

Agency Capacity

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

The Wisconsin Legislature has given broad statutory and administrative rule authority to its state and local government to promote and protect the health of Wisconsin citizens. In 1993 Wisconsin Act 27, created Chapters 250-255 that significantly revised public health law for Wisconsin and created an integrated network for LHDs and the state health division. In 1998, Public Health Rules HFS 139 and HFS 140 were completed. HFS 139 outlines the qualifications of public health professionals employed by LHDs and HFS 140 details the required services necessary for a LHD to reach a level I, II, or III designation. In 2008 the 10 essential services of public health were added to Chapter 250 as a requirement of state and local health departments (s.250.03(1) (L)). These important public health statutes provide the foundation and capacity to promote and protect the health of all mothers and children including CYSHCN needs in Wisconsin.

Chapter 250 defines the role of the state health officer, chief medical officers, the public health system, the power and duties of the department, qualifications of public health nursing, public health planning, and grants for dental services.

Chapter 251 describes the establishment of local boards of health, its members, powers and duties, levels of services provided by LHDs, qualifications and duties of the local health officer, and how city and county health departments are financed.

Chapter 252 outlines the duties of local health officers regarding communicable disease to include the immunization program, TB, STI, AIDS, HIV, and case reporting.

Chapter 253 mandates a state MCH program in the DPH to promote the reproductive health of individuals and the growth, development, health and safety of infants, children and adolescents. This chapter addresses: state supplemental food program for women, infants, and children, family planning, pregnancy counseling services, outreach to low-income pregnant women, abortion refused/no liability/no discrimination, voluntary and informed consent for abortions, infant blindness, newly added in 2010 newborn hearing screening, birth defect prevention and surveillance system, tests for congenital disorders, and Sudden Infant Death Syndrome. This chapter can be found in its entirety at (www.legis.state.wi.us/statutes/Stat0253.pdf).

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

Chapter 255 addresses chronic disease and injuries and outlines cancer reporting requirements, cancer control and prevention grants, breast and cervical cancer screening programs, health screening for low-income women, tanning facilities, and the Thomas T. Melvin youth tobacco prevention and education program.

OVERVIEW OF AGENCY CAPACITY

The DPH, Bureau of Community Health Promotion, Family Health Section is designated as Wisconsin's Title V MCH/CYSHCN Program, DPH collaborates with numerous state agencies and private organizations, LHDs and community providers. Supported by Wisconsin's strong partnerships and sound public health law, the Family Health Section is well-positioned to provide prevention and primary care services for pregnant women, infants, children, including CYSHCN and their families that are family-centered, community-based, and culturally appropriate.

The amount of state General Purpose Revenue available to support the public health programs in Wisconsin is among the lowest in the nation. Thus, federal grants are the primary source of funding for

the majority of public health infrastructure, services and activities. In addition to the Title V Block Grant, the FHS manages more than 20 grants that address a range of MCH services such as: screening and early intervention, injury prevention and surveillance, LAUNCH, ECCS, SSDI, and autism.

Approximately 60% of Wisconsin's Title V funds are released as local aids either as a non-competitive performance-based contract to tribes and LHDs who have "first right of refusal" or as a competitive request for proposal (RFP) for specific statewide or regional initiatives.

Based on 2005 needs assessment results, template objectives were developed and made available to LHDs reflecting MCH priorities and promoting measurable outcomes funded through performance based contracts. In 2010, the most frequently implemented template objectives focus on: injury prevention (child passenger safety, safe infant sleep, home safety assessment) perinatal health (breastfeeding, postpartum home visit, evaluation of care coordination services) developmental screening (ASQ, ASQ:SE) and oral health (early childhood caries prevention).

Activities for 2011-2015 will focus LHDs and tribal funding on systems building activities related to: 1) fetal, infant and child mortality review and prevention (Keeping Kids Alive) and 2) early childhood collaboration and integration supporting child development, family supports, mental health, and safety and injury prevention.

Five statewide projects began in July 1, 2005 running through December 31, 2010 for services to: improve infant health and reduce disparities in infant mortality; support a genetics system of care; improve child health and prevent childhood injury and death; improve maternal health and maternal care; and create a Parent to Parent matching program for families with CYSHCN. A new cycle for the Regional CYSHCN Centers began January 1, 2006 through December 31, 2010 aligned with the six federal core outcomes as part of the President's New Freedom Initiative. In addition, Regional CYSHCN Centers partnered in the implementation of Wisconsin's MCHB funded CYSHCN Integration grant. HRSA selected Wisconsin as 1 of 7 Leadership States to promote the implementation of the six core components of a community-based system of services through the Medical Home concept.

