largest healthcare systems successfully reported all current cases and historic cases back to 2020. By 2027, there will be three additional healthcare systems reporting. Program staff will provide individualized outreach and technical assistance to improve the quality of the data.

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).

Along with support for the registry, program staff also support healthy pregnancies and prevention of birth defects by coordinating congenital Cytomegalovirus activities. Congenital Cytomegalovirus is a common virus that is passed from a pregnant person to their fetus. It is the leading cause of birth defects and non-genetic hearing loss. Beginning in 2026, program staff collaborated with the Bureau of Communicable Disease to add Congenital Cytomegalovirus to Wisconsin's

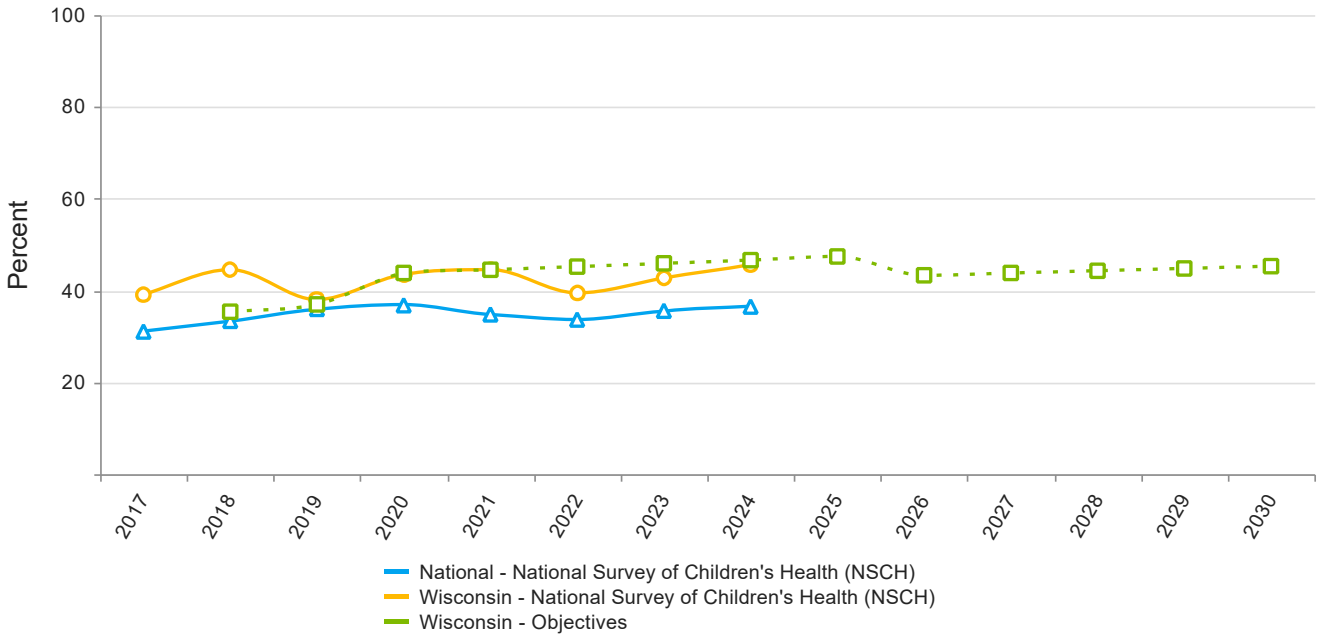
communicable disease registry, mandating reporting from labs and providers. In 2027, program staff will continue to educate labs and providers on the requirement to report. Additionally, guardians and caregivers with a child included in the registry will be sent a letter providing them with information about Wisconsin Wayfinder, allowing them to connect to broader statewide services for special health care needs.

Through a contract beginning July 2025 and through June 2027, the University of Wisconsin School of Medicine and Public Health, Department of Pediatrics continues leading 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. During the final year of the grant, WiSPER will focus on developing and distributing evidence-based resources for out-of-hospital providers regarding Congenital Cytomegalovirus. State staff will use the data gathered for the first two years of the grant to develop a conference presentation for the national Congenital Cytomegalovirus Conference.

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)					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	44.5	45.2	45.9	46.6	47.4
Annual Indicator	42.8	43.9	39.3	42.8	45.5
Numerator	61,909	62,035	55,399	56,086	61,299
Denominator	144,602	141,361	140,958	130,892	134,625
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2019_2020	2020_2021	2021_2022	2022_2023	2023_2024

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

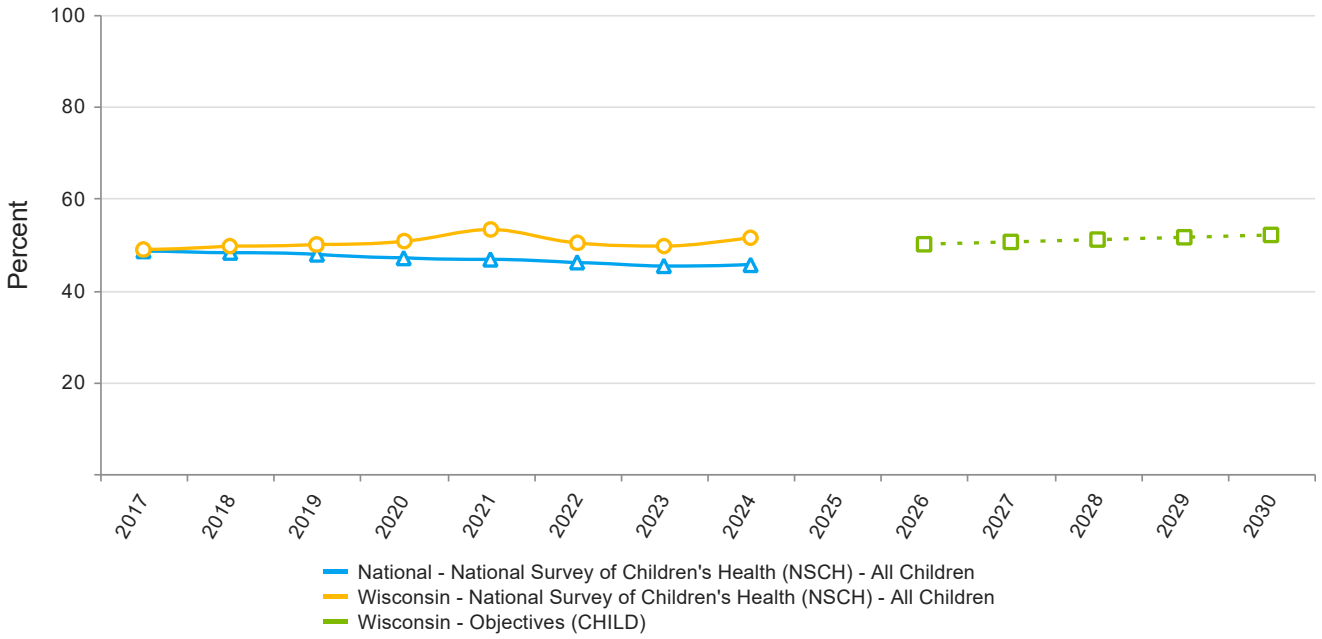
ESM DS.4 - Percentage of trainees who report they will begin implementing developmental monitoring and/or developmental screening practices.

Measure Status:	Active

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**	**2025**
Annual Objective			
Annual Indicator	50.2	49.5	51.4
Numerator	633,382	621,665	637,354
Denominator	1,261,952	1,256,053	1,239,972
Data Source	NSCH-All Children	NSCH-All Children	NSCH-All Children
Data Source Year	2021_2022	2022_2023	2023_2024

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.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

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

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

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

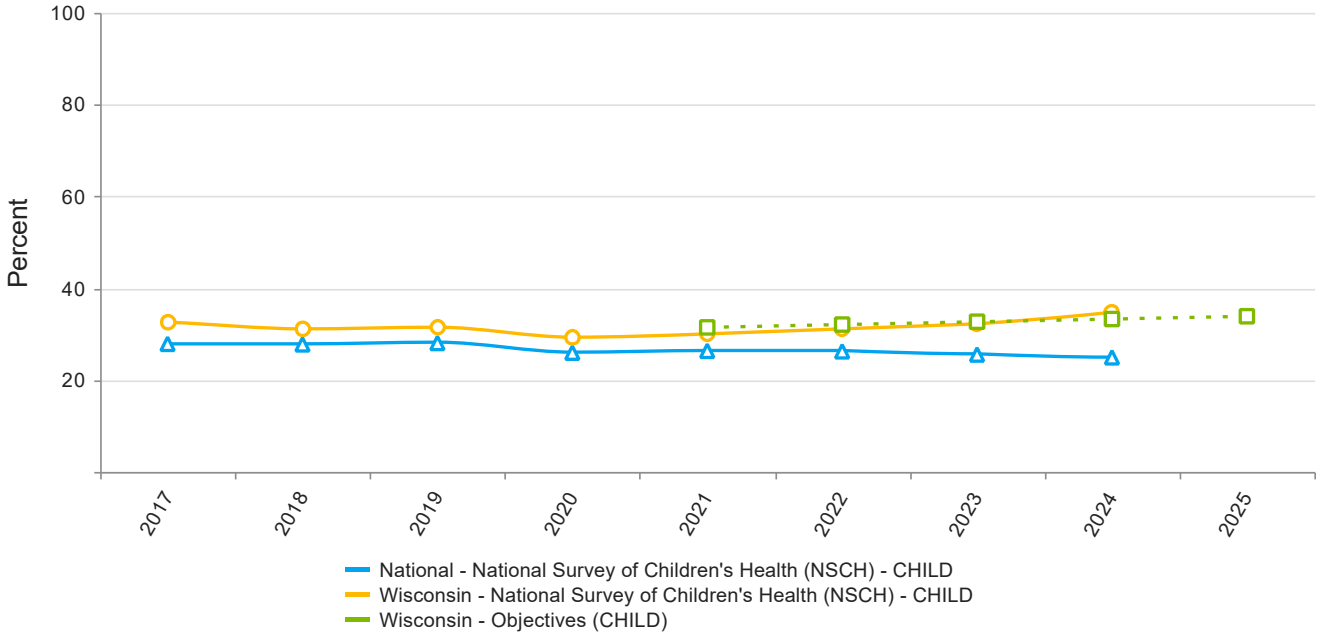
NOMs

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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	31.5	32.1	32.7	33.3	33.9
Annual Indicator	29.2	29.9	31.2	32.3	34.6
Numerator	125,830	125,102	131,574	133,422	141,880
Denominator	430,350	418,899	421,426	413,095	410,028
Data Source	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD
Data Source Year	2019_2020	2020_2021	2021_2022	2022_2023	2023_2024

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**	**2025**
Annual Objective			12	14
Annual Indicator	9.4	12.5	13.5	16.7
Numerator	9	12	13	16
Denominator	96	96	96	96
Data Source	Grants and Contracts Supplement	Grants and Contracts Supplement	Grants and Contracts Supplement	Grants and Contracts Supplement
Data Source Year	2022	2023	2024	2025
Provisional or Final ?	Final	Final	Final	Final

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

In Wisconsin, more children receive developmental screening using a parent-completed screening tool compared to children nationally. According to the National Survey of Children's Health, for the combined years 2023-2024, nationally, 36.5% of children received a developmental screening using a parent-completed screening tool in the past year, compared to 45.5% in Wisconsin. Early identification of developmental delays and connecting families to early intervention services and resources is critical, but more than half of Wisconsin children ages 9 months – 35 months do not receive a developmental screening.

In 2025, Wisconsin continued focusing on improving developmental monitoring and screening rates, early interventions, and referral processes for young children. Through collaboration with local and Tribal health agencies, health care professionals, and community partners, the work focused on increasing knowledge and awareness of the importance of developmental monitoring and screening, building skills and confidence in conducting screenings, and strengthening partnerships to enhance referral processes. Key initiatives included training sessions on using validated screening tools, individualized technical assistance for agencies implementing developmental screening strategies, community and partner engagement, and integrating developmental monitoring and screening strategies across programs like WIC and Help Me Grow.

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	2023-2024 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%	45.5%

Evidence-Based Strategy Measurement

Measure	2021 Data	2022 Data	2023 Data	2024 Data	2025 Data
Percentage of medical providers trained who report using an evidence-based screening tool *(reported in pre-training survey)*	38%	52%*	45%*	44%*	41%*
Percentage 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*	No data*
Percentage 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%*	97%*

**Data reported includes all participants (both medical providers and community partner participants).*

Main Priority Need: Assure access to quality health services.

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 2025, 14 local and Tribal health agencies implemented the following 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 tool, or
3. Implement the Centers for Disease Control and Prevention (CDC) Developmental Milestone Checklist Program to promote developmental monitoring.

Title V partnered with the Children's Health Alliance of Wisconsin (The Alliance) to host training sessions for local and Tribal health agencies and other professionals. These provided attendees examples of how to use and encourage use of validated screening tools like the Ages and Stages Questionnaire third edition (ASQ-3), a tool that pinpoints child development progress. The Alliance and Title V staff connected with all local and Tribal health agencies in one-to-one virtual meetings to hear about their plans, identify needs, and improve relationships.

The Alliance hosted three learning community calls and two optional office hours. The calls featured speakers with expertise in developmental monitoring, screening, and early child development. The first call featured Wisconsin's childcare quality improvement and rating system, YoungStar, and explained how developmental screening impacts ratings and identified opportunities for engagement with local childcare centers. Family engagement strategies from Rise WI were featured on the second call and discussed how families can engage during the screening process. The Wisconsin Birth to 3 program presented on the final call and shared about the referral process to early intervention following a concerning screening. Most participants (97.5%) reported that learning community calls were useful and felt the calls supported their work related to developmental screening and monitoring. The Title V program routinely receives feedback that hearing how other agencies

are implementing developmental monitoring and screening work is helpful and spurs innovative ideas and approaches, so each learning community call featured substantial time for agencies to network.



“Learn the Signs. Act Early”: Local and Tribal health agencies use locally tailored strategies and conduct developmental monitoring and screening. All (100%) agencies use the "Learn the Signs. Act Early." (LTSAE) materials, which are distributed at community and Tribal events such as library story times, back to school and car seat events, safe sleep classes, community baby showers, Child Find events, play groups, home visits, and in WIC clinics. Materials are included in welcome baby and birth packets and shared with families at in-person, email and phone follow-ups. Agencies also recruited partners to distribute these materials to families including health systems/clinics, early childhood programs, schools/districts, human services, and community and faith-based organizations. Five local and Tribal health agencies conducted outreach to childcare sites using the materials to promote the importance of monitoring and screening. The Alliance provided welcome kits to all local and Tribal health in 2025, which included posters, books, and Milestone Moments booklets in both English and Spanish.

The Milwaukee City Health Department maintained their Developmental Screening Resource page, which promotes resources related to child development such materials, activities and videos, contact information for local partners (e.g. Birth to 3 Program and the Milwaukee Public School System), and statewide resources like Well Badger and Wisconsin Wayfinder. It is efficiently promoted through a QR code during outreach events and via email and text. In 2025, there were 649 total views with 242 unique visitors. Partnering with the Milwaukee Public Library system continued to be impactful, with LTSAE information being shared at 62 library events, at every branch of the Milwaukee Public Library system, reaching 680 community members.

The Alliance’s Milestone Monday social media campaign strategically targeted 16 counties in Wisconsin, including those that participate in the Help Me Grow Wisconsin program, with weekly social media posts highlighting the importance of monitoring development in children and reaching age specific milestones. The top posts were April’s Facebook post about rolling at 6 months, which had a reach of 10,244 and 123 post engagements, and July’s post highlighting 4-year-old milestones and the CDC checklists, with a reach of 11,943 on Facebook and 107 clicks directing viewers to the CDC’s Learn the Signs. Act Early Website.

Conducting Developmental Screenings: Developmental screenings were conducted by 64% (9/14) 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 428 developmental screenings and referred 72 children for additional follow up to agencies such as Birth to 3, primary care providers, early childhood special education, Children’s Resource Centers, Well Badger, and other

community-based partners. Strengthened partnerships with local school districts proved to be instrumental in screening more children shown through Waupaca County Department of Public Health's work. Public Health partnered with the Waupaca School District to offer developmental screenings as part of the district's annual 4K registration days and processed all screenings results. When results indicated the need for additional follow-up, public health staff connected families with the Help Me Grow Navigator housed within the Waupaca Department of Public Health. This strengthened partnership increased the number of developmental screenings Waupaca County Department of Public Health completed from 127 in 2024 to 286 in 2025.

Overall, regarding their work promoting developmental monitoring and screening, 100% of agencies (14/14) reported the availability of existing resources (e.g. "Learn the Signs. Act Early" materials, etc.) helped to facilitate their work. In addition, other top facilitators included alignment with other efforts or priorities, staff interest, partnerships, and access to training and professional development opportunities. Top barriers encountered included staff capacity and competing priorities or initiatives.

Local and tribal health agencies (LTHAs) conducted developmental screenings and made referrals when possible developmental concerns were identified in 2025.

Of the 14 LTHAs that selected the developmental screening objective:

Support health care staff



and other professionals with training sessions and resources around developmental screening and early intervention and referral resources.

Developmental Screening Trainings: The Alliance trained 205 health professionals through 6 developmental screening trainings in 2025. Participants included medical assistants, providers, public health, childcare, behavioral health, Tribal clinic, and nursing staff. 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. Two virtual trainings were offered, open to any professional, allowing agencies with smaller training needs to participate without scheduling site-specific events. Site-specific trainings were also provided to two local health agencies, one childcare site, and the Wisconsin Child Lead Poisoning Prevention Program staff. Among all training participants, 91% agreed that their awareness of recommended referrals and resources when there are concerning screening results increased following the training (n=66).

Understanding the family's perspective of developmental screening is an important component to consider when developing training materials. The Alliance gathered feedback on training materials from a review committee, which included parent representatives, a pediatrician, Children's Resource Center director, and Birth to 3 program coordinators, and used the feedback to update their training materials.

On-Demand Videos: The Alliance continued utilizing a series of on-demand videos to promote early identification and timely referrals for children with developmental delays within ThedaCare Health System's learning management system. 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 also feature a spotlight on Wisconsin's CDC "Learn the Signs. Act Early." program and resources available for professionals and families.

Strengthen collaboration and partnerships with other programs to increase knowledge of developmental screening to increase developmental screening rates, referrals, early interventions, and promote resource utilization.

The Title V team continued strengthening relationships and identifying opportunities for new collaboration in 2025, while maintaining collaborations with the Birth to 3 Program, WIC, the Childhood Lead Poisoning Prevention program, Title V's Children and Youth with Special Health Care Needs and Adolescent Health teams and The Family Foundations Home Visiting Program, which is Wisconsin's version of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. The Saint-Croix Chippewa Indians of Wisconsin Tribal Health Clinic co-hosted five playdates in partnership with their Home Visiting program to increase awareness among families about the importance of timely developmental screenings. Staff from the Alliance also explored new partnerships and opportunities for collaboration to strengthen developmental screening work including connections with the Wisconsin Primary Health Care Association, the Wisconsin Child Psychiatry Consultation Program, and the University of Wisconsin-Madison Division of Extension.

A set of videos highlighting different screening-related programs in Wisconsin was developed by the Alliance to increase knowledge and alignment with Title V developmental screening work. The first video, linked here, focused on the Wisconsin Childhood Lead Poisoning Prevention Program and its relationship with developing screening, including using a validated developmental screening tool when elevated blood lead levels are detected. The second video, linked here, featured the Wisconsin Sound Beginnings program and highlighted hearing screening and newborn screening (a Title V program) and the impact hearing loss can have on development. Videos were promoted through the Medical Home Minute newsletter, which is sent to over 1,200 health professionals and promoted in blog posts by the Alliance.

The Alliance continued exploring strategies with the Milwaukee Birth to 3 Program on how to seamlessly connect health care systems with community agencies. The referral improvement project began after the Alliance reviewed developmental screening data and conducted statewide conversations with health systems. These efforts revealed that internal referrals generally function well, but external referrals, including those to early-intervention partners, present a variety of challenges, including technology differences. In response, the Alliance convened partners from Children's Wisconsin and the Milwaukee Birth to 3 Program to share findings and better understand existing workflows. Partners analyzed referral practices and clinic-specific data to identify target sites for improvement. In 2025, three clinics participated in a learning series, where referral data was shared, staff insights were gathered, and relationships were strengthened between clinic and Birth to 3 Program staff. Given the complexity of the Milwaukee Birth to 3 Program and that Children's Wisconsin represents approximately one third of referrals in Milwaukee County, improvements have the potential to significantly impact many children. Recognizing that lessons learned could be transferred to many other counties, the team has continued collaborating with Birth to 3 Program partners to share learnings and explore broader applications.

Collaborate with partners to expand Help Me Grow to include local and tribal health agencies.

Title V continued building a partnership with the Help Me Grow Wisconsin program to support expansion. Help Me Grow is a system of supports for pregnant women, caregivers with new babies, and families with young children that aims to mitigate the impact of adversity, while supporting protective factors so all children can grow, develop, and thrive. Help Me Grow supports organizations in accessing free developmental screenings and follow-up support that can identify possible developmental delays in young children and use resource navigators to make referrals for additional support. In 2025, Title V met regularly with First 5 Fox Valley, a non-profit organization leading the expansion of Help Me Grow in Wisconsin, along with The Alliance, to identify best practices for expansion, understand resource needs, and assess the feasibility of integrating resource navigators into Title V-funded work, particularly with local and Tribal health agencies. Title V included collaboration with community partners, specifically local Help Me Grow affiliates, as a project option for local agencies to encourage collaboration. Alliance staff continued serving on the Help Me Grow Advisory Council and coordinated quarterly meetings between Title V, Help Me Grow, and Alliance staff. In fall of 2025, the Title V program selected First 5 Fox Valley as a recipient of a Rural Developmental Screening funding opportunity, which will include expansion to Family Resource Centers and promoting the Sparkler app for online digital screening opportunities.



Several local and Tribal health agencies integrated their Help Me Grow and Maternal and Child Health program developmental screening work. Fond du Lac and Waupaca Public Health Departments have a Help Me Grow Navigator embedded within their agency who provides Help Me Grow services and is also instrumental in their Title V-funded Developmental Screening work. This natural bridge between programs ensures families who are screened get connected to easy referral and follow up navigation support when there are concerning results. The Winnebago County Health department is a member of First 5 Fox Valley , the backbone agency for Help Me Grow Wisconsin. In 2025, Winnebago County Public Health supported F5FV in applying for an American Rescue Plan Act (ARPA) grant through Winnebago County which was used to establish a new Help Me Grow Family Navigator position that splits time between Winnebago County and Outagamie County. The Navigator promoted ASQ-3 screenings to lactation consultants at their annual conference in 2025 and worked with Public Health and WIC staff to use Help Me Grow’s Ages and Stages-3 QR code at home and WIC visits to encourage online screening. A primary benefit of being involved with the Help Me Grow network is that families in participating counties have access to free developmental screenings and are connected to a resource navigator who provides support to families in accessing the local resources and services that are needed to help the child thrive. Screening results done through Help Me Grow can be printed, saved as a PDF and shared directly with families.

Counties that participate in the Help Me Grow data enterprise system have access to county/agency level data that shows the number of screenings completed, monthly usage, types of screenings and follow-up completed. In 2025, Help Me Grow conducted 9,366 developmental screenings statewide. Out of the total screened, 94% achieved a successful connection with 18,626 informational resources shared related to the child’s screening results (e.g. examples of activities that could support developmental monitoring with the child and/or links to Learn the Signs. Act Early. resources). A total of 685 warm hand-off referrals were made for additional follow up with a provider, with 97% of children referred receiving follow up with a provider.

Collaborate with Wisconsin WIC partners, the Association of State Public Health Nutritionists/CDC, and Wisconsin Act Early Ambassador to support local and Tribal health agencies in implementing the WIC Developmental Milestone Checklist program.

Interest among local and Tribal health agencies in the WIC Developmental Milestone Checklist program continues to grow. After the success of a 2023 pilot, Wisconsin’s Title V program offered implementation of the checklist program as an option for agencies to select as part of their developmental screening activities with five agencies selecting the strategy in 2025. Wisconsin has taken 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. This approach encourages agencies to partner with their local WIC clinics to implement the checklist program in a way that works for their clinic and meets the needs of their agency and community.

Wisconsin was selected to be a supported state and received materials and technical assistance from the Association of State Public Health Nutritionist to support the expansion of the CDC Developmental Monitoring Checklist Program in more WIC clinics in 2025, highlighted in this blog post from The Children's Health Alliance of Wisconsin. Title V and state WIC staff collaborated with the Wi Act Early Ambassador (part of Children's Health Alliance of Wisconsin) and the ASPHN program manager to hold an orientation for local and Tribal health agencies to kick start implementation of the checklist program. Agencies were encouraged to view the "Introduction to Child Development For WIC staff" , for additional background and information on developmental monitoring and how to implement it within the WIC setting.

Agencies were provided wall and floor graphics for their clinic waiting rooms, Milestone Matters app flyers, milestone brochures, milestone checklists in both English and Spanish, file storage supplies, and copies of the customized Wisconsin Deskside reference. Additionally, Baby's Busy Day and other children's books , made available by Lysol and through the CDC's on Demand publications, allowed the Title V program to distribute over 1,100 books (in English and Spanish) focused on child development and developmental milestones to local and Tribal health agencies. Books were incredibly well received by local agencies who distributed them at developmental screening promotions at libraries and community events, at WIC and home visits, to local childcare sites, and included in welcome baby packets.







Implementation of the checklist program varied between agencies based on their current flow and their staff capacity, but the core component of the work centered on offering families and WIC participants the opportunity to complete a Developmental Milestone checklist based on their child's age. 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 public 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, allowing sites to design how they implement the checklist, was key to gaining interest and success for those who implemented the program. The collaborative relationships between local public health agencies and WIC clinics helped align their work, leverage resources, and support families even further. Wisconsin's developmental monitoring work was featured on a national call with ASPHN and in their 2025 project summary. In fall of 2025, a proposal submitted by the Wisconsin Act Early Ambassador to the National WIC Association conference featuring Wisconsin's work was accepted.

