

STATE TITLE V BLOCK GRANT NARRATIVE

STATE: **WI**

APPLICATION YEAR: **2005**

I. General Requirements

[A. Letter of Transmittal](#)

[B. Face Sheet](#)

[C. Assurances and Certifications](#)

[D. Table of Contents](#)

[E. Public Input](#)

II. Needs Assessment

III. State Overview

[A. Overview](#)

[B. Agency Capacity](#)

[C. Organizational Structure](#)

[D. Other MCH Capacity](#)

[E. State Agency Coordination](#)

[F. Health Systems Capacity Indicators](#)

IV. Priorities, Performance and Program Activities

[A. Background and Overview](#)

[B. State Priorities](#)

[C. National Performance Measures](#)

[D. State Performance Measures](#)

[E. Other Program Activities](#)

[F. Technical Assistance](#)

V. Budget Narrative

[A. Expenditures](#)

[B. Budget](#)

VI. Reporting Forms-General Information

VII. Performance and Outcome Measure Detail Sheets

VIII. Glossary

IX. Technical Notes

X. Appendices and State Supporting documents

I. GENERAL REQUIREMENTS

A. LETTER OF TRANSMITTAL

The Letter of Transmittal is to be provided as an attachment to this section.

B. FACE SHEET

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. ASSURANCES AND CERTIFICATIONS

ASSURANCES & CERTIFICATIONS Attached

D. TABLE OF CONTENTS

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

E. PUBLIC INPUT

//2005/ The current Wisconsin Title V MCH/CSHCN Program MCH Services Block Grant Application is found on the Department of Health and Family Services web site http://dhfs.wisconsin.gov/DPH_BFCH/PublicInput.htm. The public is encouraged to provide comments on the application. In addition, we sent a request for public input to members of the MCH Program Advisory Committee, the five DPH Regional Office, Local Public Health Departments, County Parent Liaisons, MCH Coalition members, MCH Statewide-funded projects, and the Regional CSHCN Centers. We also placed the request for comment on various web-based/electronic communication systems to include: the Wisconsin Health Alert Network, MCH/CSHCN Update, Children's Health Alliance of Wisconsin, Family Action Network, Disability Advocates of Wisconsin and CPL listservs. We did a targeted outreach effort to reach parents and family members by inserting the request for public comment along with the announcement of the annual Families Conference "Circles of Life". Close to 580 attended the conference. Public comments were received from interested Wisconsin residents, local public health professionals and community-based agencies and are on file for review. Highlights include: CSHCN issues-medical home, health benefits counseling, dental access/care, disability expertise for children, child care, family support and education, medical nutrition therapy, respite care, long-term support; dental access and care, to include prevention and treatment; health disparities; nutrition and physical activity; environmental and policy change funding; and breastfeeding education/promotion. //2005//

II. NEEDS ASSESSMENT

In application year 2005, the Needs Assessment may be provided as an attachment to this section.

III. STATE OVERVIEW

A. OVERVIEW

STATE HEALTH AGENCY'S CURRENT PRIORITIES

//2003/ Wisconsin's State Health Plan, Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public was released in early 2002. See Appendix 1, Healthiest Wisconsin 2010 and Executive Summary. These documents can also be found at <http://dhfsweb/DPH/StateHealthPlan/index.htm>.

The state public health plan fulfills the legislative requirement to develop a state public health plan at least once every ten years as required in s. 250.07 Wisconsin Statutes. Participation in the implementation of this plan over the next decade will involve a wide diversity of partners including state and local government, not-for-profit and private sector, and consumers.

The Healthiest Wisconsin 2010 defines "public health" and the 12 essential public health services. The document describes the five system (infrastructure) priorities and the 11 health priorities that will set the stage for public health programs. The system priorities are: 1) integrated electronic data and information systems, 2) community health improvement processes and plans, 3) coordination of state and local public health system partnerships, 4) sufficient and competent workforce, and 5) equitable, adequate, and stable financing.

Wisconsin's 11 health priorities, listed alphabetically, are:

- * access to primary and preventive health services;
- * adequate and appropriate nutrition;
- * alcohol and other substance use and addiction;
- * environmental and occupational health hazards;
- * existing, emerging and re-emerging communicable diseases;
- * high-risk sexual behavior;
- * intentional and unintentional injuries and violence;
- * mental health and mental disorders;
- * overweight, obesity, and lack of physical activity;
- * social and economic factors that influence health; and
- * tobacco use and exposure.

Underlying Healthiest Wisconsin 2010 is the comprehensive view of health that we have long embraced in Maternal and Child Health (MCH). This includes not only physical and mental health but also social, spiritual, and community well being. This view of health affirms the essence of MCH, which lies not only in the prevention and reduction of morbidity, mortality, and risk but also in the fostering of the potential for children and families to become compassionate, productive, and dignified citizens.

Starting in 2003, the Wisconsin Title V MCH/CSHCN Program will convene, once a year, a symposium to provide long-term ideas, approaches, and recommendations for implementing the MCH components of Healthiest Wisconsin 2010. The participants in each symposium will represent the widest possible diversity of stakeholders ? including families, community advocates, public health, spiritual representatives, policy makers, academicians, and others. The first symposium will address the Healthiest Wisconsin 2010 priority of mental health as it applies to the MCH population. //2003//

//2004/ Phase 2 of Wisconsin's State Health Plan is the development of the Implementation Plan. The purpose of the Implementation Plan is to identify 10-year long-term outcome objectives as related to each of the 11 health priorities and related federal Healthy People 2010 objectives. The Plan identifies actions that can be accomplished through education, social support, laws, policies, incentives, and behavioral change. The logic model serves as the basis for planning. The plan is accessible on line at www.dhfs.state.wi.us/Health/StateHealthPlan/ImplementationPlan/. In 2003, the Title V MCH/CSHCN Program is supporting the perinatal summit, Healthy Babies in Wisconsin: A Call to Action. See Annual Symposium in Section III. B. //2004//

//2005/ A navigational tool was prepared to assist Wisconsin LPHDs to see the direct connection between Healthiest Wisconsin 2010 priorities and objectives, and Maternal and Child Health programs (including Children with Special Health Care Needs) as they consider making application for Blue Cross/Blue Shield (BC/BS) resources. This is important because both of Wisconsin's medical schools require that BC/BS applications align with the state health plan's priorities. A copy of the tool is available upon request. //2005//

PRINCIPAL CHARACTERISTICS OF WISCONSIN

Population and Distribution - The state's estimated population for 1999 of 5,250,446 reflects a slight increase over the 1998 estimated level of 5,222,124. Wisconsin's population growth is expected to continue. Wisconsin has 72 counties with the greatest growth rate found in the northeastern part of the state or the Fox Valley where Oshkosh, Neenah, Menasha, Appleton, and Green Bay are located. Other growth areas include the Wisconsin River Valley, Dane County (Madison), and southeastern Wisconsin. During 1997, the largest numeric growth occurred in Waukesha and Dane counties with nearly 40,000 residents each.

Wisconsin is a predominantly rural state with 96 people per square mile. However, the population density varies greatly from county to county. For example, Milwaukee County in the southeastern part of the state has 3,950 people per square mile while Iron County, in the upper tier of northern Wisconsin has only eight people per square mile.

Females make up 51% of the state's population. The number of children under the age of 18 is 1,357,620 (1998 estimate) making up 30% of the state's population. The largest percentage of children live in the southeastern portion of the state (38%) and the smallest percent of children (9%) live in Wisconsin's northern tier.

The 1990 data indicates that 18% of children lived in single parent households. Births to single mothers have increased slightly from 25% in 1991, 27% in 1993 and 1995, and 28% in 1996 and 1997. The marriage rate per 1,000 residents has continued to decrease slightly from 7.6 in 1991 to 6.8 in 1997. The divorce rate per 1,000 residents has remained fairly static since 1993 hovering at 3.5 to 3.3 in 1997.

//2002/ Wisconsin's population continues to grow. According to the U.S. Census data collected in 2000, there are 5,363,675 people in Wisconsin. This is up from 1999 estimated figure of 5,250,446 and the 1998 estimated level of 5,222,124.

//2003/ Replaced with 2004 text. //2003//

//2004/ Please note that 2003 text was replaced with this section. Wisconsin's population, according to the 2000 U.S. Census, was 5,363,675 persons, a 9.6% increase from 1990. 2000 was the first year that census respondents were allowed to identify themselves as being of more than one race and about 1.2% of Wisconsin individuals selected multiple races. Therefore, comparisons of race/ethnic groups in Wisconsin are approached cautiously. From the 2000 census, single race and ethnic categories were the following: 88.9% White, 5.7% Black, 0.9% American Indian, 1.7% Asian (Hmong and Laotian are the two largest Asian groups), 1.6% other races, 1.2% two or more races, and 3.6% of Hispanic origin, any race. In 2000, Milwaukee County had the largest percentage of African Americans at 76%, followed by Racine County (7%), and other counties in the southeastern part of the state. Also, for the first time, more than half of Milwaukee County's population was non-white. About 29% of the state's population were children, birth to 19 years; 39% of these children live in the southeastern portion of the state which includes the county and city of Milwaukee.

Since 2000, four areas show strong growth in Wisconsin: the Fox Valley (Oshkosh, Neenah, Menasha, Appleton, and Green Bay), Dane County (Madison), far western Wisconsin (adjacent to the Twin Cities of St. Paul and Minneapolis), and southeastern Wisconsin. From 2000 to 2002, Dane County gained more than 12,355 residents, followed by Waukesha County's gain of 7,310 residents.

Wisconsin is a predominantly rural state with about 98 people per square mile; in comparison, Milwaukee County has 3,891 people per square mile. The 2000 census data indicate that of the total households, 66.5% are family households and 33.5% are nonfamily households. Births to single mothers has remained stable at 30% from 1999 to 2001, compared to 25% in 1991. In 2001, the marriage rate was 6.5 per 1,000 total population, consistent with the trend of decreasing marriage rates since 1980 when the rate was 8.7. The 2001 divorce rate of 3.3 per 1,000 population was a slight increase from 3.2 in 2000, but represented a general decrease in the divorce rate from 3.7 in 1997. //2004//

//2005/ No significant changes. This information will be updated in the 2006 application as part of the required five year needs assessment. //2005//

Income and Poverty in Wisconsin - Despite record low unemployment (5.5% in 1991 to 3.7% in 1998) and continued economic growth, Wisconsin's working families lost ground last year according to the U.S. Census Bureau. Wisconsin saw a decline in household income between 1996 and 1997, according to the Census Bureau's annual report on income and poverty. Adjusted for inflation, household income in Wisconsin fell from \$42,026 to \$40,257, a decline of 4.5%.

Wisconsin's poverty rate for all ages showed a slight decline, falling from 8.7% in 1995-1996 to 8.5% in 1996-1997. However, children are more likely to live in poor families. Since the late 1970s, the poverty rate among Wisconsin's children (1997) has increased 50% from 10.4% to 15.1%, with those under the age of five most likely to live in impoverished families. Two counties in Wisconsin, Menominee and Milwaukee, have the highest percentage of children living in poverty--well above the state's average at 38% and 29% respectively.

//2002/ No significant changes.

//2003/ Low unemployment (3% in 1999 and 2000) and continued economic growth allowed Wisconsin's working families to gain ground according to the U.S. Census Bureau. Wisconsin saw an increase in household income between 1997 and 1999. Adjusted for inflation, the average annual household income in Wisconsin rose from \$41,670 during 1997-1998 to \$44,032 during 1998-1999, an increase of 5.7%.

Wisconsin's poverty rate for all ages showed a slight increase, climbing from 8.5% in 1997-1998 to 8.7% in 1998-1999. The poverty rate among Wisconsin's children (1997) has increased from 10.4% to 14.3%. Menominee and Milwaukee counties continue to have the highest percentage of children living in poverty; 33% and 28%, respectively. Other counties with child poverty rates higher than 20% included Ashland, Barron, Bayfield, Douglas, Rusk, and Sawyer. //2003//

//2004/ The following table, adapted from the Anne E. Casey Foundation, Kids Count Census Data for 2000, summarizes, by percentages, major indicators of child well-being in Wisconsin compared to the U.S. (See Attached 'Indicator Table')

Aside from the percentage of children with one or more disabilities where Wisconsin has a slightly higher rate, Wisconsin's children are faring relatively better compared to their national peers.

The following employment data show Wisconsin's unemployment rate was lower in 2000 at 3.5% compared to 4.4% in 1990. For the years 1995, 2000, 2001, and 2002, Wisconsin's unemployment rate was consistently lower than the U.S. rate. Nonetheless, since September 11, 2001 and the economic downturn during this decade, Wisconsin's economy is stagnating and more families are at risk. (See Attached 'Employment Table')

Many of Wisconsin's jobless population live in the inner-cities of the southeast part of the state where there are fewer opportunities for jobs that require access to reliable transportation and child care. Also, Wisconsin is dependent on seasonal workers for food processing and tourism reflecting fluctuations in employment figures. //2004//

/2005/ No significant changes. //2005//

Wisconsin's Racial and Ethnic Composition and Health Disparity - It is expected that Wisconsin's population will continue to increase in racial and ethnic diversity to further enrich the state. The population of Wisconsin is primarily non-Hispanic White (87% in 2000). The racial and ethnic groups, African Americans, American Indians, Southeast Asians, and Hispanics report a youthful age structure with proportionately more women entering the childbearing ages.

In 2000, African Americans represented the largest racial minority group comprising about 5.7% of the total population. The Hispanic-origin population (of any race) constituted the second largest minority group in Wisconsin (3.6%). Although births to Hispanic women still constitute a small percentage (6%) of Wisconsin's total 1999 number of births, the percentage of Hispanic births has tripled in the last ten years. The American Indian population in Wisconsin includes several distinct nations: the Chippewa (Ojibwa), Oneida, Winnebago, Menominee, Stockbridge-Munsee, and the Potawatomi. The 2000 Census count was 47,228 American Indians in Wisconsin, an increase from 38,986 in 1990. The Southeast Asian population includes people of diverse national origins to include Hmong, Laotian, Vietnamese, Thai, and Cambodian has grown from 52,782 people in 1990 to 88,763 in 2000.

/2003/ In 2000, births to Hispanic women increased, although they still constitute a small percentage of Wisconsin's total number of births (6.5%). *//2003//*

/2004/ Although racial and ethnic minorities comprise a small percentage of Wisconsin's population (see above), it is expected that Wisconsin's population will continue to increase in racial and ethnic diversity to further enrich the state. Nonetheless, health disparities between Whites and other racial groups are prominent. Infant mortality, often used as a measure of a society's overall well-being, is significant in Wisconsin. The overall infant mortality in 2001 was 7.1 per 1,000 live births; the White rate was 5.7, a slight increase from 5.6 in 2000, but a marked decrease since 1980 when it was 9.3. The Black infant mortality rate was at its lowest for the past two decades in 1997 at 13.4. Since then it increased steadily, to 18.7 in 2001, and aside from some fluctuations to a low of 13.4 in 1997 it is essentially the same now as it was in 1980 at 18.2. There are too few infant deaths in the other racial/ethnic groups to calculate annual rates; therefore, the following three-year averages from 1999-2000 are American Indian: 10.7, Hispanic: 6.4, Asian (Laotian/Hmong): 6.1.

The following table shows disparities by leading cause of death, all Wisconsin, compared to race/ethnic groups, all ages, 1996-2000. (See Attached 'Leading Cause of Death Table')

/2005/ No significant changes. //2005//

FACTORS IMPACTING UPON THE HEALTH SERVICES DELIVERY ENVIRONMENT

In Wisconsin, programs that impact upon the health services delivery environment include BadgerCare and outreach efforts, Medicaid Health Maintenance Organizations (HMOs), Temporary Assistance for Needy Families (TANF), and Wisconsin Works (W-2). In addition, other efforts in Wisconsin that influence the health services delivery environment include: Reproductive Health and Family Planning Services, Blue Cross Blue Shield Public Health Foundation, and Tobacco Control Settlement.

BadgerCare - Wisconsin's Title XXI, Children's Health Insurance Program (CHIP), known as BadgerCare, has continued to grow. The program enrolled 61,531 persons in its first nine months of operation, surpassed another budgeted enrollment target in 2000, and finished the calendar year at 78,063 total enrollees. BadgerCare employs a fundamentally different program design than do most CHIPs, enrolling families with dependent children who lack insurance, and whose incomes do not exceed 185% of federal poverty guidelines. The state negotiated a waiver with the CMS for its program design. Adult enrollment has continued at higher-than-expected levels, with 51,885 adults and 26,178 children at the end of calendar year 2000. In early February 2001, the legislature enacted emergency funding for BadgerCare, to ensure that enrollment would not be restricted.

/2003/ BadgerCare's enrollment growth continued in 2002, rising to a peak of 92,409 as of January 2002. In the state's 2001-2003 biennial budget, the legislature enabled further enrollment growth by providing additional funding.

However, a more accurate measure of access to health insurance for Wisconsin's low-income persons is the "family Medicaid total". This category combines both BadgerCare (CHIP) and the Medicaid enrollment of low-income families with children. This total rose by 54,887 in 2001, a 17.6% increase from a year earlier. Persons who were laid off from work may make application immediately for BadgerCare upon losing employer-provided insurance. A three-month waiting period, initially implemented to prevent "crowd-out" of private insurance, is waived in the event of involuntary job loss.

Adult enrollment compared to child enrollment continued at approximately a 2-to-1 ratio. As of January 2002, adult enrollees in BadgerCare totaled 62,155 and children totaled 30,254. The proportion of adult enrollees has been a key aspect of BadgerCare's growth. Initial program projections from 1999 forecast roughly the same numbers of children and adults. The greater proportion of adults coming into the program caused program expenditures to grow because of adults' propensity to have more costly medical problems.

Another major change to BadgerCare was the federal approval of Wisconsin's waiver request for enhanced Title XXI funding for enrolled parents. As part of the agreement, Wisconsin's BadgerCare program implemented simplified application processes, including a mail-in application. Also, the "asset test" was removed for all family Medicaid applicants. More recently, Governor McCallum announced that Medicaid and BadgerCare would be exempt from cuts in his "budget repair bill" necessitated by an estimated \$1.1 billion shortfall in the state's 2001-2003 biennial budget. //2003//

/2004/ BadgerCare's growth continued through 2002 and into the first quarter of 2003 driven by word-of-mouth and demand for health insurance caused by job losses. In the state's 2001-2003 biennial budget, the Legislature enabled continued enrollment to 93,715 by providing additional funding. BadgerCare remains "open for enrollment", even though the state now struggles with a \$3.2 billion budget deficit. In March 2003, BadgerCare's enrollment stood at 106,654; of that total, 71,108 are adults and 35,546 are children. However, BadgerCare's popularity has also driven "family Medicaid" in Wisconsin higher, because the state's enrollment system seamlessly categorizes family members into either BadgerCare or Medicaid. Total "family Medicaid" enrollment in 2002 increased 14.9% from December 2001 through December 2002. A measure of the BadgerCare's overall positive effect in insuring low-income children and families is that family Medicaid has doubled from July 1999 ? the date of the CHIP program's inception ? through January 2003. In January, the family Medicaid total was 431,261. //2004//

/2005/ BadgerCare's enrollment growth continued in 2003, although at a more moderate pace than in earlier years of the CHIP program. In March 2003, there were 71,108 adults and 35,546 children enrolled, for a total of 106,654. By March 2004, there were 114,237 total enrollees, with 76,881 adults and 37,356 children. Enrollment increased by 7.1% in that period, significantly less than in previous years. The ratio of adults to children remained at 2-to-1. Perhaps the most important development, however, is that enrollment remains open to new applicants. In May 2004, Governor Doyle gave BadgerCare a ringing endorsement as a program supportive of his vision of "healthy kids." //2005//

Outreach Efforts - An overarching lesson in Wisconsin's early experience with CHIP is the critical importance of effective outreach. It is critical to carry out a coordinated campaign to communicate the availability of these benefits to families and help them "navigate the system." A dramatic 19% drop in the state's Medicaid rolls underscored the need for such outreach, the largest percentage drop in the nation, occurring from 1995 to 1997. The Wisconsin Title V MCH/CSHCN Program has shown its commitment to outreach in the Medicaid program in the last year, with notable results.

Several major public health outreach strategies have been implemented: the "free and reduced price

lunch" initiative; the promotion of Health Professional Shortage Area (HPSA) bonuses for treating certain Medicaid recipients; and LPHD outreach activities. Thorough use of the subsidized lunch program data by school districts has allowed continued targeted outreach in 2000. In 2000, certain health departments chose to conduct Medicaid outreach activities.

/2003/ Nine LPHDs, mainly in the state's more populous counties, were funded to conduct Medicaid and BadgerCare outreach in 2001. Federal Medicaid outreach monies from the original W-2 law allocation were used. The participating LPHDs were: Manitowoc, Outagamie, Beloit, Ozaukee, Waukesha, Eau Claire, Kenosha, LaCrosse, and Milwaukee. All of these LPHDs exceeded their initial enrollment increase targets of 5% for calendar 2001. All recorded enrollment increases ranged from 37.7% in Manitowoc to 10.7% in Milwaukee County. Moreover, six of the nine counties' enrollment increases exceeded the overall statewide enrollment percentage increase of 17.6%.

In particular, pregnancy outreach continues to show its effectiveness. Wisconsin's Medicaid for pregnant women and children who qualify at higher income levels is known as "Healthy Start". In 2001, the Healthy Start brochure for certain pregnant women and children remained one of the Department of Health and Family Services' (DHFS) most requested brochures. Phone calls about the Healthy Start program to Wisconsin's Title V MCH/CSHCN Program-funded MCH hotline increased by 9% over the previous year. These outreach activities are a contributing factor to the 10.8% increase in Healthy Start enrollment in 2001. //2003//

/2004/ LPHDs remain focused on outreach. A statewide Covering Kids and Families (CKF) Coalition elected two LPHDs, City of Milwaukee and LaCrosse County, to serve as "local coalitions" in the health coverage outreach initiative. The Robert Wood Johnson Foundation funds the initiative. In addition, the Title V MCH/CSHCN Program, FHS Program Planning Analyst was elected as the CKF Coalition co-chair. Finally, several health departments continue to serve as ad hoc, unpaid volunteers in the statewide coalition. The initiative keeps the attention focused on Medicaid outreach, and address emerging problems, such as unemployed families facing health insurance loss as well as job loss.

On a less positive note, our longtime pregnancy outreach brochure, for the Healthy Start program, was discontinued. The brochure had been the department's most-requested brochure for many years. (It is now available on the Department's website.) Even so, overall Healthy Start enrollment rose in 2002 by 3.1%, from 116,492 in December 2001, to 120,128. //2004//

/2005/ As enrollment has increased in Medicaid/BadgerCare, and overall health insurance status increased to about 97% of children status, there is comparatively less need to perform ongoing outreach. These efforts continue, but with less emphasis than in the past. To that end, the Bureau of Family and Community Health outreach consultant resigned as co-chair of the Covering Kids and Families Coalition in Wisconsin in order to pursue more pressing priorities such as the Blue Cross/Blue Shield Grants Initiative. //2005//

Medicaid Health Maintenance Organizations (HMOs) - The Medicaid managed care delivery system in Wisconsin encountered continuing changes, as a result of continuing market changes and consolidation in the HMO industry. Three HMOs, CompCare, Valley Health Plan, and Dean Health Plan, have decided to withdraw or reduce their enrollment. These revisions may change the need for recipients to mandatorily sign up with HMOs. However, new recipients may sign up for BadgerCare or Medicaid and be treated in a "fee-for-service" environment even if no Medicaid HMOs are available in a certain geographic area. While managed care organizations have certain benefits, such as better performance on HealthChecks, families of children with special health care needs sometimes prefer having their children treated in a fee-for-service environment. "Non-mandatory" status allows such families to do that. Overall, 46% of the state's counties, including the state's urban areas, are considered "mandatory" counties. Most "non-mandatory" counties are concentrated in the more rural northern half of the state.

/2003/ Continued changes in Wisconsin's managed care marketplace occurred in 2001. Overall, about

280,000 Medicaid and BadgerCare recipients, or about 74% of the family Medicaid total, receive their health care through HMOs. Of particular importance to the Medicaid program was the withdrawal of Humana in the Milwaukee market. As a result, Managed Health Services HMO assumed responsibility for those Medicaid recipients who had been served by Humana. //2003//

/2004/ In 2002, no major systemic changes occurred regarding managed care for MCH populations. We will watch how the new federal regulation may cause changes in Medicaid managed care in the future. To date, we have not been invited to provide any input on this comprehensive rewrite of managed care regulations for Wisconsin. This is in contrast to a comprehensive advisory committee process when the MA managed care system expanded statewide in the late 1990s. //2004//

/2005/ Even in a difficult state budget scenario, the state may need to increase its payments to Medicaid HMOs. The last contracts with HMOs expired at the end of 2003, though DHFS renewed the contracts for an additional four months. Some of the managed care providers have said they are unwilling to continue serving the Medicaid population without significant rate increase. When the final contract was agreed upon, effective May 2004, 13 HMOs agreed to provide services, but two more counties were designated "fee-for-service-only". //2005//

Wisconsin Works (W-2) - W-2 is based on work participation and personal responsibility. The TANF program in the state is known as Wisconsin Works (W-2). Under W-2, there is not an entitlement to assistance, however there is a place for everyone who is willing to work to their ability. The program is available to eligible parents with minor children with low assets and low income. Each W-2 eligible participant meets with a Financial and Employment Planner who helps the participant develop a self-sufficiency plan and determine his/her place on the W-2 employment ladder. The ladder consists of four levels of employment and training options, in order of preference: 1) Unsubsidized Employment, 2) Trial Jobs (subsidized employment), 3) Community Service Jobs (CSJ), and 4) Wisconsin Works Transition (W-2 T).

W-2 participants are limited to 24 months in a single employment position category (Trial Jobs, CSJs, or W-2 T). The maximum lifetime limit is 60 months. Extensions may be available on a limited basis when barriers exist that prevent employment. A major part of W-2 consists of related support services and features designed to facilitate access to and sustain employment.

As a result of W-2, there has been a growing need for quality child care that is accessible, affordable and can adequately meet the complex needs of children with special health conditions. By the end of 2000, total W-2 cases in Wisconsin had dropped to 6,500 from 100,000 in 1997. A program evaluation has shown that, all W-2 participants who left the program in the first quarter of 1998, and who also filed 1999 state tax returns, reported incomes averaging \$11,998. About two-thirds of this segment had incomes below the poverty level.

/2003/ In 2001, Wisconsin's W-2 program caseload increased after a significant decline in the late 1990s. According to the state DWD, the program's statewide caseload increased from 10,911 in December 2000, to 12,259 in December 2001. Wisconsin uses TANF funding for more than 40 programs such as W-2, child care, transportation, education and training, and others designed to assist low income families. TANF must be reauthorized before September 2002 for these programs to continue. //2003//

/2004/ The continuing economic downturn appears to be contributing to increased W-2 caseload numbers. In 2001, the statewide W-2 caseload increased from 10,911 in December 2000, to 12,259 in December 2001, to 14,137 in December 2002. Of that total, 78% of the cases were in Milwaukee County. The fact that caseloads have increased after the significant decline in the late 1990s is cause for concern. //2004//

/2005/ Even as the national economy improves, the statewide total W-2 caseload numbers have continued to increase. As of April 2004, Wisconsin Works total caseloads have increased to 15,226 in Wisconsin. Of that total 79%, or 12,028 cases, are in Milwaukee County, the state's

most populous county. The fact that caseloads continue to increase may be attributed to the fact that Wisconsin, with its relative dependence on the manufacturing sector, has been particularly hard-hit by manufacturing job losses. Also a potential factor is that, beginning in late 2002, the DWD began to implement its "informed choice" administrative philosophy to replace the previous "light touch" philosophy. The latter "light touch" had officially promoted the idea that "many persons do better with just a light touch; the new system should provide only as much service as an eligible person asks for or needs". However, many W-2 caseworkers interpreted this policy as meaning that they would not assist in enrolling participants in related support services, such as Medicaid and food stamps, unless the W-2 enrollee specifically asked for them. DWDs official statements had previously included the statement that "there are no entitlements," although Medicaid has always remained a legal entitlement. In summary, the more service-oriented "informed choice" approach may be responsible with enrolling more participants into W-2 and related programs such as Medicaid and food stamps. //2005//

Reproductive Health and Family Planning Services - The Title X grantee in Wisconsin is Planned Parenthood of Wisconsin, Inc. Delivery of Title X-funded family planning services is coordinated with the Title V MCH/CSHCN Program/ Wisconsin General Purpose Revenue (GPR) funded services statewide. Services are located within 68 of the 72 Wisconsin counties. Services to residents within the four counties (without services) are available in surrounding counties. Title X funds are currently used to subsidize family planning services in 13 of the 72 Wisconsin counties. Wisconsin's Title X allocation is approximately \$3 million.

Division of Public Health (DPH)-funded family planning services support the provision of Title X services within the 13 counties, and in the remaining eight counties historically designated as Title X. Pregnancy testing and short-term care coordination, Pap tests, sexually transmitted disease tests, chlamydia treatment medications for patients and their partners, and continuing education, training, and technical assistance (TA) for Title X providers is supported through DPH's family planning program.

/2003/ To ensure that staff working with DPH-supported family planning/reproductive health clinics are clear about policy and practice expectations, the DPH Family Planning/Reproductive Health Workgroup was formed to generate open dialog on family planning and reproductive health issues between central regional offices. The goal is that questions and concerns can be addressed and clear, consistent messages can then be distributed. //2003//

/2004/ No significant change. //2004//

/2005/ No significant changes. //2005//

Blue Cross Blue Shield Public Health Foundation - Blue Cross Blue Shield United of Wisconsin was recently granted approval to convert to a for-profit entity. As a part of that conversion, the health insurer agreed to disseminate an estimated \$250 million in assets to be used for public health purposes. The state Insurance Commissioner's order allowing the conversion requires several changes to the proposed conversion plan. The proceeds from the conversion will be distributed equally to the University of Wisconsin Medical School and the Medical College of Wisconsin (MCW).

Two significant modifications are: 1) that 35% of the funds resulting from the conversion be expended only for public health and public health community based activities, and 2) that a Public and Community Health Oversight Advisory Committee (PCHOAC) be established at each of the two medical schools and that the PCHOAC have authority over the funds allocated to a public health priority. That the Commissioner has earmarked 35% of the funds to public health purposes is seen as significant. The Commissioner created an opportunity for the public health community to share responsibility with the medical schools on how these public health funds will be distributed. It also stipulates other forms of oversight to assure greater accountability.

However, ABC for Health a Madison-based legal advocacy group, filed a lawsuit and subsequent appeal challenging the Insurance Commissioner's decision. That appeal has been denied, however, and implementation of the Blue Cross Blue Shield (BCBS) plan is expected to be carried out in 2001.

//2003/ According to the Office of the Commissioner of Insurance further progress on the Public Health Foundation remains contingent upon the sale of assets of Blue Cross Blue Shield United of Wisconsin. The transfer of the corporation's stock can not occur until the corporation is sold. //2003//

//2004/ The process to distribute BCBS conversion funds gathered momentum in 2002 with the beginning meetings of the two Medical Schools' Oversight and Advisory Committees. These committees, composed of Medical School and public representatives, are charged with finalizing plans for spending the roughly \$350 million in BCBS assets. Especially important is maximizing the effectiveness and efficiency of the 35% segment earmarked for projects of public health priority. Public advocates and Title V MCH/CSHCN Program representatives are monitoring the process to ensure that this money will be used to benefit public health in Wisconsin. Both schools anticipate issuing requests-for-proposals later this year or early in 2004. //2004//

//2005/ The past 12 months was a year of significant progress for this new public health initiative, which has originated from an asset conversion of Blue Cross Blue Shield United of Wisconsin.

The new \$600 million Blue Cross/Blue Shield fund for public health projects was launched with a competitive call for proposals in March and April of 2004. The initiative is a prime chance for public health partners to innovate, to forge partnerships, and to help transform the public health system in Wisconsin.

The two Wisconsin Medical schools' "final draft" RFPs are at: www.med.wisc.edu/bluecross and www.mcw.edu/healthierwisconsin.

Once the RFP is released, eligible applicants will have from two to three months to complete their applications. There are two grant categories: one-year planning grants of up to \$25,000; and implementation grants of up to \$150,000 per year for up to three years.

The Healthiest Wisconsin 2010 state plan's 11 health priorities, five infrastructure priorities and three overarching goals will provide applicants the framework around which to build their proposals. (website address: <http://www.dhfs.state.wi.us/Health/StateHealthPlan>) The MCH navigational tool is also a resource.

The initiative began in 1999, when Blue Cross Blue Shield United of Wisconsin announced it would convert to a stock insurance corporation, dedicating the assets from the conversion to improving the public health. The conversion resulted in Wisconsin's two medical schools, the Medical College of Wisconsin and the University of Wisconsin Medical School, creating permanent endowments for the public health benefit of Wisconsin residents. Up to 35% of the funds will go to "community-academic partnerships" between eligible organizations and academic faculty.

DHFS Secretary Nelson has released the Department's nine project-area priorities. The Secretary is particularly interested in:

**** Projects that address underlying determinants of poor health outcomes, particularly: a) Promoting physical activity/appropriate nutrition, or b) Reducing tobacco use/exposure.***

**** Projects that address disparities in health outcomes, particularly: a) disparities in infant mortality and health, or b) increasing disparities in HIV/AIDS and other sexually transmitted diseases.***

**** Projects that increase access to preventive/primary oral health care.***

**** Projects that reduce: a) family violence i.e., child abuse/neglect; domestic violence; or elder abuse, b) adolescent suicides, c) lead poisoning of children, and d) falls of elderly people.***

In general, DHFS will not sponsor its own proposals; however the Secretary may grant approval for DHFS-written proposals in exceptional circumstances. DHFS staff will provide technical assistance, data resources and other help to community applicants. //2005//

Tobacco Control Settlement - The Wisconsin Legislature's biennial budget, completed in 1999, created a statewide Tobacco Control Program, administered by a Tobacco Control Board. The new program is funded with a portion of the money the state received from the 1998 settlement of its lawsuit against the tobacco industry. Efforts by states to recover Medicaid costs from tobacco-related illnesses culminated when 46 states, including Wisconsin, signed a master legal settlement with five large tobacco companies. The state expects to receive about \$6 billion through 2025, and about \$160 million a year after that. Act 9, the Wisconsin biennial budget bill in 1999, appropriates \$22.9 million for grants for these purposes:

- * The Tobacco Research and Intervention Center at the University of Wisconsin-Madison.
- * Smoking prevention and cessation activities at the MCW.
- * The Thomas T. Melvin Youth Tobacco Prevention and Education Program.
- * A youth smokeless tobacco cessation and prevention campaign in DPH.
- * Various programs aimed at law enforcement, marketing, education, and treatment. Prominent target groups will include children, minorities, and pregnant women.

