The Pediatrician’s Guide to Community Resources in Wisconsin

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2-1-1 is a simple, free way to connect people in need with vital human services. By dialing 2-1-1 anywhere in the state of Wisconsin, people are linked to information and referral specialists who provide information about local resources, for everyday life or times of crisis. 2-1-1 provides information from both government and nonprofit organizations. From the single parent seeking food for their children, to the senior citizen looking for in-home care, 2-1-1 brings people and community resources together.

2-1-1 is a statewide, multilingual resource that is available to everyone. It can serve as a resource not only for residents, but also for health care professionals assisting patients with finding the support and services they need.

In Wisconsin, 2-1-1 services can be easily accessed by simply dialing “2-1-1.” It works easily with landlines and cell phone systems across the state. Occasionally there are issues with office-based calls. In some cases, you may need to dial an additional number to get an outside line first.

There are seven 2-1-1 contact centers in the state of Wisconsin. Each regional center is accessible by dialing 2-1-1 or calling toll free (877) 947-2211. You can also text 898-211 or search our online database at 211wisconsin.org. 2-1-1 services are available 24/7, every day of the year.
The 2-1-1 program provides:

- **Information** - Regarding a large variety of available services
- **Referrals** - To specific agencies or organizations in the community
- **Advocacy** - Some callers struggle with barriers that include language, comprehension issues and anxiety. 2-1-1 information and referral specialists advocate on their behalf to help them access the help they need.
- **Crisis intervention** - “Crisis” has a broad definition. Examples include a mom who has no formula or diapers for a baby, a family that has no food, mental health emergencies and physical health emergencies.
- **Follow-up** - As often as possible, 2-1-1 information and referral specialists schedule follow-up calls and/or surveys to ensure people are getting the help they need.
- **Statewide interpreter services**
- **Data collection, analysis, and reporting**
- **Cooperative program development**
- **Community outreach**
- **Emergency preparedness and disaster response**
- **Access to substance use treatment and recovery services**

**The Wisconsin Addiction Recovery Helpline**
In October 2018, 2-1-1 launched the Wisconsin Addiction Recovery Helpline. The Helpline is a statewide resource for finding substance use treatment and recovery services. The Helpline is free, confidential and available 24/7. This service is funded by a grant from the Wisconsin Department of Health Services. You can reach the Helpline by dialing 2-1-1 or 833-944-4673. You can also visit the helpline’s website at [www.addictionhelpwi.org](http://www.addictionhelpwi.org).

Recovery resources include crisis and detoxification services, assessment, counseling, medication-assisted treatment, and both residential and outpatient services. The Helpline also provides follow-up services for callers and helps them remove barriers to getting treatment, such as navigating payment options available through health insurance and finding transportation.

**Data Collection**
Wisconsin 2-1-1 collects large amounts of data regarding caller demographics, requests received and unmet needs in the communities served. This allows city, county and state governments, United Ways and other organizations to understand what help is needed, who needs the help and what needs are not being met by current efforts. Topics most commonly addressed in calls include housing, food and employment.

**What happens during a typical call?**
- Active listening and emotional support
- Assessment of needs and the underlying issues
- Problem solving to identify options
- Offering community resources and options that can address the issues
- Assisting with system navigation and providing advocacy when needed
- Offering follow-up for complicated and serious situations
Crisis, Emergency Management and Cross Coverage
Although not advertised as a crisis hotline, 2-1-1 receives crisis calls daily. In crisis situations, the information and referral specialists assess for safety and intervene if needed (911, local police). They provide warm transfers to appropriate experts in situations such as mental health emergencies, child abuse/neglect, elder and dependent abuse/neglect, domestic violence, sexual assault and urgent medical concerns. If appropriate, 2-1-1 information and referral specialists will offer to make a follow-up call to check in and offer additional resources or assistance.

2-1-1 Wisconsin uses the same cloud-based telephone technology throughout the state, providing callers with access to specific, locally-based assistance regardless of where they are from or what 2-1-1 center is reached. Wisconsin 2-1-1 centers work together to ensure continuous coverage in the event of a disaster or emergency.

2-1-1 Resource Database
The 2-1-1 program maintains the most complete inventory of family, health and human service providers in Wisconsin. The database includes more than 12,500 agencies, almost 22,000 sites, and nearly 41,000 services, all continuously maintained in real time. The 2-1-1 database can also be accessed online by health care providers and others working with individuals or families. The resources in the database are maintained locally and can be found at www.211wisconsin.org. To find resources outside of Wisconsin, visit www.211.org.