In 2011 approximately 60% of the State's Title V funds will continue to be released as "local aids" either as a non competitive performance-based contract to LHDs with "first right of refusal" or for specific statewide or regional initiatives either as discretionary grant funds, competitive RFPs, or minigrants.

The CYSHCN collaborative programs and genetics will continue in the new funding cycle beginning 2011. New statewide projects will be implemented for technical assistance to the local projects related to Keeping Kids Alive and early childhood collaboration. A preconception project will also be implemented.

The remaining approximate 40% supports the state infrastructure for the MCH Program. More detail can be found in Section D, Other MCH Capacity.

SERVICES FOR PREGNANT WOMEN, MOTHERS, INFANTS

Reproductive Health

A key goal of the Wisconsin MCH Family Planning, Reproductive/Sexual Health, and Early Intervention (FP/RSH/EI) Program is to provide quality, cost-effective, confidential contraceptive and related reproductive health care through a statewide system of community-based clinics. These clinics are medical (health care) homes for addressing a significant part of the primary and preventive care recommended for reproductive-age women: provided in specialized health care setting separate from but coordinated with their other sources of primary health care. Over 50,000 women receive care through this statewide system of services.

One of the highest priorities in this next 5-year cycle will be to increase access to services and quality of care. Guidelines (patient care and administration) will be updated, and quality assurance indicators/performance measurements will be established to improve accountability for implementation and quality

improvement. New standards of practice and priority areas will be introduced. These priority practices include improved access to: dual protection (simultaneous intervention for unintended pregnancy and STD risk reduction); emergency contraception; postpartum contraception; reproductive life plans; FPW eligibility screening and enrollment; medical homes for reproductive/sexual health and other primary health care; consistent health messaging; and screening, assessment and intervention for sexual violence and abuse. Early intervention and continuity of care are two other related standards of practice that will be emphasized in the 2011-2015 cycle.

Improved partnerships with PNCC will be a high priority for implementing these new priority areas and establishing new standards of practice. The Women's Health Now and Beyond Pregnancy will be expanded to implement best practices developed in model projects with PNCC providers to improve timeliness of post partum contraception through new practice standards, reproductive life planning, healthy birth spacing, interconception, and women's health.

Screening and assessment for sexual assault and abuse is a new service priority because women who have experienced or witnesses violence (child physical or sexual abuse, sexual assault, and/or domestic violence) are at greater risk for complications around family planning and reproductive health. Women who have experienced violence are at risk for poor birth outcomes (low birth weight and pre-term), negative labor and delivery experiences, and difficulty in implementing and sustaining breast feeding. Through MCH-funded programs serving women prenatally and postpartum 19% were identified as experiencing abuse and personal safety issues (SPHERE 2009). A new collaboration has begun between Family Planning/Reproductive Health, IVPP, WIC, and Maternal Health programs to explore message delivery, assessment and follow-up on issues related to violence for women utilizing these services.

The Title V MCH Program contracts with Health Care Education and training, Inc., which manages the Region V Title X Family Planning training project, to provide training and technical assistance on these and other 5-year priorities to community based health programs, and private health care providers.

Preconception Health

The Wisconsin Association for Perinatal Care (WAPC) and the Infant Death Center of Wisconsin (IDCW) were funded to produce materials and provide education to support preconception services as part of the routine care for all women. In collaboration with Medicaid, DPH provided guidance on interconception services for women with a previous poor birth outcome identified through the Medicaid high-risk birth registry. The Women's Health Now and Beyond Pregnancy initiative extended interconception care for women receiving PNCC services.

In 2011, the Title V MCH program will begin funding preconception initiatives that focus on: 1) integrating depression screening and tobacco cessation services into family planning/ reproductive health programs, 2) integrating select preconception services into the routine care provided to women of childbearing age by the health plans of Wisconsin, and 3) establishing a WI Healthiest Women Initiative and developing a preconception plan for the state. WI PRAMS 2007-08 data highlights the need for focused efforts related to preconception health: 45% of all and 67% of African American pregnancies are unplanned; 14% of all and 25% of African American women experience postpartum depression; 95% of the women who reported smoking in the past 2 years reported smoking in the 3 months prior to pregnancy; 53% of all and 62% of African American women did not take a multivitamin the month prior to pregnancy.

Maternal Health

The Wisconsin Association for Perinatal Care (WAPC) is funded by the MCH Program through 2010 as the statewide project to Improve Maternal Care and Maternal Health. WAPC provides education and training to support perinatal practices in the hospital and clinical settings. Through multi-disciplinary committees in 2009-2010, WAPC developed an Algorithm for Preconception Care for clinical providers; the Methadone Project Educational Toolkit for clinical providers; and the Expectant Father Wish List for

community members. A conference is hosted annually and regional forums in 2009 provided education for health care providers on the use of antidepressants in pregnancy and while breastfeeding.