The Tobacco Control Board, whose meetings are open to the public, has its own website: www.wtcb.state.wi.us.

/2003/ As of March 2002, the Wisconsin State Assembly had voted to use all but \$125 million of the tobacco settlement monies for general, non-health-related, deficit reduction. The Wisconsin Senate's version of the state budget would use the entire remaining \$794 million sum in tobacco settlement monies for non-health-related purposes. As of June, the Legislature had not enacted the state budget "repair bill" however. //2003//

/2004/ In 2002, the Legislature decided to use all remaining unallocated tobacco settlement funds for general state budget deficit reduction. //2004//

/2005/ No significant changes. //2005//

B. AGENCY CAPACITY

WISCONSIN STATE STATUTES RELEVANT TO TITLE V MCH/CSHCN PROGRAM AUTHORITY

In 1993 Wisconsin Act 27, created Chapters 250-255 that significantly revised public health law for Wisconsin. See Appendix 2, Wisconsin Act 27, Chapter 253 in its entirety.

/2004/ Currently the DPH is working on the revisions to the public health statutes ch. 250-251 Wis. Stats. with the intent to specifically include public health educators and public health nutritionists. //2004//

/2005/ No significant change. //2005//

TITLE V MCH/CSHCN PROGRAM'S CAPACITY TO PROMOTE AND PROTECT THE HEALTH OF MOTHERS AND CHILDREN, INCLUDING CSHCN

/2004/ This spring, we submitted two new grant applications to build additional agency capacity for Title V MCH/CSHCN programming. The Title V MCH/CSHCN Program submitted the ECCS grant. Wisconsin plans to build on the established partnership of representatives (from more than 50 public and private, state and local agencies who have focused on early childhood issues for the past 10

years) to move the early childhood health system forward in Wisconsin. The Title V MCH/CSHCN Program is applying for a Centers for Disease Control and Prevention (CDC) Cooperative Agreement that will help us improve our birth defects prevention and surveillance activities in Wisconsin. //2004//

//2005/ No significant change. //2005//

State Support for Communities - The 1993 Wisconsin Act 27 established the principle that public health services in Wisconsin are the responsibility of the LPHDs. In January 2000, DPH put forward a consolidated contract plan to align the procurement practice for key public health services at the local level with this statutory directive. LPHDs are required by statute: to assess the community health status and available resources; to review and develop policy resulting in proposals to support and encourage better health; and to assure that needed services are available.

/2003/ There were 100 consolidated contracts issued to 92 LPHDs and eight contracts to seven private providers. Thirty-four LPHDs participated in consortiums. Of 1,075 total objectives, only 75 (with over 45 contracts) had less than 100% attainment. Of those, 31 objectives were subject to recoupment totaling \$39,442.

/2004/ LPHDs are becoming more comfortable with the concept of "accountability" and the importance of achieving population-based health outcomes. Services should increase healthy birth outcomes, and/or promote optimal growth and development for children and their families. //2004//

//2005/ No significant change. //2005//

City of Milwaukee Non-Public Provider of MCH Services - The Medical College of Wisconsin was funded to provide comprehensive health services for adolescents and teen parents. St. Mary's Hospital and Sixteenth Street Community Health Center were funded for perinatal care coordination, and targeting Latino pregnant women not eligible for Medicaid.

/2003/ No significant change.

/2004/ The MCW continues to provide health evaluations, screenings, and services at their community clinic and outreach sites through the Milwaukee Adolescent Health Program (MAHP). Necessary immunizations, reproductive health care, substance abuse and mental health screening are provided. //2004//

//2005/ The Milwaukee Adolescent Health Program continues to provide health care services at its community clinic and outreach sites. Both St. Mary's Hospital and Sixteenth Street Community Health Center in Milwaukee continue to provide perinatal care coordination. //2005//

New MCH Data System: SPHERE

//2005/ During FFY 2003, the existing MCH and Family Planning/Reproductive Health Data Systems were replaced with a state-of-the-art web-based application called Secure Public Health Electronic Record Environment (SPHERE). SPHERE is used for collecting data for Maternal and Child Health, Children with Special Health Care Needs, and Family Planning/Reproductive Health. It is a major initiative to begin to transform public health as it relates to developing an integrated, electronic data and information system. This infrastructure activity is an integral part of Wisconsin's public health plan, "Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public". SPHERE includes those measures addressing the 11 health priorities in the state health plan. It is designed as a comprehensive public health system to document and evaluate public health activities and interventions at the individual, household, community, and system level. SPHERE interventions are actions taken on behalf of communities, systems, individuals and families to improve or protect health status. The interventions include: Surveillance; Disease and other

Health Event Investigation; Outreach; Case-Finding; Screening; Referral and Follow-up; Case Management; Delegated Functions; Health Teaching; Counseling; Consultation; Collaboration; Coalition Building; Community Organizing; Advocacy; Social Marketing; Policy Development; and Policy Enforcement. SPHERE public health activities and interventions help document and provide measurements related to Maternal and Child Health, Children with Special Health Care Needs and Family Planning/Reproductive Health.

Nearly 60% of MCH/CSHCN and Reproductive Health contracts reported 2003 data in SPHERE. Thus, in this Block Grant application and report, when 2003 SPHERE data is referenced it may not represent all Title V clients and activities in the State.

SPHERE was developed by the Department of Information Technology (DoIT) at the University of Wisconsin-Madison for the Wisconsin Department of Health and Family Services (DHFS), Division of Public Health (DPH), Bureau of Family and Community Health (BFCH) in cooperation with LPHDs, tribal agencies, and private non-profit agencies. Protecting the privacy and rights of clients and the security of information contained in SPHERE was a high priority for the DHFS, DPH. Access to SPHERE is limited to public health authorities and their authorized agents who have signed a Confidentiality and Security Agreement. Demographic (non-health information) is shared in a statewide registry database. All health information is maintained in a secure local organization database. Breach of confidentiality will result in removal of user's access and may result in penalties for improper disclosure of health information.

The statewide release of SPHERE was delayed due to additional programming, conversion of data, and HIPAA implementation. SPHERE was piloted by ten agencies in February and March. Upon completion of the pilot testing, several changes and edits were made before going statewide. SPHERE statewide trainings were provided through the University of Wisconsin WISLine web. All training documents were posted on the Health Alert Network (HAN). These training documents are available upon request. This method of training is cost effective and allows local staff to participate in the training at their own computers and later review the training on the HAN. However, some staff need additional hands-on-training which is provided by DPH Regional Office staff as needed. WISLine web trainings started in May of 2003.

SPHERE was released statewide for users in August of 2003. At the end of FFY 2003, there were approximately 126 organizations using SPHERE with nearly 1,000 users. SPHERE had 85,828 clients in the system (including converted clients) in the first quarter of statewide implementation. In 2003 (January 1, 2003-December 31, 2003) SPHERE was used to document 21,956 unduplicated Individual/Household Public Health Activities and 1,090 Community and System Public Health Activities. The public health activities reported in SPHERE included the following interventions: (See Attached ?Intervention Table')

*** Data reported in SPHERE does not represent statewide activities for 2003**

The DPH had the opportunity to collaborate with the Bureau of Health Information (BHI), Vital Records to develop and implement a Birth Record Delivery project. LPHDs received paper copies of birth records for each infant whose mother resided in their jurisdiction and BHI, Vital Records wanted to provide these records electronically. With the birth record serving as the entry point of service for almost all of the MCH initiatives in our state, and with SPHERE being the application used by LPHDs, marrying the birth data with the SPHERE system attained considerable benefit for the State. SPHERE was determined to be the most efficient and secure method for LPHDs to receive electronic birth records. Birth record data was imported into SPHERE so that it was available to the appropriate local public health jurisdiction. Leveraging the existing security infrastructure of SPHERE ensured that access to the birth record data was restricted to only those individuals with assigned permissions -- and only those records for their particular jurisdiction. SPHERE's success was proven by acceptance from the State Registrar as the vehicle to replace paper birth certificates. //2005//

STATE PROGRAM COLLABORATION WITH OTHER STATE AGENCIES AND PRIVATE ORGANIZATIONS

The FHS has contracted with several agencies to address important statewide MCH and CSHCN issues.

//2005/ In FFY 04, Wisconsin's Title V award was reduced to \$11,267,938 due to changes made in the federal population-based formula for distribution of funds to states (based on the number of children in poverty), and the discrepancy between the President's budget and what Congress finally agreed upon for a final block grant funding level. This is a notable difference from the amount awarded to Wisconsin in 2002 of \$11,944,802! As a result of the FFY 04 Title V budget reduction, we will cut state operations by 15% beginning July 1, 2004. Further state operation reductions will be undertaken over the next several years that will result in a total ongoing reduction of 19% by 2007. However, it will also be necessary to implement temporary cuts in Title V funded programs at the local level. Therefore, the following four Statewide Projects (Infant Death Center of Wisconsin, Wisconsin Association for Perinatal Care, Children's Health Alliance of Wisconsin, and University of Wisconsin Clinical Genetics Center) will experience a 5% cut beginning July 1, 2004. The Regional CSHCN Centers will experience a 5% cut in CY 2005.

The Wisconsin DHFS, DPH designated the Waisman Center as the appropriate agency to apply for a CDC-funded Autism and Developmental Disabilities Monitoring Network grant. //2005//

Statewide Services for Sudden, Unexpected Infant Death (Population-Based) - The goals of the Infant Death Center of Wisconsin (IDC-W), are to: 1) Provide information, counseling and support to families, child care providers, and health care providers, 2) Engage in collaborative activities that will result in the reduction of preventable infant deaths, and 3) Maintain a database.

//2003/ The IDC-W provided 2,572 contacts to 401 families for information and support service reflecting a 13% increase in contacts and a 24% increase in families served from 2000. The Center developed a curriculum for SIDS risk reduction education for ninth grade students in collaboration with teachers and distributed the curriculum to 500 schools and LPHD.

//2004/ The IDC-W provided 2,076 contacts to 366 families for bereavement support. Additional support services include: facilitating support groups, distributing a newsletter, conducting memorial programs, hosting an annual family conference and providing internet information. Educational sessions on Reducing the Risk of Sudden Infant Death in the Child Care Setting was conducted at 53 sites to 1,973 child care providers. The curriculum is now incorporated in the vocational schools child care curriculum and available online through the Northeast Wisconsin Technical College. //2004//

//2005/ In 2003, the Infant Death Center of Wisconsin provided bereavement services to 201 families and four child care providers affected by a sudden and unexpected infant death. IDC-W developed a tool to collect data on bereavement counseling sessions and worked with the Division of Public Health to plan for data collection in SPHERE. The IDC-W was also highlighted in a document published by the Health Research Service Administration identifying two programs that provide services to families who have experienced a sudden and unexpected infant death.

IDC-W also focuses on activities to assist in the reduction of infant mortality and disparities. The IDC-W provided leadership for the Healthy Babies in Wisconsin Summit and follow-up activities. Staff participated in Consortia meetings for the two Federal Healthy Start Projects and collaborated with community organizations to disseminate safe sleep information to African American, Native American and Latino Communities. Strategies to decrease the risk of sudden or unexpected infant death was presented to 431 outreach workers at 31 educational sessions offered throughout the state. A SUID risk reduction curriculum developed for child care providers in collaboration with Northeast Wisconsin Technical College is being

considered for other disciplines. //2005//

Statewide Perinatal Health System Building Program - Wisconsin Association for Perinatal Care (WAPC) is the grantee for the Title V MCH/CSHCN Program funds.

/2003/ The mission of WAPC is to improve perinatal outcomes by:

- * Leading collaborative efforts that promote, develop, and coordinate systems of perinatal care in Wisconsin.
- * Providing and supporting professional educational programs that focus on the continuum of perinatal care.
- * Valuing and engaging the talented and diverse community of perinatal health care advocates.
- * Increasing public awareness of perinatal health. WAPC conducted activities addressing perinatal education and early hearing detection and intervention in 2001.

/2004/ For 2002, perinatal depression was a major WAPC focus. WAPC reconvened the Perinatal Depression Task Force with partners from the DPH, Division of Supportive Living (DSL), and parents to develop educational materials and presentations for providers. Efforts were underway with the Perinatal Foundation to increase awareness of perinatal mood disorders through development of post cards and posters and planning for a symposium. //2004//

/2005/ Providing and supporting professional education is a primary activity of WAPC. Over 300 participants attended the 2003 Annual Meeting. WAPC collaborated with the American College of Obstetricians and Gynecologists, Wisconsin Section to provide regional forums on Preventing Postpartum Hemorrhage: A Matter of Patient Safety, attended by more than 350 providers. Educational packets on preventing, identifying and treating postpartum hemorrhage were provided to 106 birthing hospitals in the state. The Perinatal Foundation and WAPC sponsored a Perinatal Mood Disorders Symposium, "You Can't Tell by Looking" with over 225 participants.

Some additional items in the 2003 agenda included the development of a replacement perinatal database to assure the availability and adequacy of perinatal data; development, distribution, and evaluation of a consumer message about evidence-based practices that have been shown to improve perinatal outcomes; examination of regionalized perinatal care in Wisconsin; promotion of preconception care through promoting the WAPC Becoming a Parent materials; promotion of routine screening of pregnant and postpartum women for depression; participation in the Milwaukee Fetal Infant Mortality Review process and the DHFS maternal mortality review process, including a database of maternal death; and promotion of the use of "Baby Steps" with NICUs. //2005//

Statewide Child Health System Building Program - The Children's Health Alliance of Wisconsin (CHAW) housed at Children's Hospital of Wisconsin in Milwaukee aims to build partnerships with diverse organizations and individuals to strengthen the health care system, thereby assuring improvement in the health and well-being of all Wisconsin children.

/2003/ In 2001, CHAW conducted a Pediatric Asthma Summit and provided leadership to the Wisconsin Asthma Executive Committee. A totally redesigned CHAW's website: www.chawisconsin.org was put in place.

/2004/ The Board of Directors transitioned to function as an Advisory Board and by-laws have been redrafted to reflect this change. A quarterly newsletter with an "MCH Spotlight" is distributed to approximately 3,500 people statewide. The Children's Health Alliance continues to provide leadership to the Wisconsin Asthma Executive Committee. //2004//

/2005/ The Children's Health Alliance during 2003 actively recruited a representative from WALHDAB. They redesigned their logo and newsletter, renamed "Working for Change from Head to Toe" and revised their website. The Board agreed to table efforts to obtain

independent 501.C3 status at this time. Under the direction of the Children's Health Alliance, the "Wisconsin Asthma Action Plan" was completed and a set of policy recommendations was adopted by the Wisconsin Oral Health Coalition. Training and technical assistance was provided on both asthma and oral health for LHDs. Support was also provided for two new initiatives: the Wisconsin Initiative for Infant Mental Health, and the Physical Activity and Nutrition Initiative. //2005//

Statewide Genetic Services - The University of Wisconsin Madison, Clinical Genetics Center has subcontracts with: LaCrosse Regional Genetics Program; Northwest Regional Genetics Program; MCW; and ARC-Wisconsin to provide genetic consultation and education in all regions of the state.

/2003/ During 2001, additional effort was made to collaborate with family-centered support groups, expand the genetic services into Racine, and expand genetic services in Ashland and Rhinelander clinics. In August 2001, the two-year genetics planning grant, funded by the MCH Bureau, ended. One of the products was a Genetics Services Plan for Wisconsin. Another product was the establishment of a genetics website: www.slh.wisc.edu/genetics. A copy of the Genetics Services Plan can be downloaded from the website.

/2004/ No significant change. //2004//

/2005/ Outreach clinics are well-established in Green Bay, Neenah, Eau Claire, Rhinelander, Ashland, and Racine, increasing access to genetic services in all regions of the state. //2005//

Public Health Information and Referral (PHIR) Services for Women, Children and Families (hotline services) - Gundersen Lutheran - LaCrosse provides services for the PHIR Services for Women, Children and Families contract through four different hotlines that address Healthy Start, Prenatal Care Coordination (PNCC), WIC, family planning, and women's health. One hotline, Wisconsin First Step, is specifically dedicated to supporting the needs of the Birth to 3 Program and the Regional CSHCN Centers.

/2003/ The MCH Hotline received 8,976 calls in 2001; an increase of 734 calls from 2000. The Wisconsin First Step Hotline received 1,616 calls in 2001; an increase of 496 calls from 2000.

/2004/ The MCH Hotline received 8,660 calls in 2002; a decrease of 316 calls from 2001. The Wisconsin First Step (CSHCN) Hotline received 2,098 calls in 2002; an increase of 482 calls from 2001. In addition to the toll-free hotlines, the website www.mch-hotlines.org has become a well-utilized resource. In 2002 the website averaged 5,969 hits per month, 8,627 sessions per month (when users navigated to more than one page while on the website) and 1,491 hits to the searchable database feature per month (which contains over 3,000 local, regional, statewide, and national agencies organizations). The annual formal update to the database occurs in the fall. //2004//

/2005/ The MCH Hotline received 8,033 calls in 2003; a decrease of 627 calls from 2002. Approximately 4% of the calls required Spanish translation. The Wisconsin First Step Hotline received 1,499 calls in 2003; a decrease of 599 calls from 2002. The decrease in call volume on both of these hotlines is due to access of information via the website access, www.mch-hotlines.org. In addition to responding to calls 24 hours daily on the toll-free hotlines, the website continues to be a well-utilized resource. In 2003 there were over 50,000 hits to the home page of the website. //2005//

Regional MCH Education and Training Project - The goal of this project is to assure the basic capacity and competency of local public health staff (public health educators, nurses, and nutritionists) to effectively address MCH needs at the local level.

/2003/ In November 2001, DPH Regional Offices co-sponsored a two-day workshop on community needs assessment at two locations in Wisconsin. The workshop provided insight and training on how to plan, conduct, and implement a needs assessment process.

/2004/ Each DPH Regional Office hosted a one-day workshop entitled Using Data to Evaluate the Health of Your Community. The session provided training and resources on how to utilize the Wisconsin Healthy People 2010. DPH Regional Offices presented a variety of other training sessions. //2004//

/2005/ "A Public Health Practice Course on Epidemiology and Biostatistics" was presented for the third consecutive year. Feed back from previous participants has led to improvements in the curricula, including the addition of a textbook. Forty-two local public health personnel participated. DPH Regional Offices co-hosted a statewide workshop entitled "Spotlighting Public Health Leadership and Prominence" at two locations. One hundred-six local public health staff attended the workshops, which provided training on how to identify behaviors and attitudes that promote leadership, increase credibility and gain support from decision-makers. DPH Regional Offices provided a variety of other workshops including Nutrition for CSHCN, Moving to a Healthier Lifestyle, Hot Topics in Pediatric Nutrition, A Framework for Understanding Poverty, and Maternal and Child Oral Health: Strategies for Prevention. Regional Training Project funds also supported the participation of five LPHD staff in the Mid-America Regional Public Health Leadership Institute. //2005//

Regional CSHCN Centers - In January 2001, the Title V MCH/CSHCN Program awarded contracts totaling \$1,370,000 to continue funding the Regional CSHCN Centers. The goals of the Regional CSHCN Centers are to:

- * Provide a system of information, referral, and follow-up services.
- * Promote a parent-to-parent support network.
- * Increase the capacity of LPHDs.
- * Work to establish a network of community providers of local service coordination.
- * Initiate formal working relationships with LPHDs and establish linkages for improving access to local service coordination.

/2003/ The Regional CSHCN Centers focused on outreach, and brochure development. In 2002, each Regional CSHCN Center will develop a website. The Regional CSHCN Centers have been working closely with LPHDs to establish a variety of parent support opportunities.

/2004/ The Regional CSHCN Centers continue to provide outreach, information and referral, training, and parent support opportunities. Regional CSHCN Centers continue to provide materials, posters, and other information to make families aware of available services and supports. All five of the Regional CSHCN Centers have a website. The Regional CSHCN Centers are focusing their work on the six National Core Outcome Objectives for CSHCN. //2004//

/2005/ The contracts with the five Regional CSHCN Centers are now negotiated using the GAC system. Each CSHCN Center has objectives related to the six Federal CSHCN Core outcome objectives. The Regional CSHCN Centers will experience a 5% budget reduction (similar to the Statewide Projects), however the cut will not be implemented until January 2005. //2005//

Wisconsin's Family Planning and Reproductive Health Services Program provides a combination of direct care and support services in all 72 counties. As stated previously, family planning/reproductive health services are funded by Title X in 13 counties at approximately \$3,000,000 annually (the current contractor is Planned Parenthood of Wisconsin). For CY 2001, Title V MCH/CSHCN Program and state GPR totaling \$3,809,215 provides resources to 51 counties. One county receives only GPR funding by a special statute. Title V MCH/CSHCN Program also funds family planning/ reproductive health agencies for early pregnancy testing [Early Identification of Pregnancy (EIDP)] services in all 72 counties.

LPHDs are providing family planning/reproductive health and EIDP services through a negotiated contract or by subcontract in 22 Wisconsin counties (including the Menominee tribal reservation). They had the "right of first refusal" for these funds and chose to accept them. Funding for the

remaining 29 counties was released through a competitive RFP. The following non-public agencies were funded: Planned Parenthood of Wisconsin, Inc.; Family Planning Services, Inc.; Northeast Wisconsin Community Action Agency, Inc.; Berlin Memorial Hospital Women's Health and Resource Center; Douglas County Community Clinic, Inc.; and Vilas County Health Services, Inc. In addition, Title V MCH/CSHCN Program/GPR funding is allocated for a specialized adolescent family planning clinic in Milwaukee at the MCW and additional family planning services at the Oneida tribal health clinic. GPR funds are also used for statewide training, TA, and continuing education by Health Care Education and Training (HCET) and to contract for laboratory services at the State Laboratory of Hygiene.

/2003/ No significant change.

/2004/ No significant change. //2004//

/2005/ No significant change. //2005//

Statewide Training for Family Planning and Reproductive Health Services (HCET) - Year 2000 was the first year for the Training, Continuing Education, and Technical Assistance Project is to support cost-effective services and quality care provided through DPH, Title X, and other publicly-funded family planning services. HCET, Inc. provides training, continuing education, and TA based upon the needs identified by publicly-supported family planning/reproductive health providers.

/2003/ Topics in 2001 included: HIPAA training, CPT/ICD-9 Code Training, CPT-based Cost Accounting, management of patients with cytological abnormalities, Hepatitis B, Folic Acid, and Gonorrhea risk assessment and patient selection criteria. HCET organized a Medicaid Family Planning Waiver (FPW) Implementation Workgroup anticipating implementation of the Waiver by January 1, 2003. HCET organized two meetings of statewide family planning providers to look at statewide access to contraceptive services and related reproductive health services in light of publicly supported services provided in 2000. HCET continued to develop a website www.hcet.org featuring distance learning modules.

/2004/ HCET continues to provide training, continuing education, and TA for Family Planning and Reproductive Health Services statewide. Major work was done in preparation for the January 2003 implementation of the FPW Program. Training topics in 2002 included: CPT and ICD-9 coding, HIPAA, folic acid, teen pregnancy prevention, taking a sexual history, HIV, viral hepatitis, prenatal smoking cessation, and accessing Wisconsin Well Woman program benefits. Wisconsin State Lab of Hygiene updates occurred three times during the year. //2004//

/2005/ HCET continues to provide training, continuing education and TA for Family Planning and Reproductive Health Services statewide and in 2003 also developed materials for a statewide social marketing campaign for use by Family Planning clinics. //2005//

Wisconsin MCH Program Advisory Committee

/2003/ The MCH Program Advisory Committee advises and makes recommendations to the Wisconsin DPH that assist in the development and maintenance of a comprehensive MCH program, including children with special health care needs. This committee has strong representation not only from physicians, public health leaders, mental and social health professionals, and HMOs, but also from the two Healthy Start Projects, Regional CSHCN Centers, family members, community leaders, and people of diverse racial and ethnic backgrounds. In 1999, the advisory committee elected a parent of a child with special health care needs as a co-chair. In August 2001, we increased the membership to 53, with 12 new appointments. The number of family representatives is now ten, which constitutes 20% of the members.

/2004/ The MCH Program Advisory Committee's work regarding its annual objective related to medical/dental home culminated with participation in the Families Managed Advocacy Project (MAP)

Conference in September 2002. The conference provided committee members the opportunity to join parents, providers and advocates interested in children with special needs for discussion and collaboration on efforts to develop medical home and managed advocacy programs. In September 2002, Disparities in Perinatal Health was designated as the new annual objective for committee discussion. //2004//

/2005/ The MCH Program Advisory Committee identified perinatal disparities as its area of focus for 2003. The committee was briefed on perinatal outcomes and racial disparities in infant health in Wisconsin by DPH staff. Committee input was used to support the planning and implementation of the Healthy Babies in Wisconsin: A Call to Action perinatal summit co-sponsored by DHFS and several non-governmental health care agencies and organizations. Committee members helped identify potential partners and strategies, and model programs in three key areas: outreach, sustainability, and existing services. In lieu of the June 2003 quarterly committee meeting, members had the opportunity to attend the summit. At the summit, seven action teams were formed to support sustainable activities: five teams based on DPH regions, one African American and one Native American. Committee members serve on these teams, which meet on an ongoing basis to identify new partners and plan strategies to improve the health of mothers and babies in Wisconsin. //2005//

Annual Symposium

/2003/ As part of the new direction for the MCH Advisory Committee, the Title V MCH/CSHCN Program decided to convene, a symposium on a current, pressing health topic.

/2004/ The MCH Advisory Committee has provided input to assist in the planning of the perinatal summit, Healthy Babies in Wisconsin: A Call to Action. Advisory Committee members will participate in this event and determine what their role can be to help address the problem. Participants will discuss solutions that are community-based, family-centered and culturally specific. //2004//

/2005/ See entry above on MCH Program Advisory Committee. //2005//

Maternal Mortality Review

/2003/ In Wisconsin, 32 maternal deaths have been identified during the three-year period from 1998 to 2000. The next step is to gather information on individual and clinical risks, health care utilization, and community services received. Case-specific data will be summarized and presented to a multi-disciplinary team for a systematic review of important contributing factors amenable to modification or prevention.

/2004/ The Maternal Mortality Review Program continues. During the four-year period from 1998 to 2001, 37 maternal deaths were identified in Wisconsin. In January 2003, questions related to maternal mortality were added to the birth certificate. In 2003 a recommendation report based on maternal deaths from 1998 to 2001 will be completed. //2004//

/2005/ A report on Pregnancy-Associated Deaths and Pregnancy-Related Deaths in Wisconsin, 1998-2001 identified the following recommendations and strategies:

**** Encourage Medical Examiners and Coroners to perform autopsies in all cases of pregnancy-associated deaths. (Action: Maternal Mortality was presented at the 2004 meeting of Medical Examiners and Coroners.)***

**** Address lifestyle issues related to obesity and smoking during pregnancy.***

**** Educate providers on rapid diagnosis and management of all types of embolic disease.***

**** Educate patients and providers on symptoms of cardiovascular disease, differentiating between symptoms that are not harmful and those that are dangerous.***

**** Address racial disparities in maternal mortality. (Action: Healthy Babies initiative)***

**** Educate providers on rapid recognition and management of postpartum hemorrhage.***

(Action: 2003 regional forums sponsored by WAPC and ACOG-WI section on Preventing

C. ORGANIZATIONAL STRUCTURE

Governor, State Health Agency, Maternal and Child Health (MCH) Program including Children with Special Health Care Needs (CSHCN)

In February 2001, Wisconsin experienced a change in leadership. Governor Tommy Thompson, who has been Wisconsin's governor for over 16 years, was appointed by President George W. Bush to serve as the Secretary of DHHS. Therefore, Lt. Governor Scott McCallum became Wisconsin's 43rd governor. Governor McCallum is familiar with the functions of the state government agencies and their accompanying missions as he served in the capacity of Lt. Governor under Thompson's 16-year tenure.

In March 2001, Governor McCallum appointed a new secretary to lead the DHFS. Secretary Phyllis Dubois comes to the department with extensive management experience from the private sector most recently as Director of Regulatory Advocacy at Wisconsin Electric. She also gained government experience working for the State of Wisconsin in the economics and regulation of health care programs, and insurance and utilities from 1974 until 1983.

/2004/ On January 6, 2003, Jim Doyle was sworn in as Wisconsin's 44th Governor. It has been nearly two decades since Wisconsin has elected a Democratic governor into office. For the past 12 years, Doyle served as the state Attorney General and was a national leader in the fight to improve public health through his successful lawsuit against the tobacco industry. Barbara Lawton was sworn in as Wisconsin's first female elected lieutenant governor.

Governor Doyle named Helene Nelson as the Secretary of the Department of Health and Family Services. She is an experienced executive in state and county government and served under four different governors as Deputy Secretary or Chief Operating Officer for five state agencies: Revenue; Transportation; Health and Social Services; Industry, Labor and Human Relations; and Agriculture, Trade and Consumer Protection. From 1980-1981, Nelson served under Don Percy in the Department of Health and Social Services as the Deputy Secretary. //2004//

/2005/ Governor Doyle asked the Department of Health and Family Services to develop and examine options to restructure and/or shift responsibilities for public health in a way that will improve the health of people in Wisconsin. The reason for this request stemmed from several compelling reasons. There are serious health problems in Wisconsin that must be addressed with a sense of urgency. The Governor has made a commitment to the citizens to reduce the size of state government. Scarce resources must be devoted to the most serious health problems and state government must be organized for maximum efficiency so that the public funds are used wisely and effectively. The restructuring of the Division of Public Health will be finalized July 1, 2004.

Recently, Governor Doyle released his plan to invest in Wisconsin's future called "KidsFirst". Governor Doyle believes "that the single most important thing we can do today to ensure a strong, successful future for Wisconsin is to invest in our kids early ?because what we do now will determine what kind of state Wisconsin will be 10, 20, even 50 years from now" ["KidsFirst" 2004]. "KidsFirst" has four parts: Ready for Success; Safe Kids; Strong Families; and Healthy Kids. Governor Doyle has outlined a series of steps to improve child health:

- * Provide all children with health care coverage***
- * Improve oral health care***
- * Immunize children on time***

- * **Serve kids a healthy school breakfast**
- * **Ensure eligible families receive food stamps**
- * **Teach children fitness and nutrition for life**
- * **Reduce youth smoking**
- * **Step up efforts to reduce teen pregnancy**
- * **Reduce children's exposure to lead paint**
- * **Help kids with Asthma**
- * **Give infants a healthy start**
- * **Promote early childhood mental health**

A copy of the publication can be found at www.wisgov.state.wi.us. Detailed initiatives are included in the publication. //2005//

Divisions in the Department of Health and Family Services

- * Division of Health Care Financing (DHCF) manages the Medicaid Program and houses the state Vital Records. Peggy Handrich is the DHCF Administrator.
- * Division of Children and Family Services (DCFS) focuses on issues, policies, and programs affecting children and families and has the responsibility for the regulation and licensing of child care and child welfare programs. The DCFS is responsible for carrying out the program activities aligned with the Title V MCH/CSHCN Program Abstinence Only funds. Susan Dreyfus is the DCFS Administrator.
- * Division of Supportive Living (DSL) has the responsibility to manage mental health programs, substance abuse, and developmental disabilities, as well as aging and long-term support programs. Sinikka McCabe is the DSL Administrator.
- * Division of Care and Treatment Facilities (DCTF) operates the Department's institutions for persons with mental illness, managing treatment for sexual offenders, and those with developmental disabilities. Laura Flood is the DCTF Administrator.
- * Division of Management and Training (DMT) provides management support for fiscal services, information technology, personnel, affirmative action, and employment relations. Sue Reinardy is the DMT Administrator.
- * Office of Strategic Finance (OSF) plays a major role in controlling costs while providing effective services. Chuck Wilhelm is the OSF Administrator.
- * Division of Public Health (DPH) is responsible for providing public health services and for developing and enforcing environmental and public health regulations. John Chapin serves as the Division Administrator. Kenneth Baldwin is the Deputy Administrator. The Title V MCH/CSHCN Program Block Grant funds are administered from the Division; the Bureau of Family and Community Health (BFCH), FHS is clearly demarcated within the Division as the designee for administration of the Title V MCH/CSHCN Program activities. This clear demarcation is critical for ensuring comprehensive program activity and a single point of accountability. See Appendix 5, DHFS Organizational Charts.

There are six bureaus in the DPH: Family and Community Health; Environmental Health; Occupational Health; Emergency Medical Services and Injury Prevention; Chronic Disease and Health Promotion; and Communicable Disease. In addition, there are four CMOs, five DPH Regional Offices, and the Office of Operations that complete the DPH organizational structure.

/2003/ No significant changes. //2003//

/2004/ Secretary Nelson created the DDES by merging the former DSL, DCTF, and the Center for Delivery Systems Development in the OSF. The new Division Administrator is Sinikka McCabe, the former DSL Administrator. The issues with long term support will be addressed in this newly created division to include developmental disabilities, blindness, and deaf and hard of hearing. This Division is also responsible for mental health and substance abuse with the goal of developing seamless services between community and state institutions. For more detailed information go to www.dhfs.state.wi.us/aboutDHFS. As a result of the Department leadership, some management changes have occurred at the division level: Mark Moody is the DHCF Administrator; Kitty Kocol is the DCFS Administrator, and Sue Reinardy is the DMT Administrator.