Social Determinants of Health
2-1-1’s vast database of health and human services helps individuals, caregivers and professionals connect to community resources that help address the social determinants of health.
The Birth to 3 Program provides early intervention services to infants and toddlers with developmental delays and disabilities throughout Wisconsin. This program is authorized under the federal Individuals with Disabilities Education Act (IDEA), Part C for Infants and Toddlers. The U.S. Department of Education, Office of Special Education Programs (OSEP), is the federal administering agency. Wisconsin’s county agencies operate the Birth to 3 Program at the local community level. Wisconsin Department of Health Services (DHS) staff provide ongoing technical assistance and conduct county program oversight, monitoring and enforcement activities.

The Birth to 3 Program provides early intervention services to assist each child to reach their developmental outcomes. Early intervention services include support to the child’s family in meeting their own child’s unique developmental needs. For some children, the provision of developmental services may overcome their delays. For others, the delays may be lessened.

About 18,000 Wisconsin children are served by the Birth to 3 Program annually. Funding sources include the federal, state and county governments. There is a sliding scale parental cost-share system for families at or above 300% Federal Poverty Level. The maximum family cost-share payment is $150 per month.

When a referral source, such as a physician, identifies children who may be eligible for services, they must be referred to the appropriate county Birth to 3 Program within two working days of identification (ForwardHealth Topic #788). After a referral is received, the Birth to 3 Program conducts an initial evaluation and assessment, followed by the development of an Individualized Family Service Plan (IFSP) for children that qualify for the program.

Children under age 3 who qualify include:

- Those with specific diagnoses known to be associated with significant developmental delays (e.g., Trisomy 21)
- Those with a 25% delay in one or more areas of development

A Referral to Wisconsin Birth to 3 Program form is available from DHS. Infants and toddlers who are substantiated victims of abuse or neglect must, by statute, be referred by child welfare to the Birth to 3 Program.

The Wisconsin Birth to 3 Program utilizes an evidence-based set of practices that incorporates coaching, teaming and natural learning environments with the goal of increasing the ability of parents and other family members/caregivers to support their child’s learning and development. This allows opportunities for the child to learn on a daily, round-the-clock basis rather than only during early intervention visits.
The Birth to 3 Program follows these principles laid out by the Workgroup on Principles and Practices in Natural Environments, OSEP Community of Practice: Part C Settings (2008).

- Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
- All families, with necessary supports and resources, can enhance their children’s learning and development.
- The primary role of the service provider in early intervention is to work with and support family members and caregivers in children’s lives.
- The early intervention process, from initial contact through transition, must be dynamic and individualized to reflect the child’s and family members’ preferences, learning styles and cultural beliefs.
- The IFSP outcomes are functional and based on children’s and families’ needs and family identified priorities.
- Family priorities, needs and interests are addressed most appropriately by a primary coach who represents and receives team and community support.
- Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations.
The Children and Youth with Special Health Care Needs Program (CYSHCN)
Promoting quality care for children and youth with special health care needs in Wisconsin.

Program Goal
To assure that children and youth with special health care needs are:
- Identified early
- Receive high-quality, coordinated care
- Receive, with their families, the supports they need

The Children and Youth with Special Health Care Needs Program collaborates with national, state and community-based partners to link children to appropriate services, close service gaps, reduce duplication and develop policies to better serve families.

Who are Children and Youth with Special Health Care Needs?
Children and youth with special health care needs (CYSHCN) are defined by the Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (MCHB) as:

"...those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."

The CYSHCN Program works to improve systems of care for anyone from birth through age 21 with a chronic physical, developmental, behavioral or emotional illness or condition. Some examples include ADHD, asthma, autism spectrum disorders, childhood cancers, cerebral palsy, deaf or blind, diabetes, Down syndrome, heart disease, and mental health conditions.

Prevalence of CYSHCN
Approximately 13.8 million children ages 0–17 years in the United States (18.8%) have special health care needs. In Wisconsin, approximately 229,000 Wisconsin children have special health care needs (17.8%).

The Wisconsin CYSHCN program supports children, families and providers through five Regional Centers located in Milwaukee, Madison, Neenah, Wausau and Chippewa Falls. Most of their work is done by telephone and directly with families, although in-person meetings also take place. The centers provide support by helping connect families to the complex array of services that they are trying to navigate. These information and referral resources include health care, social support, nutrition (including WIC) and educational services (including Birth to 3 and schools).

Health care professionals can refer a child with special health care needs to a Regional Center using a Consent to Release Medical Information Referral form.