The Wisconsin Maternal Mortality Review Team (MMRT) was established in 1997 under the auspices of the DHS to collect, evaluate, and analyze all maternal deaths occurring in the State of Wisconsin. This multi-disciplinary collaborative makes recommendation on maternal care practices to improve maternal outcomes. The MCH Program has partnered with WAPC to support this effort with case abstractions and a report publishing 5 years of findings.

Infant Health

The Infant Death Center of Wisconsin (IDCW) is funded by the MCH Program through 2010 as the statewide project to Improve Infant Health and Reduce Disparities. IDCW brings partners together building coalitions to support the Healthy Birth Outcomes; Healthy Babies in Wisconsin and the Milwaukee Hospital Collaborative to support perinatal outcomes. In addition to individual bereavement support to families the IDCW provided education to public and private health care partners on safe infant sleep and reducing the risk of SIDS.

MCH provides education on infant care practices. The Great Beginnings Start before Birth curriculum continues to be offered statewide to LHD and home visitation programs providing services to families during both the prenatal and postpartum period.

With an increase in sleep related infant deaths in the Southeastern Region of Wisconsin, MCH has collaborated with the City of Milwaukee Health Department to hold a Safe Sleep Summit to focus on increasing awareness of preventable losses and develop a plan for improving messages on safe infant sleep to the community.

Newborn Screening

In Wisconsin, infants are screened for 47 different congenital disorders and for hearing loss. Infants diagnosed receive referral, follow-up care and links to services. The early screening team includes staff from the congenital disorders, early hearing detection and intervention (EHDI), and the statewide genetics program. The Newborn Screening staff collaborate with the State Lab of Hygiene to continuously improve Wisconsin's early screening initiatives and promote the health and well being of newborns and their families. The NBS Advisory Committee and six, soon to be at eight, subcommittees meet biannually and advise and provide expertise regarding NBS testing, diagnosis, and patient care. Staff members participate in the Region 4 Genetics Collaborative to share resources, best practice models and new technologies related to newborn screening.

SERVICES FOR CHILDREN AND ADOLESCENCE

Child Health

Children's Health Alliance of Wisconsin (CHAW) receives MCH funding for statewide initiatives to address childhood injury and violence prevention (IVP). CHAW supports training, technical assistance and data analysis for LHDs and other community partners. An emphasis has been placed on initiating the Child Death Review (CDR) process in more counties. The maintenance of a statewide network with training and resources dedicated to childhood IVP has been expanded to include on-line trainings.

In 2011 the MCH program will develop the Keeping Kids Alive project through a statewide partnership. The focus of the project will be to establish systematic reviews of fetal, infant, and child deaths throughout Wisconsin and to support the implementation of actions based on findings both locally and statewide. The project will provide technical support to local death review and community action teams; to promote the use of standardized data collection e.g. National CDR system and FIMR system.

In 2011, MCH dollars will also support local and statewide efforts to build a system of integrated and coordinated health promotion and prevention for children and their families incorporating 4 Bright Futures health promotion themes: family supports, child development, mental health, and safety/injury prevention.

Systems of Care

State initiatives to promote connected service systems for children and adolescents have been implemented under the leadership of the State MCH Program. Since 2003 MCH has partnered with many state public and private agencies to implement the Early Childhood Comprehensive System (ECCS) grant. Under the leadership of MCH, ECCS has strengthened the linkages among key partners with a broad focus on early childhood policies, programs, and services. Work over the last year has strengthened links among providers of service to young children in the areas of the five critical components of the ECCS grant: access to health insurance and medical home, mental health and social-emotional development, early care and education, parent education and family support by linking with the state collaborative, Wisconsin Early Childhood Collaborating Partners (WECCP).

Because of the strong system work that occurred by linking ECCS with WECCP, new opportunities have arisen that will further strengthen the movement toward a connected system of programs at the state level to support the services for young children at the state and community levels. Wisconsin was successful in competing for a Project LAUNCH grant which was awarded September 2009 because of the foundational work of ECCS. The application process for Wisconsin Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), a cooperative agreement funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), was built upon existing work and relationships that have been at the forefront of efforts of the ECCS grant. Project LAUNCH will focus work to promote child wellness in target neighborhoods of the City of Milwaukee that are excessively burdened by issues associated with poor child health including: a high percentage of infants born at low birth weight, late entry of pregnant women into prenatal care, childhood lead poisoning, high rates of sexually transmitted diseases, high rates of poverty and unemployment, lack of education, excessive use of drugs, high crime rates, and high teen pregnancy rates.