Examples of Success:

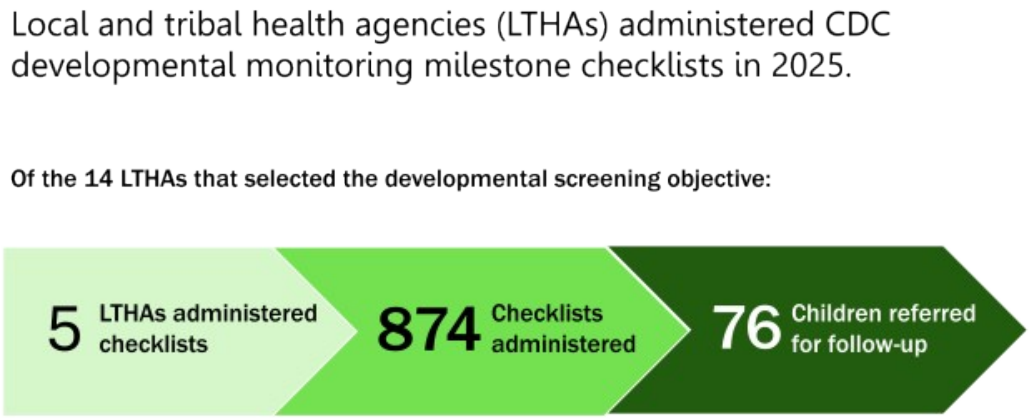
Washington-Ozaukee Health Department integrated developmental monitoring checklists into their WIC appointments as an option for families to be connected to maternal child health staff. They conducted 235 Developmental Milestone Checklists with families and referred 5 children for additional follow up in 2025. They also offered developmental milestone education and connected families with other needed referrals, for a total of 1,340 encounters, which demonstrates how they have built in developmental milestone conversations into connections with all families, not just those being seen in WIC clinics. The agency integrated developmental screening and monitoring documentation into their electronic health record system to ensure consistency and accurate recording of services offered and received.

Vernon County Health Department offered the Developmental Milestone Checklist to families and completed 311 checklists in 2025. Checklists were offered to members of the plain community during home visits, building off this successful strategy from the previous year. During these visits, the checklist was administered verbally, which allowed for more direct and culturally appropriate engagement with families. The checklist was also introduced and offered by WIC staff both in-person and during telephone visits, the majority of interactions occurring by phone. If a referral or further screening was indicated, the WIC director reviewed the checklists and contacted one of the agency's public health nurses to discuss next steps, which could include a referral to the county's Birth to 3 program, the child's primary care provider, and/or the Center for Special Children. This initiative successfully raised awareness of age-appropriate developmental milestones, which prompted meaningful conversations about community resources available to families. The agency reported that this increased knowledge of support that is available empowers families to proactively take steps should future needs around development arise.

Calumet County Health Department was new to the WIC Developmental Milestone Checklist program in 2025. Their WIC nutritionists offered the checklist to families when they were in for their WIC appointment and also offered checklists during home visits. Families were provided with LTSAE materials such as the Milestone tracker app brochure, Milestone booklet, and CDC books for 1-,2-, and 3-year-olds. When concerns were identified on the completed checklist, the WIC nutritionist referred the family to their primary care provider or the Calumet County Birth to 3 Program. Calumet County completed 238 Developmental Milestone Checklists in English and 40 checklists in Spanish, with 2 children being referred for additional screening and evaluation.

Iron County Health Department was also new to the WIC Checklist Program in 2025 and offered the checklist and other LTSAE resources to families when they had the child's height and weight measured (plus hemoglobin and lead) prior to their WIC visit by a Public Health Nurse. Families were encouraged to complete the checklist with nursing staff or return it to either the Iron County Health Department or the child's primary care provider to review and address any concerns. In 2025, 22 checklists were completed. If the family had concerns or the checklist indicated additional follow up was needed, the Iron County Health Department public health nurse who completed the WIC measurements who is also the county's Birth to 3 service coordinator, followed up with the family to complete an ASQ-3 screening and initiate the referral process for Birth to 3.

The Lac Courte Oreilles Band of Lake Superior Chippewa Indian Tribal Clinic also began implementing the WIC Checklist program in 2025. A maternal child health nurse gave the checklist to the families when they arrived for their WIC visit and reviewed the results with them when they were taken to the patient room and shared LTSAE materials. If the checklist indicated concerns, the maternal child health nurse filled out a referral for Birth to 3 or the child's school district and encouraged the family to follow up with their child's primary care provider. Twenty-eight checklists were completed in 2025 with 13 of those checklists resulting in a referral for additional follow-up.



The strong collaborative partnership between Wisconsin's Act Early Ambassador, and Wisconsin's state WIC and Title V staff was integral to this strategy as well as the broader Title V developmental screening work in Wisconsin. In the fall of 2025, the program manager of the Alliance, who also served as one of the technical assistance providers, was selected to continue serving as the CDC's "Learn the Signs. Act Early" Ambassador to Wisconsin. The Ambassador's role was to build partnerships with early childhood sectors and align other statewide efforts around developmental monitoring and developmental screening. Using and promoting resources from "Learn the Signs. Act Early" and specifically the WIC Developmental Monitoring Checklist program was a crucial part of the WI Ambassador's goals and supports local and Tribal health agencies access affordable or free resources for families they served.

National Performance Measure 08.1: Percentage 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 32.3% in the combined years of 2022-2023 to 34.6% for 2023-2024. While an increase is a positive change, there is still room for improvement, as only about one in three Wisconsin children meet the recommendation for daily physical activity. However, this is significantly higher than nationwide rates, where only 25.0% of children ages 6 through 11 are physically active for at least 60 minutes per day. The 2025 Wisconsin Title V Physical Activity and Nutrition work focused on promoting opportunities for physical activity in tandem with opportunities to improve nutrition. 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. The plan prioritized partnerships, community engagement, and using evidence-based approaches to impact the health of Wisconsin's children.

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	2023-2024 National Survey of Children's Health
Decrease the percentage 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*	Title V discontinued using in 2023*
Increase the percentage 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%	34.6%

**The Maternal and Child Health Bureau and the Census Bureau revised imputation and weighting by race and ethnicity starting with the 2022 NSCH. The updated weights are applied to the 2022 through 2024 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	2025 Data
Percentage 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	9.4%	12.5%	13.5%	16.7%

Main Priority Need: Promote optimal nutrition and physical activity.
Additional Priority Need: Cultivate supportive social connections and community environments.
Additional Priority Need: Foster positive mental health and associated factors.

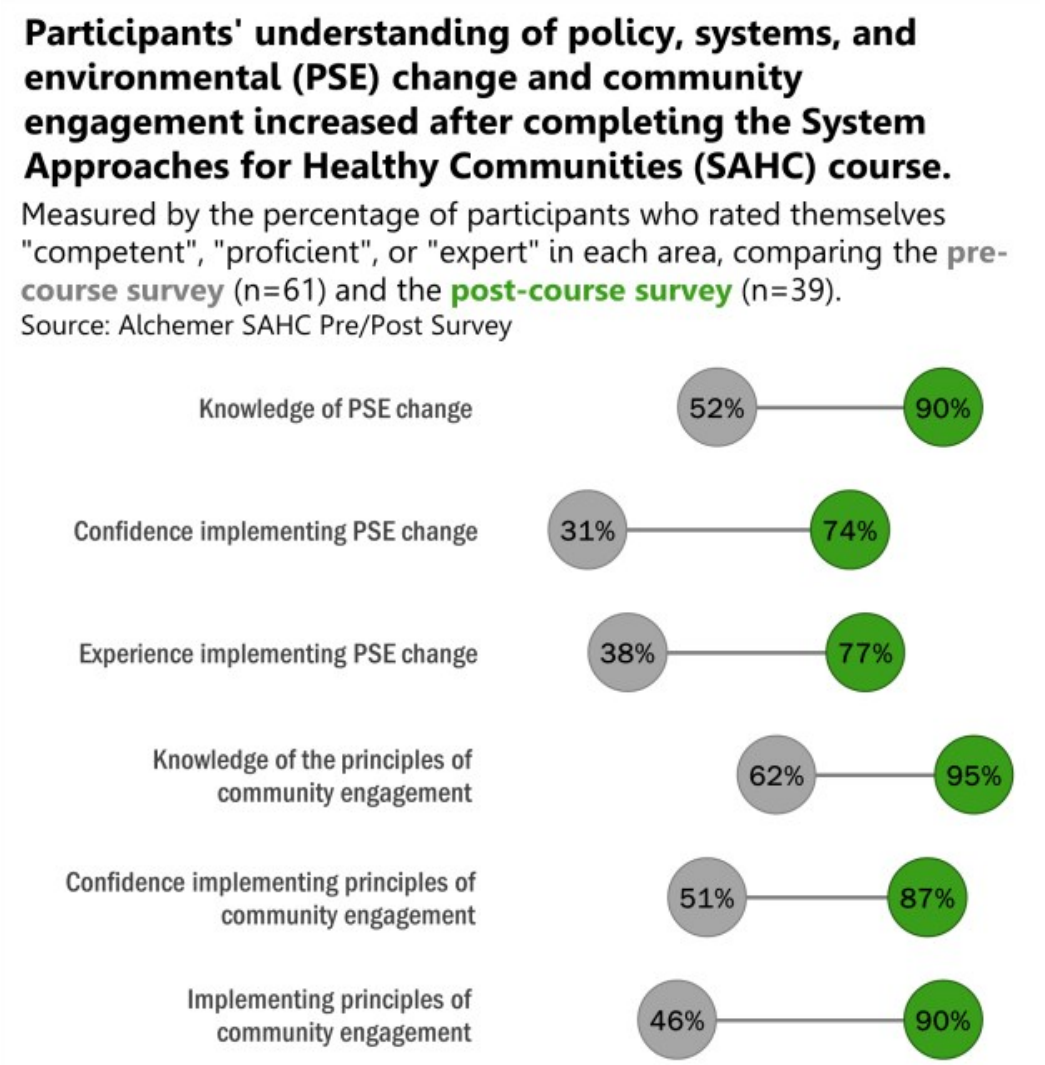
Enhance local and Tribal health agency workforce capacity to implement nutrition and physical activity focused policy, systems, and environmental changes through skill building, peer-to-peer learning, and other opportunities.

Sixteen local and Tribal health agencies selected the Wisconsin Maternal and Child Health Program's physical activity and nutrition option in 2025. Agency staff completed the University of Minnesota's Systems Approaches for Healthy Communities course and participated in four learning community calls focused on each course module. The course provides participants with foundational knowledge around implementing policy, systems, and environmental change, focusing on physical activity and nutrition, while also leveraging community and partner outreach and engagement. All (100%) agencies (7) that were new to the Title V physical activity and nutrition option in 2025 had at least 1 staff complete the course. Understanding of policy, systems, and environmental change and community engagement increased after the course for all areas assessed. In addition, 100% of participants were at least somewhat familiar with community engagement resources after the training and 97% were at least somewhat familiar with policy, systems, and environmental change resources.

Participants' familiarity with resources increased after completing the System Approaches for Healthy Communities (SAHC) course.

Measured by the percentage of participants who rated themselves "somewhat familiar", "familiar", or "very familiar" with two types of resources, comparting the **pre-course survey** (n=61) and the **post-course survey** (n=39).
Source: Alchemer SAHC Pre/Post Survey





Local and Tribal health agencies (9 total) who already completed the Systems Approaches course previously, focused 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, five additional group calls were held for agencies with topics such as human-centered design, action planning, community engagement, grant writing and peer sharing.

Calls that focused on grant writing and action planning were held later in the year to help agencies think about how to sustain their policy, systems, and environmental change work since 2025 was the last year the physical activity and nutrition objective was offered due to new Title V priorities for 2025-2030. Title V and University of Wisconsin-Madison staff also used these calls to help agencies consider how to transition their current work to the new Title V priority of addressing nutrition security across families even though there would not be a program option related to physical activity and nutrition in the coming year. Nearly all (96%) respondents who attended learning community calls strongly agreed or agreed the calls were helpful in supporting their agency's work related to physical activity and nutrition.

Title V purchased the license for local agencies to complete the Systems Approaches for Healthy Communities course. By mid-year, there were a significant number of licenses still available, so Title V offered the course to all local and Tribal Health agencies, regardless of their Title V project selection. They also worked with the DHS Chronic Disease Prevention program to offer the course to community-based organizations who were working on physical activity and nutrition related initiatives. With these additional outreach efforts, 85 individuals representing 40 different organizations registered for and completed some, if not all modules by the end of 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. In this role, they coordinated all learning community calls, provided support in registering for, accessing and completing the systems course, and shared resources and funding opportunities throughout the year, along with providing individualized agency support as needed. As part of ongoing quality improvement efforts, feedback was gathered from local and Tribal health agencies using existing tools, such as learning community call evaluations, quarterly progress reports, and one-on-one calls, leading to refinements in technical assistance delivery throughout the year.

The University of Wisconsin-Madison Division of Extension continued to play a key role in this work. University of Wisconsin-Madison Division of Extension is striving to increase knowledge and confidence in policy, systems, and environmental change 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 University of Wisconsin-Madison Division of Extension educators was emphasized throughout the year and state-level partners from University of Wisconsin-Madison Division of Extension and University of Wisconsin-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 University of Wisconsin-Madison Division of Extension partners, which strengthened, and leveraged progress made towards increasing opportunities for physical activity and improved nutrition in children at the local level. This ongoing partnership with and the commitment from University of Wisconsin-Madison Division of Extension continues to be crucial in supporting local and Tribal health agencies in implementing systems change work. Most agencies who selected physical activity and nutrition as their focus were able to connect with their local University of Wisconsin-Madison Division of Extension educator (88%). However, the University of Wisconsin-Madison Division of Extension FoodWIse program was primarily funded through the USDA Food and Nutrition Administration's Supplemental Nutrition Assistance Program (SNAP)-Ed grant program. Funding for SNAP-Ed was eliminated effective September 30, 2025, and this loss of funding impacted Extension's capacity to continue collaborating with LTHDs due to staff layoffs and departures.

Wisconsin was one of three states (WI, OR, ND) that participated 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. The overall goal was to integrate public health nutrition into Wisconsin's Title V national performance measure 08.1 by 2025. Wisconsin's three priorities for this project were to:

1. Build public health workforce capacity to implement policy, systems, and environmental change strategies.
2. Build and strengthen partnerships.
3. Optimize nutrition-related data.

These strategies were integrated into the Title V program's ongoing work, allowing local and Tribal health agencies to address issues related to nutrition and barriers to physical activity. Prior to the project ending in 2025, the team wanted to leave agencies with tangible tools they could use to sustain this work. There was growing interest in the concepts of human-centered design following an introductory webinar in 2024. Title V and University of Wisconsin-Madison staff worked with Culture of Health – By Design to offer one-on-one learning opportunities that taught this approach. These sessions also allowed agencies to integrate at least one human-centered design principle into their physical activity and nutrition work, supported with a small stipend. Three local health departments participated in the human-centered design pilot project:

First, Pepin County Health Department focused their human-centered design on strengthening youth-led efforts to improve physical activity and nutrition among elementary-aged students in their county. They partnered with University of Wisconsin-Madison Division of Extension 4H programs to understand the real needs, interests and motivations of older youth leaders and younger youth participants by conducting interviews with elementary-aged students. It also ensured nutrition concepts were introduced in simple, non-judgmental ways and supported youth leaders in building confidence as positive role models for younger children. The information gathered helped guide and refine event planning-such as ensuring activities were fun, engaging, and developmentally appropriate. Early indicators of success in the practical application of youth-led processes included a well-executed "Great Apple Crunch" event to promote local foods in school meals. They found that centering participant voices and promoting youth leadership development led to more meaningful and sustainable health promotion in their county.

The second agency, Clark County Health Department, facilitated a community focus group that included youth, then incorporated insights from the session into a Safe Routes to School plan at one of the school districts in their county. This conversation yielded rich insights into infrastructure and traffic safety concerns around the school. Key to their success in recruiting a group of participants from many different backgrounds was being able to offer incentives to compensate participants for their time.

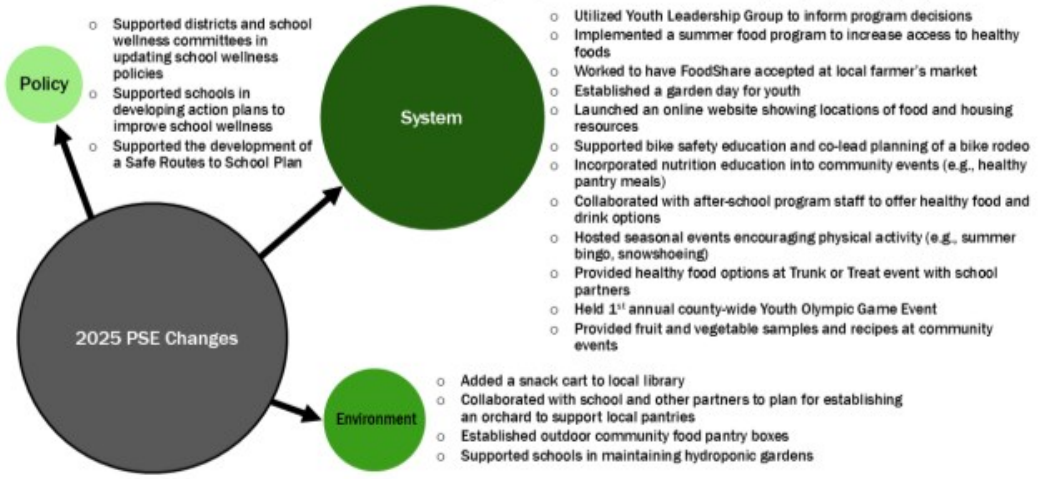
Finally, the Forest County Potawatomi Community Health Department coupled human-centered design principles with traditional Native American ways to understand the needs, preferences, and cultural values of children, kitchen staff, and families. Guided by this, they chose to address growing food insecurity following a decrease in SNAP-ED funding. These community Pantry to Plate events focused on showcasing simple, balanced meals families could prepare using ingredients found in most home pantries, purchased locally, received from a food pantry. They sought feedback from families and elders in their community at the events, and participants reported that children were empowered to prepare healthy meals for their families. Partnerships with the Forest County Potawatomi Community Center and the Forest County Potawatomi Farm were key in making these events successful.

Finally, Title V worked with evaluators to develop a Year 5 Report for Wisconsin, to present a project overview webinar, and to write an article summarizing the work. The article was published in early 2026 in the Maternal and Child Health Journal.

Local and Tribal Health Agency Implementation

Local and Tribal health agency implementation varied based on the needs of their community. The seven agencies that were new to the objective in 2025 focused on developing an action plan to engage with partners to move a project forward in the next year. Agencies that had participated in the objective in previous years focused on collaboration with partners to implement a policy, systems, or environmental change in 2025.

Local and tribal health departments planned and implemented physical activity and nutrition-related policy, system and environmental (PSE) changes in 2025.
Source: Wisconsin Title V Maternal and Child Health Program, Local and Tribal Health Agency Quarterly Reports



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.

Wisconsin Title V staff continued engagement with state and community partners to coordinate physical activity and nutrition initiatives in 2025. This included Title V staff facilitating the Title V Physical Activity and Nutrition workgroup with representatives from University of Wisconsin School of Human Ecology, the Department of Health Services Chronic Disease Prevention Program, the Wisconsin Department of Public Instruction, and the technical assistance provider. They also maintained connections with other key stakeholders, including Shine Early/Young Star Connect, Healthy Early, Wisconsin Farm to Early Care and Education workgroup, Wisconsin Farm to School network, Wisconsin WIC program, and the University of Minnesota's Maternal and Child Health Trainee Program and Division of Extension. Title V and Chronic

Disease Prevention program staff participated in regular meetings with state partners who supported Go NAPSACC, which helps 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 Wisconsin Whole School, Whole Child, Whole Community project. This program uses the CDC's framework for addressing health in schools that is student-centered, leverages community support, and emphasizes both the connection between health and academic achievement and the importance of evidence-based school policies and practices. Staff also encouraged local and Tribal health agencies working on the physical activity and nutrition objective to collaborate with their local schools. Rock County Public Health Department is an excellent example of how local health agencies built supportive relationships with school districts. They routinely connected several area districts with resources and programs related to health issues such as asthma-safe homes, mental health, homelessness, nutrition security, and safe sleep. In 2025, they supported four schools in applying for and being accepted to the Wisconsin Department of Public Instruction Healthy Schools Academy and helped several other schools with wellness initiatives, including completion of a modified school health index assessment. Based on the assessment results, Rock County Public Health used the Wisconsin Whole School, Whole Child, Whole Community model to develop wellness action plans. In collaboration with school staff, they identified policy, systems, and environmental change to improve physical activity, nutrition, and well-being for all students.

In 2025, Title V selected University of Wisconsin-Madison Division of Extension as the recipient of a two-year funding opportunity aimed at improving nutrition security for maternal and child populations. This organization collaborated with schools and early care and education providers to improve child and family knowledge of how to prepare nutritious foods, as well as implemented additional policy, system, and environmental changes to increase access to breastfeeding resources, local food resources, and traditional nutritious foods.

In 2025, the Title V program selected Feeding America Eastern Wisconsin, with the Great Lakes Intertribal Food Coalition and the Bad River Band, as the recipient of a five-year project aimed at strengthening Wisconsin's Tribal Nation's food sovereignty and traditional food practices. The Great Lakes Intertribal Food Coalition works to strengthen Indigenous food production capacity and networks, and to increase access to nutritious and meaningful foods for Tribal communities across the lifespan. Among school-age children, the Great Lakes Intertribal Food Coalition has supported Farm to School and Farm to Early Care and Education to increase access to Indigenous foods. In collaboration with the Great Lakes Intertribal Council, a First Foods Food Box Pilot occurred in August of 2025. The boxes, containing traditional foods, were distributed to pregnant and breast-feeding mothers. The Great Lakes Intertribal Council, in collaboration with Great Lakes Intertribal Food Coalition, will continue to scale the First Foods program aimed at supporting pregnant and lactating Tribal Mothers, to reach all 11 federally recognized Tribal Nations in Wisconsin.

Building relationships with other partners within the community is also critical to the work of local and Tribal health agencies. Agencies were able to leverage additional resources and staff time and learn from the expertise and experiences of one another to improve their work. By building trusting relationships, partners increased impact in their communities and avoided duplication. Among funded agencies, 81% identified and connected with other partners to support their maternal and child health work (e.g., schools, community coalitions and organizations, health systems, governmental agencies, etc.). In addition, 94% of agencies reported that partnerships helped facilitate their work along with staff interest (75%) and partner engagement (69%). Agencies reported that their largest barriers were staff capacity (75%) and lack of funding resources (63%).

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 2025, the program continued 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 University of Wisconsin-Madison staff collaborated with the Wisconsin Out of School Time Alliance and developed a virtual, asynchronous training on how to use the tool, which was disseminated in 2025.

Partnerships with the Wisconsin Department of Children and Families 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 and the University of Wisconsin-Madison School of Human Ecology, met with Wisconsin's Department of Children and Families to determine the data points that would be useful to analyze and share back to support future planning in 2025. However, given the long-term vacancy of the Title V Evaluator, the program was unable to provide any additional data analysis.

In 2025, Title V actively engaged in the Wisconsin Food is Medicine Coalition, a recently formed coalition that is working to drive cross-sector collaboration to improve nutrition security across Wisconsin. Work in 2025 with the Coalition centered on Title V and the Department of Health Services- Family Health Section staff gaining an understanding of Food is Medicine strategies and how they impact the health of the Wisconsin maternal and child populations. Partners from the Children's Health Alliance of Wisconsin and University of Wisconsin-Madison School of Human Ecology provided a Food is Medicine overview to Title V and Family Health Section staff that coincided with action planning for Title V's new nutrition security priority, which focuses on supporting the Food is Medicine movement for the 2026-2030 cycle. In 2025, University of Wisconsin-Madison and the Wisconsin Food is Medicine Coalition were selected as the recipient for Title V's funding opportunity focused on supporting statewide infrastructure of Food is Medicine initiatives in 2026-2027. Through this two-year project they will be working to develop evaluation metrics for Food is Medicine strategies and document case studies of current implementation practices in Wisconsin. This project also includes supporting a Food is Medicine convening for Tribal nations in collaboration with the Great Lakes Intertribal Food Coalition.

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

	National Performance Measure: Medical Home—Overall	National Performance Measure: Developmental Screening
Objective	Increase the number of children who have a medical home, including children and youth with special health care needs.	Increase the number of children who receive a developmental screening.
Strategy	Increase opportunities and support for families to establish, receive, and navigate care across systems.	Enhance and expand universal developmental monitoring and developmental screening (using evidence-based screening tools) and strengthen referral processes.
Evidence-based Strategy Measure	Number of unduplicated organizations (i.e., 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.	Percentage of trainees who report that they will begin implementing developmental monitoring and/or developmental screening practices.

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

The Title V program's child health and children and youth with special health care needs teams will collaborate to increase the number of children that have a medical home. See more details and information about specific activities in the children and youth with special health care needs application section of this grant submission.

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

Early identification of developmental delays and connection of families to early intervention services are critical steps in promoting optimal development, school readiness, and overall well-being of children. According to the National Survey of Children's Health (2023-2024), only 45.5% of Wisconsin children received developmental screening using a parent-completed screening tool in the past year. While the American Academy of Pediatrics recommends both developmental monitoring (referred to as "surveillance") and screening for all children, more than half of Wisconsin children (ages 9 months – 35 months) do not receive developmental screening currently. Although this rate has increased slightly in recent years, significant opportunity for improvement remains.

Wisconsin's Title V program is committed to supporting universal developmental monitoring and developmental screening. The goal is to increase the percentage of children (ages 9 months to 35 months) who receive a developmental screening using a parent-completed tool from 45.5% to 47.8% by 2030, a 5% increase.

Support Local and Tribal Health Agencies

Title V will collaborate with several statewide and local partners to promote timely developmental monitoring and screening for all children and families. Partnerships with local and Tribal health programs to implement developmental monitoring and

screening practices will address gaps and increase access. In 2027, local and Tribal health agencies will have the option to use their annual, non-competitive Title V funding to participate in developmental screening projects. Agencies that select the developmental screening project option will focus on community engagement and outreach to promote the importance of screening and monitoring, training and capacity building to implement developmental monitoring and screening practices, and/or implement the WIC developmental milestone checklist program.

While early identification of potential developmental delays is important, connecting families to needed services and support is also crucial to children achieving the best possible outcomes. Title V will continue supporting organizations implementing developmental monitoring and screening practices to implement robust referral and follow-up processes.

