Agency Capacity

The WI Legislature has given broad statutory and administrative rule authority to its state and local government to promote and protect the health of WI citizens. In 1993 WI Act 27, created Chapters 250-255 that significantly revised public health law for WI 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 WI.

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 (www.legis.state.wi.us/statutes/Stat0253.pdf) 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. 2012 Child Death Review legislation is being drafted for inclusion in this Chapter. Main points of the drafted legislation are: assurance of confidentiality; data can't be subpoenaed; team members are immune from any civil or criminal liability; teams aren't subject to open meeting rules; allows all partners to share confidential information with a "recognized" CDR team; defines the role of the state council and of a recognized local team.

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 (FHS) is designated as WI's Title V MCH/CYSHCN Program. DPH collaborates with numerous state agencies and private organizations, LHDs and community providers. Supported by WI's strong partnerships and sound public health law, the FHS 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 WI 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 WI'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. The remaining approximate 40% supports the state infrastructure for the MCH Program.

Based on 2005 needs assessment results, objectives for LHDs were developed to reflect MCH priorities and promote 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).

Statewide projects began in 7/1/05 through 12/31/10 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 (P2P) matching program for families with CYSHCN. A new cycle for the Regional CYSHCN Centers began 1/1/06 through 12/31/10 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 WI's MCHB funded CYSHCN Integration grant. HRSA selected WI 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.

/2012/ Based on the 2010 MCH Needs Assessment and priorities, MCH funds LHDs and tribal programs to focus on systems building activities. In 2011, 51 LHDs are working toward developing a collaborative plan in partnership with key stakeholders for a community system that supports early childhood health and development. This Early Childhood Systems (ECS) work includes 2 initiatives. Keeping Kids Alive (KKA) focuses on fetal, infant and child mortality review and prevention. WI Healthiest Families Initiative (WHFI) focuses on systems of services for family supports, child development, mental health and safety and injury prevention. Statewide projects provide support and technical assistance for KKA and WHFI. Other statewide projects include Genetics and the WI Healthiest Woman Initiative (WHWI).

A new 5 yr funding cycle began 1/1/11 for CYSHCN Regional Centers including Parent to Parent matching. CYSHCN hubs of expertise are funded to support Medical Home, Family Health Leadership, Access/Health Benefits Counseling and Youth Health Transition. //2012//

/2013/ In 2012, all LHDs are implementing WHFI and/or KKA activities with MCH funds. //2013//

/2014/ Local community ECS work continues in all 72 counties. See Section II.C. for a description of quality improvement and evaluation activities. //2014//

/2015/ New legislative action to Chapter 253 added mandate for ultrasounds prior to abortion, addition to Point of Care testing to NBS, e.g. critical congenital heart disease (CCHD). Title V funds support LHD and tribal ECS Initiatives, Reproductive Health, Hotlines, SPHERE, CYSHCN Regional Centers and statewide projects, Keeping Kids Alive, WI Association for Perinatal Care, PRAMS, CoIIN, Children's Psychiatry Consultation Program, Maternal Mortality Review Team, and the Women's Health State Plan. //2015//

SERVICES FOR PREGNANT WOMEN, MOTHERS, INFANTS

Reproductive Health

A key goal of the WI 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 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.

A high priority 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 performance measurements will be established to improve accountability for implementation and quality improvement. New standards of practice and priority areas will be introduced to 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.

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 postpartum 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, Injury and Violence Prevention Program (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. (HCET), 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.