Kenneth Baldwin is the Administrator for the DPH. He has served in senior management positions within the department since 1992, when he first started as Director of the Bureau of Public Health. In 1998, he became the Deputy Administrator of the then-newly formed DPH. He served 20 years as an Officer in the United States Army retiring with the rank of Lieutenant Colonel.

The DPH created an Office of Public Health Improvement (OPHI). The purpose is to bring a strategic and systematic response to specific public health-related issues and public health system improvements that require a broad division, department, and statewide approach. The office is dedicated to transforming the public health system and promotes public health improvements through identifying and sharing best practices. Focus areas include: minority health, oral health, public health nursing, school health, women's health, and the Wisconsin Turning Point Initiative. //2004//

//2005/ The restructuring of the Division of Public Health began in January 2004 and is scheduled to be completed by July 1, 2004. The purpose of the restructuring is to focus and streamline the role of state government to improve state agency operations and to free up resources to invest in local government and other public health partners, and to shift some regulatory and case specific services to the local level where they can be performed more efficiently and effectively.

The Division of Public Health is lead by Tom Alt serving as Interim Division Administrator. The proposed organizational structure merges several bureaus, eliminates others and creates two new bureaus. The five bureaus are as follows: Communicable Diseases and Preparedness; Community Health Promotion; Environmental and Occupational Health; Health Information and Policy; and Local Health Support and Emergency Medical Services.

The Bureau of Community Health Promotion is replacing the Family and Community Health Bureau. It merged with another bureau that had addressed chronic diseases, cancer and tobacco programming. The newly formed bureau is established to deliver services following comprehensive life-cycle programming to include: preventive care for mothers and children from birth through childhood, adolescence, young adulthood, pregnancy, parenting, women's health, cancer prevention and early intervention, etc.

The newly formed Bureau of Community Health Promotion has 108 FTEs, almost twice as large as the Bureau of Family and Community Health. The BCHP contains four organizational sections: Family Health; Nutrition and Physical Activity; Chronic Disease and Cancer Prevention; and the Tobacco Prevention Program.

In addition the Governor and DHFS Secretary have expressed great interest in the concept of the public health institute and determining its role and function. A committee was formed representing local government, university representatives, and public health advisory members to provide recommendations. //2005//

D. OTHER MCH CAPACITY

//2003/ There are 46.53 authorized Title V MCH/CSHCN Program funded FTEs. The Bureau office consists of 2.7 FTEs comprised of: Millie Jones, Bureau Director; Richard Aronson, Chief Medical Officer; and a program assistant. As of July 1, the Chief Medical Officer position will be vacant. A national search will be conducted in late 2002 or early 2003.

Family Health Section - The FHS office includes: Susan Uttech, FHS Chief; Sharon Fleischfresser, Medical Consultant for the CSHCN Program; a program planning analyst; health educator; and a program assistant totaling 5.0 FTEs. There are several other positions, with different funding sources, that play an integral role in the Section: the NBS (Congenital Disorders) Consultant and the Statewide Genetics Consultant (currently vacant). Both positions are with the Wisconsin State Lab of Hygiene (funded with state NBS surcharge), however as an effort to integrate these programs into public

health, these employees are physically located in the DPH. The FHS is comprised of two units: the MCH Unit (10.71 FTEs) and the CSHCN Unit (9.0 FTEs.)

Maternal and Child Health Unit - Patrice Mocny Onheiber is the MCH Unit Supervisor. The MCH staff includes:

- * Four public health nurses who address maternal and perinatal health, infant and young child health, child health, adolescent health, women's health, and MCH delivery systems.
- * Four public health educators who address MCH general health education, dental health, reproductive health and family planning, and school-age and adolescent health.
- * An epidemiologist.
- * A program assistant.

Children with Special Health Care Needs Unit - Peggy Helm-Quest is the CSHCN Unit Supervisor. The CSHCN staff includes:

- * Two public health nurses who address CSHCN issues of early transition and standards of care.
- * Two public health educators who address outreach activities, program consultation, TA, and contract monitoring of the Regional CSHCN Centers and general CSHCN activities.
- * An epidemiologist.
- * A statewide parent consultant.
- * An audiologist (vacant).
- * A program assistant.

Several additional positions that play an integral role in the CSHCN Unit, but have alternative funding sources include:

- * Statewide System Development Initiative (SSDI) Program Director funded with SSDI Title V MCH/CSHCN Program funds. The incumbent also serves as the Coordinator for the Birth Defects Prevention and Surveillance System.
- * An audiologist, an employee of WAPC, directs Wisconsin's Sound Beginnings, a four-year MCHB grant funded program, supports the promotion of UNHS into an integrated service delivery system in Wisconsin. The program provides comprehensive, coordinated newborn hearing screening among Wisconsin's birthing hospitals, and develops and implements family-centered, culturally-competent and community based follow-up services through the following goals:
 - * Assess the statewide status of UNHS and follow-up programs in Wisconsin,
 - * Ensure by January 2003, Wisconsin's birthing hospitals screen a minimum of 90% of newborns for hearing loss prior to discharge,
 - * Provide professional, parent, and public education about newborn hearing screening,
 - * Develop a statewide data and tracking system for UNHS and follow-up. A three-year CDC grant was awarded in 2001 to support the development of a data tracking system. This is Wisconsin's EHDI program.

Nutrition Section - There are 3.27 Title V MCH/CSHCN Program authorized FTEs in the Nutrition Section. The most recent addition is a supervisor for the public health nutrition unit. In addition, there is a public health nutritionist for CSHCN, an MCH and WIC data system (DAISy) coordinator, and a program assistant.

Other DPH Bureaus/Sections - In addition, there are 15.85 FTEs placed throughout the Division:

- * Dental Health Officer is located at the DPH Office (1.0 FTE) who works closely with the Oral Health Consultant in the MCH Unit.
- * Injury Prevention Section Chief is located in the Bureau of Emergency Medical Services and Injury Prevention (BEMSIP) (1.0 FTE).
- * Injury Prevention Program Assistant also located in the Bureau of Emergency Medical Services and Injury Prevention (.55 FTE).
- * Reproductive Hazards in the Workplace Program Consultant is located in the Bureau of Occupational Health (1.0 FTE).
- * Lead Prevention Consultant is located in the Bureau of Environmental Health (.70 FTE).
- * Asthma Public Health Educator located in the Bureau of Environmental Health (.50 FTE).

- * Primary Care Consultant in the Bureau of Chronic Disease and Health Promotion (.20 FTE).
- * Office of Operations has 1.25 FTE to support the fiscal and administrative duties of grants management.
- * DPHs five Regional Offices have 9.65 FTE to support portions of staff time provided by the regional office directors, nurse consultants, health educators, and nutritionists. The Regional Office staff provides the direct link to the LPHDs and other community based agencies and organizations. The bureau director meets with the regional office directors monthly. //2003//

/2004/ The number of Title V MCH/CSHCN Program authorized FTEs remains at 46.53. The BFCH consists of 2.7 FTES. In January, we hired Murray Katcher as our Chief Medical Officer. See Other Supporting Documents for Senior Staff Biographies. The FHS office consists of 7.0 FTEs to include the: Section Chief, Medical Consultant for CSHCN, MCH Unit Supervisor, CSHCN Unit Supervisor, a program planning analyst, health educator, and program assistant. The MCH Unit consists of 8.7 FTEs. The oral health consultant position is now located in the OPHI and the Infant and Young Child Nursing Consultant position is vacant. The CSHCN Unit consists of 8.0 FTEs and is fully staffed. The Nutrition Section has 3.28 FTEs. There are 16.85 FTEs funded with Title V MCH/CSHCN Program funds located throughout other Bureaus within the DPH. We were also able to fund (through a contract) a part-time Medical Consultant, Maria Mascola, MD, MPH with a specialty in perinatology to assist us with our maternal mortality, prenatal, family planning and women's health areas. //2004//

/2005/ As previously mentioned, in FFY 04 Wisconsin's Title V award was reduced to \$11,267,938 due to changes made in the federal population-based formula for distribution of funds to states (based on the number of children in poverty), and the discrepancy between the President's budget and what Congress finally agreed upon for a final block grant funding level. This is a notable difference from the amount awarded to Wisconsin in 2002 of \$11,944,802. As a result of the FFY 04 Title V budget reduction, we will cut state operations by 15% beginning July 1, 2004. Further state operation reductions will be undertaken over the next several years that will result in a total ongoing reduction of 19% by 2007. Concurrently, the DPH restructuring process will also impact staffing.

Due to the budget reduction the number of Title V MCH/CSHCN Program authorized FTEs has decreased from 46.53 in 2003 to 39.94 in 2004. The majority of Title V funded staff are located in the Maternal and Child Health Unit which will include the CSHCN Program and six CSHCN staff as of July 1, 2004.

Title V funds are used to support the following FTEs. The BCHP has 3.7 FTES to include: the Bureau Director, Chief Medical Officer, Chief Dental Officer, and the bureau program assistant. The FHS consists of 8.3 FTEs to include the: Section Chief, Medical Consultant for CSHCN, MCH Unit Supervisor, health educator, SPHERE data consultant, audiologist, injury public health nurse, and two program assistants. The MCH Unit consists of 14.8 FTEs. There are 13.14 FTEs funded with Title V MCH/CSHCN Program funds located throughout other Bureaus within the DPH.

As of July 1, 2004, the Family Health Section within the Bureau of Community Health Promotion will contain two units: the Maternal and Child Health Unit and the Well Women Program Unit. In addition, the Section will have several teams that will report directly to the Family Health Section Chief to include: the Early Screening and Intervention Program such as the Universal Newborn Hearing Screening and the Congenital Disorders (or Newborn Blood Screening Program); the Injury Prevention Program; Comprehensive School Health Program; and the Organ Donor Program. In total, the Family Health Section will contain 43.30 FTEs. //2005//

Parents of Special Needs Children on Staff - Over the past year, Wisconsin has made great strides to establish a meaningful role for parents and families. In June 2000, Wisconsin hired a statewide parent consultant to provide and coordinate the parent perspective and help to develop a structure that will establish a strong, local parent network statewide through guidance in family centered programming.

The Regional CSHCN Centers have developed a structure that provides a strong local parent network statewide by maintaining at least one parent coordinator on staff, and recruiting one CPL for each county in their region. The First Step Hotline employs parents who have a child with a special health care need to answer calls Monday through Friday, from 8:00 a.m. to 5:00 p.m. In addition, Wisconsin supports the MCH Advisory Committee which has had parent representation for many years and the Birth Defects Council, which has two parent representatives.

/2003/ The State Parent Consultant continues to assure that parents of special health care needs children are actively involved in Title V MCH/CSHCN Program activities. This includes working closely with the parent coordinators of the Regional CSHCN Centers and the CPLs. Parents have been participating on a variety of advisory committees including NBS Advisory Committee, Diabetes and Schools Workgroup, and the UNHS Implementation Workgroup. The number of parent representatives on the MCH Advisory Committee has increased to ten, or 20% of the members. //2003//

/2004/ Parents of CSHCN are actively involved in ongoing Title V MCH/CSHCN Program activities. In addition, as new programs develop, parents take an active role in an advisory capacity or as staff. For example, Title V MCH/CSHCN Program funds were used to support an agency to research and design a statewide Parent to Parent Matching Program. The director of this project is a parent of a child with special health care needs. //2004//

/2005/ No significant changes. //2005//

Inter-Bureau Collaboration at the DPH - Numerous opportunities for collaboration with other Bureaus within DPH exist for the Title V MCH/CSHCN Program in Wisconsin such as environmental and occupational health, chronic disease and health promotion, communicable diseases, emergency medical services, and health and injury prevention.

/2003/ A variety of specific, ongoing examples of inter-bureau collaboration include workgroups that address: Comprehensive School Health Program, GuardCare, State Alliance for Laboratory Testing (SALT), Suicide Prevention Initiative (SPI), Traumatic Brain Injury (TBI), Wisconsin Nutrition and Physical Activity Workgroup (WINPAW), Strategic Plan for the Wisconsin Youth Occupational Injury Center, Emergency Medical Services for Children Program, Diabetes in School manual, Child Alert for CSHCN, and the Dental Health/Lead Alert collaboration. The formation of a Wisconsin Asthma Coalition (WAC) is in the planning stages. Most of these efforts not only include BFCH staff and staff from other Bureaus within DPH, but also include other Divisions within the Department, other Departments at the State level, and a number of non-governmental, community partners. Department-wide collaboration occurred surrounding the bioterrorism funding provided by CDC. Within BFCH, staff addressed the mental health impact on raising healthy children in this current atmosphere. //2003//

/2004/ No significant changes. BFCH staff continue to have regular and ongoing, interactions with staff in the other Bureaus within DPH. //2004//

/2005/ The DPH restructuring will most likely change intra bureau collaboration. //2005//

E. STATE AGENCY COORDINATION

RELATIONSHIP WITH MENTAL HEALTH

/2003/ Title V MCH/CSHCN Program staff are becoming involved in the areas of infant mental health and with a statewide mental health anti-stigma campaign.

/2004/ The MHTAC, led by the new DDES, Bureau of Mental Health and Substance Abuse Services, is working on implementing a comprehensive plan to assist adolescents with severe emotional and/or brain disorders successfully transition to the adult mental health services they need. The Regional CSHCN Centers are listed on their updated Resource list. //2004//

/2005/ A draft of Wisconsin's Infant Mental Health Plan was completed in January 2004. An implementation committee and workgroups formed to focus on the following topics: child

welfare and Birth to 3, providers of mental health services to children under age five, public awareness and community readiness, and current infant and early childhood mental health training. The Governor's "KidsFirst" plan calls for implementing the recommendations of the Infant and Early Childhood Mental Health Plan. The ECCS grant will link closely with implementation and workgroup activities. //2005//

RELATIONSHIP WITH SOCIAL SERVICES AND CHILD WELFARE - Title V MCH/CSHCN Program works closely with DCFS, the state agency responsible for the child welfare and regulation and licensing of child care programs. DCFS carries out the activities of the Abstinence only funds, through a Memorandum of Agreement (MOA) with DPH.

/2003/ No significant change.

/2004/ See POCAN and MFP TOP Updates below. //2004//

/2005/ As of October 5, 2003, the MCH program in DPH reassumed fiscal and program responsibility of Abstinence grant activities.

An infant mental health workgroup was established to develop recommendations and strategies on how to infuse the principles and practices of Early Childhood Mental Health (B-5) into the Child Welfare and Early Intervention systems (Wisconsin's Birth to 3 program) so to address the Child Abuse Prevention and Treatment Act (CAPTA) requirements for substantiated cases of child abuse and neglect. This workgroup will identify best practices and make recommendations to DDES for establishing referrals and service delivery, assessment of social and emotional development; establishing a process for determining eligibility to Birth to 3 services; and determining a process for referrals outside of the Birth to 3 System and/or back to the Child Welfare System. //2005//

POCAN - Home Visiting for At-Risk Families - Since January 1, 1999 ten demonstration projects (six rural counties, three urban counties, and one Indian Tribe) have provided services for 1997 Wisconsin Act 293, the Wisconsin Child Abuse and Neglect Program (POCAN). The POCAN program provides \$995,700 of state GPR for a program that highlights home visiting to first-time parents eligible for Medicaid, and a flexible fund for those receiving home visitation services.

/2003/ The evaluation is following 236 clients until June 30, 2002.

/2004/ The POCAN home-visiting evaluation will be forwarded to the legislature early June 2003.

Program expansion is contingent upon additional resources during a tight state budget. Parent's Plus has completed a training plan and curriculum for their statewide initiative for families of young children, The Home Visitation Outcomes Project of Wisconsin. Outcomes that will be measured include parent-child interaction, child health, development and safety, and family connections to community resources. //2004//

/2005/ Governor Doyle supports an array of supportive services for at-risk families from home visits to family resource centers to referrals to health care and child care. A Governor's Summit on Child Abuse and Neglect Prevention convened on April 29 and 30, 2004 to plan a state family support system. Release of the POCAN evaluation and any plans for expansion to other counties in the state are on hold pending determination of budget and prevention priorities. //2005//

Milwaukee Child Care Coordination Project (MFP and TOP) - A pilot project, TOP, focuses on an inner city area of Milwaukee with the highest incidence of child welfare cases. This pilot provides enhanced home visitation and family support services to all first time parents in this welfare region.

/2003/ TOP program process has been systematized.

/2004/ No significant update. //2004//

/2005/ Improvements in the TOP program that better reflect a comprehensive, long-term home visiting program are planned with input from DHFS program review staff and from the results of the TOP program evaluation report that is expected late summer 2004. //2005//

The Wisconsin Plan to Prevent Adolescent Pregnancy (formerly known as Brighter Futures) and its Implementation Plan were developed to provide the leadership to reduce adolescent pregnancy in Wisconsin. The overall vision is to ensure that every Wisconsin child has the opportunity to grow into

a healthy, resilient and self-supporting adult. The Implementation Plan Workgroups (Schools and Education, Community, Government, Health Care Community, Subsequent Pregnancy Prevention, and Child Abuse and Neglect) developed a Taking Action promotional brochure and continue to meet to review progress on the recommendations and to report to the APPC. Detailed information is available at www.dhfs.state.wi.us/Children/pregnancyplan/index.htm.

/2003/ No significant update.

/2004/ Milwaukee and Green Bay were successful in bringing the Children of Children exhibit to their communities. The Wisconsin Resources for Teen Parents packet can be found at www.dpi.state.wi.us/dpi/dlsea/sspw/teenpar.html. The WEAP is forming a Youth Abstinence Commission. The APPC and workgroup members met early 2003 to set a new reduction goal and to determine short and long term strategies to continue plan implementation. //2004//

/2005/ APPC has set two new goals: Decrease the percentage of Wisconsin youth who have had sexual intercourse by 39% in 2001 to 30% by 2010 and increase the percentage who will choose consistent and correct use of contraception from 76% in 2001 to 87% in 2010. Seven subcommittees have been established to work on these measurable goals. They are: Networking; Resources; Training, Curriculum and Education; Awareness; Community Response Teams; APPC Oversight; and Health Care. //2005//

RELATIONSHIP WITH EDUCATION

/2004/ Department of Public Instructions (DPI) - We have a strong relationship with DPI working on adolescent pregnancy prevention, HIV-AIDS, Comprehensive School Health Program, nutrition and physical activity, mental health, suicide and other injury prevention, Youth Risk Behavior Survey (YRBS), occupational health, early childhood, and others. //2004//

/2005/ The School HIV/AIDS Policy Tool Kit was released in December 2003. Copy can be obtained at <http://www.dpi.state.wi.us/dlsea/sspw/hivaidptk.html>. With supplemental funding received through DPIs cooperative agreement with the CDC-DASH, a steering committee was developed to work on strengthening communication, coordination, and collaboration among state-level agencies to improve sexual risk behavior prevention for school-age youth. A survey was conducted and the start of a web-based resource guide was produced. Some of the steering committee members are presently planning an Adolescent Sexual Risk Behavior Prevention Institute scheduled for August. Additionally, Wisconsin had lost and now recently regained funding for the CSHP. //2005//

Relationship with Child Care - Efforts continued during 2000 to strengthen the collaboration between the Title V MCH/CSHCN Program and the provision of safe and healthy child care in Wisconsin through the "Partners for Healthy Child Care" (PHCC) grant. This three-year Health Systems Development in Child Care grant was received by Wisconsin in June 2000 and supports a 1.0 FTE Project Coordinator position with the Wisconsin Child Care Improvement Project (WCCIP).

/2003/ PHCC regularly convenes a statewide group of Child Care Health Consultants (CCHCs) since May 2001.

MCH staff are involved with other early childhood state initiatives: the National Governor's Association (NGA) Workgroup to build public and political will for early childhood care and education; Head Start Collaboration Advisory Committee; Wisconsin Early Childhood Collaborating Partners; and Think Big. Start Small public awareness campaign action team. Twenty-four LPHDs receive MCH funds to provide health consultation and TA to child care agencies in their jurisdictions.

/2004/ The CCHCs will use the SPHERE data system to collect activity data in 2003. The PHCC transition activities were written into the state ECCS grant that we submitted this spring. In 2003, twenty-six LPHDs were funded to provide services to child care agencies. //2004//

/2005/ The Governor's "KidsFirst" plan includes a proposal to improve the quality of child care by: 1) rating child care settings, and 2) informing parents of these ratings so they can make informed choices when making child care decisions. A task force is being formed by the DWD, Office of Child Care to explore both quality indicators and tiered reimbursement. DHFS personnel, including MCH, will participate as part of the staff for this task force. The ECCS coordinator was hired several months into the planning grant and has re-established contacts with the early care and education community. Key partners in these components, as well as

leaders in the two Wisconsin HCCA grant areas, are closely involved in ECCS planning process. ECCS is committed to building on the HCCA grants - supporting and enhancing health consultation in child care settings - as the HCCA federal funding is winding down. //2005//

RELATIONSHIP WITH CORRECTIONS

/2004/ See discussion under "Healthy Start Collaboration" in this Section. //2004//

/2005/ See Milwaukee Healthy Beginnings. //2005//

RELATIONSHIP WITH MEDICAID AND SCHIP (BADGERCARE)

See Badger and SCHIP discussion under "Overview", in this Section.

Medicaid Targeted Case Management - The Title V MCH/CSHCN Program continues to support LPHDs in their efforts to assure that Medicaid targeted case management services are available to meet the needs of families and other vulnerable population groups in Wisconsin.

/2003/ No significant change.

/2004/ Medicaid targeted case management handbook was updated and released in March 2003. At least two training events, directed to LPHDs and other private agencies of case management services for families at risk, are planned in cooperation with the WI Medicaid program to increase capacity of providers who deliver services to maternal and child health populations including CSHCN. //2004//

/2005/ In collaboration with Medicaid, the BFCH held five DPH regional trainings held on Medicaid case management programs in March and April 2004 with over 250 in attendance. Evaluations rated sessions generally as 'very good'. The plan during 2005 include providing individual technical assistance on case management for LPHDs that request specific assistance to initiate or improve their case management programs and billing of Medicaid. //2005//

Prenatal Care Coordination (PNCC) - The Wisconsin PNCC Program has continued as an example of a successful collaboration between State Title V MCH/CSHCN Program and State Title XIX. The program provides the coordinated delivery of nonmedical services such as individualized psychosocial support, health education, and nutrition counseling that help to eliminate barriers to obtaining prenatal care, promote a healthy birth and develop a foundation for a healthy family. PNCC services are available in all counties.

/2003/ During July 2000-June 2001, 8,458 women received PNCC services, representing a decrease in services from the previous fiscal year of 9,242. Data was compiled on PNCC participation among pregnant women enrolled in WIC and Medicaid at the state, county, and local level. The data identified an opportunity to increase PNCC services through stronger linkages with local WIC projects.

/2004/ In SFY 2002, 8,583 women received services from 98 PNCC providers. The Title V MCH/CSHCN Program is working with the DHCF to revise the tool used to determine PNCC eligibility and assess needs. This tool will be strength-based, coordinated with WIC, and allow for data collection with the SPHERE. //2004//

/2005/ The Title V MCH/CSHCN Program staff collaborated with the Division of Health Care Financing to draft a revised PNCC initial assessment tool to determine program eligibility and identify strengths and needs. The revised Pregnancy Questionnaire allows for data collection in SPHERE and offers a strength-based approach, fewer questions, options for more in-depth questions at a later time, and a simplified process for determining program eligibility. A pilot project is underway to test the revised Pregnancy Questionnaire. Sixteen pilot sites were recruited and oriented to the revised assessment tool and process for determining eligibility for PNCC, additional assessments that may be indicated, and evaluation of the pilot. Approximately 100 women will be assessed using both the current and the revised Pregnancy Questionnaire and risk assessment scores will be compared. Pilot sites will provide feedback on questions to add, delete or change. Suggestions will be incorporated into a final version of the assessment tool and statewide implementation will follow.

Title V MCH/CSHCN staff also collaborated with the Division of Health Care Financing to provide regional Case Management Training Sessions. The educational sessions were held in

five areas of the state and received positive evaluations. The agenda included: 1) an overview of case management programs in Medicaid, 2) data collection in SPHERE, 3) implementing services, 4) strengthening PNCC services, 5) strengthening targeted case management services, and 6) billing. In addition, the Divisions are working together to explore incentives for healthy birth outcomes. //2005//

/2004/ Family Planning Waiver - Collaboration and coordination between the MCH-Family Planning Program and the Medicaid Program has occurred at several key integration points throughout planning and implementation of the FPW. MCH Program staff participated in the Medicaid Program Waiver Workgroup. The Medicaid Program and the MCH Program have coordinated planning and implementation through a Waiver Task Force consisting of publicly-supported family planning providers and other stakeholders in Wisconsin. The Medicaid Program and the MCH Program have relied on the MCH-Family Planning Program Training and Continuing Education contractor HCET to coordinate and/or provide training and technical support activities with Waiver providers. Implementation of the FPW is one of DHFSs stated priorities toward increasing access to basic health services for women in Wisconsin. //2004//

//2005/ Implementation continues. //2005//

RELATIONSHIP WITH SSA, VOC REHAB, AND DISABILITY DETERMINATION

/2004/ The Social Security Administration (SSA) contracts with the Disability Determination Bureau (DDB) to notify the Title V MCH/CSHCN Program each month regarding all new child applicants for SSI under age 16, as well as those who are having their eligibility reviewed. During 2003, each Regional CSHCN Center will outreach to the SSA offices in their region. The Southern Regional CSHCN Center, in conjunction with their Healthy and Ready to Work (HRTW) grant, are collaborating with SSA and DDB representatives on a model application process that will streamline the paperwork. //2004//

//2005/ The streamlined application developed collaboratively by SSA and Wisconsin HRTW Project is being piloted. The CSHCN Regional Centers continue to outreach to SSA offices. The CSHCN State Program continues to receive, from SSA, names of child SSI applicants, and responds with informational letter and pamphlets to the family. //2005//

RELATIONSHIP WITH AODA

/2004/ See discussion under "Relationship with Mental Health" and "Healthy Start Collaboration" in this Section, and under State Performance Measure #4 in Section IV. //2004//

//2005/ No significant change. //2005//

RELATIONSHIP WITH FEDERALLY QUALIFIED HEALTH CENTERS

/2004/ Implementation of the Medicaid FPW has created an opportunity for the MCH-Family Planning Program to work collaboratively with FQHCs to promote access to contraceptive services and primary care services. A standing committee has been formed to address these issues. All FQHCs will receive an invitation to the perinatal summit. //2004//

//2005/ Collaboration with FQHCs continues to be an ongoing action of the FPW Taskforce. //2005//

RELATIONSHIP WITH PRIMARY CARE ASSOCIATIONS

Primary Care and Area Health Education Center (AHEC) - Under the direction of the Title V MCH/CSHCN Program Director, Primary Care and Title V MCH/CSHCN Program (both located within DPH) have instituted a regular meeting schedule to facilitate integration of services targeted to the MCH population. The focused approach from DPH has strengthened the inclusion of AHEC as a DPH partner.

/2003/ No significant change.

/2004/ No significant change. //2004//

//2005/ No significant change. //2005//

RELATIONSHIP WITH TERTIARY CARE FACILITIES

/2004/ See discussion of Perinatal Centers under National Performance Measure #17 in Section IV. //2004//

/2005/ No significant change. //2005//

RELATIONSHIP WITH PUBLIC HEALTH, HEALTH PROFESSIONAL EDUCATIONAL PROGRAMS, AND UNIVERSITIES

University of Wisconsin Schools of Medicine, Nursing and Population Health - Over the past several years, Title V MCH/CSHCN Program in Wisconsin has developed a relationship between the University of Wisconsin Schools of Medicine and Nursing, and recently, with the School of Population Health. In addition, the Title V MCH/CSHCN Program CMO gives pediatric Grand Rounds every year at the Department of Pediatrics. We will continue to explore these opportunities to further enhance our capacity to address MCH in Wisconsin.

/2003/ No significant update.

/2004/ No significant change. //2004//

/2005/ No significant change. //2005//

COORDINATION OF TITLE V MCH/CSHCN PROGRAM WITH EPSDT, WIC, RELATED PROGRAMS, TITLE XIX

Title V MCH/CSHCN Program, Title XIX, and the State WIC programs agree to establish cooperative and collaborative relationships, including workgroups and periodic meetings, with respect to the pertinent programs and services.

Title V MCH/CSHCN Program, WIC, Medicaid, CHIP, and Disability Determination Programs - MOU between DPH and DHCF outlines comprehensive coordination between a number of state level programs.

Medicaid Managed Care Expansion - Efforts have been taken to develop an important, system link between Wisconsin's public health system and Medicaid managed care system consistent with the mission of public health and the core functions of public health assessment, assurance and policy development.

/2003/ No significant change, as there have been no changes in the MOU.

/2004/ No significant change. //2004//

/2005/ No significant change. //2005//

Wisconsin's Title V MCH/CSHCN Program - The CSHCN Program and Title XIX continue coordination and cooperation efforts through established mechanisms including electronic data exchange and other data exchange for administration, evaluation and analysis.

/2003/ The CSHCN Program and Regional CSHCN Centers continue to work with the Title XIX (Medicaid) Program to strengthen the capacity of LPHDs to provide Targeted Case Management for children with special health care needs.

/2004/ The CSHCN Program meets monthly with representatives with the Bureau of Developmental Disabilities Services(BDDS) and Medicaid. //2004//

/2005/ Training to LPHDs in the late winter of 2004 enhanced their capacity to provide Targeted Case Management services to children with special health care needs. A follow up training in the fall will again include information related to CSHCN and be planned in partnership with Title XIX. //2005//

HealthCheck (EPSDT) - The purpose of HealthCheck is to provide comprehensive preventive services, to identify health problems early and to assure coordinated follow-up services to Medicaid children and youth birth to 21 years of age.

/2003/ Since BadgerCare began in July 1999, the number of children eligible for HealthCheck has increased by 80,000 recipients. Title XIX staff invited Title V MCH/CSHCN Program staff to assist with the review and revision of the HealthCheck handbook.

/2004/ The numbers of children eligible for HealthCheck by virtue of enrollment into Medicaid or BadgerCare continues to grow. More than 150,000 additional children have received Medicaid or BadgerCare since BadgerCare's advent in 1999. //2004//

/2005/ No significant change. //2005//

Medicaid Applicant Identification and Assistance - Wisconsin Title V MCH/CSHCN Program, Title XIX, and WIC Programs agree to collaborate on programs and services to identify pregnant women and children who may be eligible for Medicaid and once identified, to assist them in applying for such assistance.

/2004/ On July 1, 2001, a simplified application process took effect for the Wisconsin Medicaid program. Applicants can now apply by mail, phone, or in person. There is a new, streamlined two-page application to use. Verification requirements have also been streamlined. For example, applicants can "self-declare" income without submitting further documentation. This change occurred after studies found that the vast majority of pregnant women applying for Medicaid were, indeed, eligible. In addition, there are approximately 25 formal outstationed application sites operating in Wisconsin. //2004//

/2005/ No significant change. //2005//

TOLL-FREE TELEPHONE NUMBERS

The MCH Hotline, Medicaid Recipient Hotline, and CSHCN Hotline are maintained.

/2003/ No significant change.

/2004/ Increased efforts to promote family planning services and the Food Stamp Program through the hotline are underway. //2004//

/2005/ No significant change. //2005//

COORDINATION WITH FAMILY LEADERSHIP AND SUPPORT

/2003/ Families provide leadership in the development of parent-to-parent support networks in the Regional CSHCN Centers.

/2004/ The Title V MCH/CSHCN Program Parent Consultant continues to provide leadership, coordinate with family support programs and assure that families are involved in leadership activities. In addition, family leaders are involved in many initiatives within the Title V MCH/CSHCN Program including activities of the UNHS Program, Birth Defects Surveillance System, NBS Program, and MCH Advisory Committee. //2004//

/2005/ The Title V Parent Consultant continues to provide leadership to families and, in particular, to parent partners involved in the Wisconsin Medical Home Initiative. In addition, Wisconsin Family Voices received a CMS grant to establish a Family to Family Health Information Center in 2003. The CSHCN Program has been an active partner in the developing, planning and implementation of activities occurring for families. //2005//

F. HEALTH SYSTEMS CAPACITY INDICATORS

Wisconsin's Health "Systems" Capacity Indicators (Forms 17, 18, 19) present data demonstrating Wisconsin's ability to understand women's and children's health issues in the context of the Title V MCH/CSHCN Program Block Grant. The population served by Title V MCH/CSHCN Program in Wisconsin is small. Nonetheless, we use these data to strengthen existing programs, examine policy issues, encourage policy development, and implementation to help women, children, and families. These data also bridge Title V MCH/CSHCN Program services to other public health programs in the DPH and agencies that work with families. Below is a brief summary of each Form.

* Form 17: Since 1998, we have reported data for these indicators, either as Health Status Indicators or as a National Performance Measure. Overall, we see that Wisconsin's CHIP (BadgerCare) program has contributed to the increasing percentages of children who are receiving services. However, there are a few limitations to some of these data. For example, the methodology for the data for HSCI 01 (asthma) changed in 2000. The data for HSCI 08 (dental services for EPSDT eligible Medicaid children, ages 6-9) increased from 28.8% in SFY01 to 50.1%; DPH does have an active program of dental services however, and perhaps we see this increase as a result of that program.

* Form 18: These indicators focus on birth outcomes for Medicaid and non-Medicaid women who gave birth and the eligibility requirements for Medicaid and BadgerCare. HSCI 05: women who did not have Medicaid as a source of payment for the birth, had better perinatal outcomes than women who

were on Medicaid. The percentage of low birth weight babies was almost twice that for women who were on Medicaid compared to non-Medicaid women (10% to 5.4%); the infant mortality rate for births paid for by Medicaid was higher than for births not paid by Medicaid (8.7% to 5.0%); prenatal care utilization also shows that women on Medicaid had lower percentages compared to women not on Medicaid (77.7% to 90.6% first trimester prenatal care, 73.9% to 84.2% adequate prenatal care [Kotelchuck Index]). HSCI 06: The percent of poverty level for eligibility for infants, children 1 to 18, and pregnant women for Medicaid is 185%; for BadgerCare, the eligibility level is 200%.