ECCS grant activities complement the work of Project LAUNCH and both efforts will be coordinated to inform the work of Governor Jim Doyle's Advisory Council on Early Childhood Education and Care (ECAC). The ECAC was appointed in 2008 as part of the Head Start reauthorization that required council of key state department leaders and partners of influence to recommend policy that affects the system of services for young children and their families.

In August of 2009, the MCH program initiated work to promote integration of Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents, Third Edition, into public health practice for children in Wisconsin. Released in 2008, Bright Futures provides detailed information on well-child care for health care practitioners. In partnership with American Academy of Pediatrics (AAP), an all day work shop was held on August 17, 2009 to provide overview of the use of Bright Futures in public health practice. Wisconsin is providing a series of live webcasts jointly sponsored by the AAP and the state DHS, DPH, Family Health Section. During 2010, webcasts will focus on the needs of public health nurses and each will feature a specific Bright Futures theme: oral health, injury prevention, healthy nutrition, and healthy weight.

Adolescent Health

In the area of adolescent health, Wisconsin has been in a leadership role by having its Youth Policy Director, as the President of the National Network of State Adolescent Health Coordinators, participate in the drafting of priorities for the new Federal Office of Adolescent Health and help to develop a national adolescent health strategic plan. In 2011, MCH hopes to be successful in several new federal grants to improve our internal adolescent health staffing capacity to enhance collaborative efforts of MCH programming.

SERVICES FOR CYSHCN

Regional CYSHCN Program Collaborations

Five Regional CYSHCN Centers receive MCH Block Grant funds to:

- Provide a system of information, referral, and follow-up services so all families of CYSHCN and providers have access to complete and accurate information.
- Promote a Parent to Parent support network to assure all families have access to parent support services and health benefits counseling.
- Increase the capacity of LHDs and other local agencies, such as schools, to provide service coordination.
- Work to establish a network of community providers of local service coordination.
- Initiate formal working relationships with LHDs and establish linkages for improving access to local service coordination.

Core services are information, referral, and follow-up including health benefits services for families and providers. The emphasis is on the 6 National Performance Measures related to CYSHCN. Regional Centers are actively fostering collaboration with key partners including: cross-referral discussions with Children's Long-Term Care Redesign pilot site; sharing resources with Early Childhood Collaborating Partners (including ECCS); facilitating the spread of Medical Home to local medical practices through the administration of Medical Home Local Capacity Grants and direct team facilitation; offering families with children registered with the Wisconsin Birth Defects Prevention and Surveillance program referral and follow-up services; and cross-referring with WIC nutritionists. The Collaborators Network continues to expand to include not only the CYSHCN Centers, Great Lakes Inter-Tribal Council, Family Voices of Wisconsin, and Parent to Parent but also the WIC-CYSHCN Network and MCHB funded CYSHCN Oral Health Project.

Wisconsin's CYSHCN Program provides parent support opportunities for families through the five Regional CYSHCN Centers, Parent to Parent and Family Voices. The Regional CYSHCN Centers assure all families of CSHCN have access to parent support services. As reported for 2009 in SPHERE, centers referred 222 parents to support groups, provided informal parent matching, referred parents to Parent to Parent and linked with local parent partners including Family Voices to determine and disseminate parent support opportunities.

Parent to Parent of Wisconsin (P2PWI) receives MCH funding to provide one-to-one matching for families, train support parents, and seek referrals for new parents who want to be matched. Parent to Parent of Wisconsin has outreached to providers including those providing services to children newly identified by the Congenital Disorders Program. By December 2009 there were 263 trained support parents in the Parent to Parent database and 117 matches. P2PWI translated their curriculum into Spanish, trained non-English speaking support parents and is matching hard-to-reach families in Milwaukee. P2PWI maintains a listserv and Facebook page for support parents.

Family Voices of Wisconsin receives MCH funding to build a parent network of informed decision makers, through training, information dissemination and analysis of unmet needs. Family Voices works with the CYSHCN Program to disseminate parent support information to parents through a listserv and mailings. Family Voices conducts trainings for parents to enhance their decision making skills and a parent support component is incorporated into these trainings.

Statewide Genetics System

Children's Hospital of Wisconsin receives MCH Block Grant funds to support the Wisconsin Genetics System. In 2009, the WI Genetics System held outreach clinics throughout the state, educated primary healthcare providers at an annual Genetics in Primary Care conference, worked toward genetic counselor licensure and was active in the Region 4 seven state genetics consortium. In addition to the 2009 activities which will be continued in 2010, the State Genetics Website will be redesigned to give it a more functional capacity as the center of genetic information and resources in Wisconsin. Monies will also be

provided to the Wisconsin Stillbirth Service Program to update a file system and transfer data because the program recently moved to a different institution.