Title V will contract with Children's Health Alliance of Wisconsin to serve as training consultants to support local and Tribal health agencies, their partners, and other organizations. This technical assistance will focus on implementation of evidence-based screening tools, development monitoring and screening practices, and robust referral practices. Children's Health Alliance of Wisconsin will facilitate quarterly learning community calls for agencies and offer one-on-one support as needed.

Provider Training and Education

Training professionals about developmental monitoring and screening best practices is an important component of efforts to increase access for children to screening for potential developmental delays. When more providers throughout the state can conduct this monitoring and screening, more families will be able to receive these services. The Wisconsin "Learn the Signs. Act Early." ambassador is also the training lead for the Children's Health Alliance of Wisconsin, so a close relationship with this organization will allow for additional training of local and Tribal health agencies and other organizations about:

- Age-appropriate developmental milestones.
- Positive impacts of regular developmental monitoring.
- Evidence-based screening tools (e.g., Ages and Stages Questionnaire-3 (ASQ-3), Modified Checklist for Autism, Reviewed with Follow Up (M-CHAT-R/F), etc.
- Effective strategies for following up with families when there are concerning results.

Children's Health Alliance of Wisconsin will also provide training and support to other organizations about developmental monitoring. This will include working with University of Wisconsin-Madison Division of Extension to implement a train-the-trainer module and offer virtual trainings about developmental screening tools for a broad range of professionals, including health care providers, childcare agencies, Wisconsin's Child Lead Poisoning Prevention program staff, and Wisconsin Help Me Grow resource navigators. Trainings will include the promotion of "Learn the Signs. Act Early." materials, Well Badger Resource Center, and the five regional Children's Resource Centers.

Title V and Children's Health Alliance of Wisconsin staff will follow up with agencies and individual attendees at six months post-training to solicit additional support needs they may have to implement developmental monitoring and screening activities. This training follow-up will also allow Title V and Children's Health Alliance of Wisconsin to track practice changes related to developmental monitoring and screening that attendees and agencies have already implemented. This work will be measured through the evidence-based measure of percentage of individuals trained on developmental monitoring and/or developmental screening who indicate they, or their organization, will begin implementing evidence-based practices within their agency in the next 6-12 months.

Collaboration and Partnerships

Strengthening partnerships and identifying opportunities for collaboration will continue to be a priority for the Wisconsin Title V program in 2027. Partners will include local and Tribal health agencies, Wisconsin's Birth to 3 program, the Wisconsin Department of Health Services childhood lead poisoning prevention program, the Office of Children's Mental Health, and the Wisconsin Child Psychiatry Consultation Program. Title V staff will also continue to work with the Family Foundation Home Visiting Program to align efforts and data sharing about developmental screening.

Children's Health Alliance of Wisconsin will also continue to work with both the Wisconsin Birth to 3 Program and the

Milwaukee Birth to 3 Program to streamline connections between health care systems and community agencies. The work will focus on expanding clinic outreach, establishing replicable best practices, and identifying opportunities for technology enhancements across organizations.

WIC Developmental Milestone Checklist Program

Collaboration between the Wisconsin Title V and Wisconsin WIC program has grown in recent years as more local and Tribal health agencies implement the WIC Developmental Milestone Checklist Program from the CDC. Regular meetings between Wisconsin Title V, Wisconsin WIC, and the Wisconsin "Learn the Signs. Act Early." ambassador will ensure shared understanding and coordinated implementation of this program as it continues to grow. An orientation will be offered for local and Tribal health agencies who choose to participate in the WIC checklist program to share tools, resources, and examples of successful implementation to use in their own planning. Because the approach to this program in Wisconsin encourages agencies to use their knowledge of their own capacity and their community's needs, implementation of this program will be unique at each agency. This will be the fourth year Wisconsin will offer the WIC Checklist program as an option for local and Tribal health agencies.

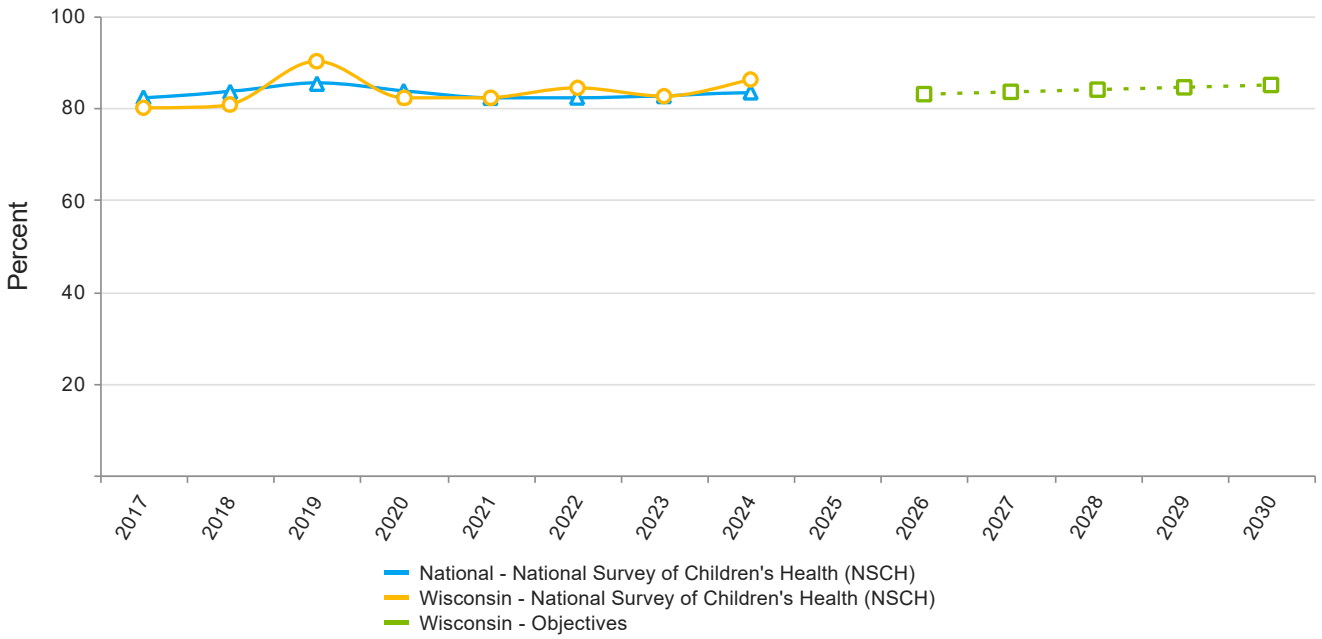
Developmental Screening Access in Rural Areas

Title V will continue working with First Five Fox Valley to increase access to developmental screening and follow-up support for families to access and navigate early intervention services in rural areas of Wisconsin. This project will focus on expanding the Wisconsin Help Me Grow program by embedding navigators within local Family Resource Centers. They will also explore how to promote developmental screenings using a digital version of the Ages and Stages Questionnaire-3 (ASQ-3) screening tool on the Sparkler app. First Five Fox Valley will launch this app in 2026 and develop a procedure for connecting families to a navigator after they complete a screening tool in the app. In 2027, work will focus on expanding the use of the app, especially to local and Tribal health agencies that can fill critical gaps in rural communities. Children's Health Alliance of Wisconsin will work with First Five Fox Valley to develop an onboarding process and training protocol for new Help Me Grow navigators to ensure consistent training as the program expands.

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	**2025**
Annual Objective		
Annual Indicator	82.4	86.0
Numerator	86,205	95,273
Denominator	104,586	110,842
Data Source	NSCH	NSCH
Data Source Year	2022_2023	2023_2024

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.

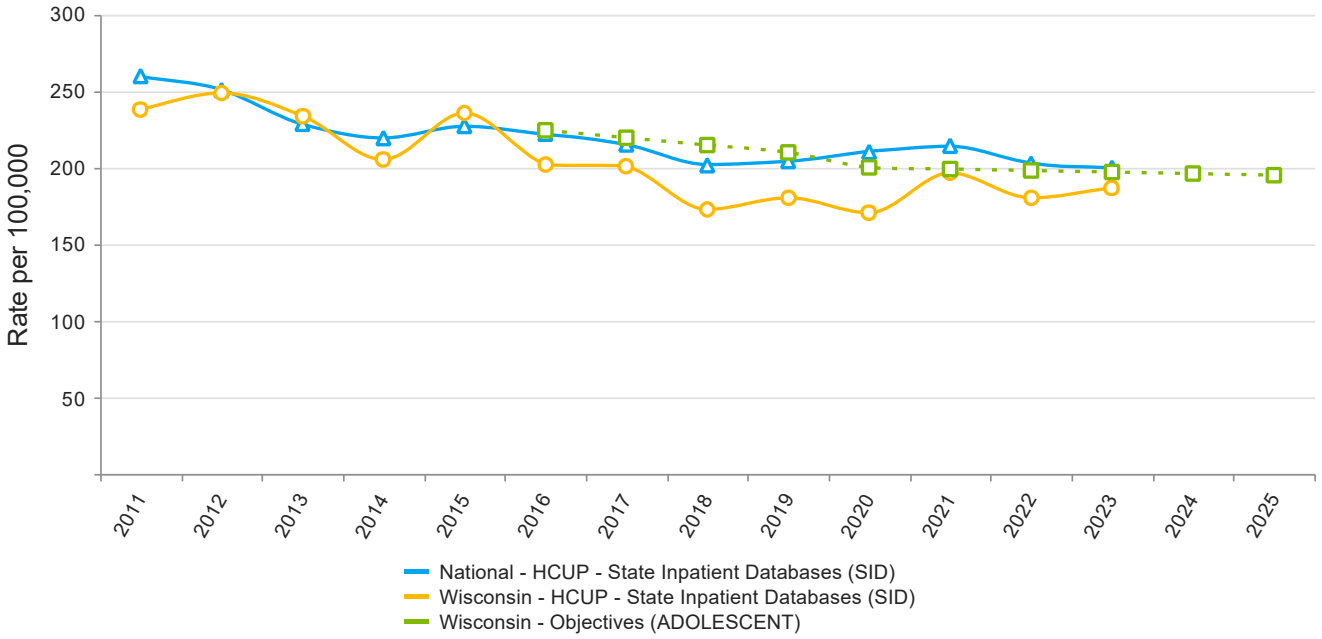
Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	75.0	105.0	135.0	165.0	195.0

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)					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	199.0	198	197	196	195
Annual Indicator	180.0	171.0	196.5	180.5	186.4
Numerator	1,340	1,267	1,501	1,348	1,401
Denominator	744,359	740,993	763,933	746,849	751,526
Data Source	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT
Data Source Year	2019	2020	2021	2022	2023

HCUP statistics on SMM, NAS, and Non-fatal Injuries for data year 2023 reported prior to June 2026 incorrectly omitted some discharges due to a data error. These statistics were corrected and shared with HRSA on 7/23/2026.

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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	72.6	73.6	74.6	75.6	76.6
Annual Indicator	84	82.4	82.4	80.9	80.9
Numerator	84	1,466	1,466	1,837	1,837
Denominator	100	1,779	1,779	2,271	2,271
Data Source	Wisconsin Youth Risk Behavior Survey	Wisconsin Youth Risk Behavior Survey	Wisconsin Youth Risk Behavior Survey	Wisconsin Youth Risk Behavior Survey	Wisconsin Youth Risk Behavior Survey
Data Source Year	2019	2021	2021	2023	2023
Provisional or Final ?	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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	0	0	0	0	0
Annual Indicator	1,272	2,586	6,475	6,654	3,142
Numerator					
Denominator					
Data Source	REDCap Agency Reports	REDCap Agency Reports	REDCap Agency Reports	REDCap Agency Reports	REDCap Agency Reports
Data Source Year	2021	2022	2023	2024	2025
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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective		26	25.5	24.8	24
Annual Indicator		33.7	33.7	35	35
Numerator		615	615	1,870	1,870
Denominator		1,827	1,827	5,343	5,343
Data Source		Wisconsin Youth Risk Behavior Surveillance Survey	Wisconsin Youth Risk Behavior Surveillance Survey	Wisconsin Youth Risk Behavior Surveillance Survey	Wisconsin Youth Risk Behavior Surveillance Survey
Data Source Year		2021	2021	2023	2023
Provisional or Final ?		Final	Final	Final	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 at-risk youth who experience higher rates of anxiety and depression.

Objectives

Objective	2021 Data	2022 Data	2023 Data	2024 Data	2025 Data
Decrease the percentage of youth reporting feeling hopeless on the Wisconsin Youth Risk Surveillance System from 27% to 24%* by 2025.	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)	35.0% (2023 Youth Risk Behavior Surveillance System)
Decrease the percentage of youth reporting being bullied on school property on the Wisconsin Youth Risk Surveillance System 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)	21.6% (2023 Youth Risk Behavior Surveillance System)
Increase the percentage of adolescents with a past year preventive visit by 5% from 77.4% to 81% by 2025.	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)	78.8% (2023-2024 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	2025 Data
Percent of students who report feeling comfortable seeking help from at least one 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)	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	3,142

Overall Reflections from 2025

The Adolescent Health Team built upon existing resources and partnerships to advance efforts to ensure 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 adopted a comprehensive approach that acknowledges the role of systems, environmental factors, and social factors in health. The Adolescent Health Team's five-year strategic plan includes four goals that guide the team's efforts to create positive change for Wisconsin adolescents described below:

1. Increase the number of youth 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 2025, the Adolescent Health Team strongly emphasized forging new partnerships and strengthening existing ones. The team used an implementation science framework to support the development of high-quality youth programming and collaborative efforts. In addition to Title V-funded initiatives, the team collaborated with and funded community organizations across all five public health regions of Wisconsin. This allows the program to reach 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 training in their communities, including for schools and health care systems.

Youth mental health continued to be a priority for local and Tribal health agencies. In collaboration with the University of Wisconsin-Madison Division of Extension, the Wisconsin Title V program provided guidance and support to 28 local and Tribal health agencies. This partnership supported implementation of evidence-based strategies to prevent adolescent suicide and self-harm. The range of trainings offered to these agencies included both traditional gatekeeper curricula (i.e., Question, Persuade and Refer and Youth Mental Health First Aid) and peer-based prevention programs (i.e., Hope Squad, Sources of Strength, and Signs of Suicide). Peer-based prevention programs focused 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. To enhance the effectiveness of these programs, additional topics that cover priority areas were added, including trauma-informed care and adverse childhood experiences. The overall aims of these training sessions were to:

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

In 2025, the annual number of individuals who received gatekeeper training from local and Tribal health agencies dropped significantly from the previous year. There were some community partners that began providing the training series, which may account for some of the decrease. Additionally, there has been less interest in the Question, Persuade, and Refer training. While these gatekeeper trainings decreased, there was a noticeable increase of other prevention, resiliency, and skill-based trainings, such as the Botvin LifeSkills Curriculum.

Individuals representing the local and Tribal health agencies participated in quarterly learning community calls and four regional workshops facilitated by the University of Wisconsin-Madison Division of Extension and Title V staff. These calls and workshops served as valuable learning opportunities. The required learning community calls were designed to build the capacity of the local and Tribal health agencies to support adolescent well-being efforts. The learning community call evaluation showed that 100% of participants agreed the calls were useful and helped support their agency's work, and 80% reported the resources shared helped support them. A participant commented in their evaluation, "Thank you for sharing the wonderful information with us!"

Each learning call focused on a different topic to help enhance the youth mental health work of local and Tribal health agencies. The January call included an overview of the adolescent well-being objective work, activities for the 2025 program year, and a presentation from the Wisconsin Out of School Time Alliance on collaborative opportunities to support adolescent well-being. The April call included an overview of the "Foundations for Engaging Young People" and a presentation from National Alliance on Mental Illness (NAMI) Wisconsin on youth resources and programming. The July call featured an update from the Wisconsin Department of Public Instruction on data from the Youth Risk Surveillance System, an update from the Wisconsin Office of Children's Mental Health on new resources, an update from the Wisconsin Department of Health Services on youth-specific 988 resources, and a review of the Youth Engagement Assessment Tool. The October call featured local youth engagement highlights from the University of Wisconsin-Madison Division of Extension's 4-H Colleagues in Iron County and Florence County, and a presentation on youth engagement in public health from the Gamechangers program.

Regional workshops served as informal sharing and networking time for agencies to meet with the University of Wisconsin-Madison Division of Extension for technical assistance, with between 16 - 28 attendees at each of the four workshops. Each workshop evaluation showed that the sessions were a good use of their time and resources provided were useful. Participant feedback from the regional workshop included: "Lots of great ideas on how to engage with youth."

One of the most requested needs for assistance was around engaging youth. To help fill this gap, the University of Wisconsin-Madison Division of Extension created Foundations for Engaging Young People guide to including youth in health outreach and two other supporting resources that will be published soon: "Practical Frameworks for Evidence-Based Youth Mental Health Efforts" (featuring local examples of work across the state) and "Moving from Data to Action for Evidence-Based Youth Mental Health Efforts."

In 2025, the University of Wisconsin-Madison Division of Extension held three Mental Health First Aid trainings with 30 participants at each event. This is an evidence-based, early-intervention course that teaches participants about mental health and substance use challenges. The organization also offered several sessions from the Question, Persuade, and Refer Institute. However, these were not held due to fewer than five participants enrolling. They also provided a monthly newsletter update to 205 recipients and they were available throughout the year for individual technical assistance to agencies. Additionally, in response to agencies identifying a major need for assistance engaging youth in their work, the organization created Foundations for Engaging Young People guide to including youth in health outreach and two other supporting resources that will be published soon: "Practical Frameworks for Evidence-Based Youth Mental Health Efforts"

(featuring local examples of work across the state) and “Moving from Data to Action for Evidence-Based Youth Mental Health Efforts.”

The table below summarizes the training programs offered by the local and Tribal health agencies in 2025 and the number of participants overall in each.

Program/Training	Number of individuals trained/reached
ACEs	25
Alternatives to Suicide	1,000
Counseling on Access to Lethal Means	35
Hope Squad	415
Mental Health First Aid	54
Question, Persuade, Refer	1,278
Signs of Suicide	433
Sources of Strength	317
Trauma-informed care	25
Zero Suicide	0
Other	8,093
Total	11,260

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

In 2025, the Title V team collaborated with Providers and Teens Communicating for Health (PATCH), an organization dedicated to improving adolescent health through genuine partnerships with young people. They offer positive youth development programs and provide expertise and support statewide to achieve the goal of amplifying youth voices in adolescent health discussions and equipping youth the with the knowledge, resources, support, skills, and opportunities to thrive. PATCH’s programs are recognized as "best and promising practices" by the Association of Maternal and Child Health Program's Innovation Hub. In the 2024-2025 program year, they had 99 certified PATCH teen educators and consultants working statewide. The PATCH Teen Educator Program hires young individuals to conduct educational workshops for health care providers and peers, empowering them to take charge of their own health care. These sessions empower teens and their caregivers by educating them about adolescent rights and responsibilities in health care settings and promoting independence and responsibility in health care decision-making. PATCH has developed wrap-around resources like the PATCH for Teens Toolkit and PATCH for Parents Toolkit, providing educators with the necessary information and materials to facilitate important health education sessions. The PATCH Teen Consultant Program is a group of teens throughout the state who work together virtually and participate in enrichment and consultation sessions with a wide variety of organizations. This approach ensures high-quality experiences for both youth and partners, aligning the program more closely with adolescent priorities and stakeholder needs.

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

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.
- Participating in the Wisconsin Adolescent Health Initiatives 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.

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 educational event on youth engagement.
- 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.

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 partnered with the Wisconsin Department of Public Instruction in 2025 to enhance capacity for data analysis, report development, and outreach for the Youth Risk Behavior Surveillance System. 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 Surveillance System are vitally important data sources for adolescent health in Wisconsin.

Youth Risk Behavior Surveillance System: The Youth Risk Behavior Surveillance System (previously the Youth Risk Survey) is administered every other year, including in 2025. This data has not yet been released. The Wisconsin Department of Public Instruction communicated with individual schools and districts about the Youth Risk Surveillance System. They also worked with local health department contacts to boost participation in communities across the state. They 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 Surveillance System was open from November 2024 to February 2025. Additional efforts by the Wisconsin Department of Public Instruction 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.

The University of Wisconsin-Madison Division of Extension provided technical assistance about the Youth Risk Behavior Surveillance System to local and Tribal health agencies through their January and February newsletters, the February Regional Workshop, and the July Learning Community Call. They included resources and important reminders for completion of the survey and guidance for partnering and engaging local school partners in promotion and administration. The workshop explored cultivating community partnerships, specifically exploring how to partner with schools in completing the Youth Risk Surveillance System and advancing adolescent well-being.

School Health Profiles: The School Health Profiles is a national system of surveys developed by the Centers for Disease Control and Prevention (CDC) to assess and monitor health policies and practices in secondary school containing any grades 6 through 12. School Health Profiles are administered every other year with the last one being administered in 2024. In 2024, the Wisconsin Department of Public Instruction worked to promote and administer data collection for School Health Profiles. 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. During 2025, Title V staff educated local and Tribal health agencies about school health profile data.

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. 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. The group started work on a resource guide for schools to accompany the policy. In 2025, the work group completed the resource guide to help districts understand the state statute and a set of Frequently Asked Questions. The proposed companion statute explainer document was sent to staff at Neola. The work group plans to follow up with Neola staff in 2026 to determine whether the guide in its current or revised form will be shared with subscribers.

Wisconsin Adolescent Health Initiatives: 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 Services, 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, University of Wisconsin-Madison Division of Extension, University of Wisconsin-Population Health Institute, PATCH Program, Wisconsin Out of School Time Alliance, Waisman Center and more.

In 2025, this group held five meetings with an average attendance of 21 individuals representing a range of organizations and programs. At our second annual evaluation survey of Wisconsin Adolescent Health Initiatives 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, 75% reported that they had made a new connection with someone outside of their organization.

Comprehensive Suicide Prevention Partnership: Title V staff participate in the 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 for two populations with the highest rates of suicide and self-harm: rural men (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 Wisconsin to reduce self-harm and suicide rates. The partners share tools and resources, disseminate suicide and self-harm data, and provide education about programming and best practices specific to the two populations of focus. It provides a space for connecting with other professionals and provides updates on projects from funded partners. This partnership also shares an annual report on suicide prevention activities to the Wisconsin State Legislature's Joint Finance Committee.

Interagency Council on Mental Health: Governor Tony Evers created the Governor's Interagency Council on Mental Health in an effort to bolster mental health support across Wisconsin. By connecting all state agencies' work into one statewide mental health action plan, Wisconsin can 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 submitted recommendations to the Governor at the end of 2025. Title V staff participate in the Coordinated Response workgroup, helping to synthesize information to identify the problem, root causes, and gaps that informed the council members' recommendations to the Governor.

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

The Wisconsin Department of Health Services contracted with the Medical College of Wisconsin to implement the Wisconsin Child Psychiatric Consultation Program which expands access to pediatric mental health care services by providing consultations to primary care providers so they can address mental health needs of their young patients during regular clinic visits. The Title V program provides contract administration, project management, and support to the Medical College of Wisconsin, but the project is funded by the Wisconsin State Legislature at $2,000,000 annually. The Wisconsin Child Psychiatric Consultation Program's regional outreach staff ensure statewide enrollment of health care providers through direct engagement, training, and education.

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 report which highlights cumulative outcome data to increase program awareness among primary care providers. From July 2024 to June 2025, 284 new primary care providers enrolled, 1390 consultations were provided, and 697 hours of provider education were completed. There are a total of 2,766 primary care providers enrolled in the program. Since the inception of the program, there have been 14,420 consultations provided.

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, Children's Hospital of Wisconsin, 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. Partnering with schools and emergency health care agencies increases the ability to reach families who need access to mental health services through the Pediatric Mental Health Care Access Program.

The Title V program further facilitated and promoted improved health and access to mental health services through collaboration with and participation in Office of Children's Mental Health Networking Meetings 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 Youth Wellness Hub 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.

National Performance Measure: Mental Health Treatment	
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.
Evidence-based Strategy Measure	Number of youth engaged in planning, creating, implementing, or evaluating Title V-funded adolescent mental health projects and initiatives

Wisconsin adolescents lack strong, positive, and consistent sources of social connection and support, impacting both their psychological and physical health. While a significant portion of Wisconsin adolescents experience mental health challenges, only a fraction feel they receive the support they need. Wisconsin's Title V program aims to bridge this gap through community support and accessible care.

The 2023 Wisconsin Youth Risk Behavior Surveillance System data indicates that 51.6% of adolescents (12-17) reported anxiety, and 35% reported persistent feelings of sadness or hopelessness. However, only 21% of those who reported depression and hopelessness received the help they needed. Adolescents are most likely to seek support from a friend (36.4%) rather than an adult (24.3%). This data guides the Adolescent Mental Health Objective's 2027 national performance measure: to increase the percentage of adolescents (ages 12-17) who receive needed mental health treatment and counseling.

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

To address these concerns, the Title V program will include an Adolescent Mental Health project option for local and Tribal health agencies to use their annual, non-competitive Title V funding. Agencies that choose this project option will implement one strategy focusing on initiatives to improve youth mental health support in collaboration with youth, local and tribal health departments, schools, and school-based health centers in their community. The goal of this project option is to work with partners – including youth – to implement prevention strategies, skill-building, environment and policy work that has longer-term outcomes on youth mental health.

The Title V program is moving away from suicide and substance use to focus upstream on prevention strategies. As adolescent mental health work shifts upstream, the focus has also shifted to prevention and promotion rather than crisis response. The Title V program aims to help youth develop the skills, resilience, and support networks necessary to prevent mental health challenges and crises from occurring in the first place. Specific activities that may be implemented with this strategy include evidence-based initiatives, youth voice and practice change, referral and access, and data driven planning.

Evidence-based initiatives

Local and Tribal health departments will implement an evidence- or practice-based mental health promotion initiative, program, or policy that fosters positive mental health and cultivates supportive social environments or improves access and connection to youth mental health services. There are a large variety of evidence and practice-based curriculums and programs agencies can choose from. These curricula and programs should focus on strengthening protective factors such as connectedness and coping skills and build supportive school and community environments, addressing the social

support themes identified in the Title V 2025 Needs Assessment.

Youth Voice and Practice Change

Agencies will develop and implement a practice change to involve youth voice in planning, creating, implementing, and evaluating programs, initiatives, or policies that improve mental health. Data show that youth primarily turn to peers for support, so this activity will ensure initiatives are authentic, effective, and developed by and for youth.

