

## **B. Agency Capacity**

### **WISCONSIN STATE STATUTES RELEVANT TO TITLE V MCH/CSHCN 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's citizens. In 1993 Wisconsin Act 27, created Chapters 250-255 that significantly revised public health law for Wisconsin and created an integrated network for local health departments and the state health division. In 1998, Public Health Rules HFS 139 and HFS 140 were completed to provide specific guidance concerning the statutory requirements necessary to build the capacity to protect the health of Wisconsin's residents. HFS 139 outlines the qualifications of public health professionals employed by local health departments and HFS 140 details the required services necessary for a local health department to reach a level I, II, or III designation. These important public health statutes provide the foundation and capacity to promote and protect the health of all mothers and children including CSHCN needs in Wisconsin.

Chapter 250 defines the role of the state health officials including 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 local health departments, 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, tuberculosis, sexually transmitted disease, acquired immunodeficiency syndrome, blood tests for HIV, and case reporting.

Chapter 253 mandates a state maternal and child health program in the Division of Public Health to promote the reproductive health of individuals and the growth, development, health and safety of infants, children and adolescents. Chapter 253 can be found in its entirety in Appendix A. It addresses:

- s. 253.06 State supplemental food program for women, infants, and children
- s. 253.07 Family planning (Wisconsin Administrative Code Chapter HFS 151 describes family planning fund allocations).
- s. 253.08 Pregnancy counseling services
- s. 253.085 Outreach to low-income pregnant women
- s. 253.09 Abortion refused; no liability; no discrimination
- s. 253.10 Voluntary and informed consent for abortions
- s. 253.11 Infant blindness
- s. 253.115 Newborn hearing screening
- s. 253.12 Birth defect prevention and surveillance system
- s. 253.13 Tests for congenital disorders
- s. 253.14 Sudden infant death syndrome

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 or lead 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.

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

The Division of Public Health (DPH), Bureau of Community Health Promotion (BCHP), Family Health Section (FHS) is designated as Wisconsin's Title V MCH/CSHCN 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 DPH, BCHP, FHS is well-positioned to provide prevention and primary care services for pregnant women, infants, children including CSHCN and their families that are family-centered, community-based, and culturally appropriate.

Federal grants are the primary source of funding for the majority of public health infrastructure, services and activities in Wisconsin. The amount of state General Purpose Revenue (GPR) available to support the Division's capacity for the health of the maternal and child health population, even when state mandates exist, is minimal. Thus we are in constant pursuit of additional grants to enhance our agency's capacity in the area of maternal and child health programming. In addition to the Title V Block Grant, the FHS manages 24 grants that address a range of maternal and child health related-services such as: screening and early intervention enhanced services, injury prevention and surveillance, maternal and child health services and system building including specific CSHCN activities.

/2007/ Wisconsin uses a web-based Secure Public Health Electronic Record Environment (SPHERE) for collecting data for MCH, CYSHCN, and Family Planning/Reproductive Health. SPHERE is used to document and evaluate selected programs in Wisconsin. Public health services provided to individual clients and reported as a snapshot in time. A report based on infant assessments entered into SPHERE tells how many infants are being breastfed, how many are sleeping in the back position, which allows an agency to evaluate services that are being provided and the outcomes of those services. However, it currently does not track or report over time a comparison among those individuals. SPHERE required data is used for reporting the number of unduplicated clients served by the Title V Block Grant and some outcome data about the services those clients. Currently SPHERE is not a statewide MCH surveillance system.

SPHERE is designed as a comprehensive system to document and evaluate public health activities and interventions at the individual, household, community, and system level. 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. There are currently 1,169 active SPHERE users representing 150 organizations including all LHDs, Regional CYSHCN Centers, private-not-for profit agencies, and the majority of the tribes. The total number of SPHERE unduplicated clients is 189,550. In 2005, SPHERE was used to document public health activities on 55,588 unduplicated clients including 150,982 Individual and 8,607 Community and System Activities.