The CYSHCN program is measured on these core focus areas:

- Medical Home
- Transition to Adult Care
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Wisconsin CYSHCN Program Partners

**The Well Badger Resource Center** provides information and links to services for children, youth, their families and providers. Information is available on services such as Birth to 3 (early intervention), financial assistance, parent networking and support, home health care, therapy services, CYSHCN Regional Centers and more. 800-642-7837  
[https://wellbadger.org/](https://wellbadger.org/)

**Family Voices of Wisconsin** supports the voice of families in decision-making, leadership and systems change. Family Voices provides information, training and support around health care and community services for families and professional partners. 608-220-9598  

**Parent to Parent of Wisconsin** (P2P) provides parent matching through a statewide network of families who support each other on the journey of parenting children with special health care needs. 888-266-0028  

**The Wisconsin Medical Home Initiative (WisMHI)** promotes the early identification of developmental delays and mental health conditions. Additionally, WisMHI works with public health departments, health care teams, communities and families throughout Wisconsin to advance family-centered, integrated care.  
[www.chawisconsin.org](http://www.chawisconsin.org)

**Health Transition Wisconsin** offers resources to assist Wisconsin youth, families and health professionals with the transition from pediatric to adult health care.  
[https://healthtransitionwi.org/](https://healthtransitionwi.org/)
“Child health and developmental outcomes depend to a large extent on the capabilities of families to provide a nurturing, safe environment for their infants and young children. Unfortunately, many families have insufficient knowledge about parenting skills and an inadequate support system of friends, extended family, or professionals to help with or advise them regarding child rearing. Home-visiting programs offer a mechanism for ensuring that at-risk families have social support, linkage with public and private community services, and ongoing health, developmental, and safety education. When these services are part of a system of high quality well-child care linked or integrated with the pediatric medical home, they have the potential to mitigate health and developmental outcome disparities.”


In recent years, the importance of high quality, evidence-based home visiting programs has become more apparent with the expansion of knowledge on early brain and child development, the negative effect of adverse childhood experiences, and the resilience offered by nurturing support structures.

Wisconsin’s Family Foundations Home Visiting (FFHV) program started as a child abuse prevention program in 1994. Under the Affordable Care Act, there was an infusion of federal dollars into the program, allowing for expansion and a more robust system of benchmarking and monitoring. Since then, the State has increased its investment in home visiting and the program has expanded further.

Some facts about FFHV:

- The program is housed within the Wisconsin Department of Children and Families (DCF), with cross-department support from the Department of Health Services (DHS) and Division of Public Health (DPH). FFHV is currently supported by braided federal and state funding.

- Federal funding requires evidence-based home visiting program models with reporting metrics.

- FFHV is a voluntary program offering family supports, coaching and resource coordination to parents and their children (0-5 years) during and after pregnancy. The inclusion of the prenatal period has been shown to improve effectiveness of the program.

- FFHV provides weekly or bimonthly visits from a qualified provider (nurse, parent educator or family support worker, all with appropriate training based on their model requirements).

- Programs focus on prenatal care access, promotion of positive parent-child relationships, healthy child development, screening and assessment, referral for additional support, and care coordination.
Wisconsin programs use one of four evidence-based home visiting models with proven results:

- Early Head Start
- Healthy Families America (HFA)
- Nurse-Family Partnership
- Parents as Teachers

One of the largest programs in the state is Empowering Families Milwaukee, housed within the Milwaukee Public Health Department. It uses the Healthy Families America (HFA) model, which pairs nurse-social worker teams.

In Wisconsin, nearly 80 percent of home visiting staff have bachelor’s degrees or more advanced degrees, from a variety of disciplines including nursing, social work, early childhood education and psychology.

Reporting metrics are organized into six benchmark areas:

- Improved maternal and child health
- Reduction in child injuries, abuse and neglect
- Improved school readiness and achievement
- Reduction in domestic violence
- Improved family economic self-sufficiency
- Improved coordination and referral for other community resources and support

There are additional evidence-based home visiting programs that are not part of the FFHV program. The Supporting Families Together Association (SFTA) offers a directory of evidence-based home visiting programs available throughout the state. SFTA also offers additional resources related to early childhood education and family support.

Home visiting enhances early childhood systems and supports cross-system collaboration between DCF, DHS and Department of Public Instruction programs. Building the infrastructure to allow such cross-system collaboration has been important, and recent federal funding and increased funding through the Wisconsin State Budget has helped make this happen. DCF continues to measure the impact of FFHV through internal and external evaluation.

Home visitors can give medical professionals a broader perspective on a family’s life. Home visitors support the medical home in many ways, such as discouraging use of the emergency room in favor of the medical home, assisting with health literacy and other issues at home, and reinforcing recommendations made by pediatricians. Pediatricians can learn about home visiting programs in their communities and participate in development of such programs as possible.