Autism

Funds from the Combating Autism Act Initiative (September 2008-August 2011) support the Wisconsin Medical Home Autism Spectrum Disorder (ASD) Connections Initiative (Connections) as a State Implementation Grant for Improving Services for Children and Youth with Autism Spectrum Disorder and other Developmental Disabilities and is housed within the CYSHCN Program. This project design uses contracts with key partners including the Waisman Center and the Regional Centers for CYSHCN to strengthen the state's infrastructure and support for families with CYSHCN. Through this work a Community of Practice on ASD/DD has been established as an approach to bring together diverse stakeholders from around the state. Parents are central to this work, with two co-chairs who are both parents of children with ASD. Trainings to primary care providers have increased the number of physicians implementing early developmental and ASD screenings. An electronic repository houses Connections resources, links to key websites and a Medical Home Webcast Series. Regional resource mapping is being conducted in the five DPH regions of the state with the outcomes of strengthening collaborations and identifying new resources.

Birth Defects Surveillance and Prevention Program

The Wisconsin Birth Defect Prevention and Surveillance Program under statute s.253.12 is required to maintain birth defects registry of diagnosed birth defects of any Wisconsin child age birth up to 2 years of age; requires reporting by pediatric specialty clinics and physicians; protects confidentiality; establishes an advisory council; provides for primary prevention strategies to help decrease occurrence; provides education about prevention of birth defects; develops a system for referrals to early intervention; and has limited service provisions. Funding is \$95,000 annually from a surcharge on birth certificates. Each Children and Youth with Special Health Care Needs regional center has designated staff to access birth defect reports from the WBDR. The information is used to assure children with birth defects and their families are contacted and referred to appropriate services. See Birth Defects Registry above or CYSHCN Program - Birth Defect Prevention and Surveillance System website at (<http://dhs.wisconsin.gov/health/children/birthdefects/index.htm>).

The Wisconsin Birth Defect Prevention and Surveillance program currently funds the following prevention initiatives:

- Birth Defects Nutrition Consultant Network to build nutrition services capacity for identification, interventions, and referral of infants and children with birth defects seen in WIC at 17 sites.
- Wisconsin Stillbirth Service Program at Marshfield Clinic Research Foundation investigates the causes of stillbirth, provides diagnostic information and educational materials to medical personnel and families.
- Women's Health Now and Beyond Pregnancy Project improves preconception health for high risk, low-income women receiving Medicaid Prenatal Care Coordination services; Project sites promote healthy spacing of pregnancies and provide vitamins containing folic acid and health and nutrition education to women before potential subsequent pregnancies.
- Folic acid survey module in the Behavioral Risk Factor Surveillance System (BRFSS) survey (biennial).
- A folic acid training module for family planning providers to assure women in family planning clinics know and understand the importance of taking vitamins with 400 mcg of folic acid every day for at least 3 months prior to becoming pregnant.

CAPACITY TO PROVIDE CULTURALLY COMPETENT CARE

Wisconsin has become increasingly culturally diverse, with an estimated 14% of the population comprising African American, Hispanic/Latino, American Indian, and Asian populations. Numerous studies and reports have documented, including the most recent Wisconsin Minority Health Report, 2001-2005, a disproportionate burden of poor health that persists among racial and ethnic minority populations in Wisconsin. The report goes on to say that in addition to birth outcomes, "these health inequalities exist

for a broad range of conditions, including chronic and communicable diseases...some of these result from differences in the availability of health and preventive services, while others reflect historical and continuing differences in social and economic conditions." The University of Wisconsin Population Health Institute published The Health of Wisconsin, Report Card for July 2007 in which Wisconsin received a 'D' for its overall health disparity grade.

Wisconsin's Title V program has a long-standing commitment to promoting culturally competent and linguistically appropriate services, including for its diverse racial and ethnic populations, individuals with disabilities, and families of CYSHCN. The MCH Program promotes the elimination of health disparities as one of its highest priorities, through its partnerships with Wisconsin's Minority Health Program, Healthiest Wisconsin 2020, and other state and local efforts. Providing services with cultural humility, cultural competency, and linguistic appropriateness have the "potential to improve access to care, quality of care, and, ultimately, health outcomes". (<http://dhs.wisconsin.gov/health/MinorityHealth/index.htm>).