* Form 19: Wisconsin has, generally, strong data capacity. The BFCH has strong relationships with other bureaus and fosters collaboration with other programs to share data for program development and evaluation. HSCI 09A: The Title V MCH/CSHCN Program has timely data from several other sources, including: linked infant birth and death files, linked birth certificates and Medicaid eligibility files, and linked birth records and WIC eligibility files. Birth records and NBS files are not linked, however, the SSDI grant is addressing that issue. The new Wisconsin Birth Defects Prevention and Surveillance Registry will be launched late summer 2003; Wisconsin applied for the last PRAMS, and was approved but not funded. HSCI 09B: The Youth Risk Behavior Survey (YRBS) is maintained by DPI, but the survey results are available on the web. HSCI 09C: Other data for adolescents are in the WIC program which is housed in the BFCH. In addition, the Family Health Unit epidemiologist and CSHCN epidemiologist work close with WIC program staff to analyze and use WIC program data and the PedNSS.

/2004/ SSDI continues to serve as the key mechanism to coordinate data linkages across registries and surveys, and to provide critical information on State data systems capacity. The focus continues to be the ability of Wisconsin to assure MCH Program access to policy and program relevant information. For specific data on Wisconsin's ability to carry out this indicator, please see the Health Systems Capacity Indicator 9A, Form 19. //2004//

/2005/ Form 17: Health Systems Capacity Indicators 01-04, 07, & 08. Generally, there are few changes in the data reported for these indicators. HSCI 01: Our methodology for this indicator changed in 2000; the rate (per 10,000 less than 5 years of age) of children hospitalized for asthma averaged 24.3 during the period SFY2001-2003. HSCI 02 and 03: overall, a large proportion of Wisconsin's Medicaid and SCHIP (BadgerCare) enrollees received services; 95.4% and 91.2% respectively during SFY03. HSCI 04: 78.4% of Wisconsin women's observed to expected prenatal visits were greater than or equal to 80% on the Kotelchuck index. HSCI 07: 53.1% of EPSDT eligible children aged 6 through 9 years received any dental services during SFY03. HSCI 08: All SSI beneficiaries less than 16 years old are automatically eligible for Wisconsin's Medicaid program which provides comprehensive rehabilitative services.

Form 18: HSCI 05: These indicators focus on birth outcomes for Medicaid and non-Medicaid women who gave birth and the eligibility requirement for Medicaid and BadgerCare. As in past years, women on Medicaid fared worse than their counterparts who were not on Medicaid. HSCI 06: The Medicaid and SCHIP (BadgerCare) percent of poverty eligibility levels are the same for infants, children 1 to 18, and pregnant women.

Form 19: As part of Wisconsin's Birth Defects Prevention and Surveillance System, the Wisconsin Birth Defects Registry (WBDR) was developed in 2003 and is being rolled out statewide in 2004. The WBDR allows for reporting of birth defects electronically either as individual reports or by uploading from an electronic records system to the secure website. The Wisconsin Early Hearing Detection and Intervention Tracking, Referral and Coordination (WE-TRAC) System completed pilot testing with 13 participants in spring of 2004 and will go statewide beginning in the fall of 2004. WE-TRAC is linked to the Wisconsin State Lab of Hygiene newborn screening data system and tracks newborns from initial hearing screening through referral. //2005//

IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES

A. BACKGROUND AND OVERVIEW

The attached grid depicts the National and State Performance Measures, their objectives and the most recent indicators. We have noted whether or not we have met the objective. The following narrative sections include discussions on Wisconsin's ten state priorities, the national performance measure activities, state performance measures activities, and other program activities. (See Attached 'NPM and SPM' Tables)

B. STATE PRIORITIES

1. Dental Access and Care

Dental Access and Care in Wisconsin, as in many other states, continues to be a critical need. In 2002 SPM #12, "Percent of children, ages 6-8, with untreated dental decay in primary and permanent teeth" was created to address the concerns for dental access and care voiced around the state.

According to Disparities in Children's Oral Health and Access to Dental Care, JAMA, November 22-29, 2000, Vol. 284, No. 20, oral health is also the most prevalent unmet health care need of children with special health care needs. Prevention of oral diseases are far more cost effective than treatment of oral diseases. The May 2000 Oral Health in America: A Report of the Surgeon General cited estimates for the management of severe early childhood caries range from \$1,500-2,000, depending on whether hospitalization is necessary. Prevention strategies such as the use of fluorides and dental sealants have been proven to reduce disease burdens.

2. Health Access

Health Access is related to NPM #7, #13, #14, and #18 and to SPM #1 and #2. In addition, "Access to primary and preventive health services" is one of the 11 health priorities for Healthiest Wisconsin 2010. Although Wisconsin enjoys a low uninsured rate, access to health care is still a problem for some populations in the state.

3. Child Care

Although a SPM has not been identified for child care, this priority need is related to NPM #7. Significant efforts have been made to establish partnerships with the child care community and to raise awareness of the need to address health issues in child care. Health issues in child care remain a priority and will be more fully addressed through our ECCS grant.

4. Family and Parenting

Family Violence ? Although we did not develop an SPM for family violence, we concluded that efforts to increase MCH clients who receive parenting skills and training would encompass information on family violence, including education on intentional and unintentional injury prevention. We decided that an SPM should capture the services provided by LPHDs regarding parenting and safety. Therefore, we dropped SPM #15 and replaced it with SPM #16, "Percent of MCH clients/families who receive one or more supportive services to enhance child health, child development and/or safety." This will become more of a focus for our ECCS grant and of the Governor's "KidsFirst" initiative.

Comprehensive Nutrition Approach ? Breastfeeding with its many benefits for mothers and infants is recognized as a way to reduce childhood overweight and related chronic diseases. Several studies provide evidence that any breastfeeding and breastfeeding for a longer duration protect against overweight in childhood. Overweight acquired during childhood may persist into adulthood and increase the risk for some chronic diseases later in life. A child who is overweight at age six has a 25% chance of being obese as an adult. SPM #11 focused on obesity for children 6-17 years of age. After a year we revised the measure, now SPM #13, to reflect children ages 2-4 years as a predictor of future obesity. Since weight and height data are collected by the WIC program and sent to CDC for analysis by PedNSS standardized reports for children 2-4 years are produced for overweight and high weight-for-height (>95th percentile wt/ht).

5. CSHCN Systems of Care

Systems of care for children with special health care needs relates to NPM #2, #3, and #4. When looking at the different systems of care that children encounter, they interact with the medical system and the community-based service system; insurance coverage affects a family's utilization of services within both systems. The Title V Program in Wisconsin is working to address each of these performance measures in turn, as referenced in the National Performance Measures Section. In terms of capacity and resource capability to address systems of care for CSHCN, Wisconsin Title V is working with pediatric and community partners to affect systems level change statewide through such efforts as a medical home learning collaborative, outreach and social marketing strategies, and health education and training.

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6. Health Disparities

Health Disparities is related to SPM #14 and in Wisconsin, is related to NPM #6, #7, #12, #15, and #18. Due to the significant gap in Wisconsin between the IMR of African American and white infants, SPM# 14 was created in 2002, "Ratio of black infant mortality rate to the white infant mortality rate". This SPM replaces the percent of infants born with low birth weight among all racial ethnic or age groups (SPM #14). The issue of health disparities in Wisconsin is receiving increased attention and the Title V Program is working in partnership with key partners to address disparities in perinatal health. The Title V Program will be working in concert with the DPH Minority Health Officer in our on-going assessment of need. "Social and economic factors that influence health" is also one of the 11 Health Priorities for Healthiest Wisconsin 2010.

7. Teen Pregnancy

This priority need is related to NPM #6 and SPM #2. MCH funds assist in providing the capacity and resources to address this priority. Local needs assessments determine how MCH funds through the consolidated contract support this local program activity. In addition to the variety of efforts at the local level utilizing MCH funds, statewide efforts of APCC and WAIY impact this priority need.

8. Alcohol, Tobacco, and Other Drug Abuse (ATODA)

Based on internal discussions we decided to maintain SPM #4 which addresses youth drinking. We eliminated SPM #7 because efforts addressing tobacco use among youth were concentrated in another bureau within the DPH. Wisconsin remains a state with high smoking and binge drinking rates. Significant collaborative efforts have been made with the Wisconsin Women's Health Foundation (WWHF) on their "First Breath" Project to reduce smoking among pregnant women.

First Breath is a pilot study for select PNCC and/or WIC sites and is designed to help low-income pregnant women quit smoking and to evaluate the effectiveness of brief targeted tobacco cessation counseling and intervention for pregnant women who smoke. Title V program staff provided training and TA to support First Breath throughout the year.

A literature search by the WWHF reports prenatal smoking contributes to 8.4% of infant deaths and 23% of Sudden Infant Death Syndrome (SIDS) deaths. Women who smoke during pregnancy have a 1.8 times greater risk for ectopic pregnancy, a 3.4 times greater risk for miscarriage, and a 1.4 times greater risk for stillbirth. Prenatal smoking increases the risk for low birth weight and small for gestational age infants by up to 3.5 and 10 times, respectively, and contributes to up to 14% of

preterm deliveries, with increased risk of morbidity and mortality.

9. Early Prenatal Care

This priority need is directly related to NPM #18, as well as NPM #16 and SPM #14. The Title V Program has had a longstanding commitment to improving this measure, through the efforts to pilot and establish PNCC as a Medicaid benefit in 1993. The Title V, WIC and Medicaid Programs are working together to pilot a revised PNCC assessment form and are working on strategies to improve early enrollment into PNCC.

10. Injury

This priority need is related to NPMs #10, #16, SPMs #4, #15 and #16. Through the consolidated contract process, LPHDs choose to fund issues that surface from their own local needs assessments. During the previous year, injury prevention emerged as a topic that several health departments chose, with more than 20% of the objectives related to injury prevention, including home safety, safe car seat installation, and gun and bike safety.

C. NATIONAL PERFORMANCE MEASURES

Performance Measure 01: *The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

a. Last Year's Accomplishments

Impact on National Outcome Measures: The Wisconsin NBS Program is a core public health program that is a collaborative effort between DHFS and the State Lab of Hygiene. The NBS Program specified in Wis. State Statute 253.13 and Administrative Rule HFS 115, is a population-based service that mandates all infants born in Wisconsin be screened for congenital disorders.

a) Report of 2003 Major Activities

1. Newborn Screening?Population-Based Services?Infants

In 2003, 68,664 infants were screened for 26 different congenital disorders.

2. Diagnostic Services?Direct Health Care Services?CSHCN

In 2003, 95 infants were confirmed with a condition screened for by the NBS Program, and 100% were referred for appropriate follow-up care.

3. Diagnostic Services?Direct Health Care Services?CSHCN

The Department provides necessary diagnostic services, special dietary treatment as prescribed by a physician for a patient with a congenital disorder and follow-up counseling for the patient and his or her family.

4. Development of Educational Materials?Enabling Services?Pregnant Women

The Education subcommittee of the NBS Advisory Group produced NBS displays and NBS posters. The displays have been placed in each of the five public health regions in Wisconsin to promote awareness of NBS throughout Wisconsin to both consumers and healthcare professionals.

b. Current Activities

1. Newborn Screening?Population-Based Services?Infants

The Wisconsin NBS Program currently screens all infants for 26 congenital disorders.

2. Development of Educational Materials?Enabling Services?Pregnant women

Professional healthcare guides have been updated and will be distributed to healthcare providers throughout Wisconsin. Parent information brochures are available in English and Spanish. NBS posters are being printed and will be distributed to healthcare providers throughout Wisconsin to increase awareness of NBS among consumers.

3. Purchase of PKU Formula and Food Products?Direct Health Care Services?CSHCN
The NBS Program is currently evaluating policies related to the provision of dietary formulas and nutritional supplements to patients.

c. Plan for the Coming Year

1. Newborn Screening?Population-Based Services?Infants

All infants born in Wisconsin will be screened at birth for 26 congenital disorders.

2. Purchase of PKU Formula and Food Products?Direct Health Care Services?CSHCN

The Department will develop a web-based data tracking system for NBS dietary services, including the provision of dietary formulas and medical food products to children with conditions screened for by NBS to more effectively monitor use of this service.

3. Newborn Screening Advisory Group-Infrastructure Building Services-Infants

The Newborn Screening Advisory Group and its Cystic Fibrosis, Metabolic, Hemoglobinopathy, Endocrine, and Education subcommittees will meet biannually to advise the Department regarding emerging issues and technology in NBS.

Performance Measure 02: The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

a. Last Year's Accomplishments

Impact on National Outcome Measures: Overall, the SLAITS survey found 66.49% of families are satisfied with the services they receive and feel they are partners in decision making. This is higher than the overall national result of 57.53% of families who report satisfaction with the services they receive and feel they are partners in decision making.

a) Report of 2003 Major Activities

1. Information and Referral Services Satisfaction Survey?Direct Health Care Services?CSHCN

Although the CSHCN Program does not provide direct health care services to children with special health care needs or their families, the CSHCN Program is committed to assuring families are satisfied with the services received from the Regional CSHCN Centers and LPHDs.

An Information and Referral Services Satisfaction Survey was sent to over 1,100 families of children with special health care needs who utilized information and referral services from the Regional CSHCN Centers or LPHDs during 2003. See Appendix 6, Information and Referral Satisfaction Survey. The results revealed an average satisfaction score of 4.662 on a 5.0 scale.

2. Financial support to County Parent Liaisons?Infrastructure Building Services?CSHCN

The CSHCN Program requires the five Regional CSHCN Centers to identify a CPL through partnering with the LPHD. Financial support is offered to CPLs to increase participation in activities that positively impact policies, programs and services attend educational workshops

or participate in family centered activities in their communities.

3. Employment of State Parent Consultant and Regional CSHCN Center Parent Coordinators?
Infrastructure Building Services?CSHCN

Parents play a central role in many aspects of the CSHCN Program. Parent involvement is supported through the continued employment of a Parent Consultant at the CSHCN Program. Parent Coordinators are employed at all five Regional CSHCN Centers. Parents are employed at the Wisconsin First Step Hotline to provide information and referral services.

4. Participation of families on advisory committees to the MCH and CSHCN Program?
Infrastructure Building Services?CSHCN

The role of families has been strengthened as they continue to participate on the NBS Advisory Committee, Birth Defects Council, Universal Newborn Hearing Screening Workgroup, and MCH Advisory Committee.

5. Parent input into the MCH Block Grant Application?Infrastructure Building Services?CSHCN

In 2003, parent input into the MCH Block Grant Application was requested from over 500 parents in attendance at the annual Circles of Life ? Families Conference. A Workbook for Families regarding the MCH Block Grant was adapted and developed from a Family Voices publication and distributed with the public input invitation in order to solicit comments from family members.

b. Current Activities

1. Information and Referral Satisfaction Survey?Direct Health Care Services?CSHCN

The information and referral satisfaction survey is an ongoing survey that will continue throughout 2004 in order to assure the services, provided through the CSHCN Program, are meeting the needs of the families. A "2003 Annual Program Evaluation Report" is being developed and will be widely distributed during the last six months of 2004. The report provides a satisfaction summary with the information and referral services received from the CSHCN Program.

2. Financial support to County Parent Liaisons?Infrastructure Building Services?CSHCN

Financial support is being provided to over 70 CPLs to continue involvement in activities that positively impact policies, programs, services and supports regarding children with special health care needs.

3. Employment of State Parent Consultant and Regional CSHCN Center Parent Coordinators?
Infrastructure Building Services?CSHCN

The CSHCN Program has integrated the Parent Consultant role in several staff positions. More emphasis will be placed to promote parent involvement in the Medical Home Initiative to assure a family centered perspective is maintained and parent partners are supported throughout the process.

In addition, each of the five Regional CSHCN Centers employs a parent coordinator. The Wisconsin First Step Hotline employs parents with children with special health care needs to provide information and referral. There is continuing support for a CPL in each of Wisconsin's 72 counties.

4. Participation of families on advisory committees to the MCH and CSHCN Program?

Infrastructure Building Services?CSHCN

We are increasing the number of parents providing input into the 2004 MCH Block Grant Application by requesting input from over 500 parents who attended the annual families conference called Circles of Life. Additionally, methods of gathering parent input are being discussed as we begin planning the process beginning this fall.

5. Parent input into the MCH Block Grant Application?Infrastructure Building Services?CSHCN

Parents are an important partner as we work with nine practice teams to develop Medical Homes in Wisconsin.

6. Collaboration on the implementation of a Family to Family Health Information Center grant with Family Voices

In 2004, Family Voices receive a CMS grant to develop the above named Center. The CSHCN Program has been actively involved in the planning and implementation of activities related to this grant including the development of fact sheets for families, providing training to families regarding health benefits and coordinating information and assistance services across the state so that families can access information easier.

c. Plan for the Coming Year

1. Information and Referral Satisfaction Survey?Direct Health Care Services?CSHCN

The CSHCN Program will continue to assure families are satisfied with those services received from the Regional CSHCN Centers including information and referral, parent to parent support and service coordination.

2. Financial support to County Parent Liaisons?Population-Based Services?CSHCN

Financial support will continue to be provided to CPLs to continue involvement in activities that positively impact policies, programs, services and supports regarding children with special health care needs.

3. Employment of State Parent Consultant and Regional CSHCN Center Parent Coordinators?Infrastructure Building Services?CSHCN

The continued employment of parent consultants at all five Regional CSHCN Centers, parent consultants at the First Step Hotline, and the support of a CPL in each of the counties will continue throughout 2005. The Medical Home Initiative will assure a family centered perspective.

4. Participation of families on advisory committees to the MCH and CSHCN Program?Infrastructure Building Services?CSHCN

Parent input will be gathered through the Needs Assessment process throughout the beginning of 2005 and will be summarized and used to develop future planning for the next five year cycle.

5. Participation of families as active partners in the Wisconsin Medical Home Initiative?CSHCN

Parents will continue as an important partner as we continue to develop Medical Homes within Wisconsin. Information gathered from parents throughout 2004 will be used to develop the role parents will have in 2005.

6. Collaboration on the implementation of a Family to Family Health Information Center grant with Family Voices

In 2005, the CSHCN Program will continue to be actively involved in the implementation of activities related to this grant including the development of a training and lead trainers regarding health benefits.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

a. Last Year's Accomplishments

Impact on National Outcome Measures: From the SLAITS survey, 57% of Wisconsin CSHCN received care within a medical home as compared to 52% nationally, while 83.8% of CSHCN served through the Regional CSHCN Centers and partnering agencies reported having a medical home.

1. Medical Home Learning Collaborative--Infrastructure Building Services--CSHCN
Wisconsin was one of 11 states selected to participate in the National Initiative for Children's Healthcare Quality (NICHQ) Medical Home Learning Collaborative. Three primary care practice teams from geographically diverse areas of the state participated in order to evaluate, implement, and affect practice systems delivery using the Institute for Healthcare Improvement's "Breakthrough Change" model. The Chief Medical Officer for Long Term Care in the Division of Health Care Financing and the nurse coordinator/ administrator of specialty clinic services at Children's Hospital of Wisconsin served as members of the state team along with the Title V CSHCN staff. The state team participated in the Collaborative from January 2003 - February 2004.

2. Medical Home Wingspread Conference--Infrastructure Building Services--CSHCN
In November 2003 ABC for Health, Inc., a non-profit public interest law firm, along with the Johnson Foundation, the AAP, and the Wisconsin Department of Health and Family Services sponsored a Wingspread Conference on medical home services. The charge of the conference was to:

- * Establish a foundation for the creation of medical home services, which are medically-oriented care coordination services provided by physicians and nurses for CSHCN and their families;
 - * Identify funding pathways to support critical medical home services; and
 - * Develop a medical home services outreach and education plan for parents and providers.
- Participants in the invitational conference included representation of family organizations, health care providers, government agencies, insurers and training institutions.

3. Medical Home Policy Oversight--Infrastructure Building Services--CSHCN
The MCH Advisory Committee was updated at each meeting regarding Medical Home initiatives and made recommendations regarding future activities.

4. Medical Home Outreach--Population-Based Services--CSHCN
Information about the Medical Home was distributed through a variety of means including: the MCH Update, the Wisconsin American Academy of Pediatrics (WIAAP) newsletter, along with presentations at a variety of conferences such as Circles of Life, a family and provider conference with over 500 attendees.

5. Medical Home Learning Collaborative--Infrastructure Building Services--CSHCN
Wisconsin was one of four states selected to participate in the Medical Home Initiative

Conference in Arizona in 2002. As a result of this conference and with the input of the MCH Advisory Committee, Wisconsin prepared a report entitled Wisconsin's Plan: Medical and Dental Home.

b. Current Activities

1. The Wisconsin Medical Home Learning Collaborative --Infrastructure Building Services-- CSHCN

Utilizing the model of the National Medical Home Learning Collaborative and based on experiences gained during participation, the CSHCN Program has initiated a Wisconsin Medical Home Learning Collaborative. Nine primary care practice teams made up of both pediatricians and family physicians were recruited in spring 2004. All practice teams have at least one parent partner many have two. The Regional CSHCN Centers are contracted to serve as facilitators to the Medical Home practice teams located in their regions. The CSHCN parent consultant, CSHCN medical director, and nurse coordinator from Children's Hospital of Wisconsin have assumed a leadership role in the replication in Wisconsin. In March all facilitators and key CSHCN staff attended a one-day training conducted by Jeanne McAllister, Center for Medical Home Improvement. Three Learning Sessions are scheduled for 2004 with the first session on May 7-8. Dr. Carl Cooley served as the keynote speaker. All practice teams initiated activities related to identification of CSHCN in their practice, care coordination/care planning, and resources/support services for families. Improvement teams/facilitators continue to meet between learning sessions. Future learning sessions will focus on financing issues, communication issues related to primary and specialty care, and transition issues. Each learning session will also continue to promote rapid cycle improvement methodology.

As part of the Medical Home Learning Collaborative, CSHCN has contracted with Children's Hospital of Wisconsin to develop the Wisconsin specific version of the Medical Home Toolkit. During Learning Session 1, participants received the first component of the toolkit. It is anticipated that at the conclusion of the Collaborative, a complete toolkit, will be available.

2. Medical Home Policy Oversight--Infrastructure Building Services--CSHCN

The MCH Advisory Committee is updated at each meeting regarding Medical Home initiatives and make recommendations regarding future activities. The CSHCN Program is reviewing models utilized by states to implement Medical Home activities in addition to the Learning Collaborative. The CSHCN Program continues to collaborate with ABC for Health, Inc. especially in follow up to the Wingspread conference recommendations. The CSHCN Program is also partnering with the Medical College of Wisconsin, Children's Hospital of Wisconsin and the WIAAP in a Medical Home Primary Care/Specialty Care planning grant to the MCWs for Blue Cross Blue Shield settlement funds.

3. Medical Home Outreach--Population-Based Services--CSHCN

Information about the Medical and Dental Home is distributed through a variety of means including: the MCH Update, the Wisconsin American Academy of Pediatrics newsletter, along with presentations at a variety of conferences including Grand Rounds.

c. Plan for the Coming Year

1. Medical Home education and training--Enabling Services--CSHCN

Medical and Dental Home publications will become available for families of CSHCN and providers statewide. Training will continue to be made available by state staff and the Regional CSHCN Centers. Wisconsin Medical Home Toolkit information will be made available.

2. Medical Home Outreach--Population-Based Services--CSHCN

Outreach to different statewide publications and opportunities will continue in 2005. Regional CSHCN Centers will continue to provide education/training to providers and families related to Medical Home.

3. Medical Home Provider Training--Infrastructure Building Services--CSHCN

The CSHCN Program will explore mechanisms to continue to facilitate practices engaged in the Medical Home Learning Collaborative and to share lessons learned with other providers and families.

Performance Measure 04: The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

a. Last Year's Accomplishments

Impact on National Outcome Measures: From the SLAITS survey data, (weighted results), 66.61% of Wisconsin families of CSHCN reported adequate insurance to pay for necessary services as compared to 59.6% nationally. In 2003, 5.3% of CSHCN served by the Regional CSHCN Centers, LPHDs, or other agencies, reported having no insurance coverage. However, to understand this discrepancy, a further breakdown from SLAITS of the unmet needs of the CSHCN population is listed below.

- * Dental Care 5.5%
- * Mental Health Care 3.6%
- * Specialty Care 2.7%
- * PT/OT Speech Therapy 1.5%
- * Preventive Care 1.2%
- * Eyeglasses/Vision Care 1.9%
- * Prescription Medicine 0.7%

1. Health Benefits Services--Enabling Services--CSHCN

The provision of health benefits services is a required component of the Regional CSHCN Centers activities. During 2003, each Regional CSHCN Center continued to provide health benefits services to families in collaboration with ABC for Health, Inc.

2. Access to health insurance--Infrastructure Building Services--CSHCN

ABC for Health continues to build public and private partnerships across Wisconsin to address access to health insurance. ABC for Health has contracted with the Regional Centers to coordinate the "Health Watch" committees.

3. Dental Care for CSHCN--Infrastructure Building--CSHCN

Oral health services are a major unmet need for CSHCN. SmileAbilities, held in November 2003 was very valuable for parents, caregivers, communities and healthcare providers. This community driven, cross disciplinary, child-centered approach rallied around CSHCN and helped to meet their oral health needs in the Western Region of Wisconsin. In addition, the regional oral health consultants attended the 2003 "Circles of Life" conference and provided resources and consultation to caregivers and families.

4. Access to Dental Care--Direct Health Care Services--CSHCN

The CSHCN Program participated in a program jointly sponsored by the Wisconsin National Guard, Wisconsin Division of Public Health, and LPHDs for a medical innovative readiness training referred to as GuardCare 2003. GuardCare provided certain medical services to the uninsured and underinsured population, including dental sealants and exams. The Southern Regional CSHCN Center and the CSHCN central office staff provided consultation and follow-up services.

5. Mental Health Care for CSHCN-Infrastructure Building-CSHCN

Family Health Section staff have provided support to the Wisconsin Initiative for Infant Mental Health, including sponsorship to the Wisconsin Early Infant Mental Health Summit.

b. Current Activities

1. Health Benefits Services--Enabling Services--CSHCN

The provision of health benefits services is a required component of the Regional CSHCN Centers. During 2004, each Regional CSHCN Center continues to provide health benefits services to families in collaboration with ABC for Health, Inc. a public interest non profit law firm working for health care access for children and families, particularly families of children with special health care needs.

2. Access to health insurance--Infrastructure Building Services--CSHCN

ABC for Health continues to build public and private partnerships across Wisconsin at the local level to address access to health insurance. Local "Health Watch" committees with professional (including representation from the State CSHCN Program and the five Regional CSHCN Centers) and parent representation continue to meet to address access issues that pertain particularly to that part of the state.

The Regional CSHCN Centers are partners in the implementation of the regional "Health Watch" committees. In addition, ABC for Health created a statewide advisory body of "Health Watch" to include representation from core state level partners, as many insurance access decisions are made at the state level. The Regional CSHCN Centers have supported the "Health Watch Committees" and will have completed a plan by December 2004 to address the health insurance coverage needs of children with special health care needs and their families.

3. Dental Care for CSHCN--Infrastructure Building--CSHCN

On February 26, 2004 the Governor announced that fluoride varnish is a covered service under medical assistance when placed on the teeth by medical providers.

4. Access to Dental Care Services--Direct Health Care Services--CSHCN

GuardCare will again take place in 2004, providing dental sealants and health exams for the uninsured and underinsured population.

5. Mental Health for CSHCN--Infrastructure Building--CSHCN

Work continues with the WUMH. As part of a sub-committee of WUMH, MCH staff is involved with an effort on stigma reduction targeting school administrators. Working with the Wisconsin Initiative for Early Infant Mental Health, staff provided input into the Wisconsin Initiative for

Early Infant Mental Health plan which was embraced by the Governors "KidsFirst" agenda. In addition, the MCH program is providing CSHCN staff to better address mental health and infant mental health.

c. Plan for the Coming Year

1. Health Benefits Services--Enabling Services--CSHCN

The provision of health benefits services is a required component of the Regional CSHCN Centers. In 2005, each Regional CSHCN Center will continue to provide health benefits services to families in collaboration with ABC for Health, Inc. a public interest non profit law firm working for health care access for children and families, particularly families of children with special health care needs.

2. Access to Health Insurance--Infrastructure Building Services--CSHCN

ABC for Health will continue to build public and private partnerships across Wisconsin at the local level to address access to health insurance. Local "Health Watch" committees with professional and parent representation will continue to address access issues that pertain particularly to that part of the state. The statewide advisory body of "Health Watch" will be meeting regularly with participation from each of the five Regional CSHCN Centers and State CSHCN consultants.

3. Access to Dental Care Services--Infrastructure Building--CSHCN

Plans are to continue the work of SmileAbility, Circles of Life, and GuardCare to help address the dental needs of the CSHCN population.

4. Mental Health Services for CSHCN--Infrastructure Building--CSHCN

Workgroups have formed regarding the Early Infant Mental Health Initiative and will continue to evolve as the plan is implemented.

Performance Measure 05: Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

a. Last Year's Accomplishments

Impact on National Outcome Measures: According to the SLAITS Survey, 80.66% of families report the community-based systems are organized so they can use them easily. Families identified this as a need in the early 1990s and the Title V Program responded by creating five Regional CSHCN Centers who provide information and referral, parent support opportunities and service coordination to parents of children with special health care needs.

a) Report of 2003 Major Activities

1. Access to Service Coordination Services--Direct Health Care Services--CSHCN

The Regional CSHCN Centers provided various levels of service coordination including advocacy, health teaching, and screening services to families with a child with special health care needs who otherwise were not eligible for service coordination through other programs.

2. Access to Information and Referral Services--Enabling Services--CSHCN

During 2003, the five Regional CSHCN Centers provided families information and referral services to other agencies including programs such as early intervention, family support, and respite services.

3. Community based services--Infrastructure Building Services--CSHCN

The CSHCN Program works collaboratively with many partners to assure children with specific diagnoses can access community-based services easily. These collaborative partnerships included the:

- * Comprehensive School Health Action Council;
- * DPI Parent Educator Project and WI FACETS, the Parent Training and Information Center;
- * Wisconsin Asthma Coalition;
- * Special Needs Adoption Program;
- * Lead Prevention and Treatment Program;
- * Diabetes Program;
- * Wisconsin Infant Mental Health Association;
- * Early Hearing, Detection, and Intervention Program; and
- * Emergency Medical Services for Children.

4. Planning and implementing CSHCN projects--Infrastructure Building Services--CSHCN

Working in partnership with other funding sources, the CSHCN Program has participated in planning and implementing the following projects during 2003:

- * Complete technical assistance to Birth to 3 providers as pilot program to beginning of a Nutritional Screening Tool.
- * Development of a referral website for physicians to refer children identified with a birth defect to early intervention, a Regional CSHCN Center, and the LPHD.
- * Participated on the Children's Long Term Care Redesign Committee and the development of a functional eligibility tool for community programs to identify families to different community based programs based on one application.

b. Current Activities

1. Access to Case Management Services--Direct Health Care Services--CSHCN

The five Regional CSHCN Centers and LPHDs began entering data into SPHERE under individual, household, community, and systems level. Now they report case management (previously identified as service coordination) provided to families with a child with special health care needs as an individual or household intervention.

2. Access to Referral and Follow-up--Enabling Services--CSHCN

The five Regional CSHCN Centers and LPHDs are reporting referral and follow-up provided to families to community agencies including programs such as early intervention, family support, Katie Beckett, and respite services as an individual or household intervention.

3. Community Based Services--Infrastructure Building Services--CSHCN

The CSHCN Program continues to work collaboratively with many partners to assure children with specific diagnoses can access community-based services easily. These collaborative partnerships include the:

- * Comprehensive School Health Action Council;
- * DPI Parent Educator project and WI FACETS, the Parent Training and Information Center;
- * Wisconsin Asthma Coalition;
- * Diabetes Program;
- * Wisconsin Infant Mental Health Association;
- * Early Hearing, Detection, and Intervention Program; the Wisconsin Sound Beginnings program helps assure that babies are screened for hearing loss before they are discharged from the hospital. Sound Beginnings is also working to implement programs and procedures to make sure that infants who do not pass the screening and their families get through the diagnostic procedure and into early intervention in an effective and family friendly way.

In addition, Wisconsin is participating in the MPKU Study regarding use of resource mothers (mothers of children with PKU). This project is investigating if home visits by resource mothers improve the outcome of infants born to maternal PKU patients. Three women in Wisconsin have received training for resource mothers.

4. Planning and Implementing CSHCN Projects--Infrastructure Building Services--CSHCN

Working in partnership with other funding sources, the CSHCN Program is participating in planning and implementing the following projects during 2004:

- * Statewide implementation of a tool for Birth to 3 providers to screen children for nutritional needs.
- * A referral website for physicians to refer children identified with a birth defect to early intervention, Regional CSHCN Center, and/or the LPHD.
- * Provide TA to the LPHDs that conducted a needs assessment as they complete the projects identified as next steps.
- * The Wisconsin Council on Mental Health distributed a survey in 2003 to advocates and family members in order to identify top issues of concern for families who have a child with severe emotional disturbance.
- * Utilize results of last years 46 local public health needs assessment for contract negotiations.

c. Plan for the Coming Year

1. Access to Case Management Services--Direct Health Care Services--CSHCN

The five Regional CSHCN Centers in conjunction with the LPHDs will continue to provide case management services to families with a child with special health care needs.

2. Access to Referral and Follow-up Services--Enabling Services--CSHCN

The five Regional CSHCN Centers will continue to provide families referral and follow-up services to agencies including programs such as early intervention, family support, Katie Beckett, and respite services.

3. Community Based Services and System Based Services--Population-Based Services--CSHCN

The CSHCN Program will work collaboratively with many partners to assure children and families can access community-based services easily.