/2012/ A competitive grant application was released and awards granted to community-based family planning programs for 2011-2015 grant cycle as part of the statewide system of services for which the MCH Program has responsibility. In the SFY 2011-12 and SFY 2012-13 proposed budget, state funding to support the statewide system of community-based family planning services (at s.253.07 (4)) will be changed. The effect on the continuation of local community- based services statewide is unknown, and continuation of local services in the short-term will depend on replacement of any reduced funding with local sources of revenue. MCH funds will continue to enhance local services to provide maternal, perinatal, and women's health care, to ensure timely continuity of care, to provide quality assurance based on established personnel and practice standards. //2012//

/2013/ Statutory changes occurred in contract methodology and eligibility to receive State GPR funds and MCH funds. Organizations that provide abortion services, or that are affiliated with organizations that provide abortion services, are not eligible to receive these State GPR and MCH funds. The MCH

Women's Health-Family Planning/Reproductive Health (WH-FP/RH) Program met these new contract requirements and continues to support a statewide system of community-based services. //2013//

/2014/ The WH-FP/RH Program operated under changes in the statutes described earlier, including new contract requirements to maintain a statewide integrated system of community-based services as required by statutes. //2014//

/2015/ The WH-FP/RH Program is expanding access points for timely women's health interventions and services through innovative service delivery models and partnerships. Cervical cancer screening and colposcopy service guidelines were developed and services were expanded statewide. //2015//

Preconception Health

The WI Association for Perinatal Care (WAPC) and the Infant Death Center of WI (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 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 WI, and 3) establishing a WHWI 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.

/2012/ The WHWI will include 3 forums in 2011 with public, private, and consumer partners to identify strategies and a plan to promote and integrate preconception health services. //2012//

/2013/ See HSI 1A-2B //2013//

/2014/ See HSI 1A-2B //2014//

/2015/ See HSI 1A-2B //2015//

Maternal Health

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 WAPC developed an Algorithm for Preconception Care and 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.

DHS established the WI Maternal Mortality Review Team (MMRT) in 2001 to collect, evaluate, and analyze all maternal deaths occurring in the state. 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 reporting.

/2012/ The MCH Program is supporting MMRT with case abstractions and planning a report representing the last 5 years of findings. Collaborative efforts with the Injury and Violence Prevention Program and WIC look to standardize the methods and tools used to screen women for intimate partner violence across prenatal public health services. //2012//

/2013/ A maternal mortality report and website are under development. Also see HSI 1A-2B. //2013//

/2014/ WI is one of several states participating in a National Maternal Mortality Review Initiative with HRSA, CDC and ACOG, to develop standardized guidelines for a maternal mortality review process. We will use these guidelines to review and make changes to our current MMRT that will move towards comprehensive review of maternal deaths including the three levels of prevention. The Program is applying as an existing team for the AMCHP and Merck Every Mother Initiative. Also see NPM 17. //2014//

/2015/ See NPM 17 //2015//

Infant Health

The Infant Death Center of WI (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 WI 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.

The Great Beginnings Start before Birth curriculum is offered statewide to LHD and home visitation programs providing services to families during both the prenatal and postpartum period.

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.

/2012/ CHAW houses the IDCW and is providing technical assistance and training to LHDs who are participating in the Keeping Kids Alive (KKA) initiative of the MCH Early Childhood Systems Initiative. CHAW staff will participate in the WHWI forums in 2011 and continues to serve on the MCH Advisory Committee. //2012//

/2013/ See Needs Assessment and HSI #3A-4C for discussion of WHFI and KKA //2013//

/2014/ See Needs Assessment and HSI 3A-4C. //2014//

/2015/ See Needs Assessment and HSI 3A-4C //2015//

Newborn Screening

In WI, 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 (NBS) Staff collaborate with the State Lab of Hygiene to continuously improve WI's early screening initiatives and promote the health and well-being of newborns and their families. The NBS Advisory Committee and 6 subcommittees meet biannually to 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.