Resources are allocated to meet the unique needs of Wisconsin's African American communities. For example, the WI Partnership Program and the University of Wisconsin School of Medicine and Public Health have launched a \$10 million initiative--The Lifecourse Initiative for Healthy Families (LIHF)--to investigate and address the high incidence of African-American infant mortality in the state. Wisconsin's Title V Program was instrumental in identifying those areas of the state with the highest numbers and rates of African American infant mortality, namely, the 4 communities of Milwaukee, Racine, Kenosha, and Beloit, the communities of focus for this initiative. One MCH Lifecourse Collaborative will be funded in each community and must include a broad range of stakeholders and members, including members of the community to be served. \$200,000 is available for each of the communities of Racine, Kenosha, and Beloit and \$250,000 for Milwaukee, for this first planning phase. Each collaborative will spend the next 12-18 months developing a multi-year implementation plan to reduce poor birth outcomes and meet the unique needs of the African American families in their communities. Title V managers and staff will continue to provide ongoing guidance for this initiative.

Community collaborations seek to employ community-driven, culturally competent services. One example of a community collaboration is the ABCs for Healthy Families project and recently launched Journey of a Lifetime campaign, funded through the HRSA First Time Motherhood/New Parents Initiative, to improve birth outcomes for African American infants in southeastern Wisconsin. Through this grant, we have been able to integrate the life-course perspective into current MCH programs; conduct an innovative social marketing campaign using texting and social networking sites to link women to preconception/interconception, prenatal, family support, and social services in Milwaukee and Racine; and to increase father involvement and support couples transitioning into their roles as new parents.

Focus groups have been conducted and support groups are lead by community facilitators. The project regularly consults with Milwaukee and Racine community advisory boards, and uses community members to conduct surveys, write editorials, and display our materials at conferences. All pictures within our materials are people within our communities, and the name of the campaign was suggested by a community member. We have been fortunate to partner with a consultant who is highly committed to involving community members to make this work their own. This project has enabled us to attain a high level of performance in both the family participation and cultural competence MCHB performance measures.

C. Organizational Structure

Jim Doyle was sworn in as Wisconsin's 44th Governor in January 2003. Governor Doyle considers children a high priority. He 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" (KidsFirst2004). Concurrently, Barbara Lawton was sworn in as Wisconsin's first female elected Lieutenant Governor. Through her work such as her Wisconsin Women=Prosperity initiative, she has championed women's health issues including Mental Health and postpartum depression.

In 2008, the Governor proposed a Department of Children and Families (DCF) to strengthen the system of services for children and families. The intent was for DCF to unify programs from DHFS and DWD that served the social and financial needs of children and families. This was to assure Wisconsin children have opportunities to grow up safe, healthy, and successful in strong families by consolidating programs to strengthen access to and coordination of services. The Governor proposed to implement universal home visiting to all new first time parents and expand targeted home visiting to parents at risk of child maltreatment. Improvements to child welfare included increase the foster care rate, fully fund projected caseloads in Milwaukee County programs, and welfare program staff recruitment and retention. DCF was created with the passage of the budget combining the TANF program, W-2 and the state child welfare systems. On 07/01/2008, the DPH home visiting programs, Family Foundations, and Empowering Families of Milwaukee were turned over to DCF for future administration with MCH support during the transition through 12/31/2010 per MOU. A position accompanied this transition but no MCH funding.

In April 2008, Karen Timberlake was appointed as the Secretary for the DHFS by the Governor prior to the restructuring of the two departments. As of 07/01/2008 with the restructure, came the new Department of Health Services (DHS) formerly the Department of Health and Family Services (DHFS). Within the Department, there was identified six Divisions--Public Health, Long Term Care, Mental Health and Substance Abuse, Quality Assurance, Enterprise Services, and Medicaid which changed its name to Division of Health Care Access and Accountability along with two offices--Office of Legal Counsel and Office of Policy Initiatives and Budget. Official and dated organizational charts are on file in the state office and available on request or accessible via the website at (http://dhs.wisconsin.gov/organization/435_DHS/CoverPage.pdf). A brief summary of each division/office follows.

The Office of Legal Counsel (OLC) is an office within DHS which serves the Secretary and acts as a resource for the Department as a whole. The mission of OLC is to provide effective and accurate legal services and advice to the Department.

The Office of Policy Initiatives and Budget (OPIB) provides department wide planning, budgeting, evaluation and county/tribal liaison services.

The Division of Mental Health and Substance Abuse Services (DMHSAS) develops programs that prevent, postpone, or lessen dependence on mental health/substance abuse services. DMHSAS also ensures quality care and treatment in the Department's institutes and secure treatment facilities.

The Division of Enterprise Services (DES) provides management support related to fiscal services, information technology, and personnel issues.

The Division of Quality Assurance (DQA) certifies, licenses, and surveys approximately 46 kinds of health care and residential programs in the state of Wisconsin.

The Division of Long Term Care (DLTC) oversees the provision of long term support options for the elderly and people with disabilities including the Birth to Three Program. They operate the department institutions for persons with developmental disabilities and handles quality assurance of adult care programs and facilities.