The Adolescent Health Team will continue collaborating with Providers and Teens Communicating for Health (PATCH). This 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. The organization's goal is to amplify youth voices in adolescent health discussions and equip them with the knowledge, resources, support, skills, and opportunities to thrive. They also serve as a trusted bridge between external partners and youth, ensuring their active inclusion in decision-making. This organization will offer technical assistance and collaboration opportunities to local and Tribal health agencies.

Referral and Access

Agencies will promote and refer families to mental health services, leveraging existing resources like Well Badger, Youth Wellness Hub, Wisconsin Wayfinder, and other mental health training opportunities. This is a critical step in connecting people with the services they need.

The Adolescent Health Team, together with local and Tribal health agencies, will collaborate with the Wisconsin Women's Health Foundation to promote Well Badger and the Youth Wellness Hub. The Wisconsin Women's Health Foundation collaborates with state, private and public organizations to provide Wisconsin women and their families with high-quality health education and services. WellBadger Resource Center is a one-stop connection to community, social, health, and government programs — a place to find what you need, when you need it. The Youth Wellness Hub is a free, online, anonymous tool to help parents and caregivers navigate resources for a child who has mental or behavioral health concerns.

Wisconsin will continue to expand mental health care access for children and families through the statewide Child Psychiatry Consultation Program, which increases primary care providers' capacity to address mental health through consultative support, education and referral resource support from child and pediatric psychiatrists, and resource specialists. More than 940,000 of Wisconsin's 1.2 million children are supported by this program through their primary care providers. This program is funded through state General Purpose Revenue, and Title V staff manage it.

Data-Driven Planning

Agencies will utilize state and local data from the Youth Risk Behavior Surveillance System and School Health Profiles to plan activities and initiatives. Local and Tribal health agencies will work with schools and districts to encourage participation in the 2027 Youth Risk Behavior Surveillance System (administered every other year). Results from the 2026 School Health Profiles will be published in 2027.

This objective serves youth who experience higher rates of anxiety and depression. This objective is meant to amplify the voices of all youth, including those who experience higher rates of negative health outcomes. It adopts a comprehensive approach that acknowledges the role of policies, systems, and environment and community factors in impacting health outcomes.

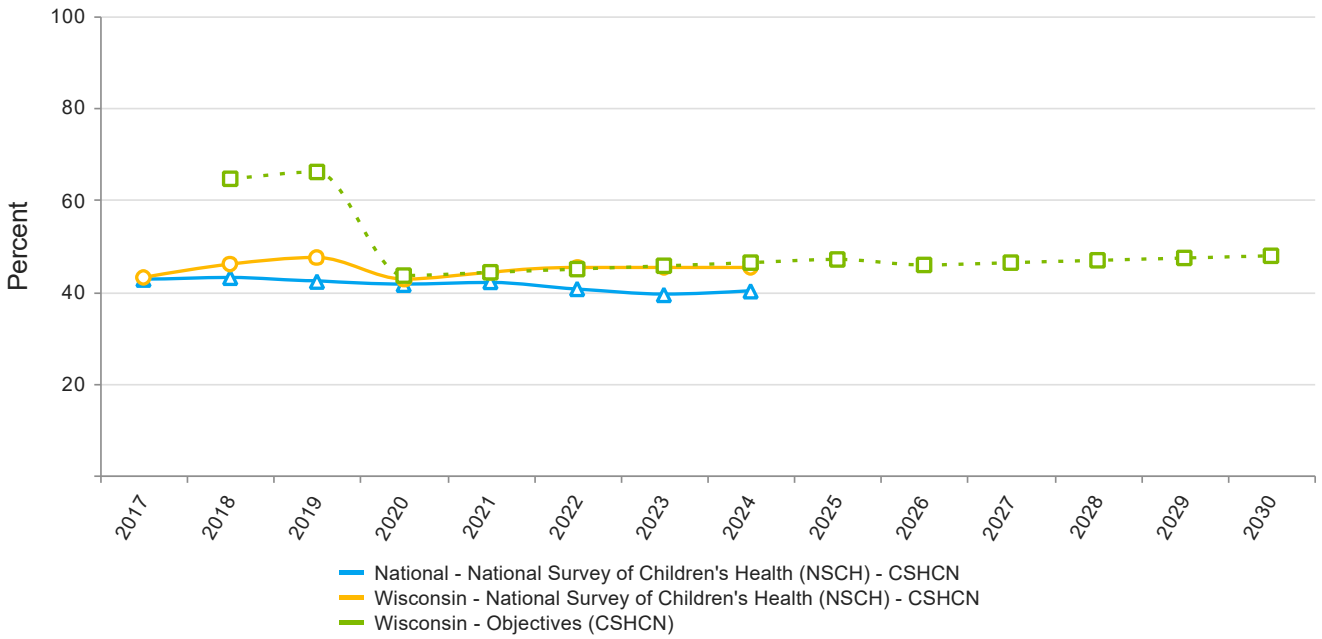
The Wisconsin Department of Health Services Adolescent Health Team within the Child and Adolescent Health Unit will continue leading the Wisconsin Adolescent Health Initiatives. The purpose of Wisconsin Adolescent Health Initiatives is to connect across state agencies and organizations to be aware of, 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 Services, 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, University of Wisconsin-Madison Division of Extension, University of Wisconsin-Madison Population Health Institute, Providers and Teens Communicating for Health Program (PATCH), Wisconsin Out of School Time Alliance, Waisman Center, Neola, and more. Partnerships are essential to success.

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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	44.2	44.9	45.6	46.3	47
Annual Indicator	41.6	46.6	45.4	45.3	45.2
Numerator	105,574	109,447	109,187	149,465	150,854
Denominator	253,596	234,815	240,532	330,057	333,941
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2019_2020	2020_2021	2021_2022	2022_2023	2023_2024

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.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

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

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

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

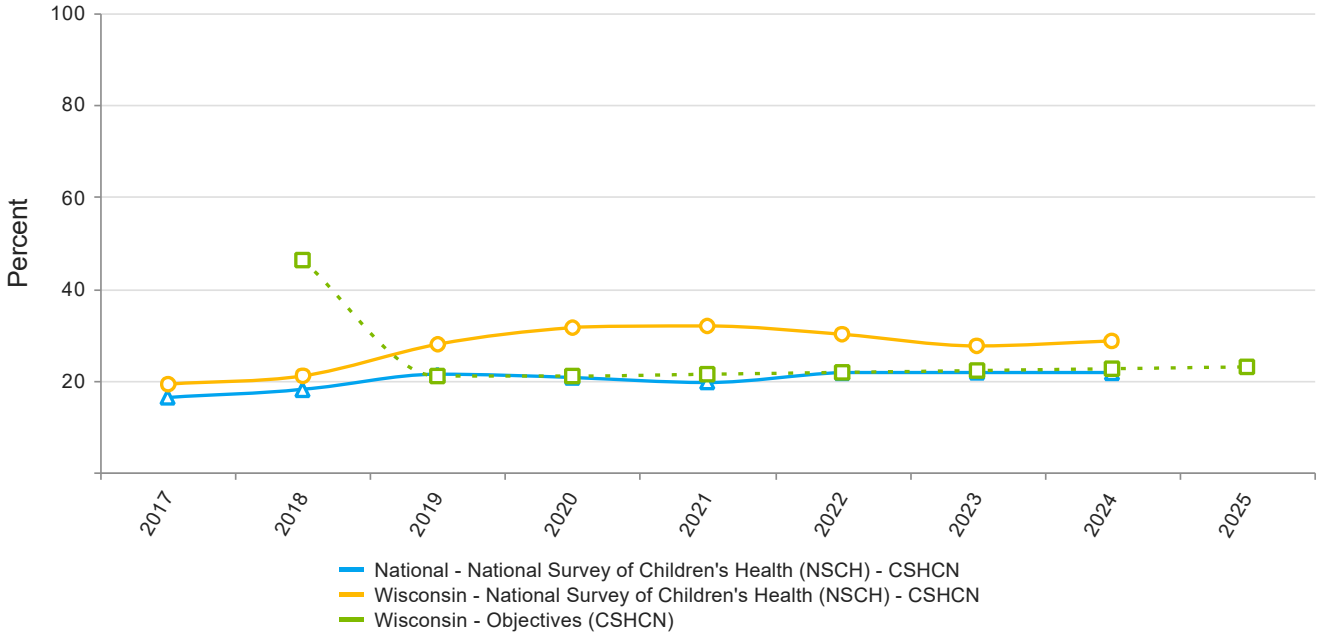
Flourishing - Young Child

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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	21.4	21.8	22.2	22.6	23
Annual Indicator	34.0	34.6	31.2	27.7	28.7
Numerator	41,630	40,088	40,777	47,491	46,316
Denominator	122,493	115,904	130,758	171,387	161,633
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2019_2020	2020_2021	2021_2022	2022_2023	2023_2024

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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	75	76	77	79	80
Annual Indicator	91.7	85.7	100	88.9	86.7
Numerator	11	6	11	8	13
Denominator	12	7	11	9	15
Data Source	Self-Report Survey	Self-Report Survey	Self-Report Survey	Self-Report Survey	Self-Report Survey
Data Source Year	2021	2022	2023	2024	2025
Provisional or Final ?	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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	75	76	77	79	80
Annual Indicator	98	98.4	98.9	95.2	98.9
Numerator	98	63	86	20	86
Denominator	100	64	87	21	87
Data Source	Self-Report Survey	Self-Report Survey	Self-Report Survey	Self-Report Survey	Self-Report Survey
Data Source Year	2021	2022	2023	2024	2025
Provisional or Final ?	Final	Final	Final	Final	Final

According to the 2023-2024 National Survey of Children's Health, there are more than 334,000 children and youth, ages 0-17, that have special 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, their families and the professionals that work with them. 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.

The CYSHCN program is made up of 12 contracted organizations referred to as the 'CYSHCN Network.' Together, the CYSHCN Network collaborates to advance systems of care for children and youth with special health care needs by implementing strategies at the family, community, health system, and state levels. Included in the CYSHCN Network are seven specialty "hubs" that provide a variety of services and support to the CYSHCN population. The work of the seven hubs is 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 specifically 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 CYSHCN. Connecting Families works alongside community partners to connect families to existing support resources, 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 health care transition easier for youth with special health care needs in Wisconsin by developing and sharing health care transition resources with families, health care providers, and community partners. They also work with health care providers to support best practice transition care for patients with disabilities and special health care needs.
7. The Genetics Systems Integration Hub aims to improve access to genetics services in Wisconsin. They support the Baby Badger Network, a partnership between the University of Wisconsin Hospitals and Clinics and the Medical College of Wisconsin, who is improving access to genomic testing for critically ill infants in Level 2 and 3 neonatal intensive care units.

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. 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. 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.
- 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—essentially creating a single access point. 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 included:

- 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 the 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 a health center defined as accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and effective at meeting community needs. According to the National Survey of Children's Health for 2023 and 2024, about 45% of CYSHCN in Wisconsin have a medical home, greater than the national average of 40% of CYSHCN who have a medical home.

Evidence-based Strategy Measure	2022	2023	2024	2025
Percent of children's resource center information and referral staff who report competence in explaining medical home concepts	86%	100%	89%	93%
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*	94%
Percent of families who receive at least one referral from a children's resource center that results in needed services received	65%	47%	61%	54%

**In 2024, there was an uncharacteristically low number of completed survey evaluations for training sessions provided to families.*

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 2025, the medical home website pages were viewed 5,401 times with the most frequently viewed pages being the medical home landing page, developmental screening, and training. The "Medical Home Minute" was sent monthly to a listserv including 1,201 subscribers. The "Medical Home Minute" had its highest open rate in November when the topics included:

- Migraine at School session
- American Academy of Pediatrics Rural-health Community of Practice
- Office of Children's Mental Health resource spotlight on attendance, absenteeism, and mental health
- Connecting Families support groups

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 online version of the brochure was opened 344 times in English and 233 times in Spanish in 2025.

Annually, Wisconsin conducts a medical home and youth health care transition competency assessment. In 2025, 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 percentage of items rated at a competent or proficient level. While all Children's Resource Guides completed the assessment, only those with at least one year of experience were included in evaluation of the evidence-based strategy measure. Among staff with at least one year of experience, 93% were competent or proficient in at least 9 of the 17 items (more than 50%). Moreover, 47% were competent or proficient in all 17 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.

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 C.A.R.E. series includes Caring for the Whole Family; Assembling a Care Notebook; Requesting a Shared Plan of Care; and Exploring Care Mapping. These training sessions can be completed all together, or individually, based on the participant's needs. In 2025, 15 sessions were held with 51 attendees trained. The most attended topics were Assembling a Care Notebook and Exploring Care Mapping. Satisfaction with the training sessions was high, with 94% of participants reporting a change in knowledge, skill, or behavior, which is an evidence-based strategy measure. Below are some quotes from participants in response to a question about what they will do as a result of the training.



In 2025, the C.A.R.E. Medical Home Series was evaluated by professionals, parents/guardians, and family members to determine if the series remains, gets revised, changed or removed for use by the CYSHCN Network. Eleven families participated in focus groups, 13 interviews were conducted with professionals, and 21 surveys were completed by families and professionals with a total of 45 responses. The data gathered showed the C.A.R.E. Medical Home Series is a valuable resource for families navigating complex health care. Families shared that they benefit from clear, purposeful information, chances to connect with others, and flexible learning formats. This feedback encouraged improvements to the training sessions to make them more adapted and accessible to a variety of families and communities as each family and community are unique.

To increase knowledge and skills about Medical Home and care coordination within and across systems, implement training, 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 health care 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 2025 with five total sessions. The topics included autism society resources, Katie Beckett Medicaid, Providers and Teens Communicating for Health (PATCH) with Teen Educators presenting, Birth to Three, and migraine disorders. A total of 127 people registered for the five collaboratives, while 53 people attended. All attendees who completed the session impact survey reported that the session they attended was relevant and useful to their work.

In 2025, the Wisconsin Medical Home Initiative explored and developed strategies to improve medical home practices between the Milwaukee County Birth to 3 program and three local pediatric primary care clinics within Children’s Wisconsin. The Wisconsin Medical Home Initiative supported the partners with seven technical assistance sessions and three Lunch & Learns. Ongoing needs identified through the Lunch & Learns included:

- Continued education for providers around the Birth to 3 program
- Clear, simple communication for parents about the referral process and Birth to 3 services
- Ongoing review of clinic workflows to identify keys to success

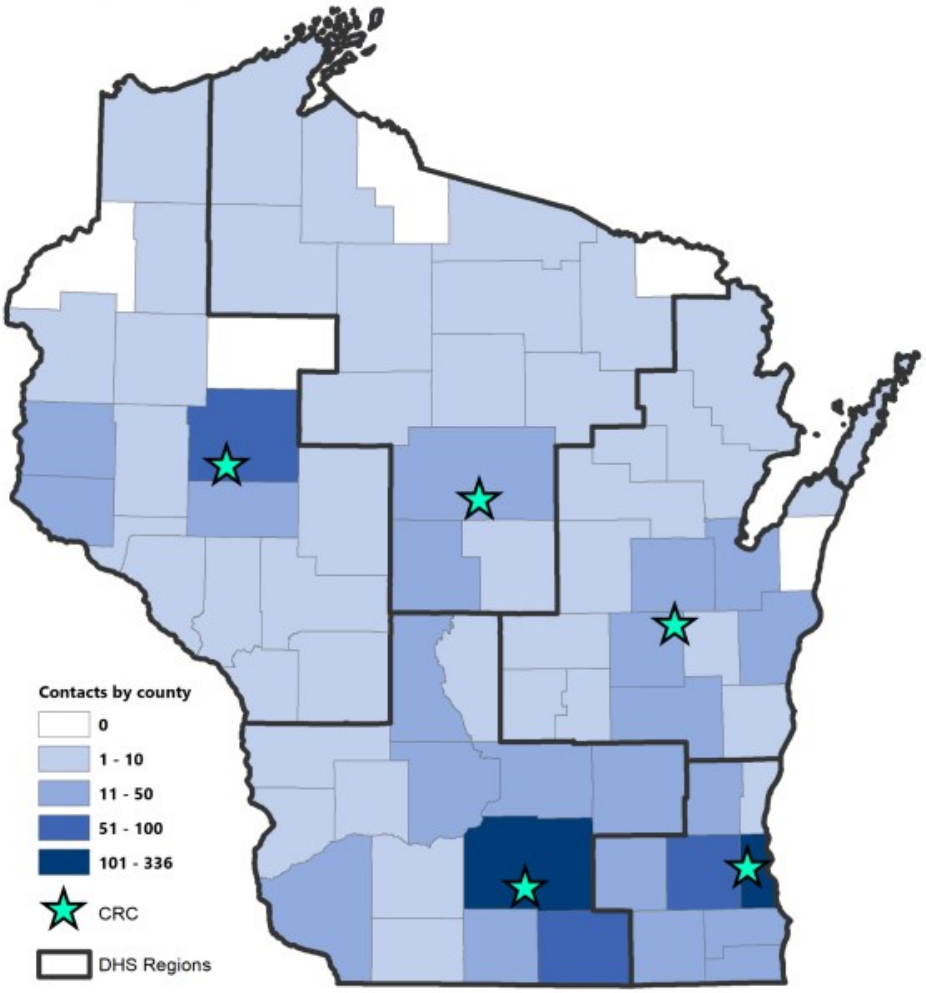
The Wisconsin Medical Home Initiative supported Tribal health agencies of Wisconsin to advance family-centered care coordination. The Title V team contracted with eight Tribal health agencies, while technical assistance was provided through a joint effort between Wisconsin Medical Home Initiative and Title V. Each of the eight teams chose a project idea based on a community-driven priority. The focus of the teams continued 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% satisfaction and ‘excellent’ review of the calls, with 100% of participants reporting that they felt they had the opportunity to participate. In review of the activities done through this project, Forest County Potawatomi Health and Wellness Center shared:

> “I’m excited about upcoming events we’re planning with community partners. These events are a chance to engage directly with families, answer questions, and offer support in person. Overall, this role has given me the chance to do the work I’ve always been passionate about – and I can already see the positive impact it’s having within the community.”

To connect families to needed supports and services, provide consultation and support through easily accessible information to families and providers.

In 2025 the Wisconsin Wayfinder webpages received more than 55,000 views by more than 32,000 people. In addition, two videos on YouTube about Wisconsin Wayfinder received almost 1,000 views. In 2025, 790 forms were completed, while there were 729 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 1,505 contacts with families of CYSHCN. The Children’s Resource Centers provided 2,378 referrals to 1,393 unduplicated CYSHCN, as often more than one service 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, 54% of those receiving at least one referral had already received at least one service, which is an evidence-based strategy measure. Additionally, through their contacts with families, conversations about medical home took place during 690 contacts. The other top information topics discussed were community resources, financial resources, education, and emotional and mental health. The most frequent referrals were for the Children’s Long-Term Support program, behavioral and mental health care, health care, health benefits, support for families, and advocacy. In addition, all contacts are asked how they heard about the Children’s Resource Center. Of those who answered the question, 39% heard about the Children’s Resource Center through Wisconsin Wayfinder, while 18% heard about it from a health care provider, and 13% had called before.

Information and referral contacts occurred throughout the state but were most concentrated in urban areas and around the CRCs.



Feedback was gathered from families regarding their satisfaction with the service they received from the Children's Resource Centers through a survey. Results indicated that 93% of families are satisfied with the service provided and that 93% would use the Children's Resource Center again. In addition, the Children's Resource Centers received feedback through emails and letters from families about the impact of the services accessed. Below are quotes from two families.



Children's Resource Centers also provide support to professionals and providers through consultation and technical assistance. In 2025 they provided 512 consultations. 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, with the most frequently discussed being community resources, behavioral and mental health, Wisconsin Wayfinder, financial resources, and health care. Across the 512 consultations provided, a total of 1,231 topics (duplicative) were discussed in 2025.

Advocacy services was one of the top referrals made by the Children's Resource Centers in 2025. The Wisconsin family-to-family health information center, Family Voices of Wisconsin, developed the Wisconsin Family Leadership Institute for parents with children with disabilities and special health care needs to improve family member advocacy skills. 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. In 2025, Family Voices trained 29 people from all five regions in Wisconsin, and 22 of them (76%) completed the entire series. Of the participants that completed the evaluation survey, 100% 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 67% of participants. The six-month post-session evaluation results showed the following:

- 100% agreed or strongly agreed they find themself 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
- 80% of participants have identified partners or allies to work on an issue with
- 91% of participants have recommended the Wisconsin Family Leadership Institute to others
- 100% 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. ABC provides direct family health benefits counseling services to families, which may mean assistance with past medical debt, applying for health insurance, or advocacy around health benefits. In 2025, ABC for Health worked with 80 families, which represented 297 family members, of which 118 were CYSHCN. The following de-identified story shows the impact of the advocacy services ABC provides:

> ”Josie (name changed) needed a medication compounded with a lotion. He has autism and refuses to take medications orally but can handle a lotion application. When the family’s circumstances changed, Katie Beckett [Medicaid] became Josie’s primary insurance, creating an obstacle to the lotion being covered. The family continually got denials from Forward Health, but without much detail on why the prescription was inappropriate. That’s when ABC for Health got involved, escalating the issue to the state policy team. Working with the family, the pharmacist, and the state, we were able to get the lotion approved.”

ABC for Health also provides community and professional education opportunities. Their online YouTube presence grew to 20,600 subscribers. Content shared in 2025 included 60 videos related to CYSHCN, including changes impacting Medicaid and BadgerCare policies, the federal budget, immigrant families, and social security programs. Finally, ABC for Health provided biweekly educational sessions to staff who work on programs in the CYSHCN Network. This allowed for other professionals to increase their knowledge of health benefits, while also strengthening partnerships and referral pathways. Feedback on these sessions has been overwhelmingly positive.

In 2025, 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 97 professionals completed at least one of the trainings in 2025. The Genetics System Integration Hub began collaborating with the newly established Baby Badger Network in 2024. The Baby Badger Network is a statewide initiative that expands access to rapid whole-genome and exome sequencing for critically ill newborns in community NICUs. Operating via a hub-and-spoke model, it connects regional neonatologists with genetics experts at the University of Wisconsin-Madison and the Medical College of Wisconsin. In 2025, this partnership launched a new pilot training program to increase access to this testing in level III neonatal intensive care units called the ‘Baby Badger Network Extension for Community Healthcare Outcomes Genomic Sequencing for Critically Ill Neonates’ in eight pilot level III neonatal intensive care unit sites. The pilot included educational sessions presented by genetic subject matter experts and case presentations. 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.

In 2023, Connecting Families launched as a network of peer support for families of CYSHCN across Wisconsin. Families looking for peer support can contact Connecting Families to learn about their options. Connecting Families has worked to develop and maintain family peer support resources that are specifically designed to address the needs of families who face additional barriers to accessing appropriate support, including those with children who have medical complexity, those with children who are deaf or hard of hearing, and those that live in rural areas. A total of 127 families contacted the network in 2025, with 100% receiving follow-up and 89% receiving information about one or more support options. In addition, there were 105 direct referrals to Parents Reaching Out, a group for families of children who are deaf or hard of hearing. 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 directly providing peer support to parents, called support parents. In 2025, there were a total of 17 support parents that represent the higher needs family groups. Connecting Families staff facilitated ten training

activities in 2025 to provide the support parents with spaces for technical assistance reflecting, processing, and relationship-building. Below is a quote from a support parent about the training activities.



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 support necessary to transition to adult health care. In choosing to address this national performance measure, Wisconsin's main goal is to increase the percentage of children with special health care needs in Wisconsin, ages 12 through 17, who receive the services and support necessary to transition to adult health care from 20.5% to 23% (a 10% improvement) by 2025. The baseline percentage (20.5%) is drawn from the 2017-2018 National Survey of Children's Health. Wisconsin has exceeded the target of 23% and is greater than the national average (22%), where in Wisconsin 29% 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 2023-2024).

Evidence-based Strategy Measure	2022	2023	2024	2025
Percent of children's resource center information and referral staff who report competence in explaining youth health transition concepts	86%	100%	89%	87%
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%	99%
Percent of systems or practices that have a transition policy or guideline (formal written commitment)	50%	Not collected	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), School Nurse Fact Sheet and other print materials; listserv posts; social media videos; and the website. In 2025, the website had 3,002 users. They posted 1-2 times per day on Facebook in 2025 with 223 followers. The majority

of electronic outreach was conducted through the listserv, which goes to 493 contacts.

As mentioned in the medical home section of this report, a medical home and youth health care transition competencies assessment was conducted in 2025. In the competency self-assessment, there were 21 questions related to youth health care transition knowledge and skills. Among children's resource guides with at least one year experience, 87% were at least 50% competent, that is competent or proficient on at least 11 of the 21 items, which is the evidence-based strategy measure. Moreover, 40% 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 2025, three curricula for families and community professionals were offered in collaboration with the Youth Health Transition Initiative: Build Your Bridge, Dreaming Differently, and Bridging the Gap. Overall, 270 professionals participated in a total of 25 training sessions, with nearly all reporting positive reviews of the training materials. The evidence-based strategy measure showed that 99% of training participants who completed evaluations had a change in knowledge, skill or behavior. In addition, a curriculum called Closing the Gap was offered to health care providers. One session of this training was held with 75 health care provider participants. Details about the focus of each of the four curricula and a summary of training outputs are included below:

- 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' settings.
- 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
Build Your Bridge	9	83
Dreaming Differently	0	0
Bridging the Gap	16	187
Closing the Gap	1	75
Total	**26**	**345**

Below are quotes from two attendees of a Build Your Bridge session that reflect what they are going to do differently after receiving this training.



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 maintains collaborative efforts with other adolescent health groups and networks to align, share, and incorporate youth health transition messaging and program initiatives. In 2025, the group partnered with more than 22 Wisconsin entities to co-develop resources and events, cross-promote services, and serve in advisory roles, among other efforts.