DPH collaborates with the Bureau of Health Information and Policy, Vital Records to use SPHERE to transmit confidential birth record reports to LHDs. Leveraging the existing security infrastructure of SPHERE ensured that access to birth records was restricted to only those individuals with assigned permissions and only those records for their particular jurisdiction. In 2005, a governance structure for the DPH Public Health Information Network (PHIN) was established. PHIN consolidates multiple systems into one initiative using a common set of functions. PHIN is the platform for integrated public health data in Wisconsin. In 2006, A PHIN Administrator was hired and a PHIN Lead Team was established comprised of the chair of each of the following PHIN Workgroups: 1) PHIN User Group, 2) Analysis, Visualization, and Reporting (AVR) Core Team, 3) PHIN Communications Group, 4) PHIN Security Group, and 5) Program Area Module (PAM) Integration Team. SPHERE enhancements planned for 2006-2007 include: transfer of data from WIC into SPHERE, birth record reports, testing linkage of SPHERE birth

record files and newborn hearing screening, additional reports and screens to support Title V Block Grant Activities, documentation and evaluation in SPHERE for services related to the Milwaukee Home Visitation Program, Medicaid billing, and Oral Health. //2007//

/2008/ No significant change. //2008//

**/2009/ The FHS manages 20 grants addressing MCH services.**

**SPHERE User groups were established in 5 regions, the MCH Central Office and CYSHCN Regional Centers. The statewide SPHERE lead team has been reactivated. These groups were initiated after two statewide meetings, held in 2007, identified training and SPHERE infrastructure support as system needs. A monthly WISLine web training is held. Other trainings, such as ad hoc reporting, postpartum assessment, are held monthly around the state for SPHERE public and private users. Five regional forums were held last year and are planned for fall 2008 promoting MCH systems and standards of practice. Use of SPHERE data is integrated in the presentations targeted for LHDs and MCH partners. //2009//**

#### STATE PROGRAM COLLABORATION WITH OTHER STATE AGENCIES AND PRIVATE ORGANIZATIONS

Approximately 60% of Wisconsin's Title V funds are released as "local aids" either as a non-competitive performance-based contract to LHDs who have "first right of refusal" or as competitive Request for Proposal (RFP) for specific, statewide or regional initiatives. Five statewide projects will begin July 1, 2005 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 CSHCN. A new cycle for the Regional CSHCN Centers will begin January 1, 2006 through December 31, 2010 and will be aligned with the six federal core outcomes as part of the President's New Freedom Initiative. In addition, Regional CSHCN Centers will partner in the implementation of Wisconsin's new MCHB funded CSHCN Integration grant. HRSA selected Wisconsin as 1 of 7 Leadership States to help promote the implementation of the six core components of a community-based system of services through the Medical Home concept.

/2007/ No significant change. //2007//

/2008/ Template objectives are being expanded to assure all state priorities, SPM, NPM, are addressed. Priorities for data collection and evaluation follow the same priorities. //2008//

**/2009/ No significant change. //2009//**

#### STATEWIDE MCH PROGRAM COLLABORATIONS

##### Improve Infant Health and Reduce Disparities

Beginning July 1, 2005, the statewide collaborations will focus on the following activities: 1) Support coalition building for the Healthy Babies in Wisconsin initiative, 2) Provide education on evidence-based strategies that improve infant health and reduce disparities in infant mortality, 3) Provide bereavement support services to families and others who are affected by a sudden or unexpected infant death, and 4) Establish a pilot project that supports healthcare providers and community organizations to implement strategies to reduce the risk of SIDS and infant mortality. Project activities are based on a lifespan approach, evidence-based practices identified by Perinatal Periods of Risk data model, recommendations from the Milwaukee FIMR, and core competencies identified for bereavement counseling for SIDS and infant mortality.

/2007/ In response to the worsening disparity in Wisconsin between black and white infant deaths, DHFS Secretary, Helene Nelson, named this issue as one of her top priorities and announced a strengthening of efforts to improve the maternal and child health of Wisconsin's racial/ethnic minority populations. From the announcement letter, the department has "joined with partners throughout the state to raise awareness of the racial and ethnic disparities in Wisconsin's birth outcomes. We have learned that racial and ethnic disparities are the consequences of disadvantages and inequities over an entire life course, including the increasing role that stress plays in producing poor outcomes. Intervention strategies are needed that are locally driven and community-based. Research efforts are needed that target differing risk exposures over the entire life course of a woman." The creation of a five-year Framework for Action to Eliminate Racial and Ethnic Disparities in Birth Outcomes was announced with a focus on Communication and Outreach, Quality Improvement, Community and Evidence-Based Practices and Data.