Now as we work toward the National 6 Core CSHCN outcome measures, we are expanding our activities to build upon community resources and community based systems to provide services for CSHCN at the local level

4. Planning and Implementing Community Based Projects--Infrastructure Building Services--CSHCN

Working in partnership with other funding sources, the CSHCN Program will participate in planning and implementing the following projects during 2005:

- * Evaluate the five Regional CSHCN Centers to determine how best services can be provided to families in the next five-year grant cycle.
- * Prepare and deliver a new Request for Proposal for five Regional CSHCN Centers for the Wisconsin Maternal and Child Health Program.
- * Use the statewide GAC system to manage and monitor the objectives and fiscal operation of the CSHCN program.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)*

a. Last Year's Accomplishments

Impact on National Outcome Measures: Data from SLAITS indicate that only 7.4 % of Wisconsin youth with special health care needs report that they are receiving services necessary to make transitions to adult life.

a) Report of 2003 Major Activities

1. Partnership between CSHCN Program and Healthy and Ready to Work (HRTW) designee--Infrastructure Building Services--CSHCN

The Waisman Center, one of five Title V funded Regional CSHCN Centers successfully applied for HRTW grant as Wisconsin's CSHCN Program designee. The Waisman Center uses the same 800 number for CSHCN Center and Transitions I&R Hotline. The CSHCN Centers identified a transition liaison for HRTW activities and participated in the HRTW Statewide Interagency Transition Consortium. The CSHCN Program and Waisman HRTW collaborated on designing transition questions for SPHERE, the MCH data system. Although SPHERE was not fully operational, HRTW Project was able to hand collect data from all CSHCN Centers indicating that, in 2003, 258 YSHCNs received transition information and/or training.

2. Healthy and Ready to Work Outreach--Population-Based Services--CSHCN

The CSHCN Program co-sponsored Circles of Life Conference for parents and providers. The HRTW project funded a concurrent session for the Gathering of Youth. Calls to the FirstStep hotline with questions on YSHCN transition resources or procedures were referred to HRTW hotline and website. The HRTW also coordinates a Wisconsin transition listserve.

3. Healthy and Ready to Work Training--Infrastructure Building Services--CSHCN

The HRTW program and CSHCN Centers conducted trainings for High School students and teachers about Transition IEPs. The HRTW provided workshops to parents/providers on how to support youth in their health care decision making. The CSHCN Program, HRTW, Social Security Administration (SSA), state Division of Vocational Rehabilitation (DVR) and Dept of Public Instruction (DPI) conducted a series of video conferences.

4. State Partnership Building--Infrastructure Building Services--CSHCN

The CSHCN Program participated in the Medical Home Learning Collaborative, and HRTW

provided pediatric practices with expertise and insights while learning what information is needed by doctors to assist YSHCN in transitioning to adult providers. The HRTW and SSA designed a streamlined SSI application process for youth aging out of WI "Katie Beckett" Medicaid waiver. The CSHCN participated on WI TBI Advisory Board and assisted with MCHB TBI grant application. The HRTW presented on how to prevent sexual abuse/exploitation of disabled youth at state teen pregnancy prevention/intervention conference. The CSHCN Program designated Waisman Center HRTW Project as state applicant for a Champions for Progress Incentive Grant to "jump start" its Youth on Health initiative designed to learn from youth what they need for successful transitioning. Youth on Health will serve as the foundation of a permanent Title V CSHCN Youth Advisory Council.

b. Current Activities

1. Partnership between CSHCN Program and Healthy and Ready to Work (HRTW) designee--Infrastructure Building Services--CSHCN

CSHCN Program and Waisman will continue most activities previously described.

2. Healthy and Ready to Work Outreach--Infrastructure Building Services and Outreach-Population-Based Services--CSHCN

The CSHCN Centers are documenting transition services they provide as well as needs that go unmet. Each Regional Center is providing at least one transition training for youth, parents, and/or service providers. In Southeast Region, HRTW is hiring community connectors to provide more in-depth applications of person-centered life planning and asset based community development models for Latino communities. HRTW, DPI, & DVR provide funding and resources for week-long "Transition Camp" to provide disabled teens an opportunity to be away from home, with peers have fun and learn about transitioning. DPIs SIG/Transition dollars are funding four 8-week courses that teach teens and adults with disabilities personal safety at home, work, and in public.

3. State Partnership Building--Infrastructure Building Services--CSHCN

SPHERE will be in operation enabling the Program to establish baseline for NPM#6 and track progress. Additional pediatric practices are participating in state funded Medical Home expansion with HRTW providing TA as requested. SSA is piloting the new streamlined SSI application for youth aging out of "Katie Becket Waiver" eligibility. Champions for Progress Incentive Grant is funding CSHCN and HRTW partnership in the Youth on Health process, organized and facilitated by HRTW, using three YSHCN focus groups to gain input on status of NPM#6.

c. Plan for the Coming Year

1. State Partnership Building--Infrastructure Building Services--CSHCN

The HRTW is funded until June 30, 2005 with many 2003 and 2004 HRTW and CSHCN Program activities continuing. Information obtained from the YSHCN focus groups will be used in WI five year Title V needs assessment and Block Grant application. Youth on Health focus group members come from Wisconsin Leadership Forum, HRTW Project Youth Advisory Board, or they attended the 2004 Transition Camp. After the focus groups conclude, they will be invited to participate on new Wisconsin YSHCN Advisory Council, organized to provide CSHCN Program with ongoing youth perspectives. The Council may also be asked to comment on other public health initiatives targeted toward youth. In its final year, HRTW will evaluate the impact of its activities. Results will be valuable to the CSHCN Program in planning future services. The Transition Consortium has begun to strategize about alternative funding to

sustain activities when HRTW grant ends.

2. Healthy and Ready to Work Training--Infrastructure Building Services and Outreach-Population-Based Services--CSHCN

The CSHCN Program, HRTW, and Consortium members will continue collaborating with families, youth and other transition stakeholders in training and public awareness activities; planning and service design. Some issues include beginning as early as middle school: person-centered life and vocation planning; accessing quality, person--centered health care and other community based services; impacts of chronic illness and disability on all aspects of human growth and development.

Performance Measure 07: Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

a. Last Year's Accomplishments

1. Providing, Monitoring, and Assuring Immunizations?Direct Health Care Services?Children, including CSHCN

All 93 LPHDs provided immunizations to persons in their jurisdiction with funding from the state Immunization Program. All 93 LPHDs can now access electronically immunization data from the Wisconsin Immunization Registry (WIR). Ten LPHDs worked directly with child care providers using Title V funds to monitor immunization services of children attending child care, referring those children needing immunizations to appropriate resources, using consolidated contract funds. Forty-eight percent of the 93 LPHDs provided or assured primary care services to children under age 12 including immunization compliance. The data from the national immunization survey for Wisconsin for SFY 2003 (July 1, 2002-June 30, 2003) with 4 DTaP; Polio; 1 MMR; 3 Hep B; 3 Hib among children 19-35 months of age for Wisconsin is 82.6%, which exceeds our 2003 target of 79%.

2. Coordination with WIC and the state Immunization Programs and enrollment in the Wisconsin Immunization Registry (WIR)?Infrastructure Building Services?Pregnant women, mothers and infants and children, including CSHCN

Coordination with the WIC program continues, with now all of the WIC providers during 2003, enrolled in the WIR. Currently we have over 550 immunization providers and some 2,000 schools with access to WIR with a total of 8,300 users throughout the state. These providers account for 18 million immunizations given to 2.6 million clients. The Wisconsin Immunization Program cost shares with WIC to conduct immunization assessments and refers at WIC voucher pick-up. WIR automatically updates immunization schedule changes into the recall system.

3. Tracking and Sharing Policy Changes or Clinical Practices by the State Immunization Program?Infrastructure Building Services?Pregnant women, mothers, infants and children, including CSHCN

The Advisory Committee on Immunization Practices (CDC) recently recommended routine annual vaccination with influenza vaccine for all healthy children 6 month to 24 months of age.

4. Tracking Children at Age Two Enrolled in Medicaid?Population-Based Services?Children, including CSHCN

This is tracking to meet requirements of the Government Performance and Result Act (GPRA). The base line among Medicaid enrolled Wisconsin children ages 19-35 months who are series complete* was 41% in 2001 and rose to 55% in 2002. The third (and final year of GPRA) target rate is 65%. [*Series complete = 4DTaP, 3 polio, 1 MMR, 3 Hib, and 3 Hep B].

5. Racial and Ethnic Disparities in Milwaukee?Population-Based Services?Pregnant women and mothers

Baseline data has been established among racial and ethnic groups in Milwaukee. Among persons 65+ years of age the rates for influenza vaccination in African Americans is 57.1% and Caucasians is 76.2%. For pneumococcal vaccine in the same age group, the rates are 53.9% for African Americans and 73.0% for Caucasians.

b. Current Activities

1. Providing, Monitoring and Assuring Immunizations?Direct Health Care Services?Children, including CSHCN

All 93 LPHDs receive state Immunization Program funding and at least three agencies currently coordinate their activities with additional Title V MCH funding. Twelve LPHDs are using MCH funding to address child health including immunization in child care settings.

2. Coordination with WIC and the State Immunization Programs and Enrollment in the Wisconsin Immunization Registry (WIR)?Infrastructure Building Services?Pregnant women, mothers, infants and children, including CSHCN

WIR plans to support and maintain WIC sites as registry program participants. Immunization data will be provided by the state Immunization Program to the Title V MCH/CSHCN Program for required annual reporting.

3. Tracking and Sharing Policy Changes or Clinical Practices by the State Immunization Program?Infrastructure Building Services?Pregnant women, mothers, infants and children, including CSHCN

National and international circumstances that result in recommended changes in the immunization schedule will be tracked by the state Immunization Program. Recommended changes will be determined by the ACIP and shared appropriately by the state Immunization Program. An effort to build a consortium of LPHDs, community health centers (CHCs), and tribes to increase immunization compliance levels is occurring with leadership from the state Immunization Program.

4. Tracking Children at Age Two Enrolled in Medicaid?Population-Based Services?Children, including CSHCN

The statewide tracking of Medicaid-enrolled children at age two with up-to-date immunizations will continue through 2004. The goal remains at 90%.

5. Racial and Ethnic Disparities in Milwaukee?Population-Based Services?Pregnant women and mothers

The two-year study funded by CDC to look at racial and ethnic disparities in Milwaukee related to adults receiving preventive influenza and pneumonia vaccines will continue through 2004. Some of the activities in place to improve levels next year include: use of the WIR, targeting primary health care providers serving the target populations, improving clinic procedures (e.g. standing orders, chart reminders, reminder/recall), faith based organizations promote

immunizations, mass media coverage, etc.

c. Plan for the Coming Year

1. Providing, Monitoring and Assuring Immunizations?Direct Health Care Services?Children, including CSHCN

Title V funding will continue to support LPHDs interested in providing or assuring primary care services to young children, including immunization monitoring and compliance. This activity will continue to take place in child care settings (among other sites) throughout the state. State Immunization Program funds will continue to support all LPHDs to provide/assure immunizations to those they serve.

2. Coordination with WIC and the State Immunization Programs and Enrollment in the Wisconsin Immunization Registry (WIR)?Infrastructure Building Services?Pregnant women, mothers, infants and children, including CSHCN

The state Immunization Program will continue partnerships with the Title V MCH/CSHCN Program, LPHDs, the WIC Program, the Medicaid Program, tribes, and CHCs. The statewide registry will be expanded and refined as experience and policy changes dictate. The provision of needed data requirements by the Title V MCH/CSHCN Program will be provided annually by the state Immunization Program.

3. Tracking and Sharing Policy Changes or Clinical Practices by the State Immunization Program?Infrastructure Building Services?Pregnant women, mothers, infants and children, including CSHCN

National and international circumstances that result in subsequent policy changes or clinical practices will be tracked by the state Immunization Program. Timely information updates will be shared by the state Immunization Program with appropriate partners.

4. Tracking Children at Age Two Enrolled in Medicaid?Population-Based Services?Children, including CSHCN

Statewide tracking of Medicaid-enrolled children with up-to-date immunization status at age two will continue.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

a. Last Year's Accomplishments

Impact on National Outcome Measures: Wisconsin's 2003 Youth Risk Behavior Survey reveals that 36.8% of students have ever had sex (down from 47% in 1993). Also, 21.9% of students had sex before the age of 16 (down from 33.4 in 1993). Wisconsin's teen birth rate for 2002 ages 15-17 was 16.0 (Wisconsin Births and Infant Deaths, 2002) while the United States' teen birth rate was 23.2 (National Vital Statistics Report, Vol. 51, No. 11, 2003). Since 1999, Wisconsin has experienced a decline in this rate. Ongoing efforts toward teen pregnancy prevention should continue this rate decline.

1. Pregnancy and pregnancy prevention services for adolescents--Direct Health Care Services--Adolescents

Through the performance-based contracts, a number of LPHDs and others continued to

provide perinatal and other health care services to teenagers, including reproductive health care. Local projects that had been funded by the Adolescent Pregnancy Prevention and Pregnancy Services (APPPS) Board ended 6/30/03.

2. Health education and training--Enabling Services--Adolescents

LPHDs continued to provide health education via Postponing Sexual Involvement, Baby Think It Over, "Girl's Night Out", Positive Teen Group, individual counseling on healthy behaviors, working with local coalitions, etc. The seventh annual teen pregnancy prevention and intervention conference was held July 2003. Lt. Governor, Barbara Lawton, delivered a keynote.

3. Implementation of Wisconsin's Medicaid Family Planning Waiver--Population-Based Services--Adolescents

Wisconsin's Medicaid Family Planning Waiver (FPW) benefit was implemented January 2003. It provides family planning services and supplies for women 15 through 44 who are at or below 185% of the federal poverty level (FPL). The main goal of the project is to help women avoid unintended pregnancy. In 2003, the FPW benefit helped 5,546 female teens aged 15-19 years old.

4. Abstinence activities and resource development--Infrastructure Building Services--Adolescents

DPH was given oversight for the Abstinence Program in fall 2003. WAIY established 12 WAIY Regions for implementation of program strategies including establishment of WAIY Clubs, True 2 Life youth speaker team, radio PSAs, etc. The APCC set new goals/strategies and established seven subcommittees to work on them. Goals are: Decrease the percentage of Wisconsin youth who have had sexual intercourse by 39% in 2001 to 30% by 2010 and increase the percentage who will choose consistent and correct use of contraception from 76% in 2001 to 87% in 2010. The Subcommittees are Networking; Resources Online; Training, Curriculum and Education; Awareness; Community Response Teams; APCC Oversight; and Health Care.

b. Current Activities

1. Pregnancy care and pregnancy prevention services for adolescents--Direct Health Care Services--Adolescents

As in 2003, through the performance-based contracts, LPHDs continue to provide perinatal and other health care services, including reproductive health care.

2. Health education and training--Enabling Services--Adolescents

A number of LPHDs will continue to provide health education via a variety of methods, e.g., Postponing Sexual Involvement curriculum, Baby Think It Over, "Girls Night Out", etc. The seventh annual teen pregnancy prevention and intervention conference is scheduled for July 30 and 31.

3. Wisconsin's Medicaid Family Planning Waiver--Population-Based Services--Women and adolescents

This benefit continues to provide direct pregnancy prevention and reproductive health care services to adolescents.

4. Abstinence activities and resource development--Infrastructure Building Services--Adolescents

WAIY continues work on its goals and strategies, including the development of a health care tool for promoting abstinence for health care providers. WAIY Club establishment, free presentations, training, resource and information sharing continue. APPC continues to increase its partnerships. A web-based survey was conducted early in 2004 to determine ideas regarding training needs, interest in a statewide coalition, and areas of concern for survey participants to rank. Web page updates are in place and activities for the promotion of Teen Pregnancy Prevention Day/Month in May were organized (see website at <http://dhfs.wisconsin.gov/teenpregnancy/index.htm>).

With DPI and supplemental funding through CDC-DASH, a steering committee was developed to work on strengthening communication, coordination, and collaboration (CCC) among state-level agencies to improve sexual risk behavior prevention for school-age youth. At the end of that project, one of our ongoing activities is the planning of an Adolescent Sexual Risk Behavior Prevention Institute scheduled for August in Milwaukee. Additional funding to continue CCC efforts is being applied for.

c. Plan for the Coming Year

1. Pregnancy care and pregnancy prevention services for adolescents--Direct Health Care Services--Adolescents

Health care regarding teen pregnancy and pregnancy prevention is a need frequently identified in community needs assessments. It is anticipated that a number of LPHDs will continue their local efforts toward this issue. Publicly-funded family planning providers will continue to serve adolescents.

2. Health education and training--Enabling Services--Adolescents

Health education, including reproductive health, will continue to be provided through a variety of methods. Identified statewide training will continue.

3. Wisconsin's Medicaid Family Planning Waiver (FPW)--Population-Based Services--Women and adolescents

FPW outreach and services will continue to reach 15-44 year olds who are at or below 185% FPL.

4. Abstinence activities and resource development--Infrastructure Building Services--Adolescents

APPC, WAIY, and others will continue working on their goals/strategies to impact the teen birth rate in Wisconsin. Partnerships developed and enhanced during 2003 and 2004 will be continued.

5. Implementation of Wisconsin State Health Plan--Infrastructure Building Services--Adolescents

Implementation of High-Risk Sexual Behavior Health Priority is ongoing. Teen Pregnancy Prevention Services has been identified as a priority in Governor Doyle's recently released "KidsFirst" Initiative, [http://www.wisgov.state.wi.us/docs/"KidsFirst"](http://www.wisgov.state.wi.us/docs/).

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

a. Last Year's Accomplishments

1. Healthy Smiles for Wisconsin Seal-a-Smile Sealant Program--Direct Health Care Services--Children, including CSHCN

The Department contracted with Children's Health Alliance of Wisconsin (CHAW), the Title V grantee for statewide child health system building, to manage Healthy Smiles for Wisconsin: Seal a Smile initiative. In 2002-2003 there were 15 community or school-based Seal-A-Smile programs serving 4,494 children with 10,358 sealants placed.

2. Healthy Smiles for Wisconsin Oral Health Infrastructure Support--Infrastructure Building Services--Children, including CSHCN

CHAW is actively involved in improving dental access and care through the Healthy Smiles for Wisconsin: Seal a Smile initiative. CHAW conducted regional meetings for Seal-a-Smile grantees. The CDC conducted an economic evaluation of the Wisconsin Seal-a-Smile program which is under current review for publication. In addition, Software was developed to collect program data collection in cooperation with the Center for Disease Control and Prevention.

3. Technical Assistance--Enabling Services--Children, including CSHCN

Technical assistance was provided for 15 state-funded dental sealant programs in cooperation with the Children's Health Alliance of Wisconsin Oral Health Project Manager. The State Oral Health Consultant monitored the Children's Health Alliance contracts to manage the CDC Oral Disease Prevention Grant in School-Aged Children and the Healthy Smiles for Wisconsin Seal-a-Smile grants.

Over \$56,000 in state GPR funds were distributed to initiate over 15 funded programs. These program funds were distributed in July 2003 and the third grant cycle will be completed in June 2004. Data on the number of children provided protective dental sealants and with untreated dental decay in primary and permanent teeth will be available through this program in June 2004.

The Healthy Smiles for Wisconsin Coalition continued to grow and promote oral health prevention through a steering committee, policy development committee, prevention/clinical care committee, and sustainability committee.

4. Oral Health Surveillance--Population-Based Services--Children, including CSHCN

County oral health surveys were conducted in two counties to use in community needs assessments.

b. Current Activities

1. Healthy Smiles for Wisconsin Seal-a-Smile Sealant Program--Direct Health Care Services--Children, including CSHCN

The Department is contracting with CHAW to manage the Healthy Smiles for Wisconsin: Seal a Smile initiative in 2003-04. There are 14 community or school-based programs as a result of the Wisconsin Seal-A-Smile program. Program data is being collected and reported.

2. Healthy Smiles for Wisconsin Oral Health Infrastructure Support--Infrastructure Building

Services--Children, including CSHCN

The Department contracts with Children's Health Alliance of Wisconsin, the Title V grantee for statewide child health system building, has been actively involved in improving dental access and care through the Healthy Smiles for Wisconsin: Seal a Smile initiative. As a component of the CDC funded Healthy Smiles for Wisconsin, a statewide dental sealant initiative and oral health surveillance plan has been developed. The Healthy Smiles for Wisconsin: Seal a Smile initiative allows for the implementation of a statewide screening program to determine the prevalence of dental sealants in children in Wisconsin and increase the number of preventive dental sealants placed on school-aged children. Children's Health Alliance is conducting regional meetings for Seal a Smile grantees. The purpose is to use the CDC software to data collection and in cooperation with the Center for Disease Control and Prevention. An economic evaluation is being reviewed for publication by the CDC.

3. Technical Assistance--Enabling Services--Children, including CSHCN

Technical assistance is being provided for 14 state-funded dental sealant programs in cooperation with the Children's Health Alliance of Wisconsin Oral Health Project Manager. The State Oral Health Consultant monitors the Children's Health Alliance contracts to manage the CDC Oral Disease Prevention Grant in School-Aged Children and the Healthy Smiles for Wisconsin Seal-a-Smile grants.

Over \$56,000 in state GPR funds are distributed to initiate over 14 funded programs. These program funds were distributed in July 2003 and the third grant cycle will be completed in June 2004. Data on the number of children provided protective dental sealants and with untreated dental decay in primary and permanent teeth will be available through this program in June 2004.

The Healthy Smiles for Wisconsin Coalition is promoting policy development proposals through the steering committee, policy development committee, prevention/clinical care committee and sustainability committee. Policy development changes included Medical Assistant reimbursement for fluoride varnish placed by medical providers and inclusion of oral health as a significant portion of the Governor's "KidsFirst" initiative.

4. Oral Health Surveillance--Population-Based Services--Children, including CSHCN

One county survey was conducted and is being analyzed and reported.

c. Plan for the Coming Year

1. Healthy Smiles for Wisconsin Seal-a-Smile Sealant Program--Direct Health Care Services--Children, including CSHCN

The Department will contract with the Children's Health Alliance of Wisconsin, the Title V grantee for statewide child health system building, to manage Healthy Smiles for Wisconsin: Seal a Smile initiative in 2004-05. There are 14 community or school-based programs as a result of the Wisconsin Seal-A-Smile program.

2. Healthy Smiles for Wisconsin Oral Health Infrastructure Support--Infrastructure Building Services--Children, including CSHCN

The Department will contract with Children's Health Alliance of Wisconsin, the Title V grantee for statewide child health system building, will be actively involved in improving dental access and care through the Healthy Smiles for Wisconsin: Seal a Smile initiative. Children's Health Alliance will conduct regional meetings for Seal a Smile grantees. The purpose will be to

streamline data collection and review best practices.

3. Technical Assistance--Enabling Services--Children, including CSHCN

Technical assistance will be provided for approximately 14 state-funded dental sealant programs in cooperation with the Children's Health Alliance of Wisconsin Oral Health Project Manager. The State Oral Health Consultant will monitor the Children's Health Alliance contract to manage the CDC Oral Disease Prevention Grant in School-Aged Children and the Healthy Smiles for Wisconsin Seal-a-Smile grants.

Data on the number of children provided protective dental sealants and with untreated dental decay in primary and permanent teeth will be available through this program in June 2005.

The Healthy Smiles for Wisconsin Coalition will promote policy development proposals through the steering committee, policy development committee, prevention/clinical care committee and sustainability committee. Policy development changes will include increased use of the dental hygienist in Seal a Smile programs and inclusion of oral health as a significant portion of the Governor's "KidsFirst" initiative.

4. Oral Health Surveillance--Population-Based Services--Children, including CSHCN

County surveys will be offered to measure dental sealants and provide needs assessment data. Planning will begin for the 2006 Make Your Smile Count Survey.

Performance Measure 10: The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

a. Last Year's Accomplishments

Impact on National Outcome Measures: Motor vehicle crashes continue to be a leading cause of unintentional injury death. According to "2002 Wisconsin Traffic Crash Facts" (WI DOT), there were 28 children aged 14 or younger killed via motor vehicle related crashes. LPHDs and others continue community education and outreach through car seat safety, bicycle safety, and other efforts to impact Outcome Measure #6, the child death rate per 100,000 children aged 1 through 14.

1. Car Seat Safety Inspections--Enabling Services--Infants and children

Through the performance-based contracts, many LPHDs and a number of Day and Child Care providers continued to provide health and safety education regarding proper installation and use of car (including infant and booster) seat restraints. Some staff renewed the requirements to retain their status as child passenger safety technicians.

2. Community Education and Outreach--Population-Based Services--Infants and children

Worked with DOT, SAFEKIDS, Wisconsin Safety Belt Coalition and other partners to provide outreach and public education to increase knowledge and resources available to reduce deaths from motor vehicle crashes. Wisconsin Child Passenger Safety Association (WCPSA) continued working on its goals of: Creating awareness to protect children by encouraging safe transportation; working with local, state and federal agencies to strengthen child restraint and safety seat laws; providing continuing education and support for child passenger safety technicians; educating both professionals and families; and promoting and providing community resources and a communication network. Wisconsin communities continued to participate in "Walk to School Day".

b. Current Activities

1. Car Seat Safety Inspections--Enabling Services--Infants and children

In 2004, many LPHDs continue to provide health and safety education regarding proper installation and use of car (including infant and booster) seat restraints through the performance-based contracts. In anticipation of new Federal standards, part of Governor Doyle's "KidsFirst" Initiative, announced in Spring, calls for the passing of legislation establishing stricter child passenger safety standards, including child safety seats and booster seats for infants, toddlers, and small children.

2. Community Education and Outreach--Population-Based Services--Infants and children

Wisconsin communities plan to continue to participate in "Walk to School Day". Many LPHDs continue to provide bicycle safety education. DOT continues their work in educating parents about child transport safety as well as ensuring safe routes for children to walk or bike to school (particularly in Milwaukee).

3. Enhancement and Expansion of Partnerships--Infrastructure Building Services--Infants and children

The Injury Prevention Coordinating Committee and its partners (DPH Central and Regional Offices, SAFEKIDS, Waisman Center, Population Health, Bureau of Health Information, and others) continue their efforts along with WCPSA. Impacting Intentional and Unintentional Injuries and Violence, one of "Healthiest Wisconsin 2010" health priorities, is ongoing.

c. Plan for the Coming Year

1. Car Seat Safety Inspections--Enabling Services--Infants and children

As these types of services continue to be identified as a local need, it is anticipated that LPHDs and others will continue to provide them.

2. Community Education and Outreach--Population-Based Services--Infants and children

DOT and others will continue outreach activities and public education, in concert with Governor Doyle's "KidsFirst" Initiative.

3. Enhancement and expansion of partnerships--Infrastructure Building Services--Infants and children

The Injury Prevention Coordinating Committee efforts and others' (e.g. WCPSA) efforts toward impacting Intentional and Unintentional Injuries and Violence will continue.

Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital discharge.*

a. Last Year's Accomplishments

Impact on National Outcome Measures: The advantages of breastfeeding are indisputable and include nutritional, immunological and psychological benefits to both infant and mother as well as benefits to the community as a whole.

1. Performance-Based Contracting--Direct Health Care Services--Pregnant and breastfeeding women

As part of the performance based contracting process for CY 2003, several LPHDs selected objectives related to healthy birth outcomes through care coordination services. Breastfeeding education, promotion and support are included in the care for pregnant women and mothers and infants. The provision of breastfeeding information during pregnancy impacts the woman's decision to initiate breastfeeding.

2. Statewide Breastfeeding Activities--Enabling Services--Pregnant and breastfeeding women

The Title V funded agencies continue to coordinate breastfeeding activities with the WIC Program at a state and local level for pregnant women and mothers and infants. This includes referrals for care from WIC to the MCH program and from MCH to WIC. The Wisconsin Breastfeeding Coalition also maintains the Wisconsin Breastfeeding Resource Directory to aid health care professionals in locating appropriate referral sources for breastfeeding mothers who need help.

3. The Wisconsin Breastfeeding Coalition--Population-Based Services--Pregnant and breastfeeding women and the general public

The Wisconsin Breastfeeding Coalition, which is co-chaired by the WIC/MCH Breastfeeding Coordinator and a WAPC Nutrition Committee representative, continues to promote breastfeeding as the cultural norm in Wisconsin through public education and awareness. The Wisconsin Breastfeeding Coalition adapted a resource packet for local breastfeeding coalitions and breastfeeding advocates to build a breastfeeding friendly community. The WBC also developed a training module, "How to Support a Breastfeeding Mother: A Guide for the Child Care Provider".

4. Collaboration and Partnerships--Infrastructure Building Services--Pregnant and breastfeeding women

The WIC/MCH Breastfeeding Coordinator continues to educate healthcare providers about the Wisconsin Medicaid Program policy on reimbursement of breast pumps. This policy provides for high quality breast pumps for mothers returning to work or school to more fully support longer breastfeeding and exclusive breastfeeding.

Wisconsin was one of nine states chosen to implement the USDA funded, Using Loving Support to Build a Breastfeeding Friendly Community, project. An implementation plan was developed for this project and implementation was begun during 2003. This plan includes staff training, mini-grants for clinic environment changes, breastfeeding resources and materials, worksite workshop and a media campaign.

b. Current Activities

1. Performance Based Contracting--Direct Health Care Services--Pregnant and breastfeeding women

As part of the performance based contracting process, several LPHDs have chosen to continue efforts to promote healthy birth outcomes through care coordination. These activities are targeted to pregnant women and mothers and infants. Breastfeeding promotion and support is an integral part of promoting healthy birth outcomes and will result in more women choosing to breastfeed.

2. Statewide Breastfeeding Activities--Enabling Services--Pregnant and breastfeeding women

As part of the performance based contracting process for CY 2004, a LPHD has chosen to continue to support the peer mentoring program for the support of breastfeeding and reduction of tobacco use and exposure begun in 2003. Peer mentoring programs have been found to be very effective at promoting and supporting breastfeeding, especially in populations that are less likely to breastfeed or less likely to succeed with breastfeeding. As part of the Loving Support project, peer counseling efforts will be supported through pilot projects. Additionally, as part of the Loving Support project the two chapters of the African American Breastfeeding Alliance have planned activities focused at promoting and supporting breastfeeding among African American families.

3. Wisconsin Breastfeeding Coalition--Population-Based Services--Pregnant and breastfeeding women and the general public

Breastfeeding information for health professionals and the general public is now available on the Department of Health and Family Services website.

The Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin project includes a public awareness campaign that will air on the buses in Milwaukee (Transit Television Network) during Summer 2004, including during World Breastfeeding Week.

The Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin project include a public awareness campaign component and it is anticipated that this will be implemented in August of 2003. To best target the messages, focus groups have been conducted with African-American women in Milwaukee. This campaign will be coordinated with the National Breastfeeding Campaign being developed by the Ad Council.

4. Collaboration and Partnerships: Implementation of the Loving Support Campaign--Infrastructure Building Services--Pregnant and breastfeeding women

The Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin implementation plan outlines several infrastructure components that are currently being developed. Some of these include the development of a skin-to-skin brochure and presentation in collaboration with the Wisconsin Association of Perinatal Care; the development of an interactive CD-ROM for employers to support breastfeeding women returning to the worksite and a multi-cultural photography project.

The WIC/MCH Breastfeeding Coordinator remains as co-chair of the WI Breastfeeding Coalition.

c. Plan for the Coming Year

1. Performance-Based Contracting--Direct Health Care Services--Pregnant and breastfeeding women

A number of LPHDs will continue to focus efforts on healthy birth outcomes including increasing breastfeeding initiation and duration rates through prenatal breastfeeding education and postpartum breastfeeding support. Through the Loving Support project, the 10 Steps to Successful Breastfeeding will be promoted to hospitals and birth centers to improve the care provided at the time of birth to improve the rate of breastfeeding success. A plan for bringing a breastfeeding certification program to Wisconsin in 2005 is underway to increase the numbers of healthcare professionals that have additional training in breastfeeding promotion and support.

2. Statewide Breastfeeding Activities--Enabling Services--Pregnant and breastfeeding women

The peer mentoring and the mother-to-mother support programs will be promoted to LPHDs and local breastfeeding coalitions. The programs will be promoted for use in populations where breastfeeding initiation is low (African Americans and Hmong) and to the general population where breastfeeding duration is low. The development of local breastfeeding coalitions as well as the implementation of additional chapters of the African American Breastfeeding Alliance in areas of need will be explored.

3. Wisconsin Breastfeeding Coalition--Population-Based Services--Pregnant and breastfeeding women and the general public

As the Loving Support plan is being implemented it is anticipated that a number of LPHDs and breastfeeding coalitions will focus efforts on breastfeeding promotion and education campaigns.

4. Collaboration and Partnerships: Implementation of the Loving Support Campaign--Infrastructure Building Services--Pregnant and breastfeeding women

Continue to develop and implement the activities as outlined in the Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin plan. This includes work with employers and child care providers to focus efforts at increasing duration of breastfeeding and exclusive breastfeeding.

Performance Measure 12: Percentage of newborns who have been screened for hearing before hospital discharge.

a. Last Year's Accomplishments

Impact on National Outcome Measures: The WSB Program was created to promote early hearing detection and intervention (EHDI) statewide and to meet the goals as outlined in Healthy People 2010; the 2000 Statement of the Joint Committee on Infant Hearing; the American Academy of Pediatrics Policy Statement on Newborn Hearing Screening; and Wisconsin Statute 253.115.

1. Outreach and Public Education--Enabling Services--Pregnant women, mothers, and infants

WSB provided a quarterly newsletter to over 3,000 EHDI stakeholders. The publication "Babies and Hearing Loss: A Guide for Providers about Follow-up Medical Care" went through a second printing due to high demand. WSB documents are available at www.infanthearing.org.

2. Home Births Initiative--Direct Health Care Services--Pregnant women, mothers, and infants

The home birth outreach program has provided families in two regions access to hearing screening and appropriate educational materials. Midwives are now reporting hearing screening information on the NBS blood card. Analysis of blood card data shows approximately 31% of home births were screened in 2003.