The Division of Health Care Access and Accountability (DHCAA) is responsible for administering programs such as Medicaid, BadgerCare, Food Share, SeniorCare, and disability determination.

The Division of Public Health (DPH) is responsible for providing public health services, environmental and public health regulation. The Division has programs in the areas of environmental health; occupational health; family and community health including injury prevention, emergency medical services, chronic disease prevention and health promotion; and communicable diseases. It is also responsible for issuing birth, death, marriage, and divorce certificates as well as collecting statistics related to the health care industry and the health of the people in Wisconsin. Coordination and collaboration with other DHS divisions and within DPHs bureaus is expected and regular, especially for particular programs and topic

areas such as CYSHCN, teen pregnancy prevention, STIs, tobacco use, child abuse prevention, injury prevention, preconception care, etc.

Dr. Seth Foldy assumed the position as Division of Public Health Administrator in January, 2009. Dr. Foldy was Commissioner of Health, Milwaukee County two years prior to his appointment and had been working on eHealth and incident command related projects prior to his appointment. Dr. Foldy took on restructuring of the Division shortly after his appointment. With the restructuring, 3 (down from 5) bureaus and 2 offices were created. A brief description of each of the bureaus and offices follows:

The Bureau of Communicable Diseases and Emergency Response (BCDER) is responsible for the prevention and control of communicable diseases in Wisconsin and for ensuring that the public health and hospital systems are fully prepared for emergency response whether for bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies. Sections within this bureau include: Emergency Medical Services, HIV/AIDs, Immunization, Communicable Diseases/Epidemiology, STD, Public Health, and Hospital Preparedness.

The Bureau of Environmental and Occupational Health (BEOH) promotes public health through statewide programs to increase public awareness of environmental and occupational health hazards and disease and works to prevent and control exposure to environmental and occupational health hazards.

The Bureau of Operations is responsible for the fiscal and budget management as well as the communications within the Division.

The Office of Policy & Practice Alignment (OPPA) develops and implements public health strategic planning. Supports a division-wide planning and policy focus on population health that will result in achieving the goals set out in the state health plans, Healthiest Wisconsin 2010/2020. They work closely with the LHDs throughout Wisconsin providing technical assistance and consultation for Community Health Assessments and Community Health Plans.

The Office of Health Informatics (OHI) collects, maintains and provides vital records for the citizens of the state; integrates and manages major public health related information systems; collects, protects, disseminates and analyzes health care and population-based health data needed to conduct critical state business. It leads Wisconsin's eHealth Initiative.

The Bureau of Community Health Promotion (BCHP) has a primary responsibility to provide a statewide model of integrative public health programming across the life span. The Bureau has key relationships with LHDs, community-based organizations, private voluntary organizations, and academic and health care provider networks.

The BCHP contains four organizational sections: Family Health (includes MCH, CYSCHN, and Injury Prevention); Nutrition and Physical Activity (includes WIC, Food Security, Breastfeeding); Chronic Disease and Cancer Prevention (includes diabetes, cardiovascular/stroke, oral health, arthritis); and Tobacco Prevention. The BCHP has over 100 employees, doubling in size as two bureaus merged together as part of the restructuring plan.

Within the BCHP, the Family Health Section has responsibility for the Title V Program and to improve the health of women, infants, children including Children and Youth with Special Health Care Needs Program (CYSHCN), teens, and families as they progress through the critical developmental milestones of life and across the lifecourse. A major emphasis of the programs within the Family Health Section involves prevention (including injury prevention and sexual assault prevention), early screening, and early intervention. Examples of the continuum include newborn screening, universal newborn hearing screening, developmental screening early identification of pregnancy. The Family Health Section Organizational Chart is at the end of this Section III.C. In addition, a more detailed description including staffing is found in Section III.D.