/2012/ The NBS Task Force I, an Ad Hoc Committee, has been established to look at the sustainability of the program and the criteria for adding/deleting conditions. //2012//

/2013/ A Hearing Screening Subcommittee was formed with the Chair reporting to the Umbrella Committee to further integrate newborn screening programming. Based on recommendations of the Metabolic Subcommittee/Umbrella Committee, WI now screens for 45 conditions including hearing (3 metabolic conditions were deleted). Section 253.13 (2), Stats., require DHS to impose a fee of $109 for newborn screening by rule, where in the past the WSLH was responsible to impose a fee by policy. //2013//

/2014/ The NBS Task Force II was established by the DHS Secretary to review and provide recommendations on the NBS Advisory structure and process as well as the addition/deletion criteria.

Wisconsin is 1 of 6 states with a CDC funded Critical Congenital Heart Disease screening demonstration grant that was awarded to the University of Wisconsin-Madison in collaboration with MCH.

DHS, UW and others are working to increase NBS for Amish and Mennonite families. See HSI 10. //2014//

/2015/ See NPM 1 //2015//

SERVICES FOR CHILDREN AND ADOLESCENCE

Child Health

Children's Health Alliance of WI (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 online 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 WI 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 an early childhood system of integrated and coordinated health promotion and prevention for children and their families incorporating four Bright Futures health promotion themes: family supports, child development, mental health, and safety/injury prevention.

/2012/ See update for Infant Health. //2012//

/2013/ See Needs Assessment and HSI #3A-4C for discussion of WHFI and KKA. //2013//

/2014/ See Needs Assessment and HSI 3A-4C. CHAW supports state coalition and community activities related to asthma, injury prevention, and oral health. //2014//

/2015/ See Needs Assessment and HSI 3A-4C for WHF and KKA. CHAW supports statewide and community specific activities (e.g., asthma, oral health, KKA, Reach Out & Read). //2015//

Systems of Care

State initiatives to promote connected service systems for children and adolescents have been implemented under the leadership of the MCH Program. Since 2003 MCH has partnered with many state

public and private agencies to implement the Early Childhood Comprehensive System (ECCS) grant. 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, WI Early Childhood Collaborating Partners (WECCP).

WI was successful in competing for a Project LAUNCH grant awarded September 2009 because of the foundational work of ECCS and the MCH Program. The application process for WI Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), a cooperative agreement funded by 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 Early Childhood Advisory Council (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 8/09, 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 WI. 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 workshop was held to provide overview of the use of Bright Futures in public health practice. WI is providing a series of live webcasts jointly sponsored by AAP and DPH, FHS. During 2010, webcasts will focus on the needs of public health nurses and each will features a specific Bright Futures theme: oral health, injury prevention, healthy nutrition, and healthy weight.

/2012/ In May 2011, MCH Program completed the Bright Futures integration training for local health departments. Archives of sessions are at (www.dhs.wisconsin.gov/health/mch/BrightFutures/index.htm) //2012//

/2013/ All Project LAUNCH strategies have been implemented collaboratively with the DHS MCH Program, DCF and the City of Milwaukee Health Department. ECCS is directly influencing work of the ECAC including development of a comprehensive screening and assessment process, creation of a longitudinal data system, and implementation of the Infant and Early Childhood Mental Health Competency and Endorsement System. //2013//

/2014/ Project LAUNCH continues to focus on developmental screening, mental health consultation, home visiting, and integrating behavioral health into primary care. A series of tip sheets and webinars were created to support a community approach to developmental screening. The ECCS grant focused on infant and early childhood mental health.

A competitive application was submitted for the new ECCS cycle focusing on Strategy 1: Mitigation of toxic stress and trauma in infancy and early childhood, which is closely related to MCH ECS work.

WECCP Regional Action Teams convened multiple partners and promoted MCH competencies, leadership, coalition building and sustainability. //2014//

/2015/ WI was awarded the ECCS grant to mitigate effects of toxic stress and is implementing community awareness events, training and technical assistance with 3 pilot sites and 2 Child Parent Psychotherapy learning collaboratives for WI clinicians.

This initiative and the ECAC continue to be supported and address systems building jointly within 3 state agencies-DCF, DPI, and DHS. The system-level strategies include: establish a system for assessing and screening children, align data across systems, generate additional public and private resources, nurture children, families and community partnerships, and provide cross-sector professional development opportunities.

