

E. State Agency Coordination

COORDINATION OF TITLE V MCH/CYSHCN PROGRAM WITH EPSDT, WIC, TITLE XIX, AND BIRTH TO 3

Prenatal Care Coordination

Title V supports the Medicaid Prenatal Care Coordination (PNCC). PNCC helps pregnant women gain access to medical, social, educational, and other services related to pregnancy. Services are available to Medicaid-eligible pregnant women, at risk for adverse pregnancy outcomes, through 60 days following delivery. Infants are referred for EPSDT services.

Many PNCC providers participate in the First Breath Program of WI Women's Health Foundation (WWHF). First Breath provides education, support, and resources to help pregnant women quit smoking. Some LHDs use Title V funds to provide similar services to women who not eligible for PNCC.

/2007/ A new PNCC assessment tool was implemented. Training was provided on the new tool, PNCC data, SPHERE, and outcomes including perinatal depression, spacing pregnancies, and safe infant sleep. The My Baby and Me program was piloted with PNCC providers to address alcohol use of pregnant women. MCH helped DHFS evaluate the Medicaid PNCC benefit. //2007//

/2008/ Collaboration with My Baby and Me was a presentation at a fall statewide family planning meeting about preconceptional counseling and screening for substance use. Recommendations from the evaluation to improve PNCC were implemented by the MCH program to support quality improvement. A nationally recognized curriculum, Great Beginnings Start Before Birth, was identified to highlight strategies for psychosocial support and to engage and retain clients. Other perinatal trainings are available via web cast. Activities to implement outcomes for the PNCC benefit using regional provider groups were: data collection on key outcomes, identifying benchmarks, and sharing successful improvement efforts.

A pilot project, Women's Health Now and Beyond Pregnancy, focuses postpartum services on interconception services: distributing emergency contraception and dual protection supplies; assuring access to continuing family planning supplies and services; assuring enrollment in the Family Planning Waiver or other Medicaid; distributing multivitamins containing folic acid; and promoting women's health. *//2008//*

/2009/ A research project found reductions in LBW, VLBW, preterm birth and NICU admissions for infants of women receiving PNCC. The MCH program offered PNCC trainings at northern LHD and tribal sites. Regional PNCC provider groups offer a forum for education on best practices and desired outcomes. Great Beginnings Start Before Birth training was offered and additional trainings are planned. The Women's Health Now and Beyond Pregnancy pilot project was implemented by 5 PNCC programs. //2009//

Birth to 3 Program

The Part C early intervention program, Birth to 3 (B-3), is located in the DDES Children's Services Section. This Section administers the Children's Long-Term Care redesign and waiver programs, and Family Support. CYSHCN works with DDES. WI Sound Beginnings has integrated Early Hearing Detection and Intervention (EHDI) programming with B-3 services. MCHB funds are given to the B-3 Program to improve services for children who are deaf and hard of hearing. CYSHCN/ B-3 developed and implemented the use of a nutrition screening tool to promote early identification of nutrition needs. Joint surveys and communication are developed to inform health care providers about Part C and Title V services. CYSHCN and B-3 pooled resources to fund First Step, a 24/7 toll free hotline (includes TTY and language line) and website for parents and

providers of children and youth with special health care needs. Per statute, B-3 staff is appointed by the DHFS Secretary to serve on the Birth Defect Prevention and Surveillance Council.

CYSHCN staff is on the State's B-3 Interagency Coordinating Council, Children's Long-Term Care Committee and B-3 Autism Services workgroup on policies and practice standards. CYSHCN staff co-leads the annual Circles of Life Conference for families of CYSHCN with B-3 Staff.