The synergy of home visitors working with pediatricians has the potential to create positive effects on child health and development. Communication between pediatricians and home visitors is important in order to make this happen.
What is Head Start?

Wisconsin Head Start and Early Head Start is a federally-funded provider of developmental and educational services for infants, toddlers, preschoolers, pregnant women and their families. Head Start and its community partners work with at-risk families to remove their barriers to success and to cultivate children’s social, physical, emotional and cognitive development, so they have the abilities necessary to succeed in school and life.

Impacting children, families and communities happens one child at a time. Head Start services are evidence-based, developmentally-appropriate and family-centered. We coordinate with community organizations to better support parents in their work and child-rearing roles. Children who attend Head Start participate in a variety of learning activities, eat healthy meals and snacks, receive medical and oral health care, and play in safe indoor and outdoor environments.

Head Start includes comprehensive:
- Early childhood education and care
- Child development services for cognitive, social, emotional and physical growth
- Family development and support services

Head Start programs prepare America’s most vulnerable young children to succeed in school and in life beyond school. To achieve this, Head Start programs deliver services to children and families in core areas of early learning, health and family well-being, while engaging parents as partners every step of the way. Head Start programs serve children from low-income families, ages birth to 5.

Head Start encompasses Head Start preschool programs, which primarily serve 3- and 4-year-old children, and Early Head Start programs for infants, toddlers and pregnant women. Head Start services are delivered nationwide through 1,600 agencies that tailor the federal program to the local needs of families in their service area.

Head Start and Early Head Start programs offer a variety of service models, depending on the needs of the local community. Many Head Start and Early Head Start programs are based in schools. Other programs are located in child care centers and family child care homes. Some programs offer home-based services, where dedicated staff conduct weekly visits with children in their own home and work with the parent as the child’s primary teacher.

More than 50 years ago, Head Start began as a program for preschoolers. Today 3- and 4-year-olds make up over 80 percent of the children served by Head Start programs each year. Early Head Start was created to serve pregnant women, infants and toddlers. Early Head Start programs are available until the child turns 3 years old and is ready to transition into Head Start or another pre-K program.
Just recently, many Early Head Start programs have been funded to partner directly with existing infant and toddler child care programs, resulting in higher quality services to all children enrolled in the child care program.

Head Start programs support children’s growth and development in a positive learning environment through a variety of services, which include:

- **Early learning**: Children’s readiness for school and beyond is fostered by individualized learning experiences. Through relationships with adults, play, and planned and spontaneous instruction, children grow in many aspects of development. Children progress in social skills and emotional well-being, along with language and literacy learning, and concept development.

- **Health**: Each child’s perceptual, motor and physical development is supported to permit them to fully explore and function in their environment. All children receive health and development screenings, nutritious meals, oral health and mental health support. Programs connect families with medical, dental and mental health services to ensure that children are receiving the care they need.

- **Family well-being**: Parents and families are supported in achieving their own goals, such as housing stability, continued education and financial security. Programs support and strengthen parent-child relationships and engage families around children’s learning and development.

**Head Start in Wisconsin**

Wisconsin has 29 grantees offering Head Start and Early Head Start services. Nine tribal grantees offer Head Start and Early Head Start. One migrant grantee offers Head Start and Early Head Start. These grantees serve children and families in 286 programs located throughout the state.

**Children served by Wisconsin Head Start and Early Head Start programs**

<table>
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<tr>
<th>Total Head Start and Early Head Start funded enrollment</th>
<th>16,437</th>
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<tr>
<td>Head Start (ages 3-5) funded enrollment</td>
<td>13,497</td>
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<tr>
<td>Early Head Start funded enrollment</td>
<td>2,940</td>
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<tr>
<td>Tribal program enrollment</td>
<td>1,121</td>
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<tr>
<td>Children served through migrant and seasonal program</td>
<td>457</td>
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<tr>
<td>Children served through the Early Head Start Child Care Partnership Enrollment</td>
<td>827</td>
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The Pediatrician’s Guide to Health Equity
**Health Equity** is when every person has the opportunity to be as healthy as possible, regardless of race or ethnicity, level of education, gender identity, sexual orientation, income level, the neighborhood they live in, whether or not they have a disability, or other social, economic or environmental factors.

Certain populations, generally those who are socially and economically disadvantaged, bear a disproportionately greater burden of disease and mortality. For example, infant mortality and asthma rates are higher in African American and Hispanic groups than white populations. These differences are what we commonly refer to as health disparities.