Collaborative efforts within DHFS include those with the Medicaid program, and for mental health and substance abuse services, tobacco cessation, and teen pregnancy prevention. Future collaboration is planned through an integrative services initiative within DHFS and in cooperation with the Department of Workforce Development, with an emphasis in Milwaukee. See the website at <http://dhfs.wisconsin.gov/healthybirths/> for more information.

The Infant Death Center of Wisconsin (IDC) is the grantee for the Statewide Program to Improve Infant Health and Reduce Disparities. IDC is supporting coalition building for the Healthy Babies in Wisconsin initiative and a Milwaukee Hospital Collaborative to improve perinatal outcomes. Education is provided for WIC, Prenatal Care Coordination (PNCC), and others on the revised recommendations of the American Academy of Pediatrics to reduce the risk of SIDS. Bereavement support services include counseling, memorials programs, a family conference, peer parent support, support groups, written information in newsletters and on the web page, and referral to community resources including local health departments. Targeted efforts in the city of Beloit support a community coalition to increase awareness of disparities and provide education and support to African American families with a Community Health Fair and development of a Pregnant Women's Wish List to encourage social support. //2007//

/2008/ IDC supported coalitions to host a grand rounds presentation, Creating Smoke Free Environments, and implement Cribs for Kids program. In 2007, the Healthy Babies coalition is collaborating with the March of Dimes and the Association of Women's Health, Obstetric and Neonatal Nurses to plan and sponsor a Prematurity Summit. Education topics focus on preconception health and safe infant sleep practices. In addition to the project in Beloit, a second local coalition was established in the city of Racine.

The 2006 Progress Report on the Framework for Action to Eliminate Racial and Ethnic Disparities in Birth Outcomes has been completed and a Statewide Advisory Committee and workgroups have been formed. Please see [www.dhfs.wisconsin.gov/healthybirths](http://www.dhfs.wisconsin.gov/healthybirths) for updated information on this initiative. //2008//

***/2009/ IDC collaborated with community groups to produce preconception brochures. In collaboration with AWHONN and DPH, IDC is planning a preconception/prematurity conference. Curricula were developed for middle school students on Safe sleep and preconceptual health. Through the African American Mother's Wish List, social awareness on supporting pregnant women was increased in Racine, Milwaukee, Kenosha, Dane and Rock counties. The Healthy Natives Babies Consortium was formed to distribute culturally appropriate safe sleep messages.***

***A revised Framework for Action will be completed in the Summer of 2008. The Statewide Advisory Committee and workgroups continue to meet and are drafting recommendations for DHFS. Collaborative efforts are underway with the University of Wisconsin School of***

***Medicine and Public Health on a Special Funding Initiative to eliminate racial and ethnic disparities in birth outcomes. //2009//***

Statewide Genetics System

Beginning July 1, 2005, the new Statewide Genetics System will focus on the following priorities: 1) Establish a genetics advisory committee, 2) conduct comprehensive genetics needs assessment activities, 3) form a genetics specialty care providers network, 4) provide genetics education for providers and consumers, and 5) provide direct clinical genetics services to underserved populations. Project activities are based on recommendations made in the Genetic Services Plan for Wisconsin.

*//2007/* In July 2005, through a competitive grants process, the Medical College of Wisconsin (MCW) (Dr. William Rhead - Principle Investigator) was selected as the vendor for the Statewide Genetics Systems grant. MCW in turn contracts with the UW-Department of Medical Genetics and the Marshfield Hospital and Clinics to meet the priorities as listed above. The Statewide Genetics Coordinator position funded by the Congenital Disorders Program will take lead responsibility for monitoring implementation of the Wisconsin Genetics Services Plan. With reductions in Title V funding, beginning in 2005 the Teratogen and Stillbirth projects are funded in part by the Wisconsin Birth Defects Prevention and Surveillance Program. *//2007//*

*//2008/* In 2006, MCW established the Wisconsin Genetics Advisory Committee to implement recommendations of the "Genetic Services Plan for Wisconsin." Work groups were established to focus on specific priorities and needs. Through Title V funding, MCW and its partners have: provided genetics services through nine outreach clinics for underserved populations, provided clinical services through telemedicine technology, initiated educational programs among primary care medical providers, and promoted the use of genetics services in Wisconsin. *//2008//*