/2007/ The Birth Defect Prevention and Surveillance Council provide input to B-3 on Eligibility and Diagnosed Conditions and Atypical Development document. //2007//

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

/2009/ CYSHCN staff and contracted partners attend B-3 regional forums and in-services to provide updates and encourage interagency referrals. //2009//

HealthCheck -Wisconsin's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program

HealthCheck promotes early detection and treatment of health conditions associated with chronic illness and disabilities in children. Health exam for children include growth, development, hearing and vision checks, immunizations, and a complete physical exam. Since 1992, exams have increased from 27% to 71% because of the Medicaid Managed Care program. WI Medicaid data has shown children in HMOs are more likely to receive a HealthCheck exam than children in fee-for-service systems.

/2007/ In 2005, 337,533 health exams were performed; the exam rate increased to 86%. In October 2005, a HealthCheck Statewide Training Session was held with 150 attendees. //2007//

/2008/ In 2006, 352,884 health exams were performed; the exam rate increased to 88%. //2008//

/2009/ In 2007, 359,491 health exams were performed; maintaining an exam rate of 88%. //2009//

Coordination with Family Leadership and Support

MCH staff partner with Family Leadership and Support Programs/Initiatives to develop, plan and implement activities for families. Coordination occurs with parent organizations such as WI Family Voices, WI Family Ties, FACETS, Parents as Leaders and Parents in Partnership Training Initiative, Family Action Network and the Parent-to-Parent Matching Program.

/2007/ In 2006 CYSHCN support was given to the Circles of Life Conference for families of children with disabilities. //2007//

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

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

Relationship with Mental Health

The Injury Prevention Program (IPP) works closely with the Bureau of Mental Health and Substance Abuse (BMHSA), Mental Health Association of Milwaukee County, and county and local mental health professionals on suicide prevention across the life span. The IPP leads monthly meetings of the Suicide Prevention Initiative (SPI).

An Internal MH/AODA Coordination Committee formed in February 2005 meets quarterly. This committee is co-chaired by the Director of BMHSA and DHFS Youth Policy Director with membership from education, public health, and mental health/substance abuse divisions. The purpose is to improve inter-divisional and interdepartmental communication and coordination.

In 2005, MCH established a State Bullying Prevention Planning Committee. Members are from public education, public health, medical schools, media, and local community agencies. Activities include public awareness campaign, listing of current state and local best practices, establishing statewide network information sharing, exploration of policy and legislation strategies, and link to the Healthiest WI 2010 State Health Plan.

/2007/ The SPI works with the statewide Crisis Network comprised of county crisis teams. SPI representatives attend the network's quarterly meetings. IPP staff participates on the planning of the DHFS Crisis Conference.

The MCH Program Advisory Committee engaged in discussion of 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 Title V Program and partnerships. The Committee will address policy recommendations in the Lieutenant Governor's Task Force on Women and Depression in WI Report-May 2006 www.ltgov.state.wi.us.

The CYSHCN Health Promotion Consultant participates on a DPI workgroup on school curriculum for middle school children on mental health disorders; part of the anti-stigma objective from the WI United for Mental Health initiative. The curriculum complements the Suicide Prevention Curriculum. //2007//

/2008/ Working with the Division of Mental Health and Substance Abuse (DMHSA), MCH staff serve on mental health workgroups: WI United for Mental Health; Workgroup to establish a crosswalk and billing system for Medicaid infant mental health service providers; Inter-Intra-Departmental Adolescent Treatment Focus Group; Seclusion and Restraint Workgroup; Children and Youth Sub-Committee of the Mental Health Council; Mental Health in Primary Care; Infant Mental Health workgroup; and the WI Infant and Early Childhood Mental Health Steering Committee. CYSHCN Regional Centers systems change grants on Medical Home practices is focusing on children with mental health issues. SPI continues with involvement from staff from the MCH program, IPP, DMHSA, DPI, HOPES (Helping Others Prevent and Educate about Suicide), Mental Health Association of Milwaukee, and Department of Corrections. //2008//