The *Healthiest Wisconsin 2020 Baseline and Health Disparities Report* provides a detailed look into health disparities throughout the state, with data summaries available for racial/ethnic minorities, socio-economic status, people with disabilities, LGBT populations and geography.

Health disparities are created and maintained through complex pathways and often persist despite efforts to reduce or eliminate them by addressing any one cause individually.

Many factors impact health. The Healthiest Wisconsin 2020 Report classifies these factors as follows:

- **Physical factors**: housing, transit, air and water quality
- **Socioeconomic factors**: community safety, family and social supports, income, employment, education
- **Clinical care**: quality of care, access to care
- **Health behaviors**: sexual activity, alcohol and drug use, diet and exercise, tobacco use

These physical and socioeconomic factors are referred to as the **Social Determinants of Health**, the conditions in the environments in which people are born, live, learn, work, play, worship and age. These determinants affect a wide range of health, functioning and quality-of-life outcomes and risks.

Beyond locations or settings, the patterns of social engagement and sense of security and well-being fostered by the conditions in these places impact health, making it important to understand how people experience “place.”
Culturally and Linguistically Appropriate Services (CLAS)
Wisconsin residents who come from diverse cultural backgrounds, and for whom English is not their primary language, are at much higher risk for health disparities, in part, because of these cultural and linguistic differences.

The 2013 National CLAS Standards are a comprehensive series of guidelines that inform, guide and facilitate practices related to culturally and linguistically appropriate health services. The CLAS Principal Standard is the overall goal: organizations will provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Implementation of the CLAS standards is increasingly recognized as an effective way to improve quality of services and increase patient safety, effectiveness and patient-centeredness. Below are some resources to help you implement CLAS in your practice.

Additional Resources:
- A Physician’s Practical Guide to Culturally-Competent Care – U.S. Department of Health & Human Services
- CLAS Resources – A compilation of resources and publications related to the provision of culturally and linguistically appropriate services. Allows users to search by type and topic.
- Think Cultural Health
- Unequal Treatment, Confronting Racial and Ethnic Disparities in Healthcare – Institute of Medicine
- Recorded Webinars:
  - Reducing Childhood Disparities: The Intersection between Pediatrics and Public Health
  - Beyond the Right Thing to Do: The Legal Case for CLAS Implementation

Equality ≠ Equity

Equality is when everyone gets the same treatment. Equity is when everyone gets the treatment they need to achieve the desired outcome.

*In the context of the Wisconsin Minority Health Program's mission, health disparities are defined as “differences in health outcomes that are adverse and avoidable, which exist between population groups based on gender, age, race, ethnicity, socioeconomic status, geography, sexual orientation, gender identity, disability, special health care needs, or other categories.”*
The Pediatrician’s Guide to School-Based Services
Although Wisconsin’s public schools provide services for all children in the state, there are several programs that target children who are in poverty or are at higher likelihood to be affected by poverty because of their circumstance or special needs. The following guide lists these services from the Department of Public Instruction (DPI) alphabetically.

- **School District Contact Information**: This directory will help you find contact information for any school district in the state.

- Closing the Achievement Gap: Recognizing that education of students of color requires swift, targeted and deliberate attention.

- **Promoting Excellence for All**: This website provides information and strategies that have been successfully used by Wisconsin educators to raise achievement among students of color, closing the gap between them and their peers.

### Child Nutrition Programs

School-based Child Nutrition Programs support access to healthy meals in Wisconsin schools and child care centers. The DPI Community and School Nutrition Teams provide nutrition information and program guidance to sponsors of the National School Lunch Program, the School Breakfast Program, Child and Adult Care Food Program, the Summer Food Service Program, the Special Milk Program, and the USDA Commodity Food Distribution.

### Early Childhood Education

Learn more about early childhood in Wisconsin at the [Wisconsin Early Childhood Collaborating Partners](https://www.wisconsin.gov/DCF/WECCP) website. The DPI, Department of Children and Families (DCF), and Department of Health Services (DHS) work together with Wisconsin’s schools, child care, Head Start, and a wide array of other related early childhood organizations and agencies to improve quality services for young children.

### Education Data

The [Wisconsin Information System for Education](https://www.wisconsin.gov/WISEdash) (WISEdash) is a public reporting tool to provide data to better understand and improve educational outcomes for Wisconsin students. The data portal uses “dashboards” or visual collections of graphs and tables, to provide multi-year education data about Wisconsin schools. WISEdash is used by districts, schools, parents, researchers, media, and other community members to view data published by DPI including academic progress, attendance, enrollment, graduation, discipline, finance, and other data sets.