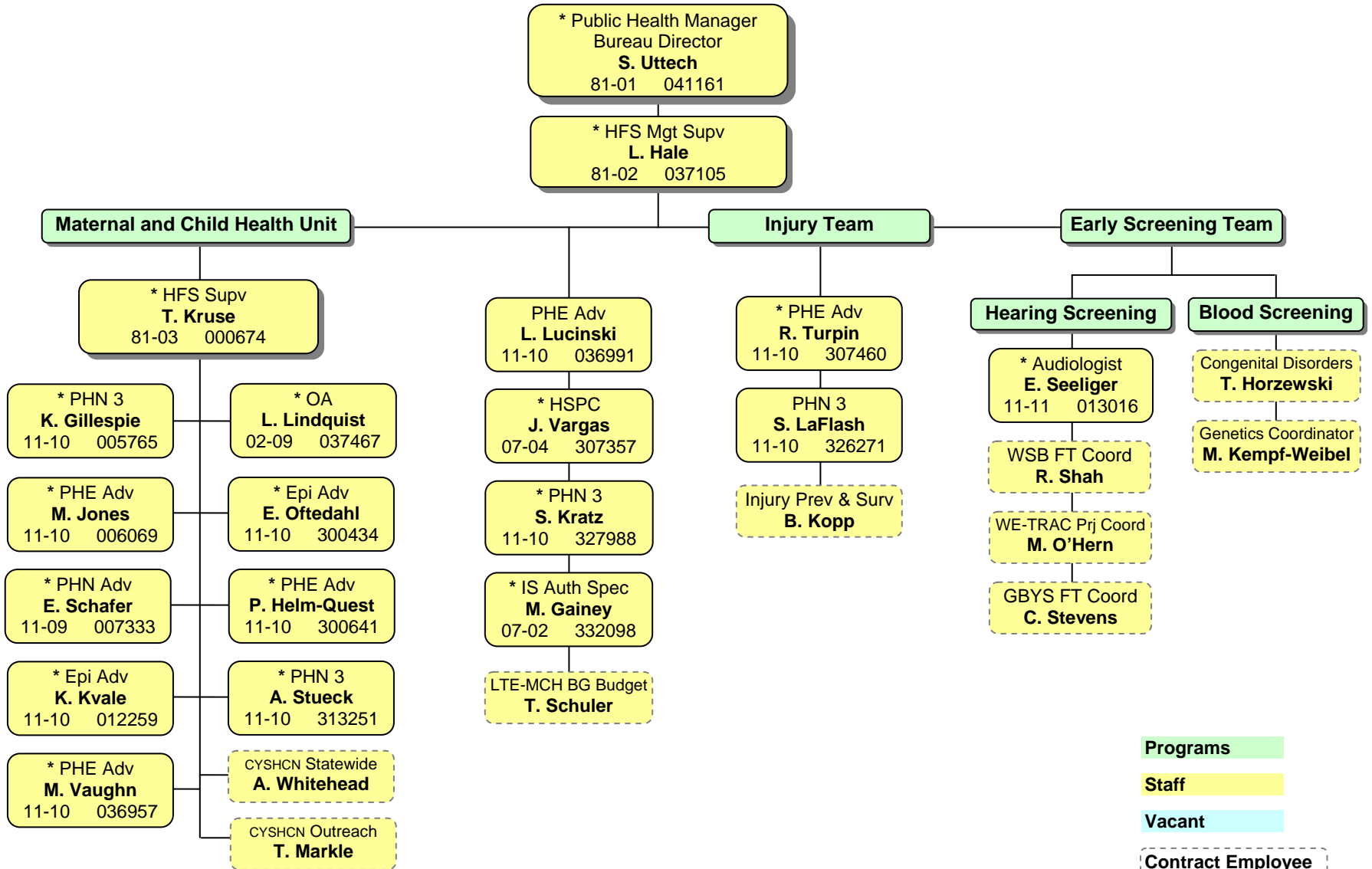
The Nutrition and Physical Activity Section has responsibility for a variety of public health nutrition education and food programs. WIC (The Special Supplemental Nutrition Program for Women, Infants and Children) and WIC FMNP (Farmers' Market Nutrition Program) provide both supplemental nutritious foods and the critical nutrition information including breastfeeding, needed for healthy growth. TEFAP (The Emergency Food Assistance Program) and CSFP (Commodity Supplemental Food Program) provide USDA commodity foods to low income families. Several nutrition education programs such as the Nutrition and Physical Activity Program, 5 A Day for Better Health, and the Food Stamp Nutrition Education Program to promote healthy eating and physical activity for good health. The Section is also responsible for addressing food insecurity and hunger.

The Chronic Disease and Cancer Prevention Section has responsibility to plan, promote, implement, and evaluate comprehensive population and evidence-based programs using best practices in the following areas: Oral Health, Diabetes Prevention and Control, Cardiovascular Health, Arthritis Prevention and Control, and Comprehensive Cancer Prevention and Control.

The Tobacco Prevention Section has responsibility to reduce tobacco use and exposure in every Wisconsin community. This is accomplished through programs that use best practices to prevent the initiation of smoking by youths and adults, promoting treatment for persons with tobacco-related addictions, and protecting all residents from exposure to environmental smoke.

**Division of Public Health
Bureau of Community Health Promotion
Family Health Section**

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Programs (Green box)
Staff (Yellow box)
Vacant (Cyan box)
Contract Employee (Dashed box)

* MCH funded (full or partial)