/2009/ The MCH Advisory Committee is working to infuse mental health into public health practice within MCH Programs. The Integration of Physical Health, Mental Health, Substance Use, and Addiction Initiative will be launched in 2008. The Infant Mental Health Steering Committee produced the 2007 Annual Report and Fact Sheet for the Leadership Team. The report will be forwarded to the Governor's Office. The Division of Mental Health has engaged all DHS Divisions in a mental health transformation initiative using Public Health principles and processes with a goal to eliminate seclusion and restraint for children in day treatment settings, group homes, out-of-home placement, and foster care settings. CYSHCN staff provides consultation. WI United for Mental Health received a Healthier Wisconsin Partnership Grant to address mental health stigma in minority populations. LHDs recruit women for focus groups to get information from minority women about stigma within their environment and culture. //2009//

Relationship with Social Services and Child Welfare

There are 72 public child welfare programs with services provided by county human or social service departments and the Bureau of Milwaukee Child Welfare in Milwaukee County. Eleven Indian tribes each provide child welfare services. The Division of Children and Family Services (DCFS) is the state child welfare agency that supervises the delivery of child welfare services of

counties. WI provides approximately half of the funds for child welfare services and the counties provide the remaining.

Wisconsin's Child Welfare Program Enhancement Plan (PEP) is a two-year plan to implement system-level change designed to achieve the newly established federal standards for child protection. It promotes collaboration to establish and implement best practices.

The MCH program maintains working relationships with DCFS and county social services to prevent child maltreatment and promote the health and well being of children in out-of-home placement. MCH works to promote evidence-based, home visiting programs in 10 sites across the state and in Milwaukee County and collaborates with the University of WI-Extension to provide quality training for local staff providing home visiting.

/2007/ WI's Children's Trust Fund, with Prevent Child Abuse WI and Child Abuse Prevention Fund of Children's Hospital and Health Systems presented the State Call to Action to End Child Abuse and Neglect: WI's State Plan to Prevent Child Maltreatment, to DHFS Secretary on February 6, 2006. Recommendations in the State Plan will be used to advise MCH programs including home visiting and efforts to reduce infant mortality. //2007//

/2008/ The Governor proposes a Department of Children and Families (DCF) to strengthen the system of services for children and families. DCF will unify programs from DHFS and DWD that serve the social and financial needs of children and families. This assures WI children have opportunities to grow up safe, healthy, and successful in strong families by consolidating programs to strengthen access to and coordination of services to they need. The Governor proposes 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 are: increase the foster care rate, fully fund projected caseloads in Milwaukee County programs, and welfare program staff recruitment and retention. //2008//

/2009/ DCF was created with the passage of the budget combining the TANF program, W-2, and the state child welfare systems. On July 1, 2008, the DPH home visiting programs, Family Foundations and Empowering Families of Milwaukee, will be administered by DCF. During transition MCH will continue connections with the DCF and focus on sustaining program integrity and quality to avoid disruption of services. //2009//

Relationship with Education

CYSHCN staff serves on the advisory board of the WI School Parent Educator Initiative that promotes parent involvement in the education system for students with disabilities.

DPI received a 5-year State Improvement Grant and developed the WI State Improvement Plan for Children with Disabilities to improve state systems providing early intervention, education, and transition services to families and children with disabilities. CYSHCN staff serve on the State Improvement Grant Steering Committee. Parts of this plan enhance the ECCS Grant.

DPH staff was appointed to serve on DPI's Advisory Council for Alcohol and Other Drug Abuse Programs effective August 1, 2005 through August 1, 2008. Staff serve on DPI's WI Afterschool Network and Oversight Work Group.

/2007/ IPP has been working with DPI in the statewide SPI. DPI participates in the monthly SPI meetings. DPI provided support to the EMSC and Injury Prevention Annual Conference, Childhood Emergencies: Prevention and Management. DPI is on the Injury Coordinating Committee, a statewide advisory group that meets quarterly.