### Education for Homeless Children and Youth (EHCY)

The EHCY program’s major responsibility is to implement the McKinney-Vento Homeless Education Assistance Act. Homeless children and unaccompanied youth must have access to public school educational programs and services that allow them to meet the challenging state academic standards to which all students are held. Homelessness can impact stability in a child’s life. There are resources available specific to homelessness to decrease impact on functioning and learning and provide supports.
Health Education
School health curriculum, instruction, and assessment that involve planning, implementing, and evaluating a sequential and developmentally appropriate PreK-12 curriculum that deals with important health and safety issues. Although primarily included in the subject areas of health, physical education, science, family and consumer education, social studies, and driver education and traffic safety, the curriculum transcends all disciplines to be delivered in an integrated, multidisciplinary approach. More information is available at the Health Education website.

Mental Health
Schools in Wisconsin are working to understand and respond to student mental health needs. Webinars on mental health topics are available for educators to view. Additional resources for the mental health needs of students with hearing and/or visual impairment are available. 1 in 5 children in our schools has a mental health issue. The Wisconsin School Mental Health Framework address what supports are needed to increase access to mental health supports, reduce stigma, and help school staff address the complex needs caused by mental health issues.

Professional educators know that many students face challenges in their personal lives that adversely affect their learning in school. Unfortunately, many children have been traumatized by directly or vicariously experiencing violence, homelessness, loss (or fear of loss) of loved ones, or other kinds of devastating experiences. DPI has a Trauma Sensitive Schools initiative in targeted schools across the state. However, any school district can incorporate trauma sensitive practices and find many learning modules to support that work on the DPI website.

Response to Intervention (RtI) Center
Response to Intervention created to assist Wisconsin’s educational systems to build capacity, adopt and implement high quality practices, make informed decisions, ensure sustainability of efforts, and increased success for all students. The RtI Center provides professional development and technical assistance to help schools operationalize implementation of culturally responsive multi-level systems of support.

Examples include:
- The Wisconsin Positive Behavioral Interventions and Supports (PBIS) Network, operating within the Wisconsin RtI Center with a specific focus on behavior in school-age programs.
- Partnerships including the Wisconsin Pyramid Model as a way to enhance quality of care and promote optimal social and emotional well-being for young children in child care, Head Start, and school early childhood programs.
Wisconsin Safe and Healthy Schools Center
The Wisconsin Safe and Healthy (WISH) Schools Center is a collaboration between the Cooperative Educational Service Agency (CESA) statewide network and DPI as a statewide delivery mechanism for alcohol, tobacco, other drug, violence, and bullying prevention training. The goal of the Safe and Healthy Schools Center is to provide professional learning opportunities and follow-up technical assistance for adults.

School Nursing and Health Services
DPI provides School Health Resources in the areas of school nursing practice, school health policy and school health programs. Technical assistance is available on a number of topics including: legal issues in school nursing, school health program planning, implementation and evaluation, education programs and related services for children with special health care needs, school health records, medication administration, and emergency services.

Screening and Assessment
The DPI and local schools collaborate with community partners to support a comprehensive approach to screening and assessment in the early childhood period.

Special Education Services
The federal Individuals with Disabilities Education Act (IDEA) and state law define the schools role in the provision of special education and related services for children 3 to 21 years. In Wisconsin, infants and toddlers with delays and disabilities are served by the Birth to Three program.

Parents can find support, information and personal assistance navigating the special education systems through the Wisconsin Family Assistance Center for Education, Training and Support (FACETS) and the Wisconsin Statewide Parent-Educator Initiative (WSPEI). WSPEI’s goal is to help families and school districts find or create resources that will help them build positive working relationships that lead to shared decision making and better outcomes for students.

Additional resources include:

- Rules for eligibility criteria can be found in Wisconsin Administrative Code, Section PI 11.36. This covers the areas of autism, cognitive disabilities, emotional behavioral disabilities, hearing impairments, orthopedic impairment, other health impairment, significant developmental delay, speech/language impairments, specific learning disabilities, traumatic brain injury, visual impairments, and the need for special education.

- The Introduction to Special Education provides an overview of the law for parents and the general public.

- DPI provides information and resources specific to autism.
The Pediatrician’s Guide to School-Based Services

- **Child Find** is a continuous process of public awareness activities and screening designed to “find” children who may have a delay in development or a disability. Individuals with Disabilities Education Act requires all states to have a comprehensive Child Find System that ensures all children (birth to 21) who are in need of early intervention or special education services are identified, located and evaluated. Physicians may refer a child to Child Find by contacting the special education department of the child’s school district.

