

The Pediatrician's Guide to Community Resources in Wisconsin



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The Pediatrician's Guide to 2-1-1



The 211 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. 211 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, 211 information and referral specialists schedule follow-up calls and/or surveys to ensure people are getting the help they need.
- **Statewide interpreterservices**
- **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, 211 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 211 or 833-944-4673. You can also visit the helpline's website at 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

211 Wisconsin 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, 211 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, 211 information and referral specialists will offer to make a follow-up call to check in and offer additional resources or assistance.

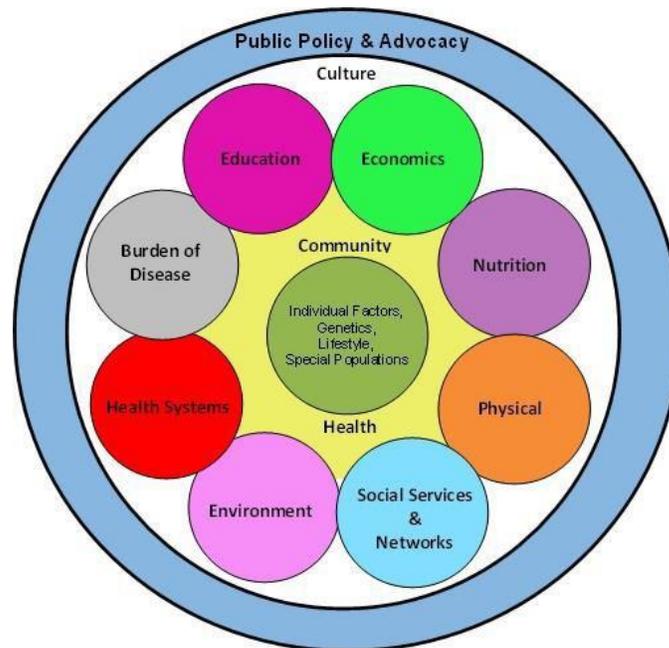
211 Wisconsin uses the same cloud-based telephone technology throughout the state, providing callers with access to specific, locally-based assistance regardless of where they are from or what 211 center is reached. Wisconsin 211 centers work together to ensure continuous coverage in the event of a disaster or emergency.

211 Resource Database

The 211 program maintains the most complete inventory of family, health and human service providers in Wisconsin. The database includes more than 10,000 agencies, almost 20,000 sites and over 33,000 services, all continuously maintained in real time. The 211 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 <https://211wisconsin.communityos.org/>. To find resources outside of Wisconsin, visit www.211.org.

Social Determinants of Health

211'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 Pediatrician's Guide to Birth to 3



BIRTH TO 3

The Birth to 3 Program serves infants and toddlers with developmental delays and disabilities and their families 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, and the 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 supports families to learn ways to help their child reach their developmental outcomes. Early intervention is designed to support the child's family in meeting their own child's unique developmental needs.

About 18,000 Wisconsin children are served by the Birth to 3 Program every year. 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 provides 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 every day 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 contacts 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 Pediatrician's Guide to Children and Youth with Special Health Care Needs Program



Wisconsin Regional Centers
Children and Youth with
Special Health Care Needs

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 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 13.5 million children ages 0 to 17 years in the United States (18.5%) have special health care needs. In Wisconsin, approximately 224,000 children have special health care needs (17.5%).

Source: 2017-2018 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved 5/1/20 from www.childhealthdata.org.

Wisconsin Regional Centers for CYSHCN

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. They also provide training for families and professionals who work with families. 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



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/>

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

<https://www.familyvoiceswi.org/>

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.

715-361-6307

<http://p2pwi.org/>

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.

<https://www.wismhi.org/initiatives/medical-home/>

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/>

The Pediatrician's Guide to Family Foundations Home Visiting



The Pediatrician's Guide to the Family Foundations Home Visiting Program

“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.”

- [American Academy of Pediatrics Policy Statement](#) on Preschool Home Visiting Programs (2009)

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 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). The visit frequency, provider-type and timing of enrollment depend on the evidence-based home visiting program model.
- 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.

The Pediatrician's Guide to the Family Foundations Home Visiting Program

Wisconsin programs use one of four evidence-based home visiting models with proven results:

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

In Wisconsin, nearly 80% 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 visiting programs value strengthening collaboration with medical professionals to further support family health. In 2020, four FFHV home visiting programs started a quality improvement project focused on improving the percent of children who received their last expected well child visit on time. This project is also focused on improving communication between medical homes and home visiting programs.

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 the 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.

The Pediatrician's Guide to Head Start



W **H** Wisconsin
S **A** Head Start
Association

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. Children grow in many aspects of development through relationships with adults, play, and planned and spontaneous instruction. 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

Total Head Start and Early Head Start funded enrollment	16,437
Head Start (ages 3-5) funded enrollment	13,497
Early Head Start funded enrollment	2,940
Tribal program enrollment	1,121
Children served through migrant and seasonal program	457
Children served through the Early Head Start Child Care Partnership Enrollment	827

For additional details on Head Start in Wisconsin, visit

https://whsaonline.org/wp-content/uploads/2018/07/HS18-WISCONSIN-HEAD-START-FACTS-TRIFOLD_3-SINGLE-PAGES.pdf

The Pediatrician's Guide to Health Equity



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.