***//2009/ In 2007, MCW partnered with the Statewide Genetics Coordinator to complete a needs assessment of clinical genetic services in Wisconsin. Recommendations were made to the Wisconsin Genetics Advisory Council in 2008 to address the shortage of genetic service providers, a lack of funding for genetic services, access to services by underserved populations, and education of primary care providers. //2009//***

Improve Child Health and Prevent Childhood Injury and Death

Beginning July 1, 2005, the new statewide collaboration will focus on a statewide system to improve child health and prevent childhood injury and death. This focus relates directly to the State Health Plan, Healthiest Wisconsin 2010, and the Governor's KidsFirst agenda. The program supports all three of the overarching Healthiest Wisconsin 2010 goals (eliminate health disparities, promote and protect health for all, transform the public health system). It specifically supports system priorities for community health improvement processes and coordination of state and local public health system partnerships, and intentional and unintentional injuries and violence. The program promotes the Safe Kids, Strong Families, and Healthy Kids components of Governor Doyle's plan to improve the lives of Wisconsin children, specifically supporting reduction of family violence, ensuring safe routes to school, promoting child transportation safety, connecting families with support services, and improving the child support system.

*//2007/* The Children's Health Alliance of Wisconsin (CHAW) is the grantee for this Title V MCH program. CHAW is creating a Statewide Injury Prevention Network that will include intentional and unintentional injuries. A website is being developed that will provide a collection of resources, information on prevention strategies, best practice, and a venue to share information between programs. A Summit on Childhood Injury Prevention is planned for October 2006. CHAW is collaborating with the Injury Research Center (IRC) at the Medical College of Wisconsin and the DHFS Injury Prevention Program, to create a Burden of Injury in Wisconsin Report that will include childhood information.

CHAW is partnering with DHFS and the Department of Justice (DOJ) on Child Death Review (CDR) in Wisconsin. They are looking at existing CDR teams and how they function, exploring other communities' interest in CDR and look to develop a model to support new teams. CHAW is taking the lead in the planning of a statewide training for CDR in the spring of 2007. //2007//

/2008/ In 2006, CHAW established the web-based Childhood Injury Prevention Network (CIPN), located on their website: [www.chawisconsin.org](http://www.chawisconsin.org). The announcement and kick-off was held at an Injury Prevention Summit in October 2006. To date, there are 300 participants on the CIPN email list. CHAW worked collaboratively with the DHFS Injury Prevention Program and the Injury Research Center-Medical College of Wisconsin to complete the "Burden of Injury in Wisconsin," which was unveiled at the Summit. The CIPN developed a preliminary strategic plan that will guide and drive the ongoing development and functions of the network. Two pilot Child Death Review Teams were established in Outagamie and Rock Counties. CHAW worked closely with the State Child Fatality Review Team, the Maternal Child Health National Center for Child Death Review and the Michigan CDR Team, to create the "Child Death Review Wisconsin Guide." This guide will be used by new child death review teams as they begin to form and review child deaths. //2008//

***/2009/ During 2007, two trainings were held to support formation of local CDR teams in Wisconsin. A Partnership Grant from the UW School of Medicine and Public Health was awarded to CHAW to support local team development and mini grants of \$5000 will be awarded. The State Title V MCH program funded CDR model program development in 3 counties as part of 2008 performance-based contract and its statewide CDR and Childhood Injury Prevention Network activities. Expansion of CDR teams across the state will continue. In collaboration with the Injury Prevention Program, CHAW assisted in the development and dissemination of the WI Burden of Injury Report. //2009//***

#### Improve Maternal Health and Maternal Care

Beginning July 1, 2005, the new statewide activities will be to: 1) Provide supportive services for the State of Wisconsin Maternal Mortality Review Program, 2) Provide education on evidence-based practices that improves maternal health and maternal care, 3) Promote preconception services for women of reproductive age, and 4) Establish a pilot project that supports healthcare providers to increase risk assessment and follow-up services for women during the preconception, prenatal and interconceptional periods. Project activities are based on a lifespan approach, evidence-based practices identified by the Perinatal Periods of Risk data model, and recommendations from the Milwaukee Fetal Infant Mortality Review (FIMR).