Activities include integrating ACE and Trauma efforts in a statewide systematic approach at the state and local level utilizing evidence based practice and incorporating the Life Course Model to address primary prevention during the at risk stages in early childhood. //2015//

Adolescent Health

WI 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 drafting priorities for the new Federal Office of Adolescent Health and help to develop a national adolescent health strategic plan.

/2012/ The Youth Policy Director is working with other state adolescent health coordinators to address resiliency approaches within the context of social determinants and health disparities.

WI received a PREP grant and will contract with Medical College of WI. //2012//

/2013/ See NPM 8 for PREP update. //2013//

/2014/ See NPM 8. //2014//

/2015/ The PREP agencies in Milwaukee, Racine, Beloit, and Kenosha continue to integrate programming focused on educational attainment, healthy relationships and financial literacy to over 1,000 youth per quarter. Adolescent Health Consultant position approved and will be hired in upcoming year. //2015//

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 P2P 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 WI 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 WI, and P2P but also the WIC-CYSHCN Network and MCHB funded CYSHCN Oral Health Project.

WI's CYSHCN Program provides parent support opportunities for families through the 5 Regional CYSHCN Centers, P2P, and Family Voices. As reported for 2009 in SPHERE, centers referred 222 parents to support groups, provided informal parent matching, referred parents to P2P and linked with local parent partners including Family Voices to determine and disseminate parent support opportunities.

Parent to Parent of WI (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. P2PWI has outreached to providers including those providing services to children newly identified by the Congenital Disorders Program. By 12/09 there were 263 trained support parents in the P2P 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 WI receives MCH funding to build a parent network of informed decision makers, through training, information dissemination and analysis of unmet needs. They 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. Family Voices has an MCHB Family to Family Health Information Network which builds on their Title V work and targets hard-to-reach families.

/2012/ CYSHCN Statewide hubs of expertise (Family Leadership, Medical Home, Health Benefits, and Youth Transition) were established as part of the new 5 year grant cycle to augment the work of the 5 Regional Centers and P2P. In collaboration with CHAW, DHS Oral Health Program supports 7 regional oral health coordinators who work with the Regional CYSHCN Centers to provide oral health education and case management to assist families in receiving comprehensive oral health services. Training of over 600 dental health professionals to understand the treatment needs of CYSHCN is ongoing. //2012//

/2013/ The CYSHCN Collaborators Network brings CYSHCN partners together via phone 3 times per year and holds an annual daylong learning collaborative. //2013//

/2014/ CYSHCN Regional Centers and HUBs pilot tested a new community partnership tool which aligned with the National Performance Measures as part of a QI effort to identify the value of current partnerships, share partner contributions, and identify ways to strengthen partnerships statewide. They also completed the MCH Core Competencies tool to better integrate programming with LHD partners. //2014//

/2015/ CYSHCN published Data Reports based on 6 NPM comparing WI's performance with the national average and highlighting disparities, key indicators and activities. Joining with key partners in assisting families with ACA was a common theme at all meetings. Collaboration was furthered by the development of common referral forms for Birth-3 and PCPS. //2015//

Statewide Genetics System

Children's Hospital of WI receives MCH funds to support the WI 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. The State Genetics Website will be redesigned to give it a more functional capacity as the center of genetic information and resources in WI. Monies will also be provided to the WI Stillbirth Program to update a file system and transfer data because the program recently moved from UW Madison to Marshfield Clinic.