3. WSB/Congenital Disorders Program--Population-Based Services--Pregnant women, mothers, and infants

The July 2003 NBS program newsletter was devoted to completion of hearing screening data. WSB helped NBS develop a directory of hospital follow-up contacts. WSB recommended revisions to hearing screening data fields, based on user feedback and data analysis. Blood

card data from January 1, 2003 - December 31, 2003 indicated 64,082 (92%) of babies were screened; 995 (1.4%) referred; 3,437 (4.9%) incomplete data; 993 (1.4%) NICU; 95 (0.1%) refused.

4. Birth to 3 Technical Assistance Network--Infrastructure Building Services--CSHCN

Sixteen people were trained to become Early Intervention (EI) consultants. Consultants recruited parents for family programs and events, such as the annual parent conference. The consultant trainers conceptualized the new Guide-By-Your-Side program in 2003.

5. Support Services for Parents--Enabling Services--CSHCN

Families from around the state came together for a two-day Parent Summit in January 2003. Three recommendations from this group were implemented during 2003. 1) June 2003: over 30 families attended the First Annual Conference for Families of Children who are Deaf or Hard of Hearing 2) Parents discussed starting a parent-led organization, after hearing conference keynote speakers, and 3) Statewide listserve/website where a calendar of events and list of resources can be maintained was established.

6. WE-TRAC--Infrastructure Building Services--CSHCN

Eleven hospitals started using WE-TRAC in January 2003. Based on user feedback, a new NICU workflow was added to WE-TRAC, and WSB began defining report specifications. In addition to five audiology clinics, one birthing unit, and four NICUs joined the pilot, now representing almost 25% of births.

b. Current Activities

1. Support Services for Parents--Enabling Services--CSHCN

The Second Annual Conference for Families of a Deaf or Hard of Hearing Child was planned by parents and sponsored by the Wisconsin Educational Services Program for the Deaf and Hard of Hearing (WESPDHH) Outreach Program with support from DPI, DHFS and WSB. Attendance was double that of the first conference.

The Guide-By-Your-Side (GBYS) program, a parent support program, grew out of the 2003 Parent Summit. GBYS is funded by a DPI discretionary grant administered by the WESPDHH-Outreach program. GBYS matches trained parents ("Parent Guides") with parents of newly identified children who are deaf or hard of hearing. Parent Guides are paid for up to three visits to provide support, unbiased information and connections to resources like early intervention. Bilingual Parent Guides fluent in Spanish and ASL are available statewide.

2. Wisconsin Sound Beginnings (WSB)/Congenital Disorders Program--Population-Based Services--Pregnant women, mothers, and infants

The NBS program distributed a revised blood card with changes to hearing screening fields. WSB contributed to the NBS annual newsletter and the "Wisconsin Health Care Professionals' Guide to Newborn Screening."

3. Outreach/Public Education--Enabling Services--Pregnant women, mothers, and infants

The Wisconsin EHDI/American Academy of Pediatrics (AAP) Chapter Champion submitted a grant proposal to the AAP. The proposal was funded and was used to work collaboratively with the Wisconsin Chapter of Hands and Voices to launch an awareness campaign during May, Better Speech and Hearing Month. Legislative invites were hand delivered by children and their

parents, radio interviews were conducted and aired, and a breakfast with legislators was convened.

4. The Wisconsin Pediatric Audiology Training--Infrastructure Building Services--CSHCN

WSB presented at the WSHA fall update and annual spring conference on pediatric audiology topics and the Guide-By-Your-Side Program.

5. Home Births Initiative--Direct Health Care Service--Pregnant women, mothers, and infants

A grant was submitted to AHEC for a piece of hearing screening equipment for the Western Region home birth population.

6. Guide-By-Your-Side Program--Infrastructure Building Services--CSHCN

Regional interviews were conducted, and parent guides were hired.

7. WE-TRAC--Infrastructure Building Services--CSHCN

Based on analysis of data from the blood card, we are enhancing both automated and manual de-duplication processes in WE-TRAC. This is a necessary priority for system development. The pilot phased out beginning in May, and the new version began phased rollout statewide following completion of this development. We are also defining PCP involvement in WE-TRAC and the early intervention components of WE-TRAC, which include the State Birth to 3 and GBYS programs. The CHL form, "Just-In-Time" information for physicians, and NBS data reports were also made available on the WE-TRAC website.

c. Plan for the Coming Year

1. Outreach/Public Education--Enabling Services--Pregnant women, mothers, and infants

WSB will continue to make available outreach materials related to the importance of screening such as "A Sound Beginning for Your Baby" to hospitals and providers through necessary reprinting. WSB will also provide consultation to the development of a Spanish version of the Babies and Hearing Loss Interactive Notebook for Families. WSB will distribute a mailing to pediatric primary care provider regarding next steps in the care of a child with diagnosed as deaf or hard of hearing, as well as special considerations for conditions such as unilateral hearing loss and Usher's Syndrome.

2. Support Services for Parents--Enabling Services--CSHCN

The Third Annual Conference for families with deaf, deaf-blind, and hard of hearing children will be organized to occur in the winter/spring of 2005. The Guide-By-Your-Side Program will continue to be supported through ongoing training and promotion.

3. Birth to 3 Technical Assistance Network--Infrastructure Building Services--CSHCN

The Birth to 3 Technical Assistance Network will continue to become stronger through the systematic connections being built into the WESPDHH-Outreach project and will continue throughout 2004. The network will continue to provide critical technical assistance to local Birth to 3 programs. The network of consultants will receive ongoing training, technical assistance and support in 2005 and will be connected to the Parent Guides through one cooperative training effort. Discussions will continue with key partners to provide the Birth to 3 Technical Assistance Network with oversight and direction as well as to continue to foster support and commitment to the importance of the existence and function of this network.

4. WSB/Congenital Disorders Program--Population-Based Services--Pregnant women, mothers, and infants

WSB will continue to provide regular updates regarding hearing screening through the WSLH Newborn Screening Program Newsletter.

5. UNHS Implementation Workgroup--Infrastructure Building Services--CSHCN

The Workgroup will continue to meet quarterly. From this network of committed individuals new projects will be identified and addressed. This group will continue to advise the direction and focus of the Wisconsin Sound Beginnings Program.

6. WE-TRAC--Infrastructure Building Services--CSHCN

Phased statewide rollout will continue to hospitals, audiologist, and clinical practice organizations. Development of the early intervention module will be completed, and the system will be rolled out to early intervention users. Development will include completion of the report functionality, and other changes based on user feedback.

Performance Measure 13: *Percent of children without health insurance.*

a. Last Year's Accomplishments

1. Medicaid/CHIP Outreach--Enabling Services--Children, including CSHCN

By the end of 2003, total family Medicaid recipients (the sum of Medicaid and BadgerCare enrollments) increased by 42,262 persons, or 10.0%. The total family Medicaid enrollment is 463,752 persons.

Under Medicaid/CHIP outreach, various activities were undertaken, although none were directly funded by any major federal funding source, as in previous years. We continued to provide consultation with LPHDs and providers in particular on technical aspects of enrolling children into health care coverage.

2. Covering Kids/Families Coalition--Enabling Services--Children, including CSHCN

One particular initiative in 2003 involved Title V staff assistance in helping with a four-year, \$900,000 Robert Wood Johnson grant, "Covering Kids and Families." The main goal of the grant is to help enroll children and families in public health insurance programs. The Title V Outreach Consultant assisted in writing the grant with the lead agency, the University of Wisconsin -- Extension agency. Subsequently, he was elected co-chair of the statewide coalition; but by the end of 2003, he resigned to devote time to other priorities. Two LPHDs, LaCrosse County Health Department and the City of Milwaukee Health Department, serve as local coalitions in the effort.

This grant involves convening a statewide coalition to undertake three main goals: outreach to enable children and families to enroll in Medicaid or BadgerCare; simplification of enrollment and renewal processes, and coordinating existing health care coverage programs. Numerous outreach efforts were undertaken, including ten back-to-school media placements reaching nearly 250,000 persons, and a major Milwaukee health fair reaching more than 1,000 families.

3. Medicaid Administrative Claiming Planning--Enabling Services--Children, including CSHCN

Title V staff met intermittently with Medicaid staff to seek approval to allow public health departments to claim added federal Medicaid funds through Medicaid Administrative Claiming (MAC). Activities in 2003 centered on specific use of MAC for oral health access, an earmarked option under the "Medicaid-Title V" rule.

b. Current Activities

1. Medicaid/CHIP Outreach--Enabling Services--Children, including CSHCN

Numerous outreach consultation activities continued in 2004. Outreach activities took place less than in previous years, but the following services were provided.

We provide a distribution point for eligibility-related brochures and offer technical assistance on eligibility-related questions. For example, demand continues for updated income-eligibility guidelines, which change each year in April. We also provide consultation on policy-related questions for the MCH Hotline staff. The Title V MCH Hotline continues serving children and their parents and caretakers by providing information and referral services statewide. Thus, the Title V program continues its proven outreach activities that lead to increased enrollment.

2. Covering Kids/Families Coalition--Enabling Services--Children, including CSHCN

The Title V role in co-chairing the Wisconsin Covering Kids and Families grant has diminished in 2004. We attended some meetings in 2004, in order to keep our membership active in this key grant initiative. Even though Wisconsin's state fiscal situation is tight as it is in the other states, the new administration of Governor Doyle has pledged its support to continuing the "whole family" BadgerCare CHIP program.

3. Medicaid Administrative Claiming Planning--Enabling Services--Children, including CSHCN

Our initiative to increase federal funding for MCH and CSHCN services has seen marked progress in 2004. The Doyle administration, seeking to maximize federal dollars for Medicaid because of the state budget deficit, has included a provision to allow MAC reimbursements to counties for Medicaid outreach and related activities. If enacted, this could significantly benefit county-based health departments who perform these activities. We hope to gain DHFS Secretary Helene Nelson's approval to move forward with a companion federal regulation to reimburse MCH and CSHCN services via the "Title V rule." In a related development, the Secretary has shown interest in prevention activities that have cost-containment potential.

c. Plan for the Coming Year

In Wisconsin, we have reached an envious goal in assuring health care access for the state's children. In part through the implementation of the "whole family" Children's Health Insurance Program we have reached 97% coverage of the state's children; an accomplishment recently announced in a press release from Secretary Nelson.

However, in part because of that accomplishment, it is likely that less of a leadership effort in outreach activities will occur in 2005. From a planning and policy perspective, however, we hope to pursue MA Administrative Claiming with the Department administration.

Performance Measure 14: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

a. Last Year's Accomplishments

1. HealthCheck Outreach?Population-Based Services?Children

In 2003, our major activity to promote Medicaid children receiving HealthCheck was general technical assistance. HealthCheck is Wisconsin's marketing name for the EPSDT program. It promotes an array of optimal screenings for children in order to prevent a number of health conditions. Thus, it is the most logical measure of the percentage of Medicaid-eligible children who have received a service paid by the Medicaid program.

The Title V Program has contributed to increasing the number of Medicaid-enrolled children in several ways. We continue to lend support to various conferences that support public health and managed care collaboration regarding HealthCheck outreach. The HealthCheck screening program is widely considered a proxy for preventive health, and for "getting children into the system". Thus, promotion of this key program will likely translate to greater numbers of children receiving Medicaid services in the future. From a "macro" perspective, our continuing involvement with Covering Kids and Families Wisconsin, a Robert Wood Johnson grant, facilitates this process. As more children become enrolled in Medicaid, their names are entered into "outreach lists." Medicaid managed care firms then have a financial incentive to reach these children, and render appropriate services to them.

In years prior to last year, in cooperation with the Medicaid program, we had held Medicaid-sponsored conference for three consecutive years, starting in 2000. Each year, it has drawn from 125 to more than 200 participants, mainly from LPHDs and managed care firms. Managed care firms are charged with completing a certain percentage of HealthCheck screenings in their Medicaid managed care populations, or they are subject to financial penalties. Because of these incentives, managed care firms themselves have reason to perform their own outreach to ensure that children not only are enrolled, but receive optimal care.

These conferences come amid a trend of lowered percentages of Medicaid children who are enrolled in managed care programs. In 1998, 81.2% of Medicaid children were enrolled in managed care, whereas only about 72% were enrolled to receive managed care treatment in 2002. LPHDs again, have the opportunity to offer HealthCheck screenings for this growing non-managed care population. This would potentially offer health departments another source of revenue, as well as an opportunity to assure children's health.

b. Current Activities

1. HealthCheck Outreach?Population-Based Services?Children

In 2004, we continue to monitor the HealthCheck program's performance, and provide statewide technical assistance regarding the program. Regarding the former, we continued to monitor the Medicaid contract between the state's Medicaid program and its Medicaid HMOs. The contract that began in May 2004, is an agreement between 13 HMOs, down from 18 during the advent of the statewide Medicaid managed care rollout in the mid-1990s.

Moreover, the percentage of Medicaid children receiving services has likewise declined, from 81.2% in 1998 to near 70% in 2004. This trend is likely to continue in 2004. Two relatively populous counties near the capital of Madison (Iowa and Columbia counties) have converted to a fee-for-service delivery system, which affects HealthCheck because only managed care firms have a financial incentive to perform HealthCheck. Conversely, the fee-for-service status of Iowa and Columbia presents a revenue-producing opportunity for LPHDs, which have performed HealthCheck screenings in the past.

c. Plan for the Coming Year

1. HealthCheck Outreach?Population-Based Services?Children

In 2005, we may apply for Blue Cross Blue Shield asset conversion funds to execute a planning grant that will explore the opportunities for public health departments to serve the growing percentage of Medicaid children in fee-for-service Medicaid. Wisconsin's two Medical Schools have released their requests for proposals in spring 2004. The University of Wisconsin Medical school and the Medical College of Wisconsin will offer funding for planning grants of up to \$25,000 for one year. Such grants would fund a conference that could explore the need for HealthCheck screening in the fee-for-service environment, as well as the feasibility of LPHDs to become a major provider for such services. Prior to the advent of managed care in the Medicaid system, health departments were major providers of HealthCheck screenings, but their status became marginalized when managed care providers assumed the family Medicaid patient base.

The recent additions of Iowa and Columbia counties as Medicaid fee-for-service-only presents opportunities for these counties to apply for planning grants themselves.

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

a. Last Year's Accomplishments

Impact on National Outcome Measures: NPM #15 relates to National Outcome Measures #1, #2, #3, and #5. VLBW is directly related to morbidity and mortality in the perinatal period. Each of the activities identified below focuses on improving infant mortality and other perinatal indicators including the percent of very low birth weight live births.

1. Title V MCH/CSHCN Program Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants

In 2003, the Title V Program funded 36 LPHDs totaling 41 objectives addressing perinatal care coordination, prenatal/postnatal education, early entry into prenatal care and prenatal care strategic planning. Preliminary data from SPHERE shows that women receiving MCH-funded prenatal and postpartum services had no very low birth weight infants. However, because of the late start-up of SPHERE, the numbers may be under reported.

2. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

PNCC services are available to Medicaid-eligible pregnant women with a high-risk for adverse pregnancy outcomes to ensure early and continuous prenatal care, psychosocial support and services, health and nutrition education, and referral to community services as needed. In State Fiscal Year 2003, 8,371 women received PNCC services from 133 providers.

The Title V MCH/CSHCN Program staff collaborated with the Division of Health Care Financing to draft a revised PNCC initial assessment tool to determine program eligibility and identify strengths and needs. Input was gathered from PNCC providers, Public Health regional consultants, WIC/PNCC workgroup members, Medicaid Quality Group members, Chief Medical Officers for MCH and Medicaid, and the Minority Health Officer. A revised Pregnancy Questionnaire was drafted that is more user-friendly with a strength-based approach.

Title V WIC and PNCC staff collaborated on a WIC Special Projects Concept Paper to increase the number of women receiving both WIC and PNCC services. Objectives include: 1) data analysis, 2) identify barriers to WIC/PNCC participation, 3) identify service delivery models that support dual participation, 4) submit a full grant application.

3. Healthy Babies in Wisconsin: A Call to Action--Infrastructure Building Services--Pregnant

women, mothers, infants

See NPM #18

4. Federal Healthy Start Projects in Wisconsin--Population-Based Services--Pregnant women, mothers, infants

See NPM #18

5. WAPC--Infrastructure Building Services--Pregnant women, mothers, infants

WAPC promoted preconception care through the Becoming a Parent materials. Routine screening of pregnant and postpartum women for depression was also promoted.

6. Oral Health--Population-Based Services--Pregnant women, mothers, infants

We began to educate providers about the increased risk of preterm births from periodontal disease.

b. Current Activities

1. Title V MCH/CSHCN Program MCH Funded Perinatal Services--Enabling Services--Pregnant women, mothers and infants

For 2004, the Title V program funded 31 LPHDs totaling 35 objectives to do perinatal care coordination services, prenatal/postnatal education, early entry into prenatal care, prenatal smoking cessation and perinatal depression screening.

2. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, and infants

Title V MCH/CSHCN staff collaborated with the Division of Health Care Financing to provide regional Case Management Training Sessions. The educational sessions were held in five areas of the state and received positive evaluations. The agenda included: 1) an overview of case management programs in Medicaid, 2) data collection in SPHERE, 3) implementing services, 4) strengthening PNCC services, 5) strengthening targeted case management services, and 6) billing. The Divisions are also working together to explore incentives for healthy birth outcomes.

A pilot project is underway to test the revised Pregnancy Questionnaire for the PNCC program. Sixteen pilot sites were recruited to the revised assessment tool and process for determining eligibility for PNCC. Approximately 100 women will be assessed using both the current and the revised Pregnancy Questionnaire and risk assessment scores will be compared. Pilot sites will provide feedback on questions to add, delete or change. Suggestions will be incorporated into a final version of the assessment and statewide implementation will follow.

Funding for the WIC Special Projects Concept Paper supported additional data analysis and a provider survey. We updated information on the number of women receiving both WIC and PNCC services by county. We also looked at low-birthweight births by selected characteristics of the mother by receipt of WIC, Medicaid, and PNCC services during pregnancy for singleton births in Wisconsin, 2001: 6.5% both WIC and PNCC; 6.2% WIC but no PNCC; 8% PNCC services but no WIC; 9.9% Medicaid but no WIC or PNCC. The survey was completed by a sample of 13 WIC providers and 17 PNCC providers from 14 service areas. Survey respondents were asked to indicate how their agencies provided WIC and PNCC services by choosing from a series of statements that depicted a range of coordination.

3. Healthy Babies in Wisconsin: A Call to Action--Infrastructure Building Services--Pregnant women, mothers, and infants

See NPM #18

4. Federal Healthy Start Projects in Wisconsin--Population-Based Services--Pregnant women, mothers, and infants

See NPM #18

5. WAPC--Infrastructure Building Services--Pregnant women, mothers, and infants

Preconception materials continue to be promoted. WAPC and the Perinatal Foundation will sponsor a regional conference series on Perinatal Mood Disorders.

c. Plan for the Coming Year

1. Title V MCH/CSHCN Program MCH Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants

Decreasing the number of very low birth weight babies will continue to be a priority for Wisconsin as it is a major contributor to infant mortality and disparities among racial and ethnic populations. Title V program funds will continue to be provided to local agencies to provide services supporting maternal health including family planning services, WIC, care coordination, early entry into prenatal care, smoking cessation support, and referral to needed services.

2. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program will continue to work with the DHCF to provide support and technical assistance for the PNCC program and providers. Outreach and quality improvement initiatives will continue to assure care coordination services are available to pregnant women at risk for adverse outcomes.

3. Healthy Babies in Wisconsin: A Call to Action--Infrastructure Building Services--Pregnant women, mothers, infants

See NPM #18

4. Federal Healthy Start Projects in Wisconsin--Population-Based Services--Pregnant women, mothers, infants

See NPM #18

5. WAPC--Infrastructure Building Services--Pregnant women, mothers, infants

Preconception care and screening for perinatal depression will continue to be important activities and warrant ongoing support.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

a. Last Year's Accomplishments

1. Anticipatory Guidance, Risk Assessment and Referrals--Direct Health Care Services--Adolescents

LPHDs provide comprehensive primary health exams using Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents. Anticipatory guidance on mental health, injury and violence prevention are included. Risk assessments of depression for youth were conducted and appropriate referral and education were provided. The Milwaukee Adolescent Health Program (MAHP)-Medical College of Wisconsin provided clinical services to thousands of adolescents. The Adolescent School Health Program (ASHP) at the Milwaukee Health Department provided depression screening and appropriate education and referral.

2. Training and Presentations to Raise Awareness and Reduce Stigma--Population-Based Services--Adolescents

Numerous presentations, workshops, and displays were conducted at a variety of conferences (e.g. Children Come First, School Counselors Association, EMSC & Injury Prevention, Crisis Conference, etc.). DPI, one of SPI partners, worked with others to develop "A Resource and Planning Guide for Suicide Prevention" and training modules (see www.dpi.state.wi.us). Another partner, Helping Others Prevent and Educate about Suicide (HOPES), held the first annual Suicide Prevention Conference "Changing Minds, Saving Lives".

3. Suicide Prevention Initiative--Infrastructure Building Services--Adolescents

Wisconsin reapplied for a Public Health Prevention Specialist (PHPS) to work on suicide and other injury prevention outcome methods. SPI continued its efforts toward the implementation of the Wisconsin Suicide Prevention Strategy.

b. Current Activities

1. Anticipatory Guidance, Risk Assessment and Referrals--Direct Health Care Services--Adolescents

LPHDs (and others, e.g. MAHP) continue to provide comprehensive primary health exams using "Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents." Anticipatory guidance on mental health, injury and violence prevention are included. Risk assessments of depression for youth are being conducted and appropriate education and referral are provided. ASHP utilizes the Children's Depression Inventory (CDI) tool and for screening pregnant and/or postpartum school-aged females utilizes the Center for Epidemiologic Studies-Depression (CESD) tool.

2. Training and Presentations to Raise Awareness and Reduce Stigma--Population-Based Services--Adolescents

As in 2003, numerous presentations, workshops, and displays are being conducted and are scheduled for throughout 2004 at a variety of conferences. Mental Health Association in Milwaukee County (MHA), one of SPIs partners, is funding one-time only mini-grants for implementing or expanding suicide prevention activities in Wisconsin schools in collaboration with community partners. Other SPI partners, DPI and HOPES, continue to provide training on suicide prevention.

3. Suicide Prevention Initiative--Infrastructure Building Services--Adolescents

SPI continues its efforts toward the implementation of the Wisconsin Suicide Prevention Strategy. Two partners, MHA and HOPES, will take the lead in applying for grant funding to support this work. A variety of information sharing materials have been prepared: Wisconsin

Interactive Statistics on Health (WISH) Query System Module focusing on suicide deaths and hospitalizations, updated Suicide Fact Sheet and a Suicide Report, and maps of suicide deaths and hospitalizations by county. The publishing of a new WISH Emergency Department (ED) Module to allow users to obtain ED-related suicide data is in process.

Implementation of "Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public" is ongoing. Mental Health and Mental Disorders are one of the 11 Health Priorities.

c. Plan for the Coming Year

1. Anticipatory Guidance, Risk Assessment and Referrals--Direct Health Care Services--Adolescents

LPHDs and others (e.g. the MAHP and ASHP) will continue to provide comprehensive primary health care utilizing anticipatory guidance on mental health issues. Risk assessments of depression for youth will continue and appropriate referral and education will be provided.

2. Training and Presentations to Raise Awareness and Reduce Stigma--Population-Based Services--Adolescents

SPI partners and others will continue to provide training, presentations, workshops, and displays.

3. Suicide Prevention Initiative--Infrastructure Building Services--Adolescents

Implementation of "Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public" is ongoing and will continue.

Performance Measure 17: Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

a. Last Year's Accomplishments

Impact on National Outcome Measures: NPM #17 relates to National Outcome Measures #1 Infant mortality rate and #3 Neonatal mortality rate. The Perinatal Periods of Risk model identifies risk factors for neonatal mortality to include inadequate systems for referral of high-risk women in labor to appropriate facilities, inadequate systems for transfer of ill newborns to appropriate facilities, and newborn care below standards of care.

Research identifies the following outcomes:

* There is higher mortality of infants born at less than 2,000 grams in a hospital without an NICU (Cifuentes, et al., 2002)

* Maternal (vs. postnatal) transfer guarantee a significant better neonatal outcome concerning severe neonatal morbidity (Hohlagschwandtner, et al, 2001)

Hospitals in Wisconsin self designate level of perinatal care. Wisconsin does not have regulatory function to standardize these self designations. In addition, a Minnesota facility serves as the perinatal center for high-risk deliveries in northwestern Wisconsin and does not provide birth data to our vital records.

1. WAPC Efforts on Regionalization--Infrastructure Building Services--Pregnant women, mothers, infants

WAPC hosted a meeting on perinatal regionalization to determine opportunities to further improve perinatal outcomes in Wisconsin. Participants considered the following questions: What are the levels of care in Wisconsin and should they be different: Are there too many NICUs? How do we determine the need for new services or for expanding existing services?

b. Current Activities

1. WAPC Efforts on Regionalization--Infrastructure Building Services--Pregnant women, mothers, infants

The WAPC Tertiary Care Committee is considering suggestions identified at the Perinatal

Regionalization Meeting to develop a position statement on regionalization that would redefine the levels of care, identify the outcomes by which all NICUs should be measured, and examine the adequacy of the perinatal workforce.

c. Plan for the Coming Year

1. WAPC Efforts on Regionalization--Infrastructure Building Services--Pregnant women, mothers, infants

Regionalization is expected to be an ongoing issue for Wisconsin as more hospitals self designate themselves as Perinatal Centers. Title V MCH/CSHCN Program staff will continue to work with WAPC on this issue.

Performance Measure 18: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

a. Last Year's Accomplishments

Impact on National Outcome Measures: NPM #18 relates to National Outcome Measures #1 Infant mortality rate, #2 Disparity between Black and White IMR, #3 Neonatal mortality rate, and #5 Perinatal mortality rate. Early entry into prenatal care is associated with improved perinatal outcomes. All of the activities identified below focus on improving key perinatal indicators, including early entry into prenatal care.

1. Title V MCH/CSHCN Program MCH Funded Perinatal Service--Enabling Services--Pregnant women, mothers, infants

In 2003, the Title V Program funded 36 LPHDs totaling 41 objectives addressing perinatal care coordination, prenatal/postnatal education, early entry into prenatal care and prenatal care strategic planning. For women receiving MCH funded services and represented in SPHERE, 80% (373/466) began prenatal care in the 1st trimester; 16.5% (77/466) in the 2nd trimester; 3% (14/466) in the 3rd trimester; and 0.4% (2/466) received no prenatal care. MCH services were initiated in the 1st trimester for 59.4% (281/473) of participants. Pregnancy intention may influence initiation of care. For 60.6% (128/211) of women receiving MCH funded services, pregnancy was unintended.

2. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

See NPM #15

3. Healthy Babies in Wisconsin: A Call to Action--Infrastructure Building Services--Pregnant women, mothers, infants

Healthy Babies in Wisconsin: A Call to Action was held in central Wisconsin on July 15, 2003. This statewide summit brought together 240 public health professionals, consumers, health care providers, managed care providers, and representatives from community-based organizations to identify new approaches to improve perinatal outcomes and address disparities. National speakers highlighted promising models and key points:

- * A life course perspective which explains racial and ethnic disparities in birth outcomes as the consequences of disadvantages and inequities carried over a lifetime of differential exposures.
- * The Perinatal Periods of Risk Model that helps communities identify priority needs and interventions to decrease fetal and infant deaths.
- * The role of stress and infections in prematurity.

4. Federal Healthy Start Projects in Wisconsin--Population-Based Services--Pregnant women, mothers, infants

Title V MCH/CSHCN Program staff participated in a national Healthy Start meeting, local Healthy Start Consortia meetings and the Families Helping Families Gathering. In addition, there was active participation in the Milwaukee FIMR project and a Prenatal Care Coordination inservice with GLITC. Staff from the Milwaukee Healthy Beginnings Project with the Black Health Coalition and the HOC Project with GLITC served on the planning committee for the Healthy Babies in Wisconsin summit.

b. Current Activities

1. Title V MCH/CSHCN Program MCH Funded Perinatal Service--Enabling Services--Pregnant women, mothers, infants

See NPM #15

2. Coordination with WIC and the State Immunization Programs and Enrollment in the Wisconsin Immunization Registry (WIR)--Infrastructure Building Services--Pregnant women, mothers, infants, children, including CSHCN

See NPM #15

3. Healthy Babies in Wisconsin: A Call to Action--Infrastructure Building Services--Pregnant women, mothers, infants

At the Healthy Babies summit, Action Teams formed to support ongoing activities. Five regional teams are meeting to increase collaboration with community partners and plan strategies to improve the health of mothers and babies in Wisconsin. In addition, the statewide action team addressing Racial and Ethnic Disparities in Birth Outcomes was held on May 10, 2004 with 160 participants. Plans are underway for a Native American Action Team.

Follow-up activities are being implemented to increase awareness of adverse pregnancy outcomes and disparities. Examples include:

- * A summary of the plenary sessions was published in the Wisconsin Medical Journal and can be accessed at <http://www.wisconsinmedicalsociety.org/uploads/wmj/ACF22E.pdf>.
- * Videos, PowerPoint presentations and reports from the summit are posted on the Health Alert Network at www.han.wisc.edu.
- * Presentations on prematurity were provided at several Milwaukee sessions by national speaker, Karla Damus, RN, PhD.
- * Keynote speaker, Michael Lu, MD, MPH provided follow-up presentations on a life course perspective of racial and ethnic disparities in birth outcomes.
- * Medical College of Wisconsin incorporated infant mortality and disparity information in a

program for students.

The Healthy Babies Steering Committee identified the following priorities: 1) Increase awareness of infant mortality and disparities in birth outcomes, 2) Identify evidence-based strategies to improve perinatal outcomes and address racial/ethnic disparities, and 3) Provide support for the Action Teams.

4. Federal Healthy Start Projects in Wisconsin--Population-Based Services--Pregnant women, mothers, infants

Title V participation continues at national and local Healthy Start Meetings. Representatives from the Milwaukee Healthy Beginnings Project and the HOC Project serve on the Steering Committee for the Healthy Babies initiative. The Milwaukee Healthy Start Project joined the Title V Program to co-sponsor a Statewide Action Team Meeting on Racial and Ethnic Disparities in Birth Outcomes on May 10, 2004.

c. Plan for the Coming Year

1. Title V MCH/CSHCN Program MCH Funded Perinatal Service--Enabling Services--Pregnant women, mothers, infants

See NPM #15

2. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

See NPM #15

3. Healthy Babies in Wisconsin: A Call to Action--Infrastructure Building Services--Pregnant women, mothers, infants

The Healthy Babies initiative will continue work to improve birth outcomes and address disparities with five regional action teams and two teams focused on racial and ethnic groups. Grant funding opportunities will be explored with the Wisconsin Partnership Fund for a Healthy Future at the University of Wisconsin Medical School.

4. Federal Healthy Start Projects in Wisconsin--Population-Based Services--Pregnant women, mothers, infants

The Wisconsin Title V Program will continue its commitment to participating in the Healthy Start programs with the Milwaukee Healthy Beginnings Project and the Honoring Our Children with a Healthy Start Project. An important partnership will revolve around ongoing activities related to the Healthy Babies in Wisconsin initiative.

FIGURE 4A, NATIONAL PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET

General Instructions/Notes:

List major activities for your performance measures and identify the level of service for these activities. Activity descriptions have a limit of 100 characters.

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) The percent of newborns who are screened and confirmed				

with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

1. Newborn Screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Purchase of PKU formula and food products for individuals.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Development and dissemination of educational materials for consumers and healthcare professionals.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)				
1. Continuing to survey recipients of Information and Referral Services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Continuing to offer financial support to County Parent Liaisons.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Continued employment of State Parent Consultant and Regional CSHCN Center Parent Coordinators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Supporting families to participate in the Needs Assessment Process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Supporting participation of Parent Partners in the WI Medical Home Initiative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)				
1. Medical Home education and training.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Medical Home Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Medical Home provider training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.				

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)				
1. Health Benefits Services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Access to Health Insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)				
1. Access to Service Coordination Services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Access to Information and Referral Services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Community Based Services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Planning and Implementing Community Based Projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

6) The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)				
1. Partnership between CSHCN Program and Healthy and Ready to Work (HRTW) designee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Healthy and Ready to Work Outreach.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. State Partnership Building.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.				
1. Providing, Monitoring and Assuring Immunizations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 2. Coordination with WIC and the State Immunization Programs and Enrollment in the Wisconsin Immuniz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Tracking and Sharing Policy Changes or Clinical Practices by the State Immunization Program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Tracking Children at Age Two Enrolled in Medicaid.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Racial and Ethnic Disparities in Milwaukee.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
8) The rate of birth (per 1,000) for teenagers aged 15 through 17 years.				
1. Pregnancy care and pregnancy prevention services for adolescents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Health education and training.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Implementation of Wisconsin's Medicaid Family Planning Waiver.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Abstinence activities and resource development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. Implementation of Wisconsin State Health Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
9) Percent of third grade children who have received protective sealants on at least one permanent molar tooth.				
1. Healthy Smiles for Wisconsin Seal-a-Smile Sealant Program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Healthy Smiles for Wisconsin-Oral Health Infrastructure Support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Technical Assistance.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Oral Health Surveillance.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
10) The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.				
1. Car Seat Safety Inspections.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Community Education and Outreach.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Enhancement and Expansion of Partnerships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
11) Percentage of mothers who breastfeed their infants at hospital discharge.				
1. Performance-Based Contracting.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Statewide Breastfeeding Activities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The Wisconsin Breastfeeding Coalition.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Collaboration and Partnerships: Implementation of the Loving Support Campaign.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
12) Percentage of newborns who have been screened for hearing before hospital discharge.				
1. Outreach/Public Education.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Support Services for Parents.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Birth to 3 Technical Assistance Network.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. WSB/Congenital Disorders Program.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. UNHS Implementation Work Group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. WE-TRAC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
13) Percent of children without health insurance.				
1. Medicaid/CHIP Outreach.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Covering Kids/Families Coalition.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Medicaid Administrative Claiming Planning.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

	DHC	ES	PBS	IB
14) Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.				
1. HealthCheck Outreach.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
15) The percent of very low birth weight infants among all live births.				
1. Title V MCH Funded Perinatal Services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Prenatal Care Coordination.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Healthy Babies in Wisconsin: A Call to Action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Federal Healthy Start Projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Wisconsin Association for Perinatal Care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Oral Health.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
16) The rate (per 100,000) of suicide deaths among youths aged 15 through 19.				
1. Anticipatory Guidance, Risk Assessment and Referrals.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Training and Presentations to Raise Awareness and Reduce Stigma.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Suicide Prevention Initiative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NATIONAL PERFORMANCE MEASURE		Pyramid Level of Service			
		DHC	ES	PBS	IB
17) Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.					
1. Wisconsin Association for Perinatal Care Efforts on Regionalization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NATIONAL PERFORMANCE MEASURE		Pyramid Level of Service			
		DHC	ES	PBS	IB
18) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.					
1. Title V MCH Funded Perinatal Service.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Prenatal Care Coordination.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Healthy Babies in Wisconsin: A Call to Action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Federal Healthy Start Projects in Wisconsin.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D. STATE PERFORMANCE MEASURES

State Performance Measure 1: *Percent of children less than 12 years of age who receive one physical exam a year.*

a. Last Year's Accomplishments

The performance measure relates to Wisconsin's Priority Need #2 - Health Access and is identified in Healthiest Wisconsin 2010, the state's public health plan. Special access issues exist for those living in rural communities, seasonal and migrant workers, persons with special health care needs, the uninsured and underinsured, homeless persons and low income members of racial or cultural minority groups.