The DPH implemented the Maternal Mortality Review Program in 2001 to assess, reduce, and prevent pregnancy-associated death among women in Wisconsin by identifying women who died during pregnancy or within one year of termination of pregnancy. Data abstraction is conducted regarding individual and clinical risks, health care utilization, and community services. Case-specific data is summarized and presented to a multi-disciplinary team for a systematic review of important contributing factors amenable to modification or prevention. Through a team process, recommendations are made for policies, services, and programs to improve maternal survival. The work of the Case Review Team was published in the Wisconsin Medical Journal. Pregnancy-related deaths in Wisconsin are generally similar to those of the US population overall and recommendations include: addressing racial disparities, assuring the performance of autopsies, lifestyle changes related to obesity and smoking, and management of embolic and cardiovascular disease, as well as postpartum hemorrhage.

/2007/ The Wisconsin Association for Perinatal Care (WAPC) is the grantee for the Statewide Program to Improve Maternal Health and Maternal Care. WAPC provides education via an annual conference, presentations at other statewide and regional conferences, written materials (position statements, newsletters, resources related to perinatal depression, guidelines for

Laboratory Testing in Pregnancy), and web-based learning modules. Strategies to promote preconception services include revising the Becoming a Parent checklist and promotion of folic acid. A pilot project is supporting a health system in the city of Racine to implement postpartum depression screening for mothers in pediatric clinics. WAPC assists with the State of Wisconsin Maternal Mortality Review Program. //2007//

/2008/ WAPC supported the Perinatal Foundation's media campaign, Madre, Hay Esperanza (Mother, There is Hope) for educating Latino families about postpartum depression. Preconception resources include a new Prescription for a Healthy Future™ tool, Becoming a Parent materials, and a revised folic acid position statement. The 2006 pilot project supported a health system in the city of Racine to implement postpartum depression screening for mothers in pediatricians' offices. In 2007, healthcare providers in communities with high rates of disparities in birth outcomes will receive a toolkit of strategies to increase screening and follow-up care for the perinatal risk factors of depression and infections.

The State of Wisconsin Maternal Mortality Review Program is planning a report of Pregnancy-Related Mortality in Wisconsin, 2002-2005. WAPC has provided professional education related to recommendations from the case review process including management of hemorrhage, management of depression, care of the obese pregnant women, preconception care, and assessment for domestic violence. //2008//

***/2009/ WAPC presented the media campaign on raising awareness of perinatal depression for Latino families at 2 national and 3 statewide conferences. In collaboration with WI ACOG, WAPC developed an algorithm and medication chart for the use of antidepressants during pregnancy. The Healthy Birth Toolkit was developed to promote preconception care. A report for the PeriData.Net data system will allow birth hospitals to monitor disparities in birth outcomes.***

***In collaboration with the State of Wisconsin Maternal Mortality Review Program, WAPC completed a report on Maternal Mortality in WI 1998-2005. Leading causes of death include embolism, hemorrhage, cardiovascular disease and pregnancy-induced hypertension. The report addresses suicide, maternal morbidity, maternal obesity, preconception care and racial disparities. //2009//***

Improve Parent Support Opportunities for Families with CSHCN

Wisconsin's CYSHCN Program provides parent support opportunities for families through the five Regional CYSHCN Centers, Parent to Parent and Family Voices. The Regional CSHCN Centers assure all families of CSHCN have access to parent support services. As reported for 2006 in SPHERE, centers referred 68 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 continues to be funded to provide one-to-one matching for families, train support parents, and seek referrals for new parents who want to be matched. 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.

/2008/ By December 2006 there were 162 families in the Parent-to-Parent database and 165 trained parents with additional trainings occurring throughout 2007. Parent-to-Parent of Wisconsin has outreached to providers including those providing services to children newly identified by the Congenital Disorders Program. In January 2007 Family Voices of Wisconsin was again funded as a Title V statewide initiative to support parent connections and related initiatives. While the regional centers continue to refer families to Parent-to-Parent and link them to support opportunities, Family Voices of Wisconsin provides broad statewide leadership to this effort. //2008//

***/2009/ By December 2007 there were 190 trained support parents in the Parent-to-Parent database and 78 matches. Parent-to-Parent of Wisconsin translated their curriculum into Spanish, trained non-English speaking support parents and is matching hard-to-reach families in Milwaukee. Family Voices of Wisconsin is funded to build a parent network of informed decision makers, through training, information dissemination and analysis of unmet needs. //2009//***

#### Regional CYSHCN Program Collaborations

The goals of the Regional CYSHCN Centers are to:

- Provide a system of information, referral, and follow-up services so all families of children with special health care needs 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.