/2012/ Outreach clinics, education of healthcare providers, and work toward genetic counselor licensure continued in 2010 through a contract with Children's Hospital of WI. The newly designed WI Genetics Website went live June 2010 and activities to promote it are underway. //2012//

/2013/ In 2012, MCH contracted with 4 institutions to improve statewide education of healthcare providers and the public and supported outreach clinics in 5 cities. The CYSHCN Collaborators Network focused its annual meeting on genetic services to integrate programming and optimize referrals. //2013//

/2014/ The Genetics Systems Integration (GSI) Hub was developed to integrate genetics specialty care and public health services and supports for individuals with genetic conditions, their families and professionals who work with them providing exchange of information, resources, education, and training. //2014//

/2015/ The GSI Hub presented at the Region 4 Genetics Collaborative on its integration work. The MCH Genetics Program is partnering with WI Medicaid which has lead to a Medicaid representative on the Genetics Advisory Committee. //2015//

Autism

Funds from the Combating Autism Act Initiative (9/08 to 8/11) support the WI 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. Key partners include the Waisman Center and the Regional Centers for CYSHCN to strengthen the state's infrastructure and support for families with CYSHCN. A Community of Practice (CoP) 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 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.

/2012/ This grant ends 8/11 but a sustainability plan details how the work will continue through partner groups. The Community of Practice (CoP) ASD/DD led by a new steering team (Title V CYSHCN Program, UW-Waisman Center Leadership Education in Neurodevelopmental Disabilities (LEND), and the Autism Society of Southeastern WI). Regional Core Teams continue with support from the Regional Centers. The Physician Trainings and the Statewide Medical Home continue through MCH LEND. The contact database and listserv are maintained by the UW-Waisman Center with educational outreach continuing with WI Surveillance of Autism and Other Developmental Disabilities. The grant has resulted in over 500 new resources shared with state partners, increased capacity of our regional centers to provide timely and accurate information on autism, an increase in physicians trained in developmental screenings and a statewide educational outreach on learning the early signs of developmental delay. //2012//

/2013/ The CoP ASD/DD led by the steering team (Title V CYSHCN, UW-Waisman LEND, and parent Co-Chair from the NE Regional Center for CYSHCN) hosted 3 statewide meetings. Regional core teams in the Milwaukee area and northeast WI continue to meet and collaborate locally. The contact database and listserv continue to be maintained. The Navigation Guide is available in English and Spanish. //2013//

/2014/ The database/listserv now contains 1000+ members. The CoP hosted statewide meetings on Evidence Based Practices for Special Education Teachers, Building Capacity in Postsecondary Education for Students with ASD/DD, and Diagnostics. //2014//

/2015/ Joint DPI / Title V CYSHCN Statewide meetings focused on evidence-based practices; Changes in the DSM 5 planned with MCH LEND partners; and Discovering Work: Employment Strategies planned with WI BPDD and available as a Webcast. //2015//

Birth Defect Prevention and Surveillance Program

The WI Birth Defect Prevention and Surveillance Program (WBDPSP) under Statute s.253.12 is required to maintain a birth defects registry of diagnosed birth defects of any WI 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 CYSHCN 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 (http://dhs.wisconsin.gov/health/children/birthdefects/index.htm).

The WBDPSP currently funds the following prevention initiatives:
- Birth Defects Nutrition Consultant Network (Nourishing Special Needs)
- WI Stillbirth Service Program at Marshfield Clinic Research Foundation
- Women's Health Now and Beyond Pregnancy Project
- Folic acid survey module in the Behavioral Risk Factor Surveillance System survey (biennial)
- A folic acid training module for family planning providers

/2012/ To provide a more seamless system of care for families experiencing a stillbirth, the WI Stillbirth Program St. Joseph's Hospital Marshfield and the Infant Death Center CHAW have outlined a collaborative program plan. //2012//

/2013/ The 2012 WBDPSP Biennial Report to the legislature is posted at (www.dhs.wisconsin.gov/health/children/birthdefects/index.htm). Since 2004, the WI Birth Defects Registry (WBDR) has continued to collect information on 87 selected birth defects identified in children from birth to age 2. Between mid-2004 and the end of 2011, 4,891 birth defects from 70 organizations were reported to the WBDR. Cardiovascular birth defects are the most common type of condition. WBDPSP has focused its attention on reporting through efficient data exchanges.