**Title I Programs**

*Title I* is a federal program that provides funds to school districts and schools with high numbers or high percentages of children who are disadvantaged to support a variety of services. Its overall purpose is to ensure that all children have a fair, equal and significant opportunity to obtain a high-quality education and reach, at a minimum, proficiency on challenging state academic achievement standards and assessments.

The grant contains provisions for ensuring that children who are disadvantaged and enrolled in private schools also benefit from the academic enrichment services funded with Title I, Part A funds. Critical program elements are: needs assessment and program plan design, parent involvement, services to students enrolled in private schools, and high-quality teachers and paraprofessionals.

- **Migrant Education**

  Title I migrant education is a federally-funded program that assists selected local school districts in providing supplemental education services needed by migratory children. The program helps children develop oral and written language, and other communication skills. It also focuses on reading, mathematics, and other core subjects to improve student achievement. Coordinated supportive services may also be provided. Local school districts may submit funding applications per departmental guidelines.

- **Neglected and Delinquent Youth**

  Federal Neglected and Delinquent funds are provided to enable failing and at-risk neglected, delinquent, and incarcerated youth to have the same opportunity as students in other Title I instructional programs. Such youth receive supplementary programs and services to improve their achievement in reading, mathematics, and language arts, have access to vocational life-skills training, and are engaged in working toward a successful transition to obtain a high school diploma in a regular school setting, earn a GED or HSED at the institution, find employment, or enroll in a postsecondary program.
The Pediatrician’s Guide to WIC

WIC (Woman, Infants and Children) Program is a supplemental food and nutrition program for low-income women, infants and children who are at risk for nutrition-related health problems. WIC was established as a pilot program in 1972 to address high infant mortality, undergrowth and severe anemia commonly seen in low-income children by pediatricians working in public health. The program demonstrated a marked reduction in growth stunting and severe iron deficiency anemia and eventually became a nationwide program in 1974. WIC enables parents to properly feed their children during essential periods of growth and development. The program is federally funded through the United States Department of Agriculture and administered in Wisconsin by the Department of Health Services. Services are provided by local WIC agencies in each county.

Research Shows that WIC Works:

Babies
- Prenatal WIC participation is associated with lower infant mortality rates.
- WIC prenatal care benefits reduce the rate of low birth weight babies by 25% and very low birth weight babies by 44%.
- WIC infants are in better health than eligible infants not participating in WIC.

Children
- WIC nutrition education improves fiber, lower fat milk and fruit consumption among WIC families.
- Children in both WIC and Medicaid better meet their healthcare needs than children only enrolled in Medicaid.

Who Qualifies?
- Pregnant women
- Postpartum mothers up to 6 months
- Breastfeeding mothers up to 1 year postpartum
- Infants and children to age 5 years

The 4 Pillars of the WIC Public Health Program:

1. Nutrition Education

WIC health professionals work with families to address healthy eating habits, dietary needs, meal planning and feeding concerns. Personalized nutrition consultation is provided by Registered Dietitians with ongoing assessments and routine follow-ups. Nutrition counseling for infants and children is based on the current American Academy of Pediatrics guidelines, which include the following:
- No juice under age 12 months; no juice from bottles
- Maximum 4 oz of 100% fruit juice daily over age 1 (counting as a fruit serving)
- Whole milk age 12-23 months
- 2% milk age 12-23 months when WIC nutritionist assesses and documents need
- 1% or skim milk starting at age 24 months

While many pediatricians counsel patients to avoid fruit juice even beyond age 1, USDA rules currently require WIC to provide 100% juice as part of the food package.
WIC nutritionists recommend limiting juice consumption to the AAP-recommended amount of no more than 4 ounces per day and emphasize the importance of eating whole fruits and vegetables.

2. Healthy Food
The list of WIC approved foods was updated nationally in 2009 and includes more foods that are culturally appropriate for the Hispanic population, which makes up over 25% of WIC clients. There remains, however, only minimal flexibility in the prescribed foods.

Food Benefits
- Fruits and vegetables
- Whole grains
- Low-fat dairy
- Iron rich foods
- Infant foods

Formulas and Medical Nutritional
- Standard contract formulas
- Medical formulas for infants and children with special needs
- Medical foods for children and women with special needs

3. Breastfeeding support
WIC provides moms with one-on-one breastfeeding support and mother-to-mother support with WIC Peer Counselors, designed to help initiate and prolong breastfeeding. All WIC clinics have staff with advanced training and certification in breastfeeding support. Breastfeeding mothers receive enhanced food benefits and are eligible for WIC up to 1-year postpartum.