Each Regional CYSHCN Center has distinct characteristics (located in regional hospital, children's hospital, academic training center, local health department, and family resource center) that collectively present a variety of viewpoints and areas of interest and influence. Currently, Title V block grant dollars are provided to local agencies in nearly every county through contracts with the Regional CYSHCN Centers. The Regional CYSHCN Centers have established a network of active partner parents, many of whom are directly connected to the local health department or other community agency.

The Regional CYSHCN Center model will continuously be refined and focus on the 6 core (national) outcomes.

*/2008/ Five Regional CYSHCN Centers are in the second year of a five year grant cycle. Core services continue to be information, referral, and follow-up including health benefits services for families and providers. In this grant cycle, there is an increased emphasis on the six NPMs and strengthening CYSHCN collaborations. 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. While centers continue to provide support to youth and families, parent leadership and support activities are now shared with the statewide Parent-to-Parent of Wisconsin and Family Voices of Wisconsin grants. //2008//*

***/2009/ No significant change. //2009//***

#### Statewide MCH Hotline

Gundersen Lutheran Medical Center-LaCrosse provides services for the Public Health Information and Referral Services for Women, Children and Families (hotline) contract. The contract supports services for three different hotlines that address a variety of MCH issues to include: Healthy Start, Prenatal Care Coordination (PNCC), WIC, family planning, and women's health issues. One hotline, Wisconsin First Step, is specifically dedicated to supporting the needs of the Birth to 3 Program, the Regional CSHCN Centers, and providing information and referral services to individuals, families, or professionals needing to find resources for CSHCN.

In 2004 the MCH Hotline received 8,549 calls; an increase of 516 calls from 2003. Just over 3% of the calls required Spanish translation. The Wisconsin First Step (WFS) Hotline received 2,103 calls in 2004; an increase of 604 calls from 2003. In addition to the toll-free hotlines, the website [www.mch-hotlines.org](http://www.mch-hotlines.org) has become a well-utilized resource. In 2004 the website received approximately 35,000 hits to the entire site. A searchable database feature was added to the website in 2003. In addition, in 2004 a pregnancy assessment tool and a user feedback form were added to the website and work has begun to translate the website pages in Spanish.

*/2007/* The MCH Hotline received 9,025 calls in 2005; an increase of 476 calls from 2004. Approximately 4% of the calls required Spanish translation. The Wisconsin First Step Hotline received 2,185 calls in 2005; an increase of 82 calls from 2004. The website continues to be a well-utilized resource, receiving approximately 37,000 hits to the entire site in 2005. Strategies were evaluated to reach the following priority population callers: Spanish speaking, at risk pregnant women, and homeless individuals and families. This evaluation showed an increase in Spanish speaking callers and callers who were pregnant. The report showed an increase in the number of Prenatal Care Coordination, WIC, Food Share, and Presumptive Eligibility referrals made to callers. 734 hits were documented to the web based pregnancy assessment tool. The homeless population continues to be a challenge to reach. *//2007//*

*/2008/* The MCH Hotline received 11,196 calls in 2006; an increase of 2,171 from 2005. In part this increase was due to a back to school ad campaign sponsored by Covering Kids and Families of Wisconsin targeting families in Milwaukee County who may be eligible for BadgerCare. Approximately 4% of the total MCH calls required Spanish translation. The hotline has a contract with Certified Languages International. Most calls are answered in under 1 minute. One staff is bilingual. Inservices for staff have been done providing them with multiple phrases to explain to people they will be connected to the language line for translation assistance. The database provides information for services that are provided in Spanish. The WFS hotline received 2,344 calls in 2006; an increase of 159 from 2005. In 2006, additional tracking component was added to the hotlines' website search engine identifying 112,516 total page views in 2006. The top program areas searched on the website were Birth to 3, WIC, and Prenatal Care Coordination. The site now features a place to download the five regional WFS directories. In September 2006, two education days were held for staff. *//2008//*

***/2009/ The MCH Hotline received 8,634 calls in 2007; a decrease of 2,562 calls. No calls were taken for the BadgerCare campaign and there was a change in how calls were logged (see Section IV F). Approximately 4% of the total MCH calls required Spanish translation. The WFS hotline received 1,932 calls in 2007; a decrease of 412 calls. In 2007, a new online directory was added to the website allowing users to generate WFS directories using live data from the hotline database. The top program areas searched for continue to be Birth to 3, WIC, and Prenatal Care Coordination. Results of a 4th Quarter automated survey shows 99% of 87 MCH respondents felt they had been heard/supported by the I&R Specialist and 100% for 11 WFS respondents. //2009//***

## OTHER KEY STATE COLLABORATIONS

### Reproductive Health Services

In 2004, the DHFS established a Family Planning and Reproductive Health Council. Its role is to provide advice to the Secretary and foster internal Departmental coordination to insure access to cost-effective family planning services and reproductive health care. Through this Council, collaboration among the MCH's Family Planning Program, the Wisconsin Medicaid Program (which administers the Medicaid Family Planning Waiver), and external health care providers has significantly increased. As a result of this collaboration we have seen the Family Planning Waiver become successful in Wisconsin. Through December 31, 2004, 55,515 women were enrolled; representing approximately 17% of the estimated Waiver eligible population.

/2007/ No significant change. //2007//

/2008/ As of December 31, 2006, 62,935 women were enrolled in the Family Planning Waiver, representing approximately 22% of the estimated Waiver eligible population. Wisconsin will submit a renewal application for the Medicaid Family Planning Waiver in 2007. The Waiver has created new opportunities for collaborations, resulting in increased access to services. //2008//

**/2009/ The Family Planning Waiver was renewed January 1, 2008 for 3 years. //2009//**

#### MCH Advisory Committee

The MCH Advisory Committee consists of about 40 diverse members representing various backgrounds who come together on a quarterly basis for the purpose of advising the Division of Public Health on important maternal and child health issues as requested. The meetings provide the members with current information, encourage sharing and networking of pertinent information, and the opportunity to discuss issues related to the MCH program. Its diverse membership fosters the development of informal relationships with representative of a broad range of entities. Membership includes parents, and representatives of local health departments, nonprofit agencies, tribal agencies, and academic institutions.

In 2004, the MCH Advisory Committee identified Early Childhood Comprehensive Systems. Members were briefed on state and national ECCS efforts and activities. Committee comments were solicited on the year-one progress report and year-two plan.

/2007/ Over the past year, the MCH Program Advisory Committee has engaged in dialogue and focus group activities on mental health topical areas such as infant mental health, depression across the lifespan, and mental health in the workplace, with a goal to help infuse mental health into public health practice within the MCH/CYSHCN Program and partnerships. The MCH Program Advisory Committee will be addressing several of the policy recommendations as outlined in the Lieutenant Governor's Task Force on Women and Depression in Wisconsin Report-May 2006 [www.ltgov.state.wi.us](http://www.ltgov.state.wi.us). //2007//

/2008/ Continuing the focus on mental health, the MCH Program Advisory Committee created a joint statement titled "A Foundation for Collaboration between DPH and the Division of Mental Health and Substance Abuse Services (DMHSAS)". This statement emphasizes the integration of mental, physical, social, emotional and spiritual health for all persons. In addition an "Action Guide Addressing Mental Health" was developed by MCH Advisory Committee and the state divisional staff. This guide focuses on the areas of Businesses/Workplaces Schools and Child Providers Infant-Age 18, Technical Colleges/ Colleges/ Universities, Communities and Other Providers, and Strengthening State Government's Role in Developing MCH and Mental Health Linkages. The process and products were displayed via a poster session at the Wisconsin Public Health Association/Wisconsin Association of Local Health Departments and Boards Annual Meetings and both organizations have agreed to endorse the statement and to review the Action Guide to determine what specific steps they may take in the local counties. Additional plans include a wider dissemination of the Joint Statement and Action Guide as well as presentations during the 5 MCH Regional forums to be held during the spring and summer. //2008//

**/2009/ The MCH Advisory Committee worked to move the Joint Statement and Action Guide from an MCH Advisory Committee document to a high level enterprise policy document within DHFS entitled "The Integration of Physical Health, Mental Health, Substance Use and Addiction". Endorsed by the DHFS Secretary and all Divisions, the Joint Statement and Action Guide provide a conceptual framework for systematic changes and call to action in our communities. This Document will move forward for endorsement by other Departments. The MCH Advisory Committee will be part of the Healthiest**

***Wisconsin 2020 process to assure MCH objectives are outlined within the new state health plan. //2009//***