From February 2024 to January 2025, Wisconsin received technical assistance from the Maternal and Child Health Bureau (MCHB), a U.S. federal agency within the Health Resources and Services Administration (HRSA). The Wisconsin Youth Health Transition Initiative worked with the National Alliance to Advance Adolescent Health/Got Transition, which is the national resource center on health care transition (HCT) and the Wisconsin CYSHCN program to embed health and health care into the individualized education program. An individualized education program is a legal document that outlines special education services, supports, and goals for students with disabilities under the Individuals with Disabilities Education Act (IDEA). Embedding health care transition information into an individualized education program is crucial to prepare students with special health care needs for the legal, medical, and personal responsibility of adult health care. The goal of this technical assistance was to improve collaboration between the Wisconsin Title V program and Wisconsin Department of Public Instruction to support the transition for these youth from school to adult life as part of their overall health care transition. Some of the notable accomplishments from this work include:

- Worked with the Wisconsin Department of Public Instruction's Health and Safety Consultant, to develop a comprehensive, resource-rich webpage and information sheets to empower school nurses and educators to actively promote health care transition and integrate it into IEP and post-secondary planning.
- 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.
- Worked with the Wisconsin Department of Public Instruction to improve language on their Health and Safety for Students with Disabilities resource's website.

Another notable accomplishment from the technical assistance work with Got Transition centers around the Wisconsin Indicator 14 Survey, which is a post-school outcomes survey that assesses the education and employment outcomes of students with disabilities one year after leaving high school. It helps track IEP success in transitioning students to higher education or competitive employment. With guidance and support from the Wisconsin CYSHCN program and Got Transition, YHTI staff provided ideas and recommended language to add two health transition questions to the Wisconsin Indicator 14 Survey. These questions were included in the 2024-2025 Wisconsin Indicator 14 Survey. Survey results were received from the Wisconsin Department of Public Instruction in late 2025. It is important to note that 19% of former special

education students were enrolled in higher education and did not receive the health transition questions. Also, the survey could be completed by the former student or by a parent or guardian.

- About half (51%) of respondents stated the former special education student has taken at least some responsibility for their health care. Most understand their own health and when to seek care (82%), make their own health care decisions (61%), schedule their own health care appointments (59%), know when and how to take their medication (55%), and communicate with their health care team directly (via MyChart or in-person) (51%).
- About a quarter (23%) of respondents stated the former special education student has not taken any responsibility for their own health care. The main reasons for not taking responsibility for their health care are that their guardian and/or proxy handles this (56%), they are unaware of how to do these things without help (21%), and they are not interested in doing these things (6%). In addition, 7% of respondents specified other reasons not listed in the question for not taking responsibility for their health care. The most common other reasons mentioned were being on parent's/guardian's insurance, parent (mostly mother) usually takes care of it, or no need to see a doctor. Several former students were incarcerated, and others noted multiple housing changes and strained family relationships that affected their health care roles. Importantly, a number of respondents commented on plans to start working on taking more control over health and navigating health care, with the help of others.

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 health care systems regarding referrals and resources, including community factors that influence health outcomes.

The Family Foundations Home Visiting program is Wisconsin's version of the Maternal Infant and Early Childhood Home Visiting (MIECHV) Program. In 2025, the CYSHCN program continued to strengthen collaboration and partnership with Family Foundations Home Visiting, through sharing of information, resources and referrals with the managers and supervisors of home visiting programs in April 2025. Additionally, in June of 2025 the CYSHCN program staff met with home visitors, Family Resource Center staff, parent educators, perinatal care coordination providers, child welfare providers, and county human service providers, and other related types of professionals to share information about how to access the free service navigation hotline Wisconsin Wayfinder. 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.

National Performance Measure: Medical Home—Overall	
Objective	Increase the number of children who have a medical home, including children and youth with special health care needs
Strategies	Increase support for families of CYSHCN. Support providers to implement medical home practices. Increase support for CYSHCN in school settings.
Evidence-based Strategy Measure	Number of unduplicated organizations (i.e., 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.

According to the 2023-2024 National Survey of Children's Health, there are more than 334,000 children and youth under age 18 who 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.

Through the 2025 Title V Needs Assessment, the CYSHCN program identified three strategies to address gaps in services and supports for CYSHCN and their families:

Identified Gap	Strategy	Evidence-Based Strategy Measure
Families feel alone, overwhelmed, and as though they are constantly searching for resources.	Increase support for families of children and youth with special health care needs.	Percent of referrals resulting in services at the time of follow-up.
Families have received training on medical home practices but have limited ability to influence care. Providers have the authority to implement change but need additional support to do so.	Support providers in implementing medical home practices.	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.
Families and CYSHCN do not feel adequately supported within school settings; youth want more education about managing their own health and planning for the future.	Increase support for CYSHCN in school settings.	Percent of youth-serving providers who report a planned behavior change as a result of participating in training.

National Performance Measure Medical Home–Overall tracks the percent of children with special health care needs (ages 0 – 17) who receive medical care within the context of a medical home which is defined as accessible, family-centered, comprehensive, coordinated, compassionate, and effective at meeting community needs. Too many children with special health care needs lack access to this model of care.

Wisconsin's goal is to increase the percentage of children with special health care needs (ages 0 – 17) who have a medical home from 45.2% to 47.8% by 2030. The baseline number is drawn from the 2023-2024 National Survey of Children's

Health. Importantly, the National Survey of Children's Health has started using an expanded definition of CYSHCN. As a result, a higher percentage of children will be classified as CYSHCN than in the past.

Increase support for families of CYSHCN.

Research consistently demonstrates that parents and caregivers of CYSHCN experience elevated levels of stress compared to families of typically developing children. This stress manifests in multiple forms, including anxiety, depression, strain on relationships, impacts on employment and education, and financial hardship. The CYSHCN program has identified several approaches to meaningfully reduce this burden and better support families.

Family Advisory Committee

Wisconsin has worked in the medical home domain for many years, and progress has been gradual. Ongoing program evaluation showed that more consistent, intentional engagement of families of CYSHCN would substantially strengthen the program's impact. While contracted partner agencies receive regular programmatic feedback, and the five-year needs assessment process provides additional input, the program determined that a more structured and ongoing mechanism for centering family voice was needed.

Beginning in 2026 and continuing in 2027, the CYSHCN program, in collaboration with Family Voices of Wisconsin, is supporting a CYSHCN Family Advisory Committee. The committee includes 11 parents, caregivers or siblings of CYSHCN and two adolescents who identify as having special health care needs. By centering the people with these experiences in program planning and decision-making, the CYSHCN program aims to develop a deeper understanding of the real-world impact of state-level activities and programs and to more effectively increase the proportion of CYSHCN who have a medical home.

Children's Resource Centers

The Wisconsin CYSHCN program will fund five Children's Resource Centers – one in each of the five public health regions of Wisconsin - to provide direct support to families of CYSHCN and the professionals who serve them. Many of the Children's Resource Center staff will have personal experience raising a child or family member with special health care needs. All services are free and confidential and encompass a range of topics, including:

- Communicating with schools and navigating the special education system
- Facilitating parent-to-parent connections and peer support
- Providing information on specific diagnoses and conditions
- Identifying local, regional, and statewide services and resources
- Locating primary care, specialty, and dental care providers
- Supporting transition planning to adult health care and community settings
- Understanding health insurance benefits and coverage options

The evidence-based strategy measure for this work is percentage of referrals resulting in services received upon follow up. This measure was selected to capture the tangible impact of those services. The program's goal is for at least 50% of referrals to have resulted in services received by the time of follow-up. Additional accountability metrics will include:

- Number of contacts to Children's Resource Centers, by region, topic, month, and demographics
- Percent of children receiving referrals who obtain at least one service by the time of follow-up
- Number of professionals receiving consultation or technical assistance

Wisconsin Wayfinder

Wisconsin Wayfinder was launched in late 2023 and it relies on the basic infrastructure of the Children's Resource Centers but serves as a single access point to simplify the experience of families trying to connect to services. This program unifies all five Children's Resource Centers under one brand, toll-free phone number, and website. Wisconsin families of CYSHCN now have an easier way to identify, navigate, and access needed resources. The CYSHCN program will continue to support

the following key features of this project in 2027:

- A family and user-friendly website, an online contact pathway, and single toll-free phone number (1-877-WISCWAY), hosted by the Wisconsin Women's Health Foundation, that lets families connect with real people at the Children's Resource Center in their area and supports the caller in identifying and connecting with the essential services 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 within the Department of Health Services, along with the Department of Public Instruction and the Department of Children and Families.

Peer Support Programs

Research has well documented the positive impact of peer support programs for families of CYSHCN. Because the needs of CYSHCN families are varied and constantly evolving, effective peer support must be flexible, adaptive, and designed in partnership with families, caregivers, and CYSHCN. The CYSHCN program will support one organization in each of the state's five public health regions to establish and sustain peer support options for family members of CYSHCN. The regional model is intentional, as it allows each organization to respond to local needs and community context.

A recognized challenge in peer support work is sustainability. Individuals who provide peer support and those who they support often have significant competing demands, including employment, family responsibilities, and their own caregiving roles. As a result, peer support programs in Wisconsin and nationally have sometimes been difficult to sustain over time. To address this, the CYSHCN program will partner with the University of Wisconsin, Waisman Center, University Center for Excellence in Developmental Disabilities, and their Connecting Families program to provide training, problem-solving support, and ongoing technical assistance to individuals facilitating peer support. This initiative will include contracted regional partners and other interested individuals. The goal is to build the infrastructure needed to sustain high-quality, well-supported peer connections that are responsive to the needs of CYSHCN families.

Additional family support activities

The following partners will provide supplemental support under the 'Increase support for families of CYSHCN strategy':

Advocacy and Benefits Counseling (ABC) for Health: ABC for Health, Inc. is a nonprofit public-interest law firm that is dedicated to ensuring health care access for children and families, particularly those with special needs or who are at risk. They provide health benefits counseling, coordination, and support for CYSHCN and their families. They also provide education, training, and technical assistance to the staff of the Children's Resource Centers.

Family Voices of Wisconsin: Family Voices of Wisconsin is Wisconsin's family-to-family health information center. This organization supports the voice of families in decision-making, leadership, advocacy, and systems change. Their work will involve organizing statewide learning opportunities and publishing fact sheets on topics relevant to the CYSHCN population such as Medicaid and health transition. They also developed the Wisconsin Family Leadership Institute for parents of CYSHCN to help participants gain advocacy and leadership skills and confidence. Family Voices of Wisconsin will also oversee the planning, preparation, and coordination of statewide events for organizations in the CYSHCN Network to convene in-person twice per year.

Wisconsin Women's Health Foundation: The Wisconsin Women's Health Foundation operates the Well Badger Resource Center which is a free, confidential Wisconsin-based health information and referral service, acting as a one-stop shop for finding community, social, health, and government programs. They also host an online service directory that vets the more than 9,000 resources included on an annual basis to ensure their information is updated and accurate. They also host the Wisconsin Wayfinder phone line, navigating any calls for someone with a special health care need to the Children's Resource Centers.

Tribal Health Centers: Federally recognized Wisconsin Tribal Nations, including the Gerald L. Ignace Indian Health Center, can opt in to receive Title V funding to strengthen medical home practices in their communities. Each community will identify

gaps in access to care, coordination of care, and education for children and youth with special health care needs, their families, and providers. Utilizing this information, each community will self-select and implement strategies to increase awareness of resources for CYSHCN and/or develop CYSHCN programming.

Support providers to implement medical home practices.

Historically, the CYSHCN program focused its medical home strategy on training families to advocate for and navigate medical home elements for their child. While this work was valuable for some families, the program has since recognized that this approach placed a disproportionate burden on families to drive system-level change. In 2027, the CYSHCN program will reposition this strategy to work directly with and on behalf of health care providers within hospitals, clinics, and health systems. Another change to the work Wisconsin has historically done around medical home is that the measure will now focus on improving medical home for all children, not just CYSHCN.

The program's commitment to this work will be demonstrated through the following evidence-based strategy measure: increasing 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. This measure was designed to offer flexibility across the five-year grant cycle. Some partnerships will develop more quickly than others, and programming in the early years of the cycle is intended to spark broader collaboration in later years. The specific nature of those future collaborations is not yet fully defined, which is reflected in this flexible framing.

Wisconsin Collaborative for Healthcare Quality

In 2027, the CYSHCN program will be working with the Wisconsin Collaborative for Healthcare Quality to better understand current medical home practices in Wisconsin health care systems and to identify opportunities for improvement. The Wisconsin Collaborative for Healthcare Quality is a voluntary member collaborative made up of health systems with hospitals and clinics; small, rural hospitals; a staff model health plan; community health centers; a statewide network of free and charitable clinics; independent physician groups; and dental practices. Wisconsin Collaborative for Healthcare Quality members represent more than 75% of Wisconsin's primary care providers, which includes over 5,000 primary care physicians, advanced practice providers and physician assistants. The members are actively engaged in quality improvement activities and participate in projects that improve patient care and outcomes.

The Wisconsin Collaborative for Healthcare Quality will conduct an analysis of CYSHCN health care experiences in Wisconsin and provide guidance on how health providers are implementing, or could implement, medical home practice changes. This information will help the CYSHCN program identify current strengths and gaps to determine how the CYSHCN program can have the largest impact.

Gundersen Lutheran Medical Center – Rural Pediatric Access

Geographic isolation and rural poverty represent significant barriers to medical home access for CYSHCN living in the least-resourced communities of Wisconsin. Many rural communities face elevated poverty rates, severe provider shortages, and transportation challenges that further limit access to pediatric care. Although varied by location, within Gundersen Lutheran's service area, these challenges are pronounced:

- 80% of pediatric patients live more than twenty miles from the tertiary care hospital and specialty clinics in La Crosse, Wisconsin
- 60% of pediatric patients receive primary care at regional clinics
- Child poverty varies across the service area and ranges from 11-20%
- Up to 10% of families do not have access to a vehicle, and due to the rural nature of the service area, families typically need to travel farther and are less likely to have access to public transportation or ride share services.
- Between 10-20% of children are not up to date on vaccinations

In 2027, the CYSHCN program will continue collaborating with Gundersen Lutheran Medical Center, part of Emplify Health, to improve pediatric access to a medical home for uninsured and underinsured children, including CYSHCN, in rural areas of western Wisconsin. Gundersen will utilize a pediatric-focused mobile health unit to deliver immunizations, well-child visits, sports physicals, and acute care services at accessible community locations such as school parking lots and

playgrounds. This model is designed to meet families where they are, reduce geographic and transportation barriers, and provide referrals and support to improve future health care access for this population.

Baby Badger Network – Genomic testing access

Wisconsin faces a long-standing workforce shortage of medical geneticists, which has significantly limited access to genomic testing - even for newborns at the highest clinical risk. Genomic testing in the neonatal intensive care unit can identify genetic disorders causing disease in newborns, enabling medical teams to personalize treatment plans, predict future health risks, and improve outcomes for critically ill infants. For families, this testing also provides information about the risk of genetic conditions for future pregnancies.

Wisconsin has two Level IV neonatal intensive care units, located in the two largest metropolitan areas of Wisconsin, that provide genomic testing services while infants are inpatient. Critically ill infants admitted to a Level IV neonatal intensive care unit benefit from:

- Genetic consultation, often within hours of admission
- Comprehensive genomic testing, typically within days
- Genetic diagnosis, often within two weeks
- Timely modifications to medical care, including earlier discharge in some cases

Wisconsin also has 17 Level III neonatal intensive care units and eight Level II neonatal intensive care units. These facilities do not have medical geneticists on staff, meaning infants often must be transferred to larger medical centers in Milwaukee or Madison to access genetic services. When transfer does not occur, infants may experience delays in diagnosis, multiple redundant diagnostic tests, extended hospital stays, increased family hardship, and higher overall health care costs.

To begin to address this significant access gap, the CYSHCN program will collaborate with the University of Wisconsin, School of Medicine and Public Health, Department of Pediatrics and the Medical College of Wisconsin. These health systems have partnered jointly to address this gap as the Baby Badger Network. Baby Badger Network will provide education, training, and technical assistance to Level II and III neonatal intensive care unit providers and non-genetics clinical staff. This initiative will build a statewide network of neonatal intensive care unit providers and genetics professionals, and create ongoing opportunities for collaboration, learning, and problem-solving on behalf of this vulnerable population. Program data will include the number of providers trained, infants screened, and genetic tests completed.

Increase support for children and youth with special health care needs in school settings.

Wisconsin families with CYSHCN often interact with their child's school as frequently as, if not more, than their health care providers. Through the needs assessment process, the CYSHCN program heard from families and youth about persistent gaps in school staff training, limited youth health education, and the desire for spaces and programs that are explicitly centered on the needs and voices of young people with special health care needs.

Providers And Teens Communicating for Health (PATCH)

In 2027, the CYSHCN program will collaborate with Embolden WI's **Providers And Teens Communicating for Health (PATCH)** program to train, educate and empower CYSHCN across Wisconsin to manage their own health care and educate peers on health-related topics. PATCH will also deliver professional development for school staff, youth-serving organizations, and health care providers to promote high-quality, youth-friendly, and disability-affirming services. PATCH was founded in 2010 and has since become an international leader in youth engagement in health settings. The PATCH Teen Educator Program is recognized as a "Best Practice" by the Association of Maternal and Child Health Programs, and the Teen Consulting Program is celebrated as a "Promising Practice."

Continuing in 2027, PATCH will adapt its existing programming to ensure that the voices and experiences of CYSHCN are meaningfully represented across all aspects of its work. This will include the development of a dedicated statewide PATCH

Teen Educator team composed entirely of teens with special health care needs, providing a model in which CYSHCN serve as peer health educators for their own communities. PATCH will also develop an updated version of its “PATCH for Providers” workshop that more deeply explores the health care experiences of CYSHCN and equips professionals with practical strategies for delivering youth-friendly, inclusive care to youth with diverse medical needs. The impact of this work will be measured through the evidence-based strategy measure – percent of youth-serving providers who report a planned behavior change because participating in training.

Additionally, Gundersen Lutheran Medical Center’s pediatric mobile health unit brings immunizations, well-child visits, sports physicals, and acute care directly to convenient locations like school parking lots and playgrounds. By meeting families where they are, this initiative eliminates transportation barriers and supports the overall well-being of all children, including those with special health care needs, while providing the referrals and support necessary for long-term health.

Summary

The 2027 plans for the CYSHCN program outline a strategic initiative to enhance health and well-being for children and youth with special health care needs and their families by addressing service gaps identified in the 2025 Title V Needs Assessment. Through a commitment to improving services and supports both for and directly with families and by targeting the systems they interface with, the CYSHCN program will increase the number of children who receive care within the context of a medical home and ultimately improve the quality of life for all children, including CSYHCN, and their families.

Cross-Cutting/Systems Building

State Performance Measures

SPM 1 - Percent of children living in supportive neighborhoods.

Measure Status:	Active

State Provided Data		
	2024	2025
Annual Objective		
Annual Indicator	59.2	61.8
Numerator	713,566	742,555
Denominator	1,204,836	1,201,594
Data Source	National Survey of Childrens Health	National Survey of Childrens Health
Data Source Year	2022	2024
Provisional or Final ?	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	2025
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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	60	7	8	9	10
Annual Indicator	0	77.3	76.4	80.4	74.6
Numerator	0	2,615,764	2,803,995	3,093,606	2,844,038
Denominator	100	3,382,082	3,668,434	3,849,504	3,810,830
Data Source	NA	Wisconsin Behavioral Risk Factor Surveillance Syst	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	2024
Provisional or Final ?	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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	60	70	80	90	100
Annual Indicator	63.6	63.6	63.6	63.6	63.6
Numerator	7	7	7	7	7
Denominator	11	11	11	11	11
Data Source	Title V State Action Plan	Title V State Action Plan	Title V State Action Plan	Title V State Action Plan	Title V State Action Plan
Data Source Year	2021	2022	2023	2024	2025
Provisional or Final ?	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

In Wisconsin, the number of adults and youth who feel socially connected has declined in recent years. In 2023, 18% (17 of 96) of local and Tribal health agencies chose to work on the social connections objective.

According to 2024 data from the CDC’s Behavioral Risk Factor Surveillance System (BRFSS), currently, 74.6% of adults report that they usually or always get the social and emotional support they need. In addition, 69.1% of adults report that they rarely or never feel lonely. According to the 2023 Wisconsin Youth Risk Behavior Survey, 53.6% of high school students agreed or strongly agreed that they belong at their school.

Measure	2024 Data	2025 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)	74.6% (2024 Behavioral Risk Factor Surveillance System)

Supporting Measures

Measure	2024 Data	2025 Data
Percent of adults report that they rarely or never feel lonely	71.2% (2023 Behavioral Risk Factor Surveillance System)	69.1% (2024 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)	53.6% (2023 Wisconsin Youth Risk Behavior Survey)

Overall reflections

Due to environmental and social barriers like lack of transportation, long winters and severe weather, and economic stress, many Wisconsinites are lacking meaningful social connection, which can lead to increased risk of adverse health outcomes. Wisconsin’s Title V program incorporated 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 third year working to advance Social Connections was an option for local and Tribal health agencies.

Title V staff continued to lead and host quarterly learning community calls for participating agencies. Agencies were asked to assess the need for social connections work, prioritize partnerships and community engagement, and to develop and implement an action plan to support social connections.

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.

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 and their resources were shared to help enhance the local social connections projects.

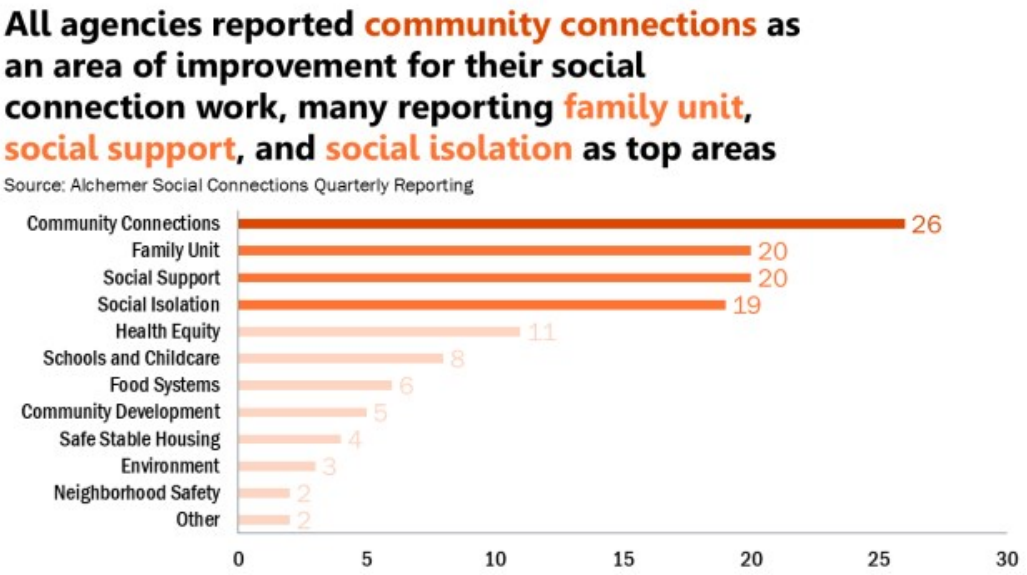
Learning community calls focused on sharing local, state, and national resources and highlighting programs that would inspire and inform local health agencies. Quarterly learning community calls were rich in discussion and collaboration. During the first call, Title V staff reviewed available resources including The State of Social Connectedness in Wisconsin. Local agencies shared their plans for improving social connections in their communities. The second quarter learning community call focused on social connections and youth. The Title V Child and Adolescent Health Unit presented Connect With Me (CWM) Cards, a tool to help facilitate connection with adolescents. The Office of Children's Mental Health presented their strategic focus on Social Connectedness of Youth – The One Thing. The third learning community call presenter was the Native Breastfeeding Coalition of Wisconsin with Supporting Lactation and Social Connections. This presentation emphasized how creating a support network with the Tribal communities helped to support breastfeeding. The final learning community call was held in November during Social Connection Awareness Week with a presentation from the Wisconsin Coalition for Social Connection sharing their resources for Social Connection Awareness Week. The wrap up discussion focused on how to sustain social connection efforts as this was the final year that the social connection objective was offered.

Each learning community call included sharing resources, reporting out on progress, facilitators and barriers and focusing on making connections. Learning community calls were recorded and shared with the participants. More than 98% of participants strongly agreed or agreed that the learning community calls were valuable and several share positive comments, including:

> "It was great information. I love the opportunity to learn what other agencies are doing. I also learned new ways to utilize grant funding that I wouldn't have thought of for this objective."
> "I appreciate the project sharing and learning from each other. Also appreciate that those who weren't able to attend were still able to learn from the recording."

Work with local and Tribal health agencies to assess the need for improvement of social connections within their community.

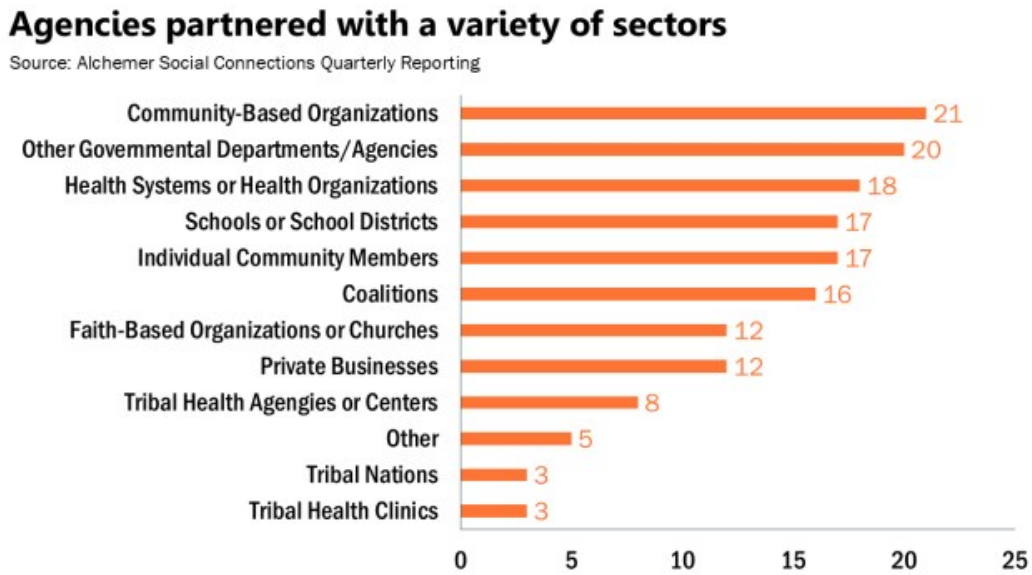
Twenty-six agencies selected to work on social connections, including one Tribal agency. All agencies were required to enhance community engagement to inform, develop and implement social connections and activities, collaborate with community partners to promote social connections and attend learning community calls. Social connections work aligned with the Title V Needs Assessment under the following areas of improvement:



Agencies selected one or both of the following strategies:

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

Agencies that selected strategy 1 assessed the need for improvement with social connections within their community using the following: community health assessment (84.6%), community improvement plan (73.1%), community feedback outside of a formal assessment (53.8%), and needs assessment (11.5%). Other assessment methods included focus groups, strategic planning, impacts of COVID-19 seclusion, and analysis of state-level data including Youth Risk Behavior Surveillance, Wisconsin's Office of Children's Mental Health, and Wisconsin Coalition for Social Connection. Using the results of their assessment, agencies worked with local partners to develop an action plan to address social connections. Agencies reported working with the following partners:



Agencies that selected strategy 2 focused on the implementation of their action plan and practice change. Action plans varied widely to meet the needs of each community. Agency plans included:

- Social media posts to educate the community about how social connection impacts health.
- Collaboration with multiple partners to increase social connections at local events.
- Support for health department staff with employee events.
- Support groups for postpartum parents and at-risk youth.
- Family-focused educational events including cooking classes, painting classes, mindfulness workshops and an annual West Allis Hope Walk to increase social connections and decrease isolation.
- Lactation support group at the library and private schools in collaboration with the local hospital.
- Welcoming kits for new babies that included educational materials and resources.