DPI and DHFS/DPH implemented a joint strategic plan to promote Comprehensive School Health Programs to increase coordination between LHDs and local school districts. There is joint

departmental collaboration on the Governor's School Health Award, reapplication for the 2008 CDC-CSHP five year competitive reapplication state grant, the Abstinence Supplemental Grant, support of a WI Sexual Risk Behavior's Data website; the statewide adolescent health Listserv; youth listening sessions; and review of STD data and infrastructure. //2007//

/2008/ DHFS and DPI will establish a new Memorandum of Agreement (MOA) on a broader array of programs beyond physical activity, nutrition, tobacco, and childhood obesity. DHFS works closely with DPI, WPHA and the WALHDAB to conduct a statewide analysis of school health services. Progress continues to be made on a joint DHFS-DPI asthma management initiative in schools: the WI Association of School Boards, and the WI Association of School District Administrators. //2008//

/2009/ DHS and DPI established an MOA highlighting coordination with food safety, childhood lead, diabetes, alcohol and other drug abuse, mental health, unintentional and intentional injury programs with data sharing through 2012. In partnership with DHS, DPI obtained a five year, \$3.5 million grant from CDC, to support efforts to promote physical activity, nutrition, and coordinated school health programs, to prevent HIV and tobacco use and to conduct the Youth Risk Behavior Survey. DHS will convene an Expert Policy Panel for DPI to meet requirements from the Center for Best Practices Healthy Kids, Healthy America Grant.

DPI receives ECCS grant funds for Regional coach activities. CYSHCN staff provide consultation to two new DPI initiatives: 1) a 5 year state Improvement Grant for a teacher/personnel development plan and other DPI special education goals; and 2) Response to Intervention initiative to enhance math, reading and social-emotional development for students in special education and change school culture for all students.
//2009//

Relationship with Early Childhood Comprehensive Systems

Receiving the Early Childhood Comprehensive Systems (ECCS) grant increased MCH state-level capacity and focus on the early childhood years. The long term objective of WI's ECCS Project focused on a major systems and infrastructure realignment. Under MCH leadership in the last 18 months a shift toward greater communication has evolved among stakeholders from the five ECCS component areas, with a growing interest in systems integration for young children and their families.

/2007/ Four goals have been embraced by stakeholders in early childhood with specific strategies being developed promoting cross systems integration as part of the ECCS Implementation Plan to support stronger collaboration with many partners interested in positive outcomes for young children and their families. //2007//

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

/2009/ In June 2007 the MCH program contracted with WI Alliance for Infant Mental Health to lead state efforts to increase systems coordination and advance the ECCS implementation plan. The MCH Infant/Child Health Consultant monitors this contract and joined the State ECCS Action Team. //2009//

Relationship with Department of Justice

The Department of Justice (DOJ) is a member of the IPP's CDC grant, WI Violent Death Reporting System Technical Advisory Board (TAB). DOJ manages the state's Child Death Review Team. Membership includes the MCH Chief Medical Officer and DPH staff.

/2007/ The IPP began work with DOJ in their development of CASEPOINT, a real time web based reporting system for Coroners and Medical Examiners. Data elements needed by DOJ were included. //2007//

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

/2009/ A CDR manual was developed by CHAW with Title V support and 2 trainings for local teams were held. A DUA was signed between DHS-Injury Prevention Program and MI Institute of Public Health for the State's CDRT to promote a standardized data collection tool and a state and national data system. Trainings for local teams began. The State team is exploring alternatives for location of this team, legislation and models of other states, and sustainability of CDRTs at a local level.

DOJ participates on the WVDRS TAB.

The Sexual Assault Prevention Program (within the IPP) and WCASA (WI Coalition Against Sexual Assault) partner with DOJ's Office of Crime Victim Services and OJA on service provision and primary prevention of sexual violence. //2009//

Relationship with SSA, Voc Rehab, Disability Determination, and Transitions

The Disability Determination Bureau (DDB) within DHFS has the SSA contract to determine eligibility of all SSI applicants including those under age 16. Monthly the DDB sends names of new child applicants under review to the CYSHCN Program. The Program sends these families information about the state's Regional CYSHCN Centers and other resources. Outreach by the Regional CYSHCN Centers includes contact with local SSA and Division of Vocational Rehabilitation (DVR) offices. DVR, SSA, and the Regional CYSHCN Centers are youth-to-adult transition stakeholders participating with the State CYSHCN Program in the Statewide Healthy and Ready to Work (HRTW) Transition Consortium.