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

The annual health exam activity is a direct health care service for children under age 12, including children who have special health care needs. The target group for services funded by the Title V block grant are those children who are uninsured or underinsured in Wisconsin and would otherwise not have access to primary preventive services. For the contract to LPHDs in 2003, 47 agencies reported services to provide or assure comprehensive well-child exams for children under age 21 years, including those with special health care needs.

MCH providers beginning for the 2003 contracts used the SPHERE data system. Because of the late start up of SHPERE, the numbers are underreported. The 19 local agencies reported using Title V MCH/CSHCN Program money to provide at least one comprehensive exam to 689 children under age 12. In addition 395 children under age 12 were provided with assistance to assure access to an annual exam.

According to the DHFS Family Health Survey in 2002, 74.4% of children under 12 years of age were reported at time of the telephone survey that they had a general physical exam in past year (Data Source: FHS, 2002). This has more than the 73.6% reported in the 2001 survey. The annual DHFS Family Health Survey is an annual random telephone survey of households in Wisconsin.

2. Support the "Covering Kids" Program Funded by the Robert Wood Johnson (RWJ) Foundation--Enabling Services--Pregnant women, mothers, infants and children, including CSHCN

The "Covering Kids" Program, funded by RWJ was awarded to University of Wisconsin Extension. Title V MCH/CSHCN Program continued involvement in an advisory capacity to the grant activities. As co-chair of the state coalition during 2003, MCH staff provided leadership in promoting access of children to health coverage that could pay for regular, primary preventive health exams.

Overall family Medicaid enrollment increased about 80,000 in calendar 2003, from 421,489 in December 2002 to 500,904 in December 2003. To the extent that increased enrollments contribute to increased access to health care services, this increase portends greater number of physical examinations rendered. The family Medicaid program most specific to children, Healthy Start, likewise increased in enrollment in calendar 2003, from 120,128 in December 2002, to 129,662 in December 2003. All but about 6,600 of these enrollees are children.

b. Current Activities

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

For the 2004 consolidated contracts, 22 LPHDs and other private non-profit agencies submitted objectives to provide MCH-supported well child exams. Additional 19 agencies will be providing assurance to access to primary health exams for children during the contract year. The primary preventive exams must be provided by the agency and assure quality services by utilizing the following document as guidance for best practice in the organization and delivery of services: Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents, Second Edition.

2. Governor's KidsFirst Initiative?Enabling Services?Pregnant women, mothers, infants and children, including CSHCN

In May 2004, Governor Doyle announced a 4-part KidsFirst Initiative. The four focus areas are entitled Ready for Success, Safe Kids, Strong Families and Healthy Kids. This direction from the Governor and his cabinet leaders will provide a course for state programs to increase health exams for children by improving access to primary preventive services. Currently about 97 percent of Wisconsin children have health insurance coverage yet some 53,000 children remain uninsured.

c. Plan for the Coming Year

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

Title V MCH/CSHCN Program remains committed to improving access to health care so that primary, preventive health care is available to young children. The Title V MCH/CSHCN Program will continue to provide funds through the consolidated contract process for primary, preventive health care to young children who are uninsured or underinsured. Since the LHDs use these funds according to general program guidelines and to address local identified needs, the impact of MCH funds supporting a provision of primary, preventive health care will be gap filling.

2. Governor's KidsFirst Initiative - ?Enabling Services?Pregnant women, mothers, infants and children, including CSHCN

In May 2004, Governor Doyle announced a 4-part KidsFirst Initiative. Part 4 is Healthy Kids and includes focus activities that will improve child access to primary preventive services. These areas include: Provide all Children with Health Care Coverage, Improve Oral Health Care, and Immunize Children on Time. The MCH program will provide leadership and participation in action steps toward improvements in these health-related areas.

3. Support the "Covering Kids" Program Funded by the Robert Wood Johnson (RWJ) Foundation?Enabling Services?Pregnant women, mothers, infants and children, including CSHCN

In cooperation with UW-Extension, the Title V MCH/CSHCN Program will continue to provide support for state and local coalitions, funded by RWJ. These coalitions are funded to increase outreach for uninsured children and their families and to enroll them in state supported health insurance programs, such as BadgerCare. This activity will assist children and their families to access mechanisms to pay for primary prevent health exams. The Covering Kids grant to UW-Extension is funded through 2006.

State Performance Measure 2: Percent of women at risk of unintended pregnancies (as defined by Alan Guttmacher Institute) receiving family planning and related reproductive health services through publicly funded clinics.

a. Last Year's Accomplishments

Relationship to Priority Need(s): SPM #2 relates to Wisconsin's Priority Need # 2 - Health Access and #7 - Teen Pregnancy. Access and availability to family planning services and related reproductive health care contributes to the prevention of unintended pregnancy, and improves access to basic routine primary and preventive health care for low income and uninsured women. Access to private and confidential contraceptive services, which can be assured through publicly supported-services, is essential for providing effective contraceptive services to sexually active adolescents. This is a cornerstone of Wisconsin's Adolescent Pregnancy Prevention Plan. Reproductive health care that routinely accompanies

contraceptive services addresses basic health issues that are an important part of women's health.

1. Contraception and Related Reproductive Health Care?Direct Health Care Services?Women and sexually active adolescents

Title V Block Grant and matching State Funds supported the following services to women:

- * 30,182 women received comprehensive family planning services;
- * 19,280 women received pregnancy testing services and appropriate continuity of care (contraceptive services or pregnancy-related services),
- * 27,834 women received screening for chlamydia as part of infertility prevention services,
- * 48,524 women received cervical cancer screening services.

2. Implementation of Wisconsin's Medicaid Family Planning Waiver Program?Enabling Services?Women and sexually active adolescents

The purpose of many activities in 2003 was the implementation of Wisconsin's Medicaid Family Planning Waiver (FPW) on January 1, 2003. The FPW expands Medicaid eligibility to women ages 15-44 with incomes below 185% of poverty. Successful implementation of the FPW will expand family planning access to 50,000 additional women in Wisconsin.

A Social Marketing/Quality Improvement project continued to determine how population segments currently not using contraceptive services could be reached to provide them information needed for making an informed choice about participation in the FPW. Another purpose was to determine what changes needed to be made in clinic services to make services more acceptable to newly eligible women to receive services. These activities will continue in 2004.

3. Family Planning Provider Training?Infrastructure Building Services?Women and sexually active adolescents

Provider training sessions were conducted to improve knowledge and skill levels in several key areas including CPT/ICD-9 coding, cost accounting, HIPAA privacy responsibilities, and presumptive eligibility procedures (used for initial enrollment into the FPW). Technical assistance and support to family planning providers was facilitated through a List-Serve and web-site supported by Health Care Education and Training, with which DPH/MCH contracts. <http://www.hcet.org/resource/states/wi.htm>

b. Current Activities

1. Contraception and Related Reproductive Health Care?Direct Health Care Services?Women and sexually active adolescents

Expansion of family planning (contraception and related reproductive health care) services is anticipated during 2004 as a result of the Medicaid Family Planning Waiver implementation that began January 1, 2003. Ten thousand additional women will likely receive services in 2004 above 2003 service.

In 2004, the Department of Health and Family Services has established a Family Planning and Reproductive Health Care Council. The Family Planning Council's role is to advise the Secretary and foster internal Departmental coordination to insure access to cost-effective family planning services and reproductive health care. The goals include: to provide access to affordable reproductive health care (especially to low-income women), prevent unintended pregnancy, and deliver cost effective services. The Wisconsin Lt. Governor actively participates in the Family Planning Council. Family planning services are considered to be an

integral component of women's health care.

Family planning will also be included in DHFS efforts to decrease disparities among women of color with respect to low birth weight ? integrating family planning with other interventions to reduce the incidence of low birth weight.

2. Promotion and Outreach for Wisconsin's Family Planning Waiver Program?Enabling Services?Women and sexually active adolescents

Title V Program staff are actively involved with the Medicaid Program in implementing the Family Planning Waiver.

The Wisconsin Governor's Healthy Kids Initiative identifies a series of steps to improve child health. One of the steps is to "Step up efforts to reduce Teen Pregnancy". Wisconsin has seen an overall decline in teen births in recent years, but there were still approximately 6,500 teens who had babies in 2002. The Medicaid Family Planning Waiver is considered to be one of the most successful programs that addresses this issue.

3. Family Planning Provider Training?Infrastructure Building Services?Women and sexually active adolescents

Technical assistance and support, and continuing education activities identified above will continue in 2004. Planning for provider training in clinic quality improvement issues, resulting from the social marketing research, will continue.

c. Plan for the Coming Year

1. Contraception and Related Reproductive Health Care?Direct Health Care Services?Women and sexually active adolescents

Expansion of family planning (contraceptive and related reproductive health care) services is anticipated to continue during 2005 - the third full year of implementation of the Medicaid Family Planning Waiver. An increased volume of services to women between income levels 185%-250% of poverty is anticipated. This will directly contribute to the objective in Healthiest Wisconsin 2010 to reduce unintended pregnancies among Wisconsin residents to 30%.

In 2005, the Department of Health and Family Services is expected to continue the Family Planning and Reproductive Health Care Council established in 2004. The Family Planning Council's role is to advise the Secretary and foster internal Departmental coordination to insure access to cost-effective family planning services and reproductive health care. The goals include: to provide access to affordable reproductive health care (especially to low-income income women), prevent unintended pregnancy, and deliver cost effective services. Family planning is considered as an integral component of women's health care.

Family planning will continue to be included en DHFS efforts to decrease disparities among women of color with respect to low birth weight ? integrating family planning with other interventions to reduce the incidence of low birth weight.

2. Promotion and Outreach for Wisconsin's Family Planning Waiver Program?Enabling Services?Women and sexually active adolescents

Activities related to continued promotion and outreach for the Wisconsin Medicaid Family Planning Waiver will continue during 2005.

The Wisconsin Governor's Healthy Kids Initiative, initiated in 2004, identifies a series of steps to improve child health, and will continue in 2005. One of the steps is to "Step up efforts to reduce Teen Pregnancy". Wisconsin has seen an overall decline in teen births in recent years, but there were still approximately 6,500 teens who had babies in 2002. The Medicaid Family Planning Waiver is considered to be one of the most successful programs that addresses this issue.

3. Family Planning Provider Training? Infrastructure Building Services? Women and sexually active adolescents

Technical assistance and support, and continuing education activities for publicly supported family planning providers, as identified above, will continue in 2005. Implementation of provider training in clinic quality improvement issues, resulting from the social marketing research, will continue.

State Performance Measure 3: *Percent of women who use tobacco during pregnancy.*

a. Last Year's Accomplishments

SPM #3 relates to Wisconsin's Priority Need #8 ? ATODA. Wisconsin has historically been above the national average for women who report smoking during pregnancy. In 2002, Wisconsin reported 14.8% and the national average was 11.4%. Self-reported smoking data are reportable and available via the birth certificate.

Relationship to Priority Need(s): SPM #3 relates to National Outcome Measures #1, #3, #4, and #5. This SPM also relates to National Outcome Measure #2. In Wisconsin, 2002 smoking rates for African American and American Indian women are higher than national rates for the same groups. Eighteen percent of African American women reported smoking, compared to 8.4% nationally, and 37% of American Indian women in Wisconsin reported smoking, compared to 19.7% nationally.

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

In 2003, the Title V Program funded 36 LPHDs totaling 41 objectives addressing perinatal care coordination, prenatal/postnatal education, early entry into prenatal care and prenatal care strategic planning.

As reported for 2003 in SPHERE, of those women that received a prenatal assessment utilizing Title V funds, 45.4% (178/392) smoked before pregnancy and 37% (133/358) smoked during pregnancy. In Wisconsin during 2002, there were 68,510 live births; 10,139 women who gave birth reported smoking (14.8%), 58,317 reported no smoking (85.1%) and 54 (.1%) were unknowns. Analysis of birth certificate data indicate that smoking rates are highest among women under the age of 25 and who were American Indian or African American.

2. First Breath? Enabling Services? Pregnant women, mothers, infants

In 2003, the Title V Program continued its First Breath Prenatal Smoking Cessation Program partnership with the Wisconsin Women's Health Foundation (WWHF) as it expanded services beyond the pilot study to statewide public and private prenatal care providers in Wisconsin. In 2003 there were a total of 76 sites (of which 12 of the original 15 pilot sites continue to participate) and 678 women were enrolled in 2003 alone. Of these women, approximately 67% started smoking between the ages of 12 and 16. Additionally, 89% of the 678 women were Caucasian, non-Hispanic and 83% had only some high school education or were high school graduates.

3. Prenatal Care Coordination (PNCC)?Enabling Services?Pregnant women, mothers, infants

Some PNCC providers collected data using the MCH Data System: 60.5% (598/989) reported smoking before pregnancy; 38.9% (394/1,012) reported smoking during pregnancy; 305 women (55.2%) decreased their smoking; and 192 (34.7%) stopped completely. See NPM #15.

b. Current Activities

1. Title V MCH Funded Perinatal Services?Enabling Services?Pregnant women, mothers, infants

For 2004, the Title V program funded 31 LPHDs totaling 35 objectives to do perinatal care coordination services, prenatal/postnatal education, early entry into prenatal care, prenatal smoking cessation and perinatal depression screening.

2. First Breath?Enabling Services?Pregnant women, mothers, infants

In 2004, the First Breath expansion continues to focus on adding additional public and private prenatal care providers across Wisconsin. As of mid-April, 282 women have been enrolled in First Breath in 2004 across the state, totaling 960 women enrolled in First Breath since the expansion efforts began in January 2003. One training session has been held, training 70 participants and adding 20 new sites. Another training will be held the end of the summer with an anticipated 25 new sites to attend. In addition frequent follow up trainings and technical assistance is provided to sites as needed.

During 2004 First Breath is also focusing on communities of color, specifically African American and American Indian populations, due to their high smoking rates. Meetings and site visits are being held with relevant agencies and organizations to gain a better understanding of the unique needs of these populations and to focus recruitment efforts of new First Breath sites that serve these communities.

In March of 2004, Wisconsin was invited to send a team to participate in a national meeting focusing on tobacco use and cessation for women of reproductive age. As required by the meeting sponsors (Association of Maternal and Child Health Programs, American College of Obstetricians and Gynecologists and Planned Parenthood Federation of America) the Women and Tobacco Team was formed with representation from Title V staff, Wisconsin ACOG Chapter and Planned Parenthood of Wisconsin. The Wisconsin Women's Health Foundation was also added to the team due to the First Breath partnership. Using First Breath as the platform the team developed action steps, which include reaching out to ACOG and family planning providers across Wisconsin. One specific focus is to educate these providers about the importance of smoking cessation services for clients and to promote the utilization of the Wisconsin Tobacco Quit line. A system has been established with the Quit line to track ACOG and family planning provider sites who enroll in the Quit lines Fax Referral Program, to include interventions clients received and smoking status.

The Governor recently introduced his KidsFirst plan. This plan contains many components, to include anti-tobacco initiatives to reduce smoking. One specific action step to address this priority is expanding First Breath statewide. Title V Program staff will be intimately involved in the details of this as the specifics unfold.

3. Prenatal Care Coordination (PNCC)?Enabling Services?Pregnant women, mothers, infants

See NPM #15.

c. Plan for the Coming Year

1. Title V MCH Funded Perinatal Services?Enabling Services?Pregnant women, mothers, infants

Due to the complex nature of smoking during pregnancy, this topic will continue to be a priority for the Title V program. Title V program funds will continue to be provided to the local level that encourage and support agencies to incorporate and provide services and counseling to women who use tobacco during pregnancy. The objective for 2005 is 15% of women reporting smoking during pregnancy.

2. First Breath?Enabling Services?Pregnant women, mothers, infants

The Title V Program will continue as a partner to accomplish the goals of the First Breath Program. Specific needs to be addressed in 2005 for First Breath include: increase extra treatment and social support for women, outreach to pediatricians and child care providers about First Breath, working more closely with the partners of First Breath clients and providing special attention to the post partum relapse period. Discussions will continue regarding addressing the needs of women before and after pregnancy, focusing on women of reproductive age, to include expanding the partnership beyond the current team. Title V Program staff will continue to be involved in the activities associated with First Breath expansion as proposed in the Governor's KidsFirst plan.

3. Prenatal Care Coordination (PNCC)?Enabling Services?Pregnant women, mothers, infants

See NPM #15.

State Performance Measure 4: *Percent of high school youth who self-report taking a drink in the past 30 days.*

a. Last Year's Accomplishments

Relationship to Priority Need: SPM #4 relates to Wisconsin's Priority Need #8 - ATODA. This continues to be a problem in the state. Wisconsin's 2003 YRBS results reveal students continue to report alcohol consumption levels comparable to 1993 levels. In 2003, 47.3% reported drinking alcohol in the past 30 days (48.1% in 1993) and 28.2% reported binge drinking in the past 30 days (five or more drinks of alcohol in a row)(29% in 1993). Fewer students, however, reported experimenting with alcohol before 13 years of age (25.4% in 2003 compared to 36.8% in 1993).

1. ATODA Service, Education and Referral - Direct Health Care Services - Adolescents

The LPHDs and other agencies provided perinatal care coordination services to teens (and others) utilizing the Pregnancy Questionnaire whereby ATOD use is assessed. Those agencies providing comprehensive primary health exams, referral and follow-up services used "Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents" whereby ATOD use is assessed. Individual risk assessments, including ATOD use, were also conducted and appropriate education and referral were provided.

2. Prevention Programs - Enabling Services - Adolescents

Alliance for Wisconsin Youth continued to have as one of its strategies increasing the visibility and effectiveness of existing State prevention resources to help communities organize against

alcohol and drug use and abuse. The Brighter Futures Initiative (BFI) continued to use the rate of alcohol and other drug use and abuse as one of the outcomes selected communities must impact. The State Incentive Grant (SIG) continued to support appropriate programs, models and strategies that will result in the improvement of substance abuse prevention outcomes impacting youth ages 12-17.

3. State Council - Infrastructure Building Services - Adolescents

In June '02, the Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA) established five goals for their four-year plan (2002-2006), one of which is to reduce underage use and abuse of alcohol or other drugs.

b. Current Activities

1. ATODA Services, Education and Referral - Direct Health Care Services - Adolescents

As in 2003, a number of LPHDs and others continue to provide perinatal care coordination services and comprehensive primary health exams, referral and follow-up services, screening for ATODA.

2. Prevention Programs - Enabling Services - Adolescents

Alliance for Wisconsin Youth, BFI, and SIG continue their efforts.

3. State Council - Infrastructure Building Services - Adolescents

SCAODA continues working toward achieving the goals of their four-year plan.

In addition, the Council requested the completion of an 18-month study to develop recommendations to the Council that would result in the reduction of alcohol use by Wisconsin youth. The Underage Drinking Task Force presented the recommendations to the Council in September of 2004. The Council accepted the recommendations and asked that work continue in this area. Recommendations included the development of an Underage Drinking Reference Web Site, review of Wisconsin's current legislation, development of an alcohol compliance check system and working with the school system on standardized policy guidelines.

4. Substance Abuse Treatment Outcomes Study - Infrastructure Building Services - Adolescents

In September '04, results of a study by nine volunteer adolescent treatment agencies collecting admission, discharge, and post-discharge outcomes data on a sample of 275 adolescents will be available.

c. Plan for the Coming Year

1. ATODA Service, Education and Referral - Direct Services - Adolescents

As this continues to be a major problem in Wisconsin, LPHDs and others will continue to provide perinatal and comprehensive health exams, referral and follow-up services. Individual risk assessments, referrals, and education will also continue.

2. Prevention Programs - Enabling Services - Adolescents

Results of the BFI efforts and SIG efforts will assist in future program planning to impact this

measure.

3. State Council - Infrastructure Building Services - Adolescents

It is anticipated that SCAODA will review their four-year plan and goals including the reduction of underage use and abuse of alcohol or other drugs.

4. Substance Abuse Treatment Outcomes Study and Juvenile Justice - Infrastructure Building Services - Adolescents

Results of the 2004 adolescent treatment outcomes study will assist in program enhancement/development. Implementation of Health Priority: Alcohol and Other Substance Use and Addiction from "Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public", will continue and is ongoing.

In a different service system, the Bureau of Mental Health and Substance Abuse Services has partnered with the Office of Justice Assistance to provide automated AODA and life functional screening of youth at point of entry into the Juvenile Justice System. The overarching goal is to make the first point for youth and their families with the Juvenile Justice System and provide mechanisms for early AODA intervention and treatment for those youth involved in substance. In the year 2004, data will be available on approximately 5,000 Wisconsin Youth.

State Performance Measure 5: #7 Percent of women enrolled in WIC during pregnancy who initiated breastfeeding.

a. Last Year's Accomplishments

Relationship to Priority Need(s): SPM #7 relates to Wisconsin's Priority Need #4 - Family and Parenting. The promotion and support of breastfeeding were also identified as health priorities, "Adequate and Appropriate Nutrition" and "Overweight, Obesity and Lack of Physical Activity," in Healthiest Wisconsin 2010, the state's public health plan.

Breastfeeding initiation among women enrolled in WIC during pregnancy was chosen as a performance measure because of several factors. The MCH and WIC Programs in Wisconsin have a history of collaboration to provide services to pregnant women and mothers and infants. Many LPHDs also administer a WIC project, which provides a rich opportunity for service collaboration. Additionally, the WIC Program shares data with the MCH data system. Wisconsin participates in the CDC PedNSS and the PNSS. Data sources for breastfeeding initiation and duration only currently available for the WIC population in Wisconsin.

1. Performance Based Contracting? Direct Health Care Services? Pregnant, breastfeeding women

For CY 2003, several LPHDs selected objectives related to healthy birth outcomes through care coordination services. Breastfeeding education, promotion and support are included in the care for pregnant women and mothers and infants. The provision of breastfeeding information during pregnancy impacts the woman's decision to initiate breastfeeding.

2. Statewide Breastfeeding Activities? Enabling Services? Pregnant, breastfeeding women

Referrals for care continue to and from WIC and MCH. The Wisconsin Breastfeeding Coalition also maintains the Wisconsin Breastfeeding Resource Directory to aid health care professionals in locating appropriate referral sources for breastfeeding mothers who need help.

3. The Wisconsin Breastfeeding Coalition?Population-Based Services?Pregnant, breastfeeding women, the general public

The Wisconsin Breastfeeding Coalition continues to promote breastfeeding as the cultural norm in Wisconsin through public education and awareness. The WIC Program was awarded a grant from USDA, "Using Loving Support to Build a Breastfeeding Friendly Community". This grant accomplished a number of activities that increased efforts to promote and support breastfeeding including increased awareness among the general public. These efforts were undertaken in collaboration with the Wisconsin Breastfeeding Coalition. The activities included: a clinic environment project, staff training, childcare module development, materials and a statewide media campaign

4. Collaboration and Partnerships?Infrastructure Building Services?Pregnant, breastfeeding women

The WIC/MCH Breastfeeding Coordinator educated providers about the Medicaid policy that provides high quality breast pumps to Medicaid recipients.

See NPM #11

b. Current Activities

1. Performance Based Contracting?Direct Health Care Services?Pregnant, breastfeeding women

For CY 2004, several LPHDs have chosen to continue efforts to promote healthy birth outcomes through care coordination. These activities are targeted to pregnant women and mothers and infants. Breastfeeding promotion and support is an integral part of promoting healthy birth outcomes and will result in more women choosing to breastfeed.

2. Statewide Breastfeeding Activities?Enabling Services?Pregnant, breastfeeding women

For CY 2004, an LPHD has chosen to continue to support the peer mentoring program for the support of breastfeeding and reduction of tobacco use and exposure that was begun in 2003. Peer mentoring programs have been found to be very effective at promoting and supporting breastfeeding, especially in populations that are less likely to breastfeed or less likely to succeed with breastfeeding. As part of the Loving Support project, peer counseling will be expanded through ~4 pilots. Additionally, as part of the Loving Support project the 2 chapters of the African American Breastfeeding Alliance are expanding their membership and planning interventions targeted to African American families.

3. Wisconsin Breastfeeding Coalition?Population-Based Services?Pregnant, breastfeeding women, the general public

The Coalition has adapted module for childcare providers and is promoting its use. The coalition is working on materials to support World Breastfeeding week.

The Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin project include a public awareness campaign will be aired in Milwaukee in summer 2004. Efforts at supporting women in the workplace are underway as well as a skin-to-skin project to promote this care as it leads to a more successful breastfeeding experience.

4. Collaboration and Partnerships: Implementation of the Loving Support Campaign?Infrastructure Building Services?Pregnant, breastfeeding women

The Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin implementation plan outlines several infrastructure components that are currently being developed. These include the development of a CD-ROM for employers to support breastfeeding, breastfeeding information on the DHFS website, a listserve for Wisconsin breastfeeding advocates, and staff training.

c. Plan for the Coming Year

1. Performance Based Contracting?Direct Health Care Services?Pregnant, breastfeeding women

It is anticipated that a number of LPHDs will continue to focus efforts on healthy birth outcomes including increasing breastfeeding initiation and duration rates through prenatal breastfeeding education and postpartum breastfeeding support. Through the Loving Support project, the 10 Steps to Successful Breastfeeding will be promoted to hospitals and birth centers to improve the care provided at the time of birth to improve the rate of breastfeeding success.

2. Statewide Breastfeeding Activities?Enabling Services?Pregnant, breastfeeding women

The peer mentoring and the mother-to-mother support programs will be promoted to LPHDs and local breastfeeding coalitions. The programs will be promoted for use in populations where breastfeeding initiation is low (African Americans and Hmong) and to the general population where breastfeeding duration is low. The development of local breastfeeding coalitions as well as the implementation of additional chapters of the African American Breastfeeding Alliance in areas of need.

3. Wisconsin Breastfeeding Coalition?Population-Based Services?Pregnant, breastfeeding women, the general public

As the Loving Support plan continues to be implemented it is anticipated that a number of LPHDs and breastfeeding coalitions will focus efforts on breastfeeding promotion and education campaigns. The efforts of the Wisconsin Breastfeeding Coalition will also continue to support the awareness of breastfeeding as the cultural norm in Wisconsin.

4. Collaboration and Partnerships: Implementation of the Loving Support Campaign?Infrastructure Building Services?Pregnant, breastfeeding women

Continue to develop and implement the activities as outlined in the Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin plan.

State Performance Measure 6: #12 Percent of children, ages 6-8, with untreated dental decay in primary and permanent teeth.

a. Last Year's Accomplishments

Relationship to Priority Needs(s): SPM # 12 relates to Wisconsin's Priority Need #1-Dental Access and Care. The 2001-02 Make Your Smile Count Survey revealed 60% of Wisconsin's children have experienced tooth decay by third grade. There are significant oral health disparities: minority and low-income children are more likely to have caries experience and untreated decay while they are less likely to have dental sealants.

1. Fluoride Program?Population-Based Services?Pregnant women, mothers, infants and children including CSHCN

Wisconsin maintained fluoridation of existing community water systems and increased the number that fluoridate. The School Fluoride Mouth Rinse Program served 10,394 children through 18 programs. The Dietary Fluoride Supplement program provided by 15 health departments served 1,763 children.

2. Dental Sealant Program?Population-Based Services?Children, including CSHCN

In 2002-03, 15 community or school-based programs participated in Wisconsin Seal-A-Smile program, with 4,494 children served, and 10,358 dental sealants were placed.

Through the GuardCare Sealant Program free dental sealants, Head Start examinations, fluoride varnish application, and parent/caregiver anticipatory guidance were provided in the summer of 2003 in Southeast Wisconsin.

3. Tobacco Prevention Program?Population-Based Services?Children, including CSHCN

The Spit Tobacco Program served 80,000 fifth grade students in 150 schools. A "Brewers Day in the Park" featured the program and distributed 10,000 comic books. A DVD was developed to support the program.

4. Maternal and Early Childhood Oral Health Program?Population-Based Services?Pregnant women, mothers, infants

Over 175 primary health care clinic personnel were trained by the Regional Oral Health Consultants to:

- *Identify of innate and acquired risk factors for periodontal disease
- *Periodontal symptom screening
- *Anticipatory guidance and referral

Two federally qualified health centers and one health department are serving low income infants and toddlers. Local health departments provide oral health screening, anticipatory guidance, fluoride varnishes and referrals for early caries prevention.

The Regional Oral Health Consultants served the five DPH Regions and are responsible for oral health prevention programs in five DPH Public Health regions and local communities including children with special health care needs.

5. Clinical Services and Technical Assistance?Population-Based Services?Pregnant women, mothers, infants and children, including CSHCN.

The SmileAbilities Program and Circles of Life Conference served 1,536 individuals.

6. Oral Health Surveillance?Infrastructure Building Services?Children including CSHCN

Existing programs and new programs are focusing on preventing early childhood caries. A survey of 400 children enrolled in Head Start was conducted in 2003, with 24% untreated caries, 22.4% early childhood caries, 48% caries experience and 3.1% urgent treatment needs, 20.4% early needs.

b. Current Activities

1. Fluoride Program--Population-Based Services--Pregnant women, mothers, infants and children including CSHCN

Technical assistant efforts continue to assist with maintaining fluoridation of existing

community water systems and increasing the number that consider fluoridation. The School-Based Fluoride Mouth Rinse Program initiated school based fluoride mouth rinse programs in elementary schools; on-going promotion and technical is provided. The Dietary Fluoride Supplement program is ongoing.

2. Dental Sealant Program--Population-Based Services--Children, including CSHCN

In 2003-04 there are 14 community or school-based programs as a result of the Wisconsin Seal-A-Smile program.

The oral health component of the GuardCare Sealant Program was postponed this year due Wisconsin Army National Guard on duty in Iraq.

3. Tobacco Prevention Program--Population-Based Services--Children, including CSHCN

Spit Tobacco Program-DPH contracts with the Department of Instruction to serve 80,000 fifth grade students in 150 schools throughout the state during the 2004-2005 school year. A "Brewers Day in the Park" will features the program and distributes 10,000 comic books.

4. Maternal and Early Childhood Oral Health Program--Population-Based Services--Pregnant women, mothers, infants

Primary health care clinic personnel will be trained by Regional Oral Health Consultants to:

- *Identify of Innate and Acquired Risk Factors for Periodontal Disease

- *Periodontal symptom screening

- *Anticipatory Guidance and Referral

Regional oral health consultants provide training to health care personnel in local health departments, tribal health centers, medical education programs, federally qualified health centers and 10 local health departments serving low income infants and toddlers. Primary health care clinics will be trained by regional oral health consultants to provide oral health screening, anticipatory guidance, fluoride varnishes and referral.

The Regional Oral Health Consultants serve the five DPH Regions and are responsible for oral health prevention programs in five DPH Public Health regions and local communities including children with special health care needs.

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

Ongoing.

6. Oral Health Surveillance--Infrastructure Building Services--Children including CSHCN

Existing oral health programs have been promoted and new programs are focusing on preventing early childhood caries. County surveys are being planned to assist in community needs assessment.

c. Plan for the Coming Year

1. Fluoride Program--Population-Based Services--Pregnant women, mothers, infants and children including CSHCN

Technical assistance efforts continue to assist with maintaining fluoridation of existing community water systems and increasing the number that consider fluoridation. The School-

Based Fluoride Mouth Rinse Program will seek additional methods to initiate school based fluoride mouth rinse programs in elementary schools; on-going promotion and technical is provided.

2. Dental Sealant Program--Population-Based Services--Children, including CSHCN

Healthy Smiles for Wisconsin will continue school-based programs through Wisconsin Seal-A-Smile program.

The oral health component of the Governor's KidsFirst Initiative will be promoted to expand the Wisconsin Seal-a-Smile Program, integrate preventive oral health into health care practice and increase the use of dental hygienists to prevent oral disease.

GuardCare Sealant Program's oral health component offering free dental sealants, Head Start examinations, fluoride varnish application, and parent/caregiver anticipatory guidance is planned for an event in the summer of 2005.

3. Tobacco Prevention Program--Population-Based Services--Children, including CSHCN

Spit Tobacco Program will contract with the Department of Public Instruction to serve 80,000 fifth grade students in 150 schools throughout the state in the 2002-2003 school year. A "Brewers Day in the Park" will feature the program and distributes 10,000 comic books.

4. Maternal and Early Childhood Oral Health Program--Population-Based Services--Pregnant women, mothers, infants

Primary health care clinic personnel will expand training by Regional Oral Health Consultants to:

- *Identify of Innate and Acquired Risk Factors for Periodontal Disease
- *Periodontal symptom screening
- *Anticipatory Guidance and Referral

Early Childhood Caries Prevention-training will be offered to federally qualified health centers, tribal health centers, local health departments, medical education programs and Head Start programs serving low income infants and toddlers. Primary health care clinics will be also be trained by regional oral health consultants to provide oral health screening, anticipatory guidance, fluoride varnishes and referral.