Agencies were required to conduct outreach and to recruit and sustain partnerships. Agencies reported these activities included:

- Consistent, active communication 96.2%
- Using existing and longstanding relationships 92.3%
- Inviting partners to join hosted events 76.9%
- Attending existing events 73.1%
- Planning and hosting collaborative events 73.1%
- Media campaigns or marketing 65.4%
- Developing collaborative plans or approaches 61.5%
- Establishing ongoing, regular meetings 53.8%
- Integrating partner or community needs in plans/approaches 53.8%

One agency reported great success in building partnerships:

> "With us being in the third year of this grant, we have already formed multiple partnerships and will continue to build on those and expand where we feel is needed. Many of these partners I am in consistent communication with via email, phone, and in person meetings to discuss the events we are collaborating together on for the community. We have multiple meetings throughout the year to discuss the events we are planning and ensure that we are all on track to host a successful event for the community. Some of these partners are part of our existing Community Health Improvement Plan (CHIP) Action Teams so they attend quarterly meetings where we discuss different ways we can connect with the community. We will continue to utilize existing partnerships we have made with the school district, library, and Hunger Task Force and also tap into their reach with families in our community. Almost all of the events we host for the community are a collaborative effort between partners and we all have a vested interest in improving the connections in our community."

Agencies reported that they implemented the following activities with their partners: Hosted or attended community events (96%), provided educational packages or resources for other organizations, policy makers or citizens (56%), implemented social media campaigns or marketing (48%), and implemented educational or support group sessions like parent cafes, mental health or breastfeeding (44%). Agencies developed educational and promotional resources to support increasing social connections. Resources included surveys to assess ongoing need for social connections, social media posts and educational flyers/brochures. Strong partnerships positively impacted agency efforts (96.2%), along with staff interest (84.6%), and alignment of efforts or priorities (61.5%).
The social connection objective ended in 2025. Social connection efforts were still noted as a high priority in the Needs Assessment and will continue on within competitive grants.

State Performance Measure 04: Percent of performance measures with family, youth, and community engagement embedded into program and policies

Many factors influence an individual's life. Beyond whether a person can see a doctor or if they have health insurance, these factors also include where an individual works; how much education they have; how much money they make; how safe their homes are; and whether there are safe places to play and connect as neighbors. Health is not determined only by individual choices and decisions alone. It also includes a person's unique histories, policies, systems, and institutions. These are all factors which contribute to and perpetuate poor health outcomes in Wisconsin.

Continue to identify roadblocks to operationalizing community engagement and community health to then develop opportunities to address them.

In 2025, Wisconsin's Title V program continued to support local agencies in their efforts to optimize family health outcomes and reduce health differences. Agencies were provided with individualized technical assistance instead of requiring a standardized approach to community engagement, through a partnership with Smith Research and Consulting. The shift toward individualized support has focused on context-specific goal setting and offering resources to break down silos, help leverage existing partnerships/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.

Quarterly learning community calls were hosted by Smith Research and Consulting and focused on building collaborative, sustainable community partnerships. Smith Research and Consulting offered support navigating fiscal and organizational changes to provide grantees information and resources.

Many agencies shared that they experienced barriers engaging communities during times of complexity. These calls allowed time for agencies to share unique perspectives while developing well-coordinated responses to those community challenges. Smith Research and Consulting offered guidance identifying realistic goals and action plans. Some of the goals included enhancing program design and increasing attendance, creating trusting relationships and safe places to gather, creating advisory committees to promote community needs, and developing Fetal Infant Mortality Review data reports to

promote program and policy advocacy.

Technical assistance mainly focused on supporting the grantee goals established during the quarter one programmatic planning phase. Grantees experienced challenges around staff retention and communicated that high staff turnover was lowering staff capacity to implement engagement strategies. Grantees continued efforts to engage community partners even if they were not yielding high attendance rates. Local health departments coordinated reserving time and space with partners to codesign and host community engagement activities, with goals to increase attendance and work with partners to provide resources.

Increase family, youth, and community member participation in ongoing needs assessment activities, including providing data sharing and feedback opportunities to partners.

An overarching goal of Wisconsin's Title V program is to increase family, youth, and community participation to improve maternal and child health outcomes. By building a robust partner network, the Department of Health Services gathers community feedback to co-develop strategies that identify resource gaps, eliminate barriers to care, and strengthen referral protocols. This collaborative approach allows the Title V program to collect input from community members to improve systems thinking and incorporate storytelling and local experiences to develop tailored, community-led solutions. Elevating these diverse voices ensures public health programs are effectively designed and facilitated to improve broader systems of care.

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. Two organizations that received funding to focus in this area of work were Cia Siab 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. A core guiding principle for Cia Siab, Inc. is the idea that those most impacted by a problem or type of injustice should have support to guide and lead the work of addressing it aligned well with initiatives for this project. Cia Siab, Inc. utilized the project's focus support group platform to enable for the full spectrum of opinions, ideas, and culturally appropriate feedback from clients via small group conversations in an environment that built relationships, community, and foundational support by and for each other. Cia Siab, Inc. frequently made adjustments to their program as a direct result of this feedback. For example, in Quarter 3 of 2025, the organization experimented in bringing together mothers and teenage daughters together in a session that focused on strengthening and utilizing the already strong cultural role of mothers as protective parents for youth victims of domestic and dating violence. This pilot idea was a huge success that encouraged Cia Siab, Inc. to make additional changes for their last maternal child health support group. This session brought together a construct of elders and teenagers to pair up to participate in activities of guided conversations and oral history.

Cia Siab's Family, Youth and Caregiver Engagement Grant focused on two main objectives:

- **Project Objective #1:** Collect information about youth, parent and caregiver experiences regarding preconception health, pregnancy, childbirth, and caretaking.
- **Project Objective #2:** Develop a perinatal series that will support parents and care givers through a variety of conversations and educational opportunities that will help program participants develop strong, positive cultural identity development, learn more about community resources.

Cia Siab, Inc. recruited eighteen individuals to participate in two cohort support group activities. Cohort 1 occurred from July to August 2025, and Cohort 2 from October to December 2025, totaling fifteen support group sessions. Each session included a focused topic, round trip transportation, on-site bilingual childcare, and a freshly cooked HMoob meal. The program had initially intended to provide a stipend to all focus groups, but the first cohort opted to receive in-kind support for their participation, receiving supplies to sew traditional HMoob outfits for themselves and their children in preparation for the La Crosse Hmong New Year celebration in September of 2025. Cohort 2 did receive their stipends as initially planned. The program contracted with The Parenting Place to provide interpretation and translation services for Hmoob families. This has proven an important partnership to maintain, building a familiar strong relationship for families as they offer Birth-to-Three

programming and other family support.

Cia Siab, Inc. continually revised their 8-week curriculum based upon feedback received from clients and staff following each cohort completed. They expanded their curriculum to offer a sewing-based cohort and an intergenerational group composed of teenagers and elderly. The revised curriculum included activities, guided conversation topics, information and referral contacts on topics related to pregnancy, childbirth, and caregiving. The intergenerational group that took place in October through December included an oral history component that delivered unique opportunities for elders to share their family stories with young people and opportunities for sharing information about family planning, birth, and caretaking.

Cia Siab, Inc. also hosted a bilingual Maternal Health Innovation Community Conversation that focused on "Access to Quality Healthcare" allowing support group participants an additional opportunity to share their experiences related to pregnancy, childbirth, and postpartum care. The experience was very powerful for both clients and staff.

The most enduring success of the maternal child health program participation over the past three years for Cia Siab, Inc. has been the building of relationships between participants and Cia Siab's staff. This enables intentional future planning of activities to continue to help people connect with one another on a deeper level providing a space for confidential conversations where women of all ages feel heard, seen, and supported.

The Public Health Madison Dane County (PHMDC) Nurse Family Partnership Program is a free nurse home visiting program that supports moms and birthing people in Dane County, Wisconsin from pregnancy until their child is two years old. These nurses provide personalized support and partner with families in areas such as pregnancy and birth, child development and health information, and finding needed community services. This program supported 286 families in 2025. Public Health Madison Dane County partners with contracted doulas to increase access and decrease barriers to receiving doula services with the goal to improve maternal and child health outcomes during the prenatal and postpartum period and to reduce maternal and infant mortality rates in Dane County, Wisconsin.

The Public Health Madison Dane County family engagement grant focused 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 and child health outcomes.

PHMDC contracted three Nurse Family Partnership (NFP) program graduates to work as Community Advisory Board (CAB) Coordinators. Four community advisory board meetings were conducted throughout 2025, work throughout the grant focused on documenting feedback to improve the Nurse-Family Partnership services and improved maternal child health issues in Dane County, Wisconsin. In 2025, their work concentrated on continuing to build out the doula contract process, doula bios, and Doula Standard Operating Procedures.

1. Provide Doula contracting to support families – Work on this grant enabled exploration of Doula contracting needs and expansion of postpartum doula support in order to provide a more streamlined process and better support families. A total of 12 individual clients received services through this grant for both English and Spanish speaking doulas. During the year a doula who speaks Spanish was no longer able to contract with PHMDC. Instead of recruiting an additional doula, PHMDC contracted directly with another local organization, Roots4Change, to meet the need for a Spanish speaking doula service provider.
2. Maintain Doula Bios – As staffing, contracts, and partnerships change PHMDC works with their communications team to make updates to the Doula bios on their webpage.
3. Finalize the Doula Standard Operating Procedure – The final draft was completed in November of 2025 and then shared with Nurse Family Partnership team, the FIMR staff, the contract manager, contracted doulas, and additional community doulas for a full review of the standard operating procedures and discussed the collaboration. Comprehensive review of the Doula Standard Operating Procedure included: NFP nurse referral process, Doula referral and enrollment process, return on investment and payment procedures, logistics and doula availability Sheet, nurse and doula ongoing communications and space held for reflective conversation about the collaboration (strengths and challenges).

Project Objective #2 - Foster relationships and increase social connectedness among Nurse Family Partnership and Prenatal Care Coordination families and graduates. To achieve this goal, Public Health Madison and Dane County hosted

three diverse community gatherings in 2025 and collected feedback through an end-of-year coordinator survey.

1. Host Casual Community Meet-Up Events – PHMDC hosted 3 meet-up- events throughout 2025, totaling 137 people in attendance.

   February “Bring A Little Sunshine to Winter” Potluck Event - The first hosted event was a potluck for families and recent nurse family partnership program graduates themed “Bring A Little Sunshine to Winter” grads that aimed at fostering new and existing connections. The event was held at Public Health Madison and Dane County’s Atrium community space. The event included an abundance of potluck food, a sunshine themed photo booth (with props!), a small vision board station, and children's activities. The room was filled with PHMDC staff, Nurse Family Partnership program graduates, and families with children ranging in age from 3 months to 5 years, total attendance of 48 people, (16 NFP/PNCC adults and 16 children). This was a diverse group that encompassed diverse languages including Spanish, Russian, French and English.

   Elver Park Meet-up Event - 2nd Hosted Elver Park meet up was a fully outdoor event that included splashpad, playground or chatting and connecting in the park shelter. Feedback from one of our nurses about two Spanish speaking families at the park meet-up about how breastfeeding and nutrition is going with their babies: “My families who speak Spanish are really seeking connection. I saw and heard some beautiful moments at the Community Advisory Board event last week. Two of my families connected and their toddlers are 10 days apart in age. I heard “are you still breastfeeding?”, “what kind of food does your baby eat?”, “is your baby sometimes a picky eater?”, “how is sleep going?’, “wow, I am waiting for my baby to walk and yours is walking and that looks like a lot of running around!”.” Altogether there were 47 people (18 NFP/PNCC adults and 14 children) who came together at the event that spoke English, Spanish and French. There were more families that attended who speak Spanish than English for the first time.

   Madison Public Library Event - Nurse Family Partnership families as well as community members, were invited to Pinney Branch Library for a bilingual English & Spanish yoga class. The yoga class was accessible for people that were pregnant, families and children of all ages. It was the first time that the two yoga teachers led a class together; the transition to English and Spanish was seamless. Before & after the class, families socialized with each other, enjoyed snacks and library giveaways. 42 people attended to participate in the yoga class (including staff/contractors, members of the public at large, only 7 adults were NFP/PNCC moms, partners, and graduates). A few quotes from families who attended (more feedback in attached materials):

   > “I had never experienced yoga, so I enjoy the interaction with my baby and other mothers that also speak Spanish like me.”
   >
   > “I like that I meet other mothers like me that speak Spanish and have a baby like me”
   >
   > “Enjoyed the community spirit and the silliness incorporated into the yoga for the kids! Super funny & cute.”
   >
   > “(T)his activity helps me to connect to other mothers, children and other members of the community like nurses, interpreters and people from the library.”

2. An end of the year survey was provided to the Community Advisory Board Coordinators some direct comments shared included:

   > “I really enjoy the work we do together! Thank you so much to all of you! The past three years have been awesome!”
   >
   > “The NFP team is so far very supportive in my role as a CAB Coordinator. There has been a lot of learning and some growing.”
   >
   > “I am delighted that we are working together, despite my still imperfect level of English comprehension and expression. I would like to see this collaboration continue in the future. I really appreciate the work we do together. Thank you so much.”

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.

PHMDC provided time at meetings to share key conference and training takeaways to reflect on what was learned as a group. In addition to trainings, PHMDC engaged in facilitated discussions about applying health practices in NFP that could specifically be implemented.

To better understand identifying and addressing health differences, 10 to 15 staff participated in professional development conferences and trainings. These trainings included but were not limited to: Michigan Breastfeeding Network Lactation trainings, postpartum doula training, National Association of County and City Health Officials health training, Cultural Consciousness course, YWCA Racial Justice Summit and Black Women's Wellness Day.

Hosted the Maternal Health Innovation Community Conversations – These community conversations provided information to inform all on the Department of Health Services Title V Maternal Child Health action plan but also functioned as a community conversation where moms had the ability to connect with each other:

> "I like how I had a safe space to share my experience and how vulnerable everyone was to share theirs."
>
> "I loved all the questions and felt the people leading did an amazing job. Showing support and sympathy for every story. I really enjoyed their energy and kindness. Thank you <3"

Additional Work completed:

The Early Childhood Resource Fair and Wild Rumpus is a one-day, community-wide event in Madison. Co-hosted by the Northside Early Childhood Zone (NECZ) and the Madison Public Library. The Perinatal Child Health Navigator and Community Advisory Board Coordinator participated in the Early Childhood Resource Fair and Wild Rumpus in March 2025 to provide information and resources about Public Health and Nurse Family Partnerships.

Nurse Family Partnership Community Advisory Board (NFP CAB) coordinators gained skills of both advocacy and facilitation. NFP CAB coordinators facilitation skills were practiced and sharpened when we hosted the Maternal Health Innovation Community Conversations event. Our Nurse-Family Partnership (NFP) Team received a small grant from the Department of Health Services (DHS) to host a community conversation with NFP moms and graduates about access to care during pregnancy and postpartum. While the community conversation was funded by a different grant, the work connects closely with their grant objectives. The event took place at The PHMDC Atrium. A meal, transportation, onsite childcare (partnership with the UW Odyssey Project to provide a childcare space in the lower level of The Atrium), and a $100 participation gift card. Our NFP Community Advisory Board (CAB) Contractors facilitated the conversation. Twelve moms talked about the positive impact their NFP nurse has had in their life and shared challenging experiences. Several Spanish-speaking moms attended, two interpreters were made available for support. One mom shared with us after the event was over that she felt at ease and felt a sense of community. The conversation provided an opportunity to help elevate the voice of some of those most impacted by inequities and to influence Wisconsin state level plans.

Advocacy skills were honed when two Nurse Family Partnership nurses and two Nurse Family Partnership Community Advisory Board coordinators provided education about the Nurse-Family Partnership and the importance of Family Foundations Home Visiting Programs to Wisconsin legislators during a day at the State Capitol in May. They answered questions, explained why they do the work that they do, and sharing first-hand accounts of how lives have changed through NFP. Of note, Family Foundations Home Visiting Program's is a portion of the budget that has not received an increase in the past few budget cycles.

PHMDC has found the work completed in this grant cycle to be of high importance; both beneficial to the community as well as the ability to make meaningful improvements in the services they provide. PHMDC is faced with the challenge of sustaining Nurse Family Partnership Community Advisory Board work at the same level due to the end of the three-year grant. The Nurse Family Partnership Community Advisory Board coordinators worked with UW-Madison undergraduate students in the Grant Writing Resource Opportunity to Strengthen Community Wellbeing (GROW) Initiative. The students

created a grant proposal packet and list of possible funding sources for our NFP Community Advisory Board. We will use this proposal packet to explore additional funding for 2026. PHMDC does plan to continue this important work at a reduced level as they continue to search for additional grant funding.

Support internal and external stakeholders to incorporate community engagement into standard organizational practice.

In 2025, 11 local health departments opted to use their annual Title V funding to incorporate community engagement and optimal practices into their work. Activities these agencies used their Title V funding to implement included:

- Centering impacted populations to ensure they achieve optimal health potential
- Creating accessible materials using plain language approaches including differing abilities and needs
- Creating relevant materials to meet the needs of communities, including translated materials into languages other than English
- Addressing community health factors such as access to care, safe housing, transportation, and access to healthy and affordable food
- Participating in trainings or professional development opportunities related to improving health outcomes and/or community engagement
- Actively working to connect with community, and attend community events
- Actively including community in program planning, decision-making, and other public health efforts, such as a community advisory board
- Hiring staff that are representative of the community and populations that are experiencing poor outcomes
- Hiring staff able to communicate with clients in languages other than English
- Using data to help inform engagement efforts
- Partnering with other organizations, agencies, or departments to better reach populations

Support internal and external stakeholders to incorporate community engagement into standard organizational practice.

Minnesota and Wisconsin share similar population demographics and public health goals to achieve improved maternal and infant health outcomes. Scheduled meetings provide educational opportunities to share struggles, barriers, successes, and lessons learned during the implementation of activities to improve health outcomes.

The Minnesota and Wisconsin Connection meetings are facilitated through the State of Minnesota and State of Wisconsin Department of Health Services. These meetings connect each state agency's staff and community organizations to share projects and initiatives that are aimed at improving healthy living for families who are significantly impacted by adverse health outcomes. In 2025, a total of three educational meetings were held. Since March is National Nutrition month, Wisconsin provided a featured presenter from the city of Milwaukee to discuss community access to 'good nutrition'. The speaker, Andre Ellis The Cage Milwaukee - Cage - Community Agricultural Growing Experience shared the 'how to' of building community through gardening. Sharing his expertise of bringing together people to create a space for better health and a stronger community. In April our featured speakers were from the State of Minnesota. Both Minnesota and Wisconsin received separate funding through the Maternal Health Innovation grant from HRSA. The Minnesota state team shared how they were supporting the community through the Innovations for Maternal Health Outcomes in Minnesota initiative. The meeting offered opportunities for learning and information sharing about the similarities and differences for implementation of services in both states. The final session was held in May 2025. Because May is recognized as the Maternal Mental Health Month, the featured speaker was Dr. Talsma AkkeNeel Talsma - Faculty and Staff Directory - School of Nursing from the University of Wisconsin-Milwaukee. She shared about a new resource application called Maternity Metrix that provides local organizations serving communities a way to obtain accurate up to date medical information. Due to staff capacity, there was a pause in the Minnesota and Wisconsin Connection meeting series starting in June 2025. Once the staff capacity issue has been resolved, these meetings will reconvene to continue the state-to-state connection, communication and collaboration.

ALL FAMILIES HAVE ENOUGH FOOD AND ADEQUATE NUTRITION TO LIVE AND THRIVE.

State Performance Measure: Food Security	
Objective	Decrease rates of food insecurity in Wisconsin.
Strategy	Support the Food is Medicine movement.
Evidence-based Strategy Measure	Percent of food insecurity in Wisconsin

Access to nutritious food is vital to the prevention, management, and treatment of diet-related chronic illnesses and to the overall health and well-being of Wisconsin families. Food insecurity is defined by the United States Department of Agriculture (USDA) as the lack of access to enough food for an active, healthy life. People experiencing food insecurity are more likely to experience numerous adverse social and health outcomes, making food insecurity a critical public health issue. Nutrition security is defined as "all Americans have consistent access to safe, healthy, and affordable foods, essential to optimal health and well-being" (USDA). Unfortunately, nearly 1 in 3 (30.5%) Wisconsin families with children ages 0-11 report they are not always able to afford sufficient, nutritious meals (National Survey of Children's Health, 2023-2024). Pregnant women who experience food insecurity are at increased risk of developing chronic diseases (e.g., diabetes, hypertension) and their babies are more susceptible to low birth weight, premature birth, and developmental delays. Nearly 1 in 5 (18.8%) pregnant women in Wisconsin were food insecure during the 12 months before their new baby was born (PRAMS 2023).

Nutrition security is also linked to youth mental health concerns. Kids who experience hunger are more likely to be bullied and nearly 1 in 3 (30%) high school students who are food insecure seriously consider suicide (Office of Children's Mental Health/Wisconsin Youth Risk Behavior Survey, 2023).

The Wisconsin Title V 2025 Needs Assessment identified nutrition security in Wisconsin's Tribal Nations as a top priority. Feedback gathered through several community conversations highlighted a need to focus on improving access to traditional foods. Only 191 of 105,920 food producers in Wisconsin are American Indian, which significantly limits the ability of Tribal Nations to meet this need (USDA National Agriculture Statistics Service, 2022).

According to the US Department of Health and Human Services, the Food is Medicine movement "encompasses a broad range of approaches that promote optimal health and healing and reduce disease burden by providing nutritious food… through collaboration at the nexus of health care and community." The Food is Medicine movement is quickly gaining support and momentum throughout Wisconsin, both locally, statewide, and across sectors. The Wisconsin Title V is committed to supporting this movement and will engage with partners to strengthen this work, including by funding three projects supporting this work through 2027.

Support the Food is Medicine movement.

The goal of the University of Wisconsin-Madison School of Human Ecology's project is to increase nutrition security and reduce chronic disease burden for Wisconsin kids and families. A key part of this project is facilitation of the Wisconsin Food is Medicine Coalition, in collaboration with the Children's Health Alliance and Feeding Wisconsin. In 2026, the coalition will work with organizations who are implementing Food is Medicine strategies to develop and adopt evaluation metrics and to collect data from pilot sites. The coalition will hold an annual Food is Medicine Tribal Convening, in collaboration with the Great Lakes Intertribal Food Coalition and Great Lakes Inter-Tribal Council to promote food sovereignty and access to traditional foods. The coalition will also develop a training for local organizations and producers that will focus on how to become a Medicaid-approved provider in order to participate in Wisconsin's In Lieu of Services Medicaid benefit for Food is Medicine. The benefit aims to reach eligible Medicaid enrollees who have a high-risk condition during pregnancy or postpartum and enrollees who were recently discharged from the hospital and have either diabetes or cardiovascular

disease. In 2027, the coalition will focus on outreach to promote this training and support agencies in taking steps to become Medicaid-approved providers, to reach their goal of having more Wisconsin-based providers who can support the benefit.

Title V staff will continue to participate actively in the Wisconsin Food is Medicine Coalition, including supporting the produce prescription community of practice and the data and evaluation workgroup. Additionally, Title V staff will support collaboration across the Wisconsin Department of Health Services to enhance the sustainability and expansion of the Food is Medicine movement within Wisconsin. This includes supporting the efforts of the Wisconsin Division of Public Health and Wisconsin Division of Medicaid Services to apply for funding to support a Food is Medicine State Officer for three years. This collaboration will expand and strengthen key policies and strategies whether the position is funded or not.

Improve nutrition security for women, infants, children, and families by increasing access to nutritious foods.

The University of Wisconsin-Madison Division of Extension will develop and implement change strategies and direct education efforts to strengthen nutrition security among children and families in two geographic regions of the state: Bayfield County/Red Cliff Indian Reservation and Brown County/Oneida Indian Reservation. These strategies are co-created with community members and Tribal Nation leaders.

Extension staff engage with Tribal communities to review and conduct needs assessments, to identify priorities, and co-develop implementation and evaluation plans in three key areas: 1) lactation support needs of American Indian families experiencing food insecurity, 2) nutrition-related needs of children and families in early care and education and K-12 school settings, and 3) needs of American Indian families in accessing nutritious and/or traditional foods. In 2027, these implementation and evaluation activities will continue. Extension staff will also support communications planning and strategies to ensure that partners, maternal and child health priority populations, and the broader community are informed of project activities, progress, lessons learned, and impacts. These efforts will include ongoing participation in statewide efforts to share impact, identify additional opportunities for expansion, and replicate model strategies from other areas of the state, as well sustainability planning to ensure longer-term impact.

Strengthen Wisconsin's Tribal Nation's food sovereignty and traditional food practices.

Feeding America Eastern Wisconsin will coordinate the Maternal and Child Health Strengthening Tribal Food Sovereignty project to support the Great Lakes Intertribal Food Coalition and the Bad River Band of Lake Superior Chippewa. By centering the restoration of traditional food practices, this initiative establishes a pathway grounded in food sovereignty, to improve the health and wellbeing of American Indian children, women, and families.