/2007/ In 2006 the WI Trauma Brain Injury Advisory Board (BIAB) was upgraded to the WI Brain Injury Advisory Council with appointments made by DHFS Secretary. Two MCH CYSHCN and IPP staff were appointed to the Council. //2007//

/2008/ The Brain Injury Advisory Board reports/advises the DHFS Secretary on statewide brain injury issues. //2008//

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

Relationship with AODA

See discussion under "Relationship with Mental Health".

DPH's Youth Policy Director serves on the AODA State Incentive Grant Advisory Committee staffed by the DDES's BMHSAS. The goal is to create a state plan addressing substance abuse prevention for youth 12 to 17. The committee embraced the AODA objectives within the Healthiest WI 2010 State Health Plan.

/2007/ DDES/BMHSAS in consultation with DPH will work to re-establish the AODA Prevention Committee under the auspices of the State Council on Alcohol and Other Drug Abuse focusing on underage drinking. Additional work is occurring on a statewide AODA needs assessment on conditions, magnitude and severity of the substance abuse problems to prioritize the Substance Abuse Block Grant funds.

DPH participated in a joint divisional discussion on the National Underage Drinking Initiative Town Hall meeting in 2006, on evidenced-based strategies to reduce underage drinking. With support

from the SAMHSA funded Epidemiologic Workgroup, an analysis and surveillance of the alcohol data will be conducted creating a successful underage drinking compliance checks program if a federal grant is awarded. //2007//

/2008/ DMHSAS received a Substance Abuse and Mental Health Services Administration (SAMHSA) grant - Project Fresh Light, to assess AODA services provided to youth. The Youth Policy Director, CYSHCN staff, and IPP staff collaborate with this program. Project Fresh Light attempts to identify fiscal, regulatory, and policy barriers that impede the provision of accessible evidence-based treatment across a full continuum of care; devise and implement strategies with other State agencies that may fund and/or regulate these services; and improve access to treatment capacity available in communities. The Youth Policy Director was appointed to the DMHSAS State Prevention/Substance-Abuse Prevention Framework-State Incentive Grant Advisory Committee. //2008//

/2009/ The Bureau of Substance Abuse Services has joined the initiative for the "The Integration of Physical Health, Mental Health, Substance Use and Addiction". (See IIIB MCH Advisory Committee) DMHSAS implements the second year of a \$2.1 million State Prevention Framework-State Incentive Grant. DPH received \$65,000 for an epidemiological alcohol and drug abuse impact study to augment the grant. The focus includes risky drinking behavior (binge or underage) among 12-25 year olds and alcohol related motor vehicle fatalities, injuries, and crashes for individuals ages 16 to 34. //2009//

Relationship with Federally Qualified Health Centers

Implementation of the Medicaid Family Planning Waiver has been an opportunity for the Title V to work in collaboration with FQHCs to promote access to contraceptive and primary care services.

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

/2008/ Renewal application expands opportunities for collaboration. //2008//

/2009/ Representatives from 2 Milwaukee FQHCs, Milwaukee Health Services, Inc. and Sixteenth St. CHC participated in the HRSA-organized Healthy Birth Outcomes review. //2009//

Relationship with Primary Care Associations

There is little involvement with primary care associations as Title V focus is infrastructure development and system building. The CYSHCN Program's medical home initiative and the Reproductive Health Program works closely with select of primary care providers.