The Regional Oral Health Consultants will serve the five DPH Regions and are responsible for oral health prevention programs in five DPH Public Health regions and local communities including children with special health care needs.

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

A SmileAbilities Conference and Circles of Life presentation will be planned.

6. Oral Health Surveillance--Infrastructure Building Services--Children including CSHCN

County survey will be initiated, planning will begin for the 2006 state survey.

State Performance Measure 7: #13 Percent of children, ages 2-4, who are overweight.

a. Last Year's Accomplishments

Relationship to Priority Need(s): The percent of children, ages 2-4, who are overweight, relates directly or indirectly to three of Wisconsin's Priority Needs, specifically #3 - Child Care, #4 - Family and Parenting, and #9 - Early Prenatal Care. This was chosen as a state performance measure because it directly relates to one of the 11 health priorities in Healthiest Wisconsin, 2010, Wisconsin's state health plan, "Overweight, Obesity, and Lack of Physical Activity."

1. MCH, WIC, and PNCC Services?Enabling Services?Pregnant women, adolescents

Statewide efforts to implement the Wisconsin state health plan priority related to childhood overweight have been undertaken by several LPHDs through the performance based contracting system. These efforts included promoting breastfeeding, the formation of nutrition coalitions, addressing food security and education targeted to young families.

2. Wisconsin WIC Program?Population-Based Services?Children over the age of 2, including CSHCN and their families

The MCH Program provided funding for five mini-grants to increase Public Health Nutrition Leadership in the implementation of the two nutrition-related health priorities. From these five mini-grants, 30 local nutrition coalitions have been formed or expanded. Their efforts during 2003 have been focused on increasing community awareness of the nutrition issues, including childhood overweight, and moving the communities to action.

3. Wisconsin WIC Program?Infrastructure Building Services?Children under 5 years of age, including CSHCN and their families

WIC nutritionists participated in a statewide videoconference training on the revised CDC growth charts for children which included the use of BMI and its interpretation. The 2003 WIC and Nutrition conference featured sessions on motivational negotiation to promote behavior change and a keynote speaker from the Ellyn Satter Institute to share current information on childhood overweight.

The DPH was awarded a CDC grant to develop a statewide Nutrition and Physical Activity Program to prevent overweight, obesity and related chronic diseases. Through the Wisconsin Nutrition and Physical Activity Workgroup (WINPAW) planning efforts were begun to address the issue of overweight and obesity in Wisconsin. This program has also working closely with the DPI programs (Team Nutrition) to reach school-aged children (early childhood)and the Child and Adult Care Feeding Program to reach daycare providers.

b. Current Activities

1. Statewide Breastfeeding Activities?Population-Based Services?Pregnant, post-partum and breastfeeding women, their infants, children, including CSHCN and their families

The Wisconsin DPH was awarded a United States Department of Agriculture, Food and Nutrition Services grant to implement a social marketing campaign called Using Loving Support to Build a Breastfeeding-Friendly Community. Breastfeeding has been recognized by the CDC as a promising strategy to prevent overweight in children. The plan is currently being implemented and includes activities in the areas of mobilizing staff, client and family education, public awareness, health provider outreach and community partnership-building.

2. Walk, Dance, Play Initiative?Population-Based Services?Women, children, and their families

During the spring of 2004 the Wisconsin Nutrition Education Network's Walk, Dance, Play? Be Active Everyday campaign will be implemented statewide. The Network consists of public health nutrition consultants from MCH and WIC as well as other community partners. The

campaign promotes behavior change through healthy food choices and increased physical activity, targeted to parents/caregivers of children who will then be role models of healthy lifestyle choices for their children.

3. Wisconsin WIC Program?Infrastructure Building Services?Children, including CSHCN and their families

The Wisconsin WIC program is currently revising its counseling and referral guidelines for WIC certification and secondary nutrition education to incorporate the latest information to address childhood overweight. In addition, the annual WIC and Nutrition conference in June 2004 will highlight the results of the MCH Public Health Nutrition Leadership mini-grants which focused on coalition building at the local level to provide support to and to implement interventions for issues such as childhood overweight.

4. Statewide Nutrition and Physical Activity Program?Infrastructure Building Services?Children, including CSHCN and their families

The DPH, Nutrition Section, is leading the efforts outlined in the CDC grant to address overweight, obesity and other chronic diseases. This grant provides for staffing a state level Nutrition and Physical Activity Program with three staff (program coordinator, nutrition coordinator and physical activity coordinator), the development of a state plan, and evaluation plan and to implement a nutrition and physical activity intervention. The N & PA Program is also collaborating with other chronic disease programs, the DPI and the CSHP.

c. Plan for the Coming Year

For the 2005 performance based contracting process, local health departments will be provided with sample objectives/interventions related to childhood overweight to allow them to focus efforts on this emerging public health issue.

Though the CDC Nutrition and Physical Activity grant, there will be dedicated staff at the state level to provide technical assistance to LPHDs and communities who are implementing interventions targeted to reducing childhood overweight. The state plan for addressing overweight will be released in the Spring of 2005 and widely distributed to all partners and interested parties to serve as a guiding document in this focus area.

The Wisconsin Division of Public Health will continue to work closely with its internal partners to coordinate interventions and resources, with the Comprehensive School Health Program, Early Childhood initiative, the Department of Public Instruction and other partners through the Wisconsin Nutrition and Physical Activity Workgroup.

State Performance Measure 8: #14 *Ratio of the black infant mortality rate to the white infant mortality rate.*

a. Last Year's Accomplishments

Relationship to Priority Need(s): SPM #14, Ratio of the black infant mortality rate to the white infant mortality rate relates to Wisconsin's Priority Need #6 - Health Disparities.

Impact on National Outcome Measures: SPM #14 relates to National Outcome Measures #1-

#5. Each of the activities identified below focuses on improving infant mortality and other perinatal outcomes for high-risk women, including African American women.

1. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

See NPM #18

2. Healthy Babies in Wisconsin: A Call to Action--Infrastructure Building Services--Pregnant women, mothers, infants

See NPM #15

3. Statewide Projects--Infrastructure Building Services--Pregnant women, mothers, infants

Both the Infant Death Center of Wisconsin (IDC-W) and the Wisconsin Association for Perinatal Care (WAPC) were actively involved in the Healthy Babies summit and follow-up activities. Staff from the IDC-W served as chair of the Planning Committee. Collaborative, community-based activities were implemented by IDC-W to assist in the reduction of the racial and ethnic disparity in infant mortality. Staff participated in consortia meetings for the two Federal Healthy Start Projects and collaborated with community organizations to disseminate safe sleep information to African American communities. Strategies to decrease the risk of sudden or unexpected infant death was presented to 431 outreach workers at 31 educational sessions offered throughout the state.

WAPC developed and distributed 1,000 "First Birthday" magnets with messages related to safe sleep, immunization, breastfeeding, and other information to help infants reach their first birthday. There was a strong focus on perinatal mood disorders with co-sponsorship of a symposium and development of a position statement on screening for prenatal and postpartum depression.

4. Federal Healthy Start--Population-based Services--Pregnant women, mothers, infants

Title V MCH/CSHCN Program staff participated in a national Healthy Start meeting, the Families Helping Families Gathering, and team meetings of the Milwaukee FIMR project. Staff from the Milwaukee Healthy Beginnings Project with the Black Health Coalition served on the planning committee for the Healthy Babies in Wisconsin summit.

b. Current Activities

1. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

See NPM #18

2. Healthy Babies in Wisconsin: A Call to Action--Infrastructure Building Services--Pregnant women, mothers, infants

See NPM #15

3. Statewide Projects--Infrastructure Building Services--Pregnant women, mothers, infants

IDC-W has a leadership role in the Healthy Babies initiative to improve birth outcomes and address racial and ethnic disparities. Staff serve as chair of the Steering Committee, co-chair of the Southeast Regional Action Team, and as an active participant in other Action Teams. IDC-W plans to improve the delivery of the risk reduction message to high-risk communities

with input from five focus groups. In addition, education will be provided to coroners and medical examiners related to determination of cause and manner of death in sudden and unexpected infant deaths.

WAPC will support two Healthy Babies Action Teams, distribute "First Birthday" magnets and preconception materials, and provide education on perinatal mood disorders.

4. Federal Healthy Start--Population-Based Services--Pregnant women, mothers, infants

Title V participation continues at national and local Healthy Start Meetings. The Milwaukee Healthy Beginnings Project is represented on the Steering Committee for the Healthy Babies initiative and joined the MCH Program to co-sponsor a Statewide Action Team Meeting on Racial and Ethnic Disparities in Birth Outcomes on May 10, 2004.

c. Plan for the Coming Year

1. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

See NPM #18

2. Healthy Babies in Wisconsin: A Call to Action--Infrastructure Building Services--Pregnant women, mothers, infants

See NPM #15

3. Statewide Projects--Infrastructure Building Services--Pregnant women, mothers, infants

Title V MCH/CSHCN Program will continue to collaborate with the Infant Death Center of Wisconsin and WAPC on community-based strategies to assist in the reduction of the disparity for infant mortality between racial and ethnic groups.

4. Federal Healthy Start--Population-Based Services--Pregnant women, mothers, infants

The Wisconsin Title V Program will continue its commitment to participating in the Milwaukee Healthy Beginnings Project. An important partnership will revolve around ongoing activities related to the Healthy Babies in Wisconsin initiative and follow-up activities with the Department's Racial and Ethnic Disparities in Birth Outcomes Action Team (REDBOAT).

State Performance Measure 9: #15 *Death rate per 100,000 among youth ages 15-19, due to motor vehicle crashes.*

a. Last Year's Accomplishments

Relationship to Priority Need(s): SPM #15 relates to Wisconsin's Priority Need #10 - Injury and is identified as a priority in Healthiest Wisconsin 2010, the state health plan. Wisconsin's 2003 YRBS results reveal that seat belt use (always or most of the time) when riding in a car driven by someone else increased from 51% in 1993 to 69% in 2003. The frequency of riding with someone during the past 30 days who had been drinking decreased from 39% in 1993 to 30% in 2003. During the same time period, the frequency of driving after drinking alcohol during the last 30 days remained relatively unchanged (15% in 1993 vs. 14% in 2003).

In June 2003 during its periodic statewide observation surveys of seatbelt use, DOT reported that 69.8% of passenger vehicle occupants (front outboard - meaning the driver and passenger in the right front seat [not in the middle position]) used their seatbelts. It found, however, that

belt use is the lowest among drivers ages 16-25.

a) Report of 2003 Major Activities

1. Educational Activities--Enabling Services--Adolescents

Mock vehicle crashes and other education continued to be used to impact this measure. DPI continued to have an Alcohol Traffic Safety (ATS) Program to develop and implement K-12 prevention curricula and instructional programs to counter the problem of drinking and driving by youth.

2. Graduated Driver License (GDL) --Population-Based Services--Adolescents

Wisconsin's Graduated Driver Licensing (GDL) requires specific conditions for young drivers. According to DOT, this law was put into effect for one major reason: to save the lives of Wisconsin teen drivers. From September 2000 - September 2001 (its first year) crashes involving 16-year-old drivers were down in all categories compared to the past several years.

About 24% of all 16-year-old drivers get into a crash, that drops to 16% at age 17, and by age 18 it drops again to 14%. The percentage is 13% at age 19 and at age 20 and older, the crash rate is just 6%. The GDL continued to impact this performance measure.

3. Lower standard for Blood/Breath Alcohol Concentration (BAC) - Population-Based Services - Adolescents

In July 2003, Governor Doyle signed into law a bill to lower the prohibited BAC level for Operating While Intoxicated (OWI) to 0.08% from 0.10. The law which became effective on September 30, estimates the saving of 24 lives annually on Wisconsin roads (based on U.S. DOT data).

b. Current Activities

1. Educational Activities?Enabling Services?Adolescents

As in 2003, mock vehicle crashes and other education efforts occur to impact this measure.

2. Graduated Driver License (GDL)?Population-Based Services?Adolescents

An article regarding the evaluation of the GDL will be submitted for publication in the December issue of the Wisconsin Medical Journal.

3. Local Needs Assessments?Infrastructure Building Services?Adolescents

Working with counties regarding data requests for needs assessments and preventions continues.

4. Injury Prevention Coordinating Committee?Infrastructure Building Services?Adolescents

Development of a new crash related WISH module working with DOT is in process.

c. Plan for the Coming Year

1. Educational Activities?Enabling Services?Adolescents

In order to decrease the incidence of deaths due to motor vehicle crashes, education will

continue. The new BAC level will impact this measure.

2. Graduated Driver License (GDL)?Population-Based Services?Adolescents

This will continue to be a strong method of impacting this performance measure.

3. Local Needs Assessments?Infrastructure Building Services?Adolescents

Working with counties regarding data requests related to youth motor vehicle crashes will continue. Work with DOT will continue on making motor vehicle crash data more accessible to agencies and the general public.

4. Injury Prevention Coordinating Committee ?Infrastructure Building Services?Adolescents

Plans include constructing data maps related to motor vehicle crashes on the web, develop a GIS/spatial analysis using death and hospitalization data to examine incidents of motor vehicle crashes, and work on policy analysis regarding prevalence, cost, community education surrounding motor vehicle crashes among 15-19 year olds.

Implementation of Health Priority: Intentional and Unintentional Injuries and Violence will continue and is ongoing.

State Performance Measure 10: *#16 Percent of MCH clients/families who receive one or more supportive services to enhance child health, development and/or safety.*

a. Last Year's Accomplishments

Relationship to Priority Need(s): SPM #16 relates to Wisconsin's Priority Need #2-Health Access and #10-Injury.

1. Supportive Services?Enabling Services?Children, including CSHCN and their Parents
MCH providers beginning for the 2003 contracts used the SPHERE data system; 40% of 93 agencies indicated provision of supportive services as documented per the subintervention system. Because of the late start up of SPHERE, the numbers may be underreported.

For the purposes of reporting this measure, supportive and enabling services for children including CSHCN and their parents to support child health, development and/or safety include the following public health interventions and categories of subinterventions (adapted from the state of MN Dept of Health) during 2003 follows.

Advocacy-Subinterventions: Access to dental care/1; Access to health care/17; CSHCN Services/18; Total Activities=36 for 34 clients.

Case Management-Subinterventions: All CSHCN Service Coordination/526; Child Care Coordination/16; Infant Assessment/609; all Targeted Case Management Assessment/1,148; Total Activities=2,299 for 1,684 clients.

Counseling-Subinterventions: Access to primary care/16; Access to specialty care/3; Parent/Family Support/31; Support System/15; Total Activities=65 for 58 clients.

Health Teaching-Subinterventions: Access to care/48; Adolescent Health/33; Bicycle-related/10; Brain Development/226; Burns/Hot Water Safety/84; CSHCN Services/59; Daycare/78; Child Growth & Development/395; Child Health-Preschool/93; Child Health-School Age/38; Child Passenger Safety/752; Choking/50; Community Resources/72;

Drowning/Water Safety/4; Environmental Lead/71; Environmental Tobacco/59; Fire-related/74; Guns/firearms/136; Health Promotion/35; Home Safety/220; Infant care/365; Motor Vehicle-Related/7; Oral Health/149; Parenting/328; Primary Prevention Immunizations/108; SIDS/Infant death/43; Total Activities=3,537 for 3,246 clients.

Referral & Follow up-Subintervention: B-3/176; Child Care Coordination/23; Family Support/71; Health Benefits/159; Mental Health/48; Parent Liaison/34; Parent to Parent/101; Parenting Program/34; Primary care/253; Regional CSHCN Center/50; Specialist/82; Specialist Clinic/63; Support Group/69; Total Activities=1,163 for 1,055 clients.

Screening-Subintervention: Developmental Assessment/1,343; Feeding Assessment/91; Fluoride Assessment/463; Infant Assessment/210; Injury Prevention Assessment/391; Parent-Child Interaction/147; Office exam/980; Total activities=3,625 for 2,725 clients.

Overall Total Activities=10,725 for 8,802 clients; 73.7% of reported MCH clients.

Activities specifically targeting parents of children with special health care needs that occurred in 2003 included the continued identification of parent support opportunities by the CPLs and the Parent to Parent Matching Program. The program developed a Training Curriculum for Supporting Parents and outreach material to begin identification of potential support parents.

b. Current Activities

1. Supportive Services--Enabling Services--Children, including CSHCN and their parents

Title V funded services in the 2004 consolidated contract, 96 LPHDs and other private non-profit agencies submitted 306 objectives to provide MCH/CSHCN services. About 31% (94 objectives) were to provide supportive services to parents of children and youth to age 21 years, including children with special health care needs. Forty-one of the services were related to child safety in the following areas: home safety assessments, safe use of child passenger systems, bicycle safety instruction, and individual or group education for parents to promote child safety.

2004 activities include the training of support parents in each of the five DPH regions throughout the first half of the year with actual matching of parents beginning June 1. Continued connection of parents to other support opportunities such as parent support groups is occurring as well.

2. Governor's "KidsFirst" Initiative--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CSHCN

In May 2004, Governor Doyle announced a four-part "KidsFirst" Initiative. The four focus areas are entitled Ready for Success, Safe Kids, Strong Families and Healthy Kids. This direction from the Governor and his cabinet leaders will provide a course for state programs to enhance supportive services for families and their children in Wisconsin.

3. Governor's Call to Action Summit on Child Abuse and Neglect--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CSHCN

On April 29 and 30, 2004 an invitational summit was held to initiate planning and begin work on a State Call to Action to end child abuse and neglect. About 150 Wisconsin leaders who are involved in preventing child abuse and neglect, protecting children, and helping heal victimized children joined the Governor to discuss strategies to prevent child maltreatment. Locally planned webcasts of the event are occurring May 17 through June 30, 2004 to incorporate points in the State Call to Action planning process.

c. Plan for the Coming Year

1. Supportive services--Enabling Services--Children, including CSHCN and their parents

The Wisconsin Title V program is on course to fund services during 2005 that support families including children with special health care needs according to the consolidated contract opportunities for the LPHDs. Local agencies will continue to provide a variety of services that enhance child/youth health and safety skills and abilities of MCH/CSHCN clients in both individual and group settings. Activities that promote injury prevention in areas of home safety and child passenger transportation will continue. The SAFE KIDS Coalition in cooperation with two children's hospitals continues to be a strong influence in Wisconsin and will have a special focus on child passenger safety as referenced in the Safe Kids chapter of Governor Doyle's "KidsFirst" Initiative.

The Parent to Parent Matching Program will continue to be funded with Title V dollars to provide supportive services to parents of children with special health care needs throughout 2005.

2. Governor's "KidsFirst" Initiative--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CSHCN

In May 2004, Governor Doyle announced a four-part "KidsFirst" Initiative. Part three is Strong Families and includes focus activities that will create opportunities for every parent to become self-sufficient, and give families the support they need to raise their children in safe, stable homes. These areas include: initiate a universal home visiting program and connect families with support services. The MCH program will provide leadership and participation in action steps toward improvements in these family support areas.

3. Governor's Call to Action Summit on Child Abuse and Neglect--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CSHCN

During the next year the MCH program will provide leadership and participation in the Call to Action plan to implement steps to end child abuse and neglect. Key leadership of the MCH program will be in the area of primary prevention in partnership with LPHDs who work with families and children at risk.

FIGURE 4B, STATE PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) Percent of children less than 12 years of age who receive one physical exam a year.				
1. Comprehensive Well-Child Exams	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Support the "Covering Kids" Program Funded by the Robert Wood Johnson (RWJ) Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) Percent of women at risk of unintended pregnancies (as defined by Alan Guttmacher Institute) receiving family planning and related reproductive health services through publicly funded clinics.				
1. Contraception and Related Reproductive Health Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Promotion and Outreach for Wisconsin's Family Planning Waiver Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Family Planning Provider Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) Percent of women who use tobacco during pregnancy.				
1. Title V MCH Funded Perinatal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. First Breath Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Prenatal Care Coordination (PNCC)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) Percent of high school youth who self-report taking a drink in the past 30 days.				

1. ATODA Service, Education and Referral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Prevention Programs, including State Incentive Grant and Brighter Futures Initiative	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Substance Abuse Treatment Outcomes Study	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) #7 Percent of women enrolled in WIC during pregnancy who initiated breastfeeding.				
1. Performance Based Contracting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Statewide Breastfeeding Activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Wisconsin Breastfeeding Coalition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Collaboration and Partnerships: Implementation of the Loving Support Campaign	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) #12 Percent of children, ages 6-8, with untreated dental decay in primary and permanent teeth.				
1. Fluoride Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Dental Sealant Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Maternal and Early Childhood Oral Health Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Tobacco Prevention Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Oral Health Technical Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Oral Health Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) #13 Percent of children, ages 2-4, who are overweight.				
1. MCH, WIC and PNCC Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Statewide Breastfeeding Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Walk, Dance, Play Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Statewide Collaborative Planning for Nutrition and Physical Activity Initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
8) #14 Ratio of the black infant mortality rate to the white infant mortality rate.				
1. Prenatal Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Healthy Babies in Wisconsin: A Call to Action	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Healthy Start initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Infant Death Center of Wisconsin	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
9) #15 Death rate per 100,000 among youth ages 15-19, due to motor vehicle crashes.				
1. Educational Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Graduated Driver License (GDL) Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Local needs assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Seat Belt Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STATE PERFORMANCE MEASURE		Pyramid Level of Service			
		DHC	ES	PBS	IB
10) #16 Percent of MCH clients/families who receive one or more supportive services to enhance child health, development and/or safety.					
1. Child safety: Appropriate use of car restraints	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Child safety: Safe bicycle use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Parenting skills classes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Home safety inspections including firearm safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Personal safety for school age children and adolescents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Parent to parent support for children with special health care needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

E. OTHER PROGRAM ACTIVITIES

Discussion of Toll-Free Hotlines

/2004/ PHIR Services for Women, Children and Families--Since 1995, the MCH Hotline has provided comprehensive information on the various MCH programs in WI. (The MCH Hotline received 8,660 total calls during CY 2002.) During this time, the need has grown for other state health-focused programs to establish a toll-free hotline and supporting information and referral service. In order to avoid unnecessary duplication, the state combined the needs of these programs into one comprehensive PHIR service for women, children and families provided by one agency, Gundersen Lutheran, LaCrosse, WI. The purpose of developing a comprehensive hotline system is to streamline the mechanism by which individuals and families can receive information and access specific providers in WI. This agency combines information and referral services for the following programs:

- * MCH Hotline, including the CSHCN Program and reproductive health/800-722-2295
- * Services Hotline for Women, Children and Families (ACT 309)/877-855-7296
- * Supplemental Nutrition Program for Women, Infants and Children (WIC)/800-722-2295
- * WI Medicaid, including HealthCheck and Healthy Start/800-722-2295
- * WI Birth to 3 Program & Regional CSHCN Centers (First Step Hotline)/800-642-7837
- * WI Well Woman Program (WI Women's Health Hotline)/800-218-8408

The website address is www.mch-hotlines.org.

In addition, the state CSHCN Program maintains a toll-free phone number 800-441-4576 to assist parents and providers regarding children with special health care needs.

The Statewide Poison Control System was implemented on July 1, 1994, with state GPR funds

(\$375,000) and a 50% match requirement from each regional poison control center. The program provides WI citizens with the following services: a toll-free hotline allowing easy access for poison control information; quality interpretation of poison information and needed intervention; and education materials for consumers and professionals. As of July 1, 2001 the WI Poison System contract solely supports the poison control center located at the Children's Hospital of WI, Milw. The UW Hospital and Clinics, Madison continues to support the poison control system in WI by staffing a Poison Prevention Education Center. The Children's Hospital of WI Poison Center received 53,785 total calls during CY 2002; 41,041 were human exposure calls. //2004//

/2005/ The MCH Hotline received 8,033 total calls during CY 2003. The Children's Hospital of WI Poison Center received 55,983 total calls from 7/1/02-6/30/03; 41,760 were human exposure calls. //2005//

Women's Health

/2003/ Our Title V MCH/CSHCN Program is looking at how to expand the role of women's health in maternal and child health. A work plan for this expansion is being developed. Also staff are working to become familiar and involved with broader women's health programs, both within our department and statewide. For example, this includes forming stronger relationships with women's health-related programs such as the WI Well Women Program, located within the BCDHP of DPH, and our involvement with the WI Coalition Against Domestic Violence (WCADV) and their statewide Domestic Violence and Health Care Campaign. //2003//

/2004/ Our Title V MCH/CSHCN Program continues to work on expanding the role of women's health in maternal and child health. A work plan for how to build systems collaborations promoting a life span approach to women's health in WI has been developed and will begin to be implemented in 2004. A strong partnership has been formed with the WCADV as a result of our membership on the Leadership team for their statewide Domestic Violence and Health Care Campaign. A Public Health and Domestic Violence Implementation Workplan was developed with the input of partners from LPHDs, schools, community organizations, and other DPH programs. The plan, which has a goal of domestic violence prevention, identification, and intervention being integrated within the public health system at all levels and across the life span to promote safe, healthy, and resilient families working toward a violence free culture, was presented at a statewide summit held for their Domestic Violence and Health Care Campaign. Staff from MCH and WCADV will work on moving the workplan forward. //2004//

/2005/ Our MCH program continues to work on expanding the role of women's health in maternal and child health. Stronger relationships have been formed with statewide and community based organizations that work on women's health related issues. A plan is being developed for integration of women's health issues across the life span into DPH programs. The Bureau of Community Health Promotion, which the MCH program is part of, has future plans to create and carry out a coordinated plan for women's health that will include Department staff, local and statewide public and private women's health partners. //2005//

Wisconsin Medical Journal

In collaboration with the WMS, the Title V MCH/CSHCN Program put together an entire issue of the Wisconsin Medical Journal, April 2000 (official publication of the Medical Society) devoted entirely to MCH. Entitled "Maternal and Child Health: Ensuring a Healthy Future", this issue of the Wisconsin Medical Journal covered a wide array of topics and serves to enhance the visibility and leadership of Title V MCH/CSHCN Program in WI. Although the initial impetus for this project was to raise the visibility of Title V MCH/CSHCN Program among WI's physicians through the WMS, we found that these articles resonated with a wide variety of stakeholders in MCH both in WI and throughout the country.

/2004/ The May 2003 issue of the WMJ featured articles on Women's Health, including the Guest

Editorial by the Secretary of DHFS, Helene Nelson, "Public Health and physicians: Working together to improve WI women's health", <http://www.wisconsinmedicalsociety.org/uploads/wmj/Nelson.pdf> and an article by Whitfield et.al., mentioned previously
<http://www.wisconsinmedicalsociety.org/uploads/wmj/Jehn1.PDF>. //2004//

/2005/ The August 2003 issue of the WMJ contained the proceedings of the perinatal summit "Healthy Babies in Wisconsin: A Call to Action". In the October WMJ issue, two articles were published by a summer medical student extern in MCH, Dan Sklansky: "A Summer in Public Health Research" and "Pesticides and Your Children: a Randomized Controlled Evaluation of a Pamphlet". At the time of this writing, we are preparing an entire issue, Aug. 2004, devoted to MCH papers and the Dec. 2004 issue will be focused on injury prevention. //2005//

F. TECHNICAL ASSISTANCE

We have completed Form 15 and are requesting technical assistance in the promotion of the MCHB Bullying Campaign and the integration of youth in MCH programming to improve policies and programs.

V. BUDGET NARRATIVE

A. EXPENDITURES

Significant Variances - Forms 3, 4, and 5 - 2003 Budgeted/Expended

Form 3 ? Program Income

This decrease of \$487,361 (15%) in Program Income is due to some local agencies not reporting by the time the annual report was prepared. It is expected that at least an additional \$300,000 will be reported.

Form 4 ? Pregnant

This decrease of \$555,937 (23%) is due to decreases in the Title V and Maintenance of Effort (MOE) components of the Federal/State Partnership - \$351,730 and \$196,150 respectively.

The Title V decrease is primarily due to two factors: 1) 75% is due to a decrease in State Operations activities supporting services to Pregnant Women, and 2) 25% is due to a decrease in the expenditures of LPHDs, Statewide projects, and Tribal agencies.

The MOE decrease is due almost exclusively to \$187,500 state dollars no longer being eligible for match.

Form 4 ? Infants

This increase of \$777,588 (52%) is due to increases in the Title V and Match components of the Federal/State Partnership - approximately \$383,791 and \$393,352 respectively.

The Title V increase is due to two factors: 1) 54% is due to an increase in expenditures by LPHDs for services to Infants, and 2) 43% is due an increase in expenditures by Statewide projects. Title V Funds are allocated to LPHDs via the performance based contract process. Within broad parameters, agencies have the opportunity to decide what services to provide and who will receive them. Since negotiations are not completed until several months after the Title V block grant application is submitted, budgeted figures are an estimate based on the most recent available data, e.g. 2001 data for the 2003 estimate. Expended figures are based on actual results and any change from budgeted is an indication that agencies chose to change their target population during the negotiation process. Statewide projects showed a similar increase in services to infants.

The Match increase is a reflection of the increases LPHD and Statewide project expenditures described in the previous paragraph. Since a minimum 75% match requirement is imposed on Title V funds allocated to LPHDs and Statewide projects, any increase in those funds will be followed by an increase in Match.

Form 5 ? Enabling

This increase of \$479,290 (13%) is due to increases in the Title V and Match components of the Federal/State Partnership - \$207,979 and \$4289,311 respectively.

Title V increase is due to an increase in the expenditures of LPHDs, Statewide projects, and Regional CSHCN Centers.

The Match increase is a reflection of the increases LPHD and Statewide project expenditures described in the previous paragraph. Since a minimum 75% match requirement is imposed on Title V funds allocated to LPHDs and Statewide projects, any increase in those funds will be followed by an increase in Match.

Form 5 ? Population-Based

This increase of \$165,264 (16%) is due to an increase in the Match component of the Federal/State Partnership. LPHDs and Statewide projects reported more expenditures for population-based services.

B. BUDGET

Title V MCH/CSHCN Program Budget

The Title V MCH/CSHCN Program award of \$11,267,938 is budgeted into two broad categories, State Operations and Local Aids.

The State Operations budget of \$4,295,687 accounts for the salary (\$2,341,870), fringe benefits (\$941,900), indirect cost (\$170,957) and related services, supplies and activities (\$840,960) to support 39.94 full time equivalent positions. Related support services and supplies include information technology infrastructure, SPHERE data system, staff travel/training, telecommunications, personnel/fiscal, office supplies, rent, and training opportunities for local public health agency staff.

The Local Aids budget of \$6,972,251 will be allocated as follows:

Statewide Projects \$760,000

Regional CSHCN Centers \$1,301,500

Performance Based Grants to LPHDs, Tribes, and not-for-profit agencies \$4,910,751

30%-30% Spending Requirement

31.93% of the Title V MCH/CSHCN Program funds are budgeted for Preventive and Primary Care for Children and 31.84% for CSHCN. Major budget items contributing to Preventive and Primary Care for Children include \$1.4 million in state operations/staff support, \$1 million in performance based contract grants to LPHDs and \$0.8 million for reproductive health. Major budget items contributing to CSHCN include \$1.7 million in state operations/staff support and \$1.3 million for the Regional CSHCN Centers.

Administrative Costs

Administrative costs are budgeted at \$736,716 or 6.54% of the total Title V MCH/CSHCN Program allocation. Administrative costs include DPH charges for services to the Title V MCH/CSHCN Program imposed through a cost allocation plan, costs to support Title V MCH/CSHCN funded program staff who function in an administrative capacity, and indirect charges.

MAINTENANCE OF EFFORT

1989 2005

WIC \$978,800 \$0

Reproductive Health \$1,150,000 \$1,955,200

Pregnancy Counseling \$275,000 \$77,600

Congenital Disorders \$505,000 \$1,929,300

Immunization \$660,000 \$0

Pregnancy Outreach \$250,000 \$0

WisconCare \$903,000 \$0

Lead Poisoning-Detection/Control \$0 \$0

Poison Control \$0 \$375,000

Child Abuse & Neglect Prevention \$0 \$995,700

Birth Defects Prevention and Surveillance \$0 \$100,000

Preventive Oral Health \$0 \$245,500

Colposcopy Testing \$0 \$25,000

TOTALS \$4,721,800 \$5,703,300

Total state match of \$9,221,541 consists of maintenance of effort in the amount of \$5,703,300 and match earned through grants to local agencies in the amount of \$3,518,241.

Fees charged to clients served by local reproductive health projects will generate program income of \$2,732,932.

OTHER FEDERAL FUNDS

SSDI \$100,000

Abstinence Education \$615,852

Healthy Start \$202,500

EMSC \$100,000

WIC \$61,000,000

AIDS \$856,158

CDC:

Sexual Assault Prevention \$910,437

Immunization \$16,500,000

STD Control \$620,299

Lead Control \$1,000,000

Cardiovascular Health \$350,000

Tobacco Control \$1,141,625

Breast/Cervical Cancer Early Detection \$3,300,000

Comprehensive Cancer Control \$150,000

Diabetes Control \$736,000

AIDS/HIV \$1,080,364

Dental Health / Fluoridation \$3,500

Asthma \$203,400

Early Hearing Detection/Intervention \$148,000

Other:

Lead Control (HUD) \$4,000,000

Lead (EPA) \$340,000

Univ Newborn Hearing Screening (MCHIP) \$53,964

ECCS (MCHB) \$100,000

HRSA Oral Health \$50,000

TOTAL \$93,562,099

VI. REPORTING FORMS-GENERAL INFORMATION

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. GLOSSARY

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. TECHNICAL NOTE

Please refer to Section IX of the Guidance.

X. APPENDICES AND STATE SUPPORTING DOCUMENTS

A. NEEDS ASSESSMENT

Please refer to Section II attachments, if provided.

B. ALL REPORTING FORMS

Please refer to Forms 2-21 completed as part of the online application.

C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS

Please refer to Section III, C "Organizational Structure".

D. ANNUAL REPORT DATA

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.