The primary project goal is building intertribal food system infrastructure and production capacity. The Great Lakes Intertribal Food Coalition's Intertribal Food Business Coordinator supports these efforts by coordinating specialized trainings, business planning, and technical assistance for local food producers to access capital and build their capacity for food production. This position is central to stabilizing the supply chain for traditional foods and fostering the economic resilience of American Indian producers. This strategy also acknowledges that lactation is inherent in Tribal Food Sovereignty and supports the Great Lakes Intertribal Council in evaluating Indigenous Milk Medicine Week. The Coalition will also deepen partnerships with Tribal Health centers and WIC programs to facilitate the planning and offering of the First Foods Program pilot to WIC participants across all Tribal Nations in Wisconsin, including coordination of food delivery logistics for program food boxes. These collaboration efforts will also include deepening relationships with the Wisconsin Food Is Medicine Coalition and Wisconsin Medicaid to expand the medically tailored meals In Lieu of Services benefit to fee-for-service providers among Tribal Nations in Wisconsin.

In Bad River, the project supports the Local Food Purchasing Assistance Coordinator, a key role responsible for the procurement, storage, and distribution of the Local Food Marketplace and the Produce Prescription Program. By integrating clinical health with physical food access, this position strengthens the availability of fresh, local, and traditional foods among high risk pregnant and postpartum clients.

Additional Efforts to Increase Nutrition Security for Wisconsin Families

There is natural alignment between the vision, priority communities, and commitment to collaboration between these three projects. In 2026, Title V staff will bring project teams together to share updates, ask questions, and discuss opportunities for further connection and collaboration. These gatherings will continue in 2027 and will serve as an ongoing platform for shared learning and sustainable growth. They will also help Title V staff determine the direction of future nutrition security funding opportunities to be developed in late 2027.

Title V staff will continue to strengthen partnerships with other programs and agencies, both internal and external, to the Wisconsin Department of Health Services. A partnership that is crucial to this work is with the Chronic Disease Prevention Program, a CDC State Physical Activity and Nutrition Program funding recipient. Program staff are also involved in statewide and community-level efforts to address nutrition security and to support implementation and expansion of Food is Medicine strategies. Key staff serve as contract administrators for two of the Title V-funded nutrition security projects and help make connections to State Physical Activity and Nutrition program-supported work. The Chronic Disease Prevention Program epidemiologist also lends support to the Title V program in monitoring relevant data sources and exploring future opportunities for data collection. The Chronic Disease Prevention Program's involvement will be instrumental in developing future Title V nutrition security funding opportunities.

As funding opportunities are developed, Title V staff will explore the best strategies for engaging with both youth and families across Wisconsin. Additionally, local and Tribal health agencies play critical roles in their communities in addressing a variety of public health needs, including addressing nutrition security. The Title V program will build on knowledge learned in 2026 and will continue engaging local agencies to learn more about the innovative and effective ways they are addressing nutrition security for families they serve.

Title V staff will deepen collaborations with partner agencies and groups to identify and replicate innovative and effective initiatives to address nutrition security. These partners include Healthy Early, the Wisconsin Farm to Early Care and Education Workgroup, the Wisconsin WIC program, the Wisconsin Department of Health Services Food Security Unit, the Department of Public Instruction's School Health Coalition, the Department of Children and Families, the Great Lakes Inter-Tribal Council, the Great Lakes Intertribal Food Coalition, and PATCH. These partners support related efforts and serve as essential collaborators, communicators, and systems thinkers as the Title V program continues to evolve and hone its role in this work.

ALL FAMILIES EXPERIENCE EMOTIONAL AND PHYSICAL SAFETY IN THEIR COMMUNITIES, ARE FREE FROM DISCRIMINATION, AND HAVE THE SOCIAL SUPPORT THEY NEED.

State Performance Measure: Neighborhood Safety	
Objective	Increase the percent of children living in supportive neighborhoods.
Strategies	Promote community-level access and coordination of services and resources. Support community events and community engagement opportunities.
Evidence-based Strategy Measure	Percent of children living in supportive neighborhoods.

When people feel connected to their community, they become active participants in keeping their neighborhood safe. Strong social connections – the physical, emotional, and social ways we link to others – can build deep trust among neighbors. Trust among neighbors makes people more likely to look out for one another, report unsafe activity, and feel a true sense of belonging and well-being. Bringing people together through local community events and sharing resources reinforces connectedness and improves one's sense of community. This collective bond naturally deters crime, creating a safer environment for everyone.

Promote community-level access and coordination of services and

resources.

In Wisconsin, the number of adults and youth who feel socially connected has declined in recent years due to things like lack of transportation, long winters, severe weather, and economic stress. In order to address this, the Title V program worked to identify community-rooted organizations that could increase opportunities for social connections to improve health and wellness for Wisconsin women, infants, children, and families. The organizations identified – People of Progression, Wello – Well-being starts with we, The Parenting Network, and Eau Claire City-County Health Department – are working to assess the need for social connections in their communities, prioritize partnerships and community engagement, and develop an action plan that supports social connections in their communities.

Promoting community-level access, coordinating services, and sharing resources are the primary objectives for these organizations. They will participate in networking workgroups to coordinate efforts, strengthen collaborative partnerships and exchange expertise on social connections. These partners will focus a conducting social connections needs assessment with their population of focus, use the data from the assessment to develop initiatives to meet these social connections needs, implement and evaluate these initiatives, and collaborate with community partners to raise awareness about these efforts and the importance of social connections on health and wellbeing.

Wello

Wello strengthens social connections and enhances protective factors for women, children, and families in Northeast Wisconsin using a community-driven approach. In partnership with She Rises Collective, Wello will work to connect and strengthen communities while offering safe spaces for gathering, healing, and mutual support.

Wello will conduct a social connection assessment to identify and describe the current social connection needs of domestic violence/sexual assault-impacted women and children in Northeast Wisconsin. The quantitative portion of the assessment will be conducted by adding targeted questions to the Wello Community Health and Well-Being Survey, a tool designed to measure health, belonging, and environmental factors across the region. The qualitative part of the assessment will include listening sessions, intergenerational story circles, and opportunities for service providers to share input, including domestic violence/sexual assault advocates, community center staff, and home visiting program leaders. Both qualitative and quantitative data will be collected from at least 8-10 community-based organizations and will be used to create a validated, prioritized action plan to meet the social connection needs of domestic violence/sexual assault impacted women and children. Wello will analyze the assessment data before finalizing and distributing a social connection action plan.

The Parenting Network

The Parenting Network (TPN) is a nonprofit accredited Family Resource Center located in Milwaukee that works in collaboration with St. Francis Children's Center (SFCC), a nonprofit, social services agency that primarily serves children with special health care needs throughout the Milwaukee area. The program offers families in-home services including individual parent coaching and parent education. These parent education services have been evaluated by United Way and show promising results, including that participants were better able to control their anger (98%), learned more positive parenting skills (98%), improved their ability to cope with stress (88%), and gained skills they planned to use in the future (99%).

The Parenting Network will develop and implement an environmental scan among all families with targeted outreach to parents of children and youth with special health care needs to determine ongoing opportunities for increasing social connection. Project staff will also attend bimonthly or quarterly Young Child Wellness Council meetings with community partners to promote this project and update community partners on the services available through the project.

Eau Claire City-County Health Department

The Eau Claire City-County Health Department will create opportunities for families enrolled in the Nurse-Family Partnership program, an evidence-based home visiting program that primarily serves low-income women who are pregnant with their first child. Enrolled families can connect with peers for support, community connection, and guidance, particularly those

whose needs are not otherwise met through existing programs to create a seamless continuum of care.

The goal of this project is to increase collaborative partnerships and promote community knowledge of the health impact of social connections and importance of supporting social connections opportunities in the community. An assessment of the needs of families enrolled in the Nurse-Family Partnership program will identify the best method to implement a survey, key-informant interviews, and community conversations that foster connection and will sustain a Family Advisory Council to provide ongoing input on both social connection opportunities and the Nurse-Family Partnership program overall. This work will launch a new Family Advisory Council to elevate family voice and inform program improvements, to increase community awareness about the importance of social connections on the health and wellbeing of young families and the broader community.

The project will also identify important messages about social connections on health and wellbeing, highlighting importance for Nurse-Family Partnership program clients in the community. The agency will collect feedback from the Family Advisory Council, Nurse-Family Partnership program partners, the Eau Claire Health Alliance, and other identified partners to create an education and awareness plan that will share educational resources in the community.

People of Progression

People of Progression is a community-driven nonprofit organization located in Northeast Wisconsin that delivers trauma-informed and healing-centered services to promote connection and safety throughout all stages of life. Their project focuses on the needs of community members who have been impacted by violence to empower families to experience safe, stable supports from preconception through 12 months postpartum.

People of Progression will hire a resource navigator to support mothers, caregivers, and families. The resource navigator will partner with a community doula to provide emotional support, advocacy, and coordinated care for expecting parents, particularly those in crisis, ensuring safety and stability before, during, and after delivery. The agency will implement pre-service surveys for all participants to establish a baseline for connectedness and identify how confident people are navigating resources. They will conduct a post-service survey and two focus groups including adults and youth. The agency will provide ongoing continual support and will follow-up with case management for all active participants, ensuring warm referrals to trusted aligned providers.

Support community events and community engagement opportunities.

Three of the four organizations addressing social connections through coordination of services and resources will also be supporting community events and creating opportunities for people to engage and connect. Many of these organizations plan to use these events as opportunities to gather feedback for their community assessments and to learn more about people's needs while simultaneously fostering social connections.

Wello

Wello plans to enhance and expand existing, community-guided networks by engaging at least 10-15 partner organizations in collaborative events throughout the year. These events will feature a variety of topics with the overarching goal of reducing feelings of loneliness and isolation and developing a sense of community for those that attend.

Wello will be developing a social connection action plan in collaboration with the public. They plan to join and/or convene both community advisory circles and community-of-practice events that focus on the following topics:

- Advancing maternal and child health and strengthening social connection across sectors
- Exchanging strategies to enhance social connection by building on existing collaborative efforts among partners
- Strengthening existing relationships through collaboration with Tribal, health, and community-based partners.

Feedback gathered from these events will help shape a comprehensive, community-driven framework that will guide Wello's social connection work.

The Parenting Network

The Parenting Network will host monthly Parent Cafés to help parents build the social connections and support systems needed to raise healthy families. Parent Cafés are parent-led, peer-to-peer support groups where caregivers gather to discuss the triumphs and challenges of raising children. Studies, including national evaluations by Be Strong Families, show that 96-97% of participants feel more confident, less isolated, and better equipped to use protective factors to keep families strong. They will also be using the Triple P framework to create parenting goals and the Strengthening Families Program (SFP), which is an evidence-based family skills training program. The overarching goal of the Parent Cafés is to use evidence-based curricula to educate while also offering parents a safe space to engage with others. These programs focus on building protective factors of individuals, families, or communities that mitigate risks of abuse, promoting positive well-being and healthy development, and creating opportunities to enhance social connections. The project will actively engage the community, using existing birth-to-three provider relationships as partners to refer families.

People of Progression

People of Progression will expand their trauma-responsive support groups for women who are sexual assault survivors and have faced pregnancy-related challenges or are living with reproductive health conditions. By bringing together women in shared, judgment-free spaces, these support groups can foster deep social connections, reduce feelings of isolation, and help women to heal. The program will also expand the ‘Sharing Our Uniqueness Responsibly’ program for young women ages 14–18, which helps participants build skills to establish safe, positive relationships. These programs help participants experience support and safety from preconception through postpartum, engage in safe and positive sexual experiences, and access services needed to improve mental health and establish emotional and physical safety for families.

People of Progression plans to host quarterly community connection events, adolescent and caregiver peer spaces, and neighborhood listening sessions. These gatherings will strengthen local bonds, reduce social isolation, and create trusted networks where neighbors can support one another. In addition to these broader initiatives, People of Progression is also launching specialized programming dedicated to maternal and infant health where they will host resource connection events with an education and outreach coordinator doula specializing in prenatal/postnatal advocacy, and care coordination for birthing parents. There will be doula-facilitated informational workshops discussing pain management, advocating in medical spaces, and stages of labor offered to participants.

III.F. Public Input (Last Modified: FY 2027 Application/FY 2025 Annual Report)

Community and family input is crucial to the success and effectiveness of Wisconsin's Title V program throughout the process of planning, development, implementation, and evaluation of all initiatives. These groups have first-hand experience with the challenges and needs facing women, infants, children, and families in their communities. Their unique perspectives help the program identify 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 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 are subject to Wis. Stat. § 19.81, the state's open meetings rules, which require all government bodies 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.

Beginning in 2026, the Wisconsin Title V program will convene Children and Youth with Special Health Care Needs Advisory Board consisting solely of family members of children and youth with special health care needs and youth with special health care needs. This advisory board will provide additional recommendations and guidance to the Title V program on program effectiveness, operations, policies, and to ensure that services are reflective of the needs and voice of the public.

In order to reach the broader public for input, the Wisconsin Title V program directly shares information about the impact of programs. In July 2025, Title V staff posted the Wisconsin Maternal and Child Health (MCH) Services Title V Block Grant FY 2026 Application / FY 2024 Annual Report ("FY 2026 Application/2024 Annual Report") publicly to the Maternal and Child Health (MCH) Program (Title V) website. To date, there have been 11,509 visits to the MCH website and 355 clicks on the link to the FY 2026 Application/2024 Annual Report.

Another way that Title V staff ensures public input into the Wisconsin Title V program is to directly connect with organizations that work with impacted, at risk, and underserved families and community members. For example, the Children and Youth with Special Health Care Needs Title V Director shared the FY 2026 Application/2024 Annual Report directly with the Children and Youth with Special Health Care Needs Network in 2025. This network is comprised of 12 partner organizations that provide services for children and youth with special health care needs, including but not limited to:

- The five Children's Resource Centers that serve each major region of Wisconsin.
- Family Voices of Wisconsin, the Family-to-Family Health Information Center in Wisconsin.
- Well Badger Resource Center, a free, confidential Wisconsin-based health information and referral service.
- ABC for Health, Inc., a nonprofit that helps children and families secure and maintain health care coverage.

These program partners interface directly with families and community members statewide and help to promote public input on the work outlined in the FY 2026 Application/2024 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 Wisconsin Title V program seeks public input.

III.G. Technical Assistance (Last Modified: FY 2027 Application/FY 2025 Annual Report)

The Wisconsin Title V program received technical assistance in 2024 and 2025 from Got Transition®, the national resource center for health care transition. The Wisconsin Title V program does not plan to request technical assistance support from HRSA at the time 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_2026 Block Grant Submission.pdf

VII. Appendix

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Form 2
MCH Budget/Expenditure Details

State: Wisconsin

	FY 27 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 11,259,584	
A. Preventive and Primary Care for Children	$ 3,590,334	(31.8%)
B. Children with Special Health Care Needs	$ 3,482,898	(30.9%)
C. Title V Administrative Costs	$ 157,676	(1.5%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 7,230,908	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 4,770,200	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 3,674,488	
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)	$ 8,444,688	
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)	$ 19,704,272	
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)	$ 19,704,272	

OTHER FEDERAL FUNDS	FY 27 Application Budgeted
No Other Federal Programs were provided by the State on Form 2 Line 9.	

	FY 25 Annual Report Budgeted		FY 25 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 11,042,550 (FY 25 Federal Award: $ 11,259,584)		$ 9,991,979	
A. Preventive and Primary Care for Children	$ 3,627,004	(32.8%)	$ 3,619,421	(36.2%)
B. Children with Special Health Care Needs	$ 3,568,485	(32.3%)	$ 3,615,611	(36.1%)
C. Title V Administrative Costs	$ 171,908	(1.6%)	$ 148,738	(1.5%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 7,367,397		$ 7,383,770	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 4,404,893		$ 4,770,200	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 3,877,020		$ 3,674,488	
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)	$ 8,281,913		$ 8,444,688	
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		$ 18,436,667	
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		$ 0	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 19,324,463		$ 18,436,667	

OTHER FEDERAL FUNDS	FY 25 Annual Report Budgeted	FY 25 Annual Report Expended
No Other Federal Programs were provided by the State on Form 2 Line 9.		

Form Notes for Form 2:

None

Field Level Notes for Form 2:

1.	**Field Name:**	**Federal Allocation, C. Title V Administrative Costs:**
	Fiscal Year:	**2025**
	Column Name:	**Annual Report Expended**

Field Note:
The estimated amount of $171,908 was reported 2 years ago. This amount did not take into consideration the hiring freeze that was implemented in March of 2025.

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 27 Application Budgeted	FY 25 Annual Report Expended
1. Pregnant Women	$ 1,342,892	$ 869,403
2. Infants < 1 year	$ 1,342,892	$ 869,403
3. Children 1 through 21 Years	$ 3,590,334	$ 3,619,421
4. CSHCN	$ 3,482,898	$ 3,615,611
5. All Others	$ 1,342,892	$ 869,403
Federal Total of Individuals Served	$ 11,101,908	$ 9,843,241

IB. Non-Federal MCH Block Grant	FY 27 Application Budgeted	FY 25 Annual Report Expended
1. Pregnant Women	$ 938,299	$ 1,148,229
2. Infants < 1 year	$ 938,299	$ 1,148,229
3. Children 1 through 21 Years	$ 2,814,896	$ 2,500,000
4. CSHCN	$ 2,814,896	$ 2,500,000
5. All Others	$ 938,298	$ 1,148,230
Non-Federal Total of Individuals Served	$ 8,444,688	$ 8,444,688
Federal State MCH Block Grant Partnership Total	$ 19,546,596	$ 18,287,929

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 27 Application Budgeted	FY 25 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	$ 1,338,826	$ 1,944,216
3. Public Health Services and Systems	$ 9,920,758	$ 8,047,763
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	$ 11,259,584	$ 9,991,979

IIB. Non-Federal MCH Block Grant	FY 27 Application Budgeted	FY 25 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	$ 8,444,688	$ 8,444,688
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	$ 8,444,688	$ 8,444,688

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: 59,359 **Data Source Year: 2025**

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	59,093 (99.6%)	2,140	332	332 (100.0%)

Program Name(s)				
3-Hydroxy-3-Methyglutaric 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	Duchenne Muscular Dystrophy (DMD)	Glutaric Acidemia Type I	Glycogen Storage Disease Type II (Pompe)	Hearing Loss
Holocarboxylase Synthase Deficiency	Homocystinuria	Infantile Krabbe Disease (Low Galactocerebrosidase [GALC] And Psychosine >= 10Nm)	Isovaleric Acidemia	Long-Chain L-3 Hydroxyacyl-Coa Dehydrogenase Deficiency
Maple Syrup Urine Disease	Medium-Chain Acyl-Coa Dehydrogenase Deficiency	Metachromatic Leukodystrophy (MLD)	Methylmalonic Acidemia (Cobalamin Disorders)	Methylmalonic Acidemia (Methylmalonyl-Coa Mutase)
Mucopolysaccharidosis Type I (MPS I)	Primary Congenital Hypothyroidism	Propionic Acidemia	S, ßeta-Thalassemia	S,C Disease
S,S Disease (Sickle Cell Anemia)	Severe Combined Immunodeficiences	Spinal Muscular Atrophy Due To Homozygous Deletion Of Exon 7 In SMN1	ß-Ketothiolase Deficiency	Trifunctional Protein Deficiency
Tyrosinemia, Type I	Very Long-Chain Acyl-Coa Dehydrogenase Deficiency	X-Linked Adrenoleukodystrophy		

2. Other Newborn Screening Tests

None

3. Screening Programs for Older Children & Women

None

4. Long-Term Follow-Up

The Wisconsin State Lab of Hygiene and the DHS Family Health Section's Newborn Screening Program 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 Newborn Screening Program 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:	**2025**
	Column Name:	**Total Births by Occurrence Notes**
	Field Note: 2025 birth certificate data, occurrent births	
2.	**Field Name:**	**Core RUSP Conditions - Total Number Receiving At Least One Screen**
	Fiscal Year:	**2025**
	Column Name:	**Core RUSP Conditions**
	Field Note: Blood: 59,093 (99.6%) CCHD: 57,895 (97.5%) This includes babies who had a recorded result of pass or fail for pulse oximetry screening. Those diagnosed with confirmed heart disease prenatally who did not have a pulse ox screening were not included. Hearing: 57,964 (97.6%)	
3.	**Field Name:**	**Core RUSP Conditions - Total Number of Out-of-Range Results**
	Fiscal Year:	**2025**
	Column Name:	**Core RUSP Conditions**
	Field Note: Blood: 990 (This year, the lab provided a spreadsheet of all babies who screened positive, borderline or inconclusive on all the screens. This is more comprehensive than the aggregate counts they provided last year, which is why the number is higher. I expect to receive the spreadsheet in this format in future years and will include all patients that were not negative. CCHD: 398 (137 infants had failing results for the screen. 261 were not screened and had confirmed heart disease selected as the reason why they did not receive screening.) Hearing: 752	
4.	**Field Name:**	**Core RUSP Conditions - Total Number Confirmed Cases**
	Fiscal Year:	**2025**
	Column Name:	**Core RUSP Conditions**

	Field Note: Blood: 154 CCHD: 75 (256 cases are still being evaluated by the SHINE team to determine their dx.) Hearing: 103	
5.	**Field Name:**	**Core RUSP Conditions - Total Number Referred For Treatment**
	Fiscal Year:	**2025**
	Column Name:	**Core RUSP Conditions**
	Field Note: Blood: 154 CCHD: 75 Hearing: 103	

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 2025

Form 5a – Count of Individuals Served by Title V
(Direct & Enabling Services Only)

		Primary Source of Coverage				
Types Of Individuals Served	(A) Title V Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private / Other %	(E) None %	(F) Unknown %
1. Pregnant Women	118	32.2	0.0	62.7	4.3	0.8
2. Infants < 1 Year of Age	0					
3. Children 1 through 21 Years of Age	3,239	30.7	0.0	62.3	7.0	0.0
3a. Children with Special Health Care Needs 0 through 21 years of age^	2,764	45.2	0.0	52.5	2.3	0.0
4. Others	2,473	32.2	0.0	62.7	4.3	0.8
Total	5,830					

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	59,686	No	59,637	100.0	59,637	118
2. Infants < 1 Year of Age	59,513	No	59,359	100.0	59,359	0
3. Children 1 through 21 Years of Age	1,503,991	Yes	1,503,991	100.0	1,503,991	3,239
3a. Children with Special Health Care Needs 0 through 21 years of age^	420,470	Yes	420,470	100.0	420,470	2,764
4. Others	4,397,888	Yes	4,397,888	0.1	4,398	2,473

^Represents a subset of all infants and children.

Form Notes for Form 5:

None

Field Level Notes for Form 5a:

1.	**Field Name:**	**Pregnant Women Total Served**
	Fiscal Year:	**2025**
	Field Note: Count includes people served by the Reproductive Health Program and other perinatal support services; Insurance estimates come from 2025 birth data	
2.	**Field Name:**	**Infants Less Than One YearTotal Served**
	Fiscal Year:	**2025**
	Field Note: All Title V services provided to infants <1 year fall under public health systems. Insurance estimates come from 2025 birth data	
3.	**Field Name:**	**Children 1 through 21 Years of Age**
	Fiscal Year:	**2025**
	Field Note: Count includes people served by the Reproductive Health Program, children and youth with special healthcare needs programming, and youth projects. Insurance estimates come from the 2023-2024 National Survey of Children's Health.	
4.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age**
	Fiscal Year:	**2025**
	Field Note: Count includes people served by children and youth with special healthcare needs programming. Insurance estimates come from the 2023-2024 National Survey of Children's Health, special health care needs status (expanded criteria).	
5.	**Field Name:**	**Others**
	Fiscal Year:	**2025**
	Field Note: Count includes people served by the Reproductive Health Program and infant loss grief support for families. Insurance estimates come from 2025 birth data.	

Field Level Notes for Form 5b:

1.	**Field Name:**	**Pregnant Women Total % Served**
	Fiscal Year:	**2025**
	Field Note: MCH hotline; Perinatal mental health programming; Levels of care hospital designation project, Perinatal hypertension provider trainings; Reproductive Health Program; Perinatal support services	
2.	**Field Name:**	**Pregnant Women Denominator**
	Fiscal Year:	**2025**
	Field Note: 2025 birth certificate data, resident births	
3.	**Field Name:**	**Infants Less Than One Year Total % Served**
	Fiscal Year:	**2025**
	Field Note: MCH hotline; Newborn screening; Breastfeeding support programming; Infant mortality prevention programming; Birth defects surveillance	
4.	**Field Name:**	**Infants Less Than One Year Denominator**
	Fiscal Year:	**2025**
	Field Note: 2025 birth certificate data, occurrent births	
5.	**Field Name:**	**Children 1 through 21 Years of Age Total % Served**
	Fiscal Year:	**2025**
	Field Note: MCH hotline; Adolescent mental health trainings; Developmental screening support programming; Children and youth with special healthcare needs programming; Child Death Review technical assistance; Reproductive Health Program; Children and youth with special health care needs programming; youth project	
6.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age Total % Served**
	Fiscal Year:	**2025**
	Field Note: Information and referral services; Professional consultations; MCH hotline; Health care advocacy; Support to families, youth, and providers around youth health care transition and medical home	
7.	**Field Name:**	**Others Total % Served**
	Fiscal Year:	**2025**
	Field Note: MCH hotline (number of people who accessed the hotline); Reproductive Health Program; Infant loss grief support	

Data Alerts: None

Form 6
Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX

State: Wisconsin

Annual Report Year 2025

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	59,637	41,034	5,238	8,249	453	2,644	0	1,550	469
Title V Served	59,637	41,034	5,238	8,249	453	2,644	0	1,550	469
Eligible for Title XIX	19,226	8,017	3,696	5,306	281	931	0	743	252
2. Total Infants in State	59,359	40,743	5,227	8,299	447	2,643	0	1,538	462
Title V Served	59,359	40,743	5,227	8,299	447	2,643	0	1,538	462
Eligible for Title XIX	19,202	7,986	3,681	5,328	279	935	0	741	252

Form Notes for Form 6:

None

Field Level Notes for Form 6:

1.	**Field Name:**	**1. Total Deliveries in State**
	Fiscal Year:	**2025**
	Column Name:	**Total**
	Field Note: 2025 birth certificate data, resident births; Combined Other Asian/Pacific Islander with Laotian/Hmong to get Non-Hispanic Asian total	
2.	**Field Name:**	**1. Title V Served**
	Fiscal Year:	**2025**
	Column Name:	**Total**
	Field Note: Count includes people served by the MCH hotline, perinatal mental health programming, Levels of care hospital designation project, perinatal hypertension provider trainings, Reproductive Health Program. and perinatal support services.	
3.	**Field Name:**	**1. Eligible for Title XIX**
	Fiscal Year:	**2025**
	Column Name:	**Total**
	Field Note: 2025 birth certificate data, resident births; Combined Other Asian/Pacific Islander with Laotian/Hmong to get Non-Hispanic Asian total	
4.	**Field Name:**	**2. Total Infants in State**
	Fiscal Year:	**2025**
	Column Name:	**Total**
	Field Note: 2025 birth certificate data, occurrent births; ; Combined Other Asian/Pacific Islander with Laotian/Hmong to get Non-Hispanic Asian total	
5.	**Field Name:**	**2. Title V Served**
	Fiscal Year:	**2025**
	Column Name:	**Total**
	Field Note: Count includes people served by the MCH hotline, newborn screening, breastfeeding support programming, infant mortality prevention programming, birth defects surveillance	

6.	**Field Name:**	**2. Eligible for Title XIX**
	Fiscal Year:	**2025**
	Column Name:	**Total**

Field Note:
2025 birth certificate data, occurrent births; ; Combined Other Asian/Pacific Islander with Laotian/Hmong to get Non-Hispanic Asian total

Form 7
Title V Program Workforce

State: Wisconsin

Form 7 was last revised in FY 2027 Application/FY 2025 Annual Report

A. Title V Program Workforce FTEs	
Title V Funded Positions	
1. Total Number of FTEs	24.76
1a. Total Number of FTEs (State Level)	24.76
1b. Total Number of FTEs (Local Level)	0
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	0
5. Total Number of FTEs onboarded in the past 12 months	1
B. Training Needs (Optional)	
No training needs were reported by the state.	

Form Notes for Form 7:

None

Field Level Notes for Form 7:

1.	**Field Name:**	**Total Number of FTEs**
	Field Note: "Last 12 months" interpreted as 07/2025-07/2026.	
2.	**Field Name:**	**Total Number of MCH Epidemiology FTEs**
	Field Note: Data & Evaluation Unit Supervisor (1.0 FTE) CYSHCN Epidemiologist (1.0 FTE) Jelena Debelnogich (.5 FTE) Title V EPI (1.0 FTE)	
3.	**Field Name:**	**Total Number of FTEs eliminated in the past 12 months**
	Field Note: "Last 12 months" interpreted as 07/2025-07/2026.	
4.	**Field Name:**	**Total Number of Current Vacant FTEs**
	Field Note: Child/adolescent health nurse consultant (vacant since October 2023) Infant mortality prevention specialist (vacant since July 2024) Community Health Operations unit supervisor (vacant since February 2025) Health outcomes quality improvement coordinator (vacant since May 2025) Family Health Section manager (vacant since September 2025)	
5.	**Field Name:**	**Total Number of Vacant MCH Epidemiology FTEs**
	Field Note: Title V Evaluator and Epidemiologist was vacant March 2025 to April 2026; Data and Evaluation Unit Supervisor on parental leave November 2025 to May 2026.	
6.	**Field Name:**	**Total Number of FTEs onboarded in the past 12 months**
	Field Note: "Last 12 months" interpreted as 07/2025-07/2026. Title V Evaluator and Epidemiologist onboarded April 2026;	

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	201 E Washington Avenue
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	201 E Washington Ave
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	
Title	
Address 1	
Address 2	
City/State/Zip	
Telephone	
Extension	
Email	

4. State Youth Leader (Optional)	
Name	
Title	
Address 1	
Address 2	
City/State/Zip	
Telephone	
Extension	
Email	

5. SSDI Project Director	
Name	tbd
Title	tbd
Address 1	201 E Washington Ave
Address 2	
City/State/Zip	Madison / WI / 53703
Telephone	(608) 608-6086
Extension	
Email	email@email.com

6. State MCH Toll-Free Telephone Line	
State MCH Toll-Free “Hotline” Telephone Number	(800) 642-7837

Form Notes for Form 8:

None

Form 9
List of Priority Needs – Application Year

State: Wisconsin

Application Year 2027

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 9 State Priorities – Needs Assessment Year – 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 10
National Outcome Measures (NOMs)

State: Wisconsin

Form Notes for Form 10 NPMs, NOMs, SPMs, SOMs, and ESMs.

None

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**
2023	82.7	3.9	463	55,993
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 confidence interval width >160% times the estimate and should be interpreted with caution

HCUP statistics on SMM, NAS, and Non-fatal Injuries for data year 2023 reported prior to June 2026 incorrectly omitted some discharges due to a data error. These statistics were corrected and shared with HRSA on 7/23/2026.

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
2020_2024	17.6	2.4	53	301,864
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 confidence interval width >160% times the estimate 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
2024	9.7	0.2	1,851	191,373
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 confidence interval width >160% times the estimate 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
2024	7.8 %	0.1 %	4,628	59,621
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
2024	10.0 %	0.1 %	5,955	59,589
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
2023	5.2	0.3	314	60,068
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 confidence interval width >160% times the estimate 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
2023	7.9	0.4	477	60,068
2022	8.2	0.4	497	60,369
2021	7.9	0.4	488	62,102
2020	8.6	0.4	526	60,911
2019	8.6	0.4	548	63,612
2018	8.1	0.4	521	64,619
2017	7.9	0.4	520	65,495
2016	8.4	0.4	563	67,178
2015	7.8	0.3	527	67,568
2014	8.3	0.4	562	67,723

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a confidence interval width >160% times the estimate and should be interpreted with caution

In 2025, NCHS expanded the definition of perinatal mortality to include all fetal deaths with stated or presumed gestation of 20 weeks or more. All historical data have been updated to account for the expanded definition.

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
2023	5.8	0.3	345	59,754
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 confidence interval width >160% times the estimate 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
2023	3.5	0.2	211	59,754
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 confidence interval width >160% times the estimate 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
2023	2.2	0.2	134	59,754
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 confidence interval width >160% times the estimate 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
2023	167.4	16.8	100	59,754
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 confidence interval width >160% times the estimate 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
2023	110.5	13.6	66	59,754
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 confidence interval width >160% times the estimate 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
2023	4.3	0.3	241	55,908
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 confidence interval width >160% times the estimate and should be interpreted with caution

HCUP statistics on SMM, NAS, and Non-fatal Injuries for data year 2023 reported prior to June 2026 incorrectly omitted some discharges due to a data error. These statistics were corrected and shared with HRSA on 7/23/2026.

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
2023_2024	71.2 %	2.7 %	125,933	176,913
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
2023_2024	11.8 %	0.9 %	137,112	1,165,720
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
2024	17.8	1.7	105	589,463
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 confidence interval width >160% times the estimate 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
2024	30.4	2.0	228	750,678
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 confidence interval width >160% times the estimate 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
2022_2024	9.9	0.9	115	1,167,391
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 confidence interval width >160% times the estimate 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
2022_2024	6.6	0.5	149	2,249,053
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 confidence interval width >160% times the estimate 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
2022_2024	9.3	0.6	209	2,249,053
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 confidence interval width >160% times the estimate 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
2023	96.0	3.8	627	652,907
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 confidence interval width >160% times the estimate and should be interpreted with caution

HCUP statistics on SMM, NAS, and Non-fatal Injuries for data year 2023 reported prior to June 2026 incorrectly omitted some discharges due to a data error. These statistics were corrected and shared with HRSA on 7/23/2026.

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
2023	186.4	5.0	1,401	751,526
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 confidence interval width >160% times the estimate and should be interpreted with caution

HCUP statistics on SMM, NAS, and Non-fatal Injuries for data year 2023 reported prior to June 2026 incorrectly omitted some discharges due to a data error. These statistics were corrected and shared with HRSA on 7/23/2026.

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
2024	51.3 %	1.8 %	513,591	1,000,277
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
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
2023_2024	89.7 %	0.8 %	1,111,414	1,238,938
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: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023_2024	17.4 %	1.2 %	142,784	821,158
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

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

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
2023_2024	9.0 %	1.2 %	37,694	416,525
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
2023_2024	23.6 %	1.7 %	106,567	450,934
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
2023_2024	14.6 %	1.5 %	48,671	334,229
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
2023_2024	84.2 %	1.6 %	276,819	328,942
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
2023_2024	34.8 %	2.2 %	98,652	283,231
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
2023_2024	58.8 %	1.5 %	508,009	863,777
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
2023_2024	16.1 %	1.0 %	197,694	1,226,673
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**	**2025**
Annual Objective			
Annual Indicator	93.6	91.4	91.4
Numerator	52,855	50,874	50,874
Denominator	56,444	55,663	55,663
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2022	2023	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**	**2025**
Annual Objective			
Annual Indicator	83.9	71.1	71.1
Numerator	43,756	36,016	36,016
Denominator	52,128	50,657	50,657
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2022	2023	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	**2025**
Annual Objective		
Annual Indicator	1.5	1.5
Numerator	825	825
Denominator	54,929	54,929
Data Source	PRAMS	PRAMS
Data Source Year	2023	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)					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	44.5	45.2	45.9	46.6	47.4
Annual Indicator	42.8	43.9	39.3	42.8	45.5
Numerator	61,909	62,035	55,399	56,086	61,299
Denominator	144,602	141,361	140,958	130,892	134,625
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2019_2020	2020_2021	2021_2022	2022_2023	2023_2024

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	**2025**
Annual Objective		
Annual Indicator	82.4	86.0
Numerator	86,205	95,273
Denominator	104,586	110,842
Data Source	NSCH	NSCH
Data Source Year	2022_2023	2023_2024

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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	44.2	44.9	45.6	46.3	47
Annual Indicator	41.6	46.6	45.4	45.3	45.2
Numerator	105,574	109,447	109,187	149,465	150,854
Denominator	253,596	234,815	240,532	330,057	333,941
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2019_2020	2020_2021	2021_2022	2022_2023	2023_2024

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**	**2025**
Annual Objective			
Annual Indicator	50.2	49.5	51.4
Numerator	633,382	621,665	637,354
Denominator	1,261,952	1,256,053	1,239,972
Data Source	NSCH-All Children	NSCH-All Children	NSCH-All Children
Data Source Year	2021_2022	2022_2023	2023_2024

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**	**2025**
Annual Objective	85.5	86	86.5
Annual Indicator	85.0	85.2	85.5
Numerator	49,114	49,097	49,017
Denominator	57,768	57,648	57,363
Data Source	NVSS	NVSS	NVSS
Data Source Year	2022	2023	2024

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**	**2025**
Annual Objective	31.6	32.3	33
Annual Indicator	32.5	31.7	33.5
Numerator	54,101	50,477	51,331
Denominator	166,466	159,459	153,418
Data Source	NSCH	NSCH	NSCH
Data Source Year	2021_2022	2022_2023	2023_2024

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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	31.5	32.1	32.7	33.3	33.9
Annual Indicator	29.2	29.9	31.2	32.3	34.6
Numerator	125,830	125,102	131,574	133,422	141,880
Denominator	430,350	418,899	421,426	413,095	410,028
Data Source	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD
Data Source Year	2019_2020	2020_2021	2021_2022	2022_2023	2023_2024

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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	21.4	21.8	22.2	22.6	23
Annual Indicator	34.0	34.6	31.2	27.7	28.7
Numerator	41,630	40,088	40,777	47,491	46,316
Denominator	122,493	115,904	130,758	171,387	161,633
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2019_2020	2020_2021	2021_2022	2022_2023	2023_2024

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)					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	79.5	80.1	80.8	81.4	82.1
Annual Indicator	71.4	71.8	73.4	74.1	74.1
Numerator	693,615	713,536	717,715	722,736	735,932
Denominator	971,414	993,299	978,344	975,577	992,920
Data Source	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2020	2021	2022	2023	2024

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)					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	199.0	198	197	196	195
Annual Indicator	180.0	171.0	196.5	180.5	186.4
Numerator	1,340	1,267	1,501	1,348	1,401
Denominator	744,359	740,993	763,933	746,849	751,526
Data Source	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT
Data Source Year	2019	2020	2021	2022	2023

HCUP statistics on SMM, NAS, and Non-fatal Injuries for data year 2023 reported prior to June 2026 incorrectly omitted some discharges due to a data error. These statistics were corrected and shared with HRSA on 7/23/2026.

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	2025
Annual Objective		
Annual Indicator	59.2	61.8
Numerator	713,566	742,555
Denominator	1,204,836	1,201,594
Data Source	National Survey of Childrens Health	National Survey of Childrens Health
Data Source Year	2022	2024
Provisional or Final ?	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	2025
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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	14.3	14	13.6	13.3	13
Annual Indicator	12.8	11.4	14.5	12.5	12.8
Numerator	76	65	81	68	67
Denominator	5,935	5,680	5,586	5,441	5,238
Data Source	Vital Records	Vital Records	Vital Records	Vital Records	Vital Records
Data Source Year	2021	2022	2023	2024	2025
Provisional or Final ?	Final	Final	Final	Final	Provisional

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2021**
	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 Records with missing/refused race/ethnicity were excluded from the calculation.	
2.	**Field Name:**	**2022**
	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 Records with missing/refused race/ethnicity were excluded from the calculation.	
3.	**Field Name:**	**2023**
	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 Records with missing/refused race/ethnicity were excluded from the calculation.	
4.	**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 Records with missing/refused race/ethnicity were excluded from the calculation.	
5.	**Field Name:**	**2025**
	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. 2025 infant death numbers are provisional. Rate per 1,000 live births Records with missing/refused race/ethnicity 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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	60	61.5	63	64.5	66
Annual Indicator	60.7	62.8	66.2	67.5	66.5
Numerator	13,134	13,115	12,987	12,654	12,079
Denominator	21,649	20,874	19,625	18,751	18,164
Data Source	Vital Records	Vital Records	Vital Records	Vital Records	Vital Records
Data Source Year	2018-2020	2019-2021	2020-2022	2021-2023	2022-2024
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) Individuals missing information on prenatal care are included in denominator. Includes Wisconsin residents only.

B) Percent of women receiving a quality postpartum visit:

Numerator: Respondents who indicated they had a quality postpartum visit (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).
Denominator: Respondents who indicated they had a postpartum visit

-Annual Indicator: 60.7%
-Data Source: WI PRAMS
-Data Source Year: 2019-2020

Missing/refused to answer were excluded from the calculation.

2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**

Field Note:
A) Individuals missing information on prenatal care are included in denominator. Includes Wisconsin residents only.

B) Percent of women receiving a quality postpartum visit:

Numerator: Respondents who indicated they had a quality postpartum visit (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).
Denominator: Respondents who indicated they had a postpartum visit

Respondents who indicated they had a postpartum visit
-Annuals Indicator: 58.2%
-Data Source: WI PRAMS
-Data Source Year: 2020-2021

Missing/refused to answer were excluded from the calculation.

3.	**Field Name:**	**2023**
	Column Name:	**State Provided Data**

Field Note:
A) Individuals missing information on prenatal care are included in denominator. Includes Wisconsin residents only.

B) Percent of women receiving a quality postpartum visit:

Numerator: Respondents who indicated they had a quality postpartum visit (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).
Denominator: Respondents who indicated they had a postpartum visit

Respondents who indicated they had a postpartum visit
-Annuals Indicator: 58.0%
-Data Source: WI PRAMS
-Data Source Year: 2021-2022

Missing/refused to answer were excluded from the calculation.

4.	**Field Name:**	**2024**
	Column Name:	**State Provided Data**

Field Note:
A) Individuals missing information on prenatal care are included in denominator. Includes Wisconsin residents only.

B) Percent of women receiving a quality postpartum visit:

*** Please note this question was changed on the PRAMS survey beginning in 2023, so the most recent data point will be from 2022 going forward ***

Numerator: Respondents who indicated they had a quality postpartum visit (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).
Denominator: Respondents who indicated they had a postpartum visit

Respondents who indicated they had a postpartum visit
-Annuals Indicator: 58.0%
-Data Source: WI PRAMS
-Data Source Year: 2021-2022

Missing/refused to answer were excluded from the calculation.

5.	**Field Name:**	**2025**
	Column Name:	**State Provided Data**

Field Note:
A) Individuals missing information on prenatal care are included in denominator. Includes Wisconsin residents only.

B) Percent of women receiving a quality postpartum visit:

*** Please note this question was changed on the PRAMS survey beginning in 2023, so the most recent data point will be from 2022 going forward ***

Numerator: Respondents who indicated they had a quality postpartum visit (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).
Denominator: Respondents who indicated they had a postpartum visit

Respondents who indicated they had a postpartum visit
-Annuals Indicator: 58.0%
-Data Source: WI PRAMS
-Data Source Year: 2021-2022

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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	60	7	8	9	10
Annual Indicator	0	77.3	76.4	80.4	74.6
Numerator	0	2,615,764	2,803,995	3,093,606	2,844,038
Denominator	100	3,382,082	3,668,434	3,849,504	3,810,830
Data Source	NA	Wisconsin Behavioral Risk Factor Surveillance Syst	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	2024
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: Not applicable, the Wisconsin Title V team identified this updated measure in 2022.	
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: Numerator and denominator are weighted. Missing/refused to answer were excluded from the calculation.	
3.	**Field Name:**	**2023**
	Column Name:	**State Provided Data**
	Field Note: Numerator and denominator are weighted. Missing/refused to answer were excluded from the calculation.	
4.	**Field Name:**	**2024**
	Column Name:	**State Provided Data**
	Field Note: Numerator and denominator are weighted. Missing/refused to answer were excluded from the calculation.	
5.	**Field Name:**	**2025**
	Column Name:	**State Provided Data**
	Field Note: Numerator and denominator are weighted. Missing/refused to answer were excluded from the calculation.	

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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	60	70	80	90	100
Annual Indicator	63.6	63.6	63.6	63.6	63.6
Numerator	7	7	7	7	7
Denominator	11	11	11	11	11
Data Source	Title V State Action Plan	Title V State Action Plan	Title V State Action Plan	Title V State Action Plan	Title V State Action Plan
Data Source Year	2021	2022	2023	2024	2025
Provisional or Final ?	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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective		26	25.5	24.8	24
Annual Indicator		33.7	33.7	35	35
Numerator		615	615	1,870	1,870
Denominator		1,827	1,827	5,343	5,343
Data Source		Wisconsin Youth Risk Behavior Surveillance Survey	Wisconsin Youth Risk Behavior Surveillance Survey	Wisconsin Youth Risk Behavior Surveillance Survey	Wisconsin Youth Risk Behavior Surveillance Survey
Data Source Year		2021	2021	2023	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: 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: Numerator and denominator are weighted.	
3.	**Field Name:**	**2023**
	Column Name:	**State Provided Data**
	Field Note: No new data	
4.	**Field Name:**	**2024**
	Column Name:	**State Provided Data**
	Field Note: Numerator and denominator are weighted.	
5.	**Field Name:**	**2025**
	Column Name:	**State Provided Data**
	Field Note: No new data	

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

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

Measure Status:	Active

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

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.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

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

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

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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	52	53	54	55	56.1
Annual Indicator	54.8	65.3	65	66.5	67.4
Numerator	3,127	3,600	3,548	3,516	3,448
Denominator	5,707	5,516	5,460	5,290	5,116
Data Source	Vital Records	Vital Records	Vital Records	Vital Records	Vital Records
Data Source Year	2021	2022	2023	2024	2025
Provisional or Final ?	Final	Final	Final	Final	Final

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:**	**2021**
	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. Records with missing breastfeeding data are not included in the denominator.	
3.	**Field Name:**	**2022**
	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. Records with missing breastfeeding data are not included in the denominator.	
4.	**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. Records with missing breastfeeding data are not included in the denominator.	
5.	**Field Name:**	**2024**
	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. Records with missing breastfeeding data are not included in the denominator.	
6.	**Field Name:**	**2025**
	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. Records with missing breastfeeding data are not included in the denominator.	

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

Measure Status:				Active	
State Provided Data					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	66.4	67.4	68.4	69.4	70.3
Annual Indicator	63.5	71.4	73.3	76.5	69.5
Numerator	342	360	357	339	308
Denominator	539	504	487	443	443
Data Source	Vital Records	Vital Records	Vital Records	Vital Records	Vital Records
Data Source Year	2021	2022	2023	2024	2025
Provisional or Final ?	Final	Final	Final	Final	Final

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:**	**2021**
	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. Records with missing breastfeeding data are not included in the denominator.	
3.	**Field Name:**	**2022**
	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. Records with missing breastfeeding data are not included in the denominator.	
4.	**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. Records with missing breastfeeding data are not included in the denominator.	
5.	**Field Name:**	**2024**
	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. Records with missing breastfeeding data are not included in the denominator.	
6.	**Field Name:**	**2025**
	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. Records with missing breastfeeding data are not included in the denominator.	

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**	**2025**
Annual Objective			12	14
Annual Indicator	9.4	12.5	13.5	16.7
Numerator	9	12	13	16
Denominator	96	96	96	96
Data Source	Grants and Contracts Supplement	Grants and Contracts Supplement	Grants and Contracts Supplement	Grants and Contracts Supplement
Data Source Year	2022	2023	2024	2025
Provisional or Final ?	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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	75	76	77	79	80
Annual Indicator	91.7	85.7	100	88.9	86.7
Numerator	11	6	11	8	13
Denominator	12	7	11	9	15
Data Source	Self-Report Survey	Self-Report Survey	Self-Report Survey	Self-Report Survey	Self-Report Survey
Data Source Year	2021	2022	2023	2024	2025
Provisional or Final ?	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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	75	76	77	79	80
Annual Indicator	98	98.4	98.9	95.2	98.9
Numerator	98	63	86	20	86
Denominator	100	64	87	21	87
Data Source	Self-Report Survey	Self-Report Survey	Self-Report Survey	Self-Report Survey	Self-Report Survey
Data Source Year	2021	2022	2023	2024	2025
Provisional or Final ?	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**	**2025**
Annual Objective			90	95	98
Annual Indicator	88	90.4	89.3	83.6	91.6
Numerator	88	15,480	10,696	9,537	8,647
Denominator	100	17,124	11,979	11,414	9,441
Data Source	Reproductive Health Program Data	Reproductive Health Program Data	Reproductive Health Program Data	Reproductive Health Program Data	Reproductive Health Program Data
Data Source Year	2021	2022	2023	2024	2025
Provisional or Final ?	Final	Final	Final	Final	Final

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
Due to staff turnover, we no longer have access to the 2021 numerator and denominator for this indicator. The percentage is 88%, and is reflected accurately in the Annual Indicator field.

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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	72.6	73.6	74.6	75.6	76.6
Annual Indicator	84	82.4	82.4	80.9	80.9
Numerator	84	1,466	1,466	1,837	1,837
Denominator	100	1,779	1,779	2,271	2,271
Data Source	Wisconsin Youth Risk Behavior Survey	Wisconsin Youth Risk Behavior Survey	Wisconsin Youth Risk Behavior Survey	Wisconsin Youth Risk Behavior Survey	Wisconsin Youth Risk Behavior Survey
Data Source Year	2019	2021	2021	2023	2023
Provisional or Final ?	Final	Final	Final	Final	Final

Field Level Notes for Form 10 ESMs:

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:**	**2023**
	Column Name:	**State Provided Data**
	Field Note: No new data available.	
3.	**Field Name:**	**2025**
	Column Name:	**State Provided Data**
	Field Note: No new data available.	

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					
	2021	**2022**	**2023**	**2024**	**2025**
Annual Objective	0	0	0	0	0
Annual Indicator	1,272	2,586	6,475	6,654	3,142
Numerator					
Denominator					
Data Source	REDCap Agency Reports	REDCap Agency Reports	REDCap Agency Reports	REDCap Agency Reports	REDCap Agency Reports
Data Source Year	2021	2022	2023	2024	2025
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:	**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
Population Health Significance:	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.

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
Population Health Significance:	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.

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:	**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.
Population Health 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:	**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:	A) WISH (https://www.dhs.wisconsin.gov/wish/index.htm) 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.
Population Health 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

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>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%.</td></tr>
<tr><td>Definition:</td><td>
<table>
<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>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>Wisconsin Behavioral Risk Factor Surveillance System</td></tr>
<tr><td>Population Health Significance:</td><td>Via environmental and social barriers, too many Wisconsinites are lacking meaningful social connections, which can lead to increased risk of adverse health outcomes.</td></tr>
</table>

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:	**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
Population Health 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:	**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
Population Health 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:	**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.
Population Health 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:	**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.
Population Health 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.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:	**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.
Population Health 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:	**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.
Population Health 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.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:	**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.
Population Health 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).
Population Health 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:	**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.
Population Health 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:	**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.
Population Health 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.
Population Health 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><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>
Data Sources and Data Issues:	Annual Grants and Contracts Supplement
Evidence-based/informed strategy:	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. Develop and implement strategies for local and tribal health agencies focused on physical activity and nutrition, based on community input from 2021 survey results.
Population Health Significance:	Too few children ages 6 to 11 in Wisconsin are active for at least 60 minutes per day. 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.

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

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>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.</td></tr>
<tr><td>Definition:</td><td>
<table>
<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>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>Qualtrics tracking system will be used. The system was piloted in 2020 and no issues are anticipated.</td></tr>
<tr><td>Population Health Significance:</td><td>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.</td></tr>
</table>

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:	**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.
Population Health 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.
Population Health 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:	**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.
Population Health 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:	**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
Population Health 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 2025

	Access				Linkages	
Data Sources	(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		• Hospital discharge
2) Vital Records Death	Yes	Yes	Daily	0	Yes	• Hospital discharge
3) Medicaid	No	No	Never	NA	Yes	
4) WIC	No	No	Never	NA	No	
5) Newborn Bloodspot Screening	Yes	Yes	Daily	0	Yes	
6) Newborn Hearing Screening	Yes	Yes	Daily	0	Yes	
7) Hospital Discharge	Yes	Yes	Quarterly	5	Yes	• Vital records
8) PRAMS or PRAMS-like	Yes	Yes	Annually	16	Yes	

Other Data Source(s) (Optional)

	Access				Linkages	
Data Sources	(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	10	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 SystemS	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 2025

Products and Publications information has not been provided by the State.