4. Referrals
WIC connects families to health and community services, resources and programs based on their unique needs. WIC dietitians encourage participants to see providers and keep their appointments.

Families are eligible if they have income up to 185% of the federal poverty level or are enrolled in foster care, kinship care, or FoodShare. Many families enrolled in Medicaid or BadgerCare Plus also qualify for WIC.

52% Of Wisconsin infants qualify for WIC.
A family of 3 with an income of $37,000 will qualify for WIC.

Fathers, guardians and foster parents may apply for WIC for their children.
# Hyperlink Index

Find all of the online resources that were referenced in this guidebook.

## 2-1-1 Wisconsin

| 2-1-1 | [https://www.211wisconsin.communityos.org/](https://www.211wisconsin.communityos.org/) |

## Birth to 3

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## Children and Youth with Special Health Care Needs

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## Family Foundations Home Visiting

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Directory

Head Start

Wisconsin Head Start and Early Head Start
https://whsaonline.org/about-head-start/

Health Equity

Healthiest Wisconsin 2020 Baseline and Health Disparities Report
https://www.dhs.wisconsin.gov/hw2020/baseline.htm

National CLAS Standards
https://www.dhs.wisconsin.gov/minority-health/clas.htm

A Physician’s Practical Guide to Culturally-Competent Care
https://www.thinkculturalhealth.hhs.gov/education/physicians

CLAS Resources
https://www.thinkculturalhealth.hhs.gov/resources

Think Cultural Health
https://www.thinkculturalhealth.hhs.gov/

Unequal Treatment, Confronting Racial and Ethnic Disparities in Healthcare
https://www.nap.edu/read/12875/chapter/1#xiii

Reducing Childhood Disparities: The Intersection between Pediatrics and Public Health
https://youtu.be/lwrWmM8dYQ

Beyond the Right Thing to Do: The Legal Case for CLAS Implementation
http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-health-disparities-solutions/Events/PastWebinars.html
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School-Based Services

School District Contact Information
http://dpi.wi.gov/directories

Promoting Excellence for All
https://dpi.wi.gov/excforall

Child Nutrition Programs
http://dpi.wi.gov/nutrition

Wisconsin Early Childhood Collaborating Partners
http://www.collaboratingpartners.com/

Wisconsin Information System for Education
http://wisedash.dpi.wi.gov/Dashboard/portalHome.jsp

Education for Homeless Children and Youth (EHCY)
https://dpi.wi.gov/homeless

Health Education
http://dpi.wi.gov/sspw/health-education

Wisconsin School Mental Health Framework
http://dpi.wi.gov/sspw/mental-health

Trauma Sensitive Schools initiative
http://dpi.wi.gov/sspw/mental-health/trauma

Response to Intervention
http://wisconsinrticenter.org/topnav/about-us.html

Wisconsin Pyramid Model
http://www.collaboratingpartners.com/wi-pyramid-model-about.php

Wisconsin Safe and Health (WISH) Schools Center
http://www.wishschools.org/

School Health Resources
https://dpi.wi.gov/sspw/pupil-services/school-nurse

Special education and related services
https://dpi.wi.gov/sped
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Birth to Three program
https://www.dhs.wisconsin.gov/health-care-coverage/health-care-coverage/birth-3-program

Wisconsin Family Assistance Center for Education, Training and Support (FACETS)
http://www.wifacets.org/

Wisconsin Statewide Parent-Educator Initiative (WSPEI)
http://wspei.org/

Rules for eligibility
http://dpi.wi.gov/sped/laws-procedures-bulletins/laws/eligibility

Introduction to Special Education
http://dpi.wi.gov/sites/default/files/imce/families-students/intro-se.pdf

Autism
http://dpi.wi.gov/sped/program/autism

Child Find
http://dpi.wi.gov/sped/early-childhood/child-find

Title I
http://dpi.wi.gov/title-i

Migrant education
http://dpi.wi.gov/migrant

Federal Neglected and Delinquent funds
http://dpi.wi.gov/neglected-delinquent

Women, Infants and Children (WIC)

WIC (Woman, Infants and Children) Program
https://www.dhs.wisconsin.gov/wic/professionals.htm

Babies

Children
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**List of WIC approved foods**
https://www.dhs.wisconsin.gov/wic/approved-foods.htm

**WIC Eligibility and Income Guidelines**
https://www.dhs.wisconsin.gov/wic/income-guidelines.htm

**WIC Nondiscrimination Statement**
https://www.dhs.wisconsin.gov/wic/non-discrimination.htm