The WBDPSP continues expansion of Nourishing Special Needs and WI Stillbirth Services Program. Both programs have been presented at state and national conferences. //2013//

/2014/ The WBDPSP, with CHAW/Infant Death Center and Marshfield/WI Stillbirth Services program are bridging clinical evaluation services of stillbirth review with grief and bereavement family support services.

The Nourishing Special Needs Program is assuring provision of special formulas, developing a curriculum for the CYSHCN WIC Registered Dietitian Mentorship program, and creating a toolkit for WIC and non-WIC providers on CYSHCN nutrition.

The WBDR will complete a QI process to review the de-duplication process, assess completeness of reporting, and standardize how variables are added to the database. Renewed efforts will encourage organizations to report from their EMR systems. //2014//

/2015/ The 2014 WBDPSP Biennial Report to the legislature was completed.

A Call to Action was made to promote PRAMS to develop a campaign to improve the use of multivitamins with folic acid among women of childbearing age.

The Critical Congenital Heart Disease project is expected to improve birth defects reporting for cardiac and other birth defects. The WI Guild of Midwives is an active partner, resulting in more birth defects education and outreach to out of hospital providers. //2015//

CAPACITY TO PROVIDE CULTURALLY COMPETENT CARE

WI 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 WI Minority Health Report, 2001-2005, a disproportionate burden of poor health that persists among racial and ethnic minority populations in WI. 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 UW Population Health Institute published The Health of Wisconsin, Report Card for July 2007 in which WI received a 'D' for its overall health disparity grade.

WI'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 WI's Minority Health Program, HW2020, 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 WI's African American communities. The WI Partnership Program and the UW 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. WI'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 Life Course 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 southeast WI. 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 led 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 partner with a consultant who is highly committed to involving community members to make this work their own.

/2012/ HRSA Funding for the ABCs for Healthy Families project and Journey of a Lifetime campaign ended in Nov. 2010. However, other DPH programs, including Diabetes and Tobacco Prevention and Control are using the findings from the focus groups and/or the messages promoting the life course perspective, in their efforts to improve birth outcomes within African American communities.

Title V continues partnership with the Minority Health Program and its leadership role within DHS to promote culturally appropriate strategies in eliminating health disparities. The Great Beginnings Start Before Birth training provided by Title V staff to Medicaid PNCCs, advocates the understanding and importance of culture and will be required training for the new federal home visiting programs. The WPP, LIHF-funded collaboratives in each of the 4 communities are currently developing their community-driven community action plans and DPH and the Title V Program provide TA as needed, including assisting in writing the implementation RFP, and in evaluation of the initiative. //2012//

/2013/ MCH staff serves on the Minority Health Program Disparities Task Force and participate in a Community of Practice, in its initial stages, to create a department-wide culture dedicated to reducing health disparities. Staff continues to provide expertise and TA in the implementation phase of the LIHF collaboratives and local project grants, including measures to improve culturally competent care for African American families.

PRAMS received funding from the WI Partnership Program to evaluate the LIHF and oversample the southeast portion of WI which has the highest African American infant mortality rate in the state. //2013//

/2014/ Staff from multiple programs participate in the Reaching Through Barriers and Health Equity series, addressing race as a social construct, the role racism and social privilege play in health inequities, deaf culture, and the values of health equity and social justice as integral to the work of public health. BCHP is piloting NACCHO's online course Roots of Health Inequity module. //2014//

/2015/ BCHP staff are learning about the Minority Health Program's cultural and linguistically appropriate standards. The Minority Health Officer has been trained as a cultural competency trainer. The DHS Community of Practice will implement a baseline assessment, serving as a component of the DHS accreditation efforts. Health equity components will be integrated into each of the DPH Strategic Plan priorities and social determinants of health have been included in new employee orientation. //2015//