/2007/ The WI Primary Health Care Association (WPHCA) assists community health centers (CHCs) to expand oral health service capacity, and works with the Title V-funded Dental Hygienist, Chief Medical, and Chief Dental Officers; all 3 were speakers at their annual oral health conference. The CYSHCN Program, in collaboration with its Regional Centers, established Medical Home activities at 2 CHCs (Marshfield Clinic - Chippewa Falls and Sixteenth Street CHC). The administrator of the CHC for Marshfield Clinics presented a quality model of Medical and Dental Home at the 2006 Medical Home Summit. //2007//

/2008/ Oral Health Program staff provide technical support to the WPHCA for grant applications to increase infrastructure and service capacity for oral health at community health centers. Regular bi-monthly meetings occur between staff of the Oral Health Program, the WPHCA, and the WI Office of Rural Health. The purpose is to promote activities that improve access to oral health care for the underserved. //2008//

/2009/ WPHCA is connected to a successful oral health efficiency program in Milwaukee. Medical Home implementation strategies used by CHCs were highlighted at a 2007 Summit. //2009//

Relationship with Tertiary Care Facilities

The Congenital Disorders Program (newborn screening) has contracted with major pediatric centers (i.e., Children's Hospital of WI (CHW), UW Hospital and Clinics including Waisman Center, LaCrosse Gundersen, Marshfield Clinic) to provide diagnostic and treatment services for identified infants. Contracts with genetics providers at tertiary facilities provide genetics services, outreach and implement birth defects reporting to the new WI Birth Defects Registry (WBDR). The CYSHCN Program, as part of the funded WI Integrated System for Communities Initiative (WISC-I), work with the UW-Pediatric Pulmonary Center and CHW to establish mechanisms to transition youth with special health care needs to adult tertiary care.

The number of neonatal intensive care units in WI has increased from 6 in the 1970s to 19 in 2004.

/2007/ Both the UW-PPC and CHW identified quality improvement teams from their specialty clinics as part of the WISCI learning collaborative. Marshfield Clinic now receives MCH funding to support genetic services in northern and western WI.

The number of NICUs has increased to 21. WAPC held an invitational meeting on regionalized perinatal care in October 2005 to determine how WI could transition from two levels of perinatal care (community hospital and perinatal center) to the six levels of care supported by the AAP.
//2007//

/2008/ WAPC leads efforts to transition from 2 levels of perinatal care to 6. Criteria sets for the 6 levels of care will be finalized and sent to birth hospitals to conduct self assessments and determine levels of care. A process and external review group will be established to use criteria and deal with discrepancies in self-assessment and levels of care results. FAQs will be developed for the WAPC website, www.perinatalweb.org, to help consumers interpret levels of perinatal care. An established and active WAPC program committee deals with tertiary care issues. //2008//

/2009/ WAPC has established criteria for 6 levels of perinatal care associated with the AAP levels of neonatal care. Criteria worksheets and self assessment materials are found at www.perinatalweb.org. WAPC offered distance-based education on the self-assessment initiative. The WAPC Tertiary Care Committee reviews completed self-assessments. //2009//

Relationship with Public Health, Health Professional Educational Programs, and Universities

Title V coordinates with the UW Schools of Medicine and Nursing, Population Health, and Waisman Center and has worked together on activities: Needs Assessment, Pediatric Pulmonary Center, WI Sound Beginnings, and Medical Home Learning Collaborative. Student internship are available in the Title V Programs. UW DoIT partners in the development of PHIN. The UW Extension system is a partner in training and education. Relationships exist with the State Laboratory of Hygiene, Medical College of WI, Marquette School of Dentistry, the Schools of Nursing at the UW-Milwaukee and Marquette, and the UWM School of Communication, on Medical Home, oral health, perinatal care, birth defects surveillance and prevention, and early hearing detection and intervention.

/2007/ Title V staff are involved with the recently established UW School of Medicine and Public Health as mentors and students. //2007//

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

/2009/ The oral health program partners with the Marquette Dental School and 2 technical colleges to improve dental access and provide provider training. The MCHB-funded CSHCN Oral Health grant provides training specific to meet the needs of children with special needs. A strong working relationship with our new school of public health was established. A fellow, several MPH students, pediatric residents and undergrad students have worked with DPH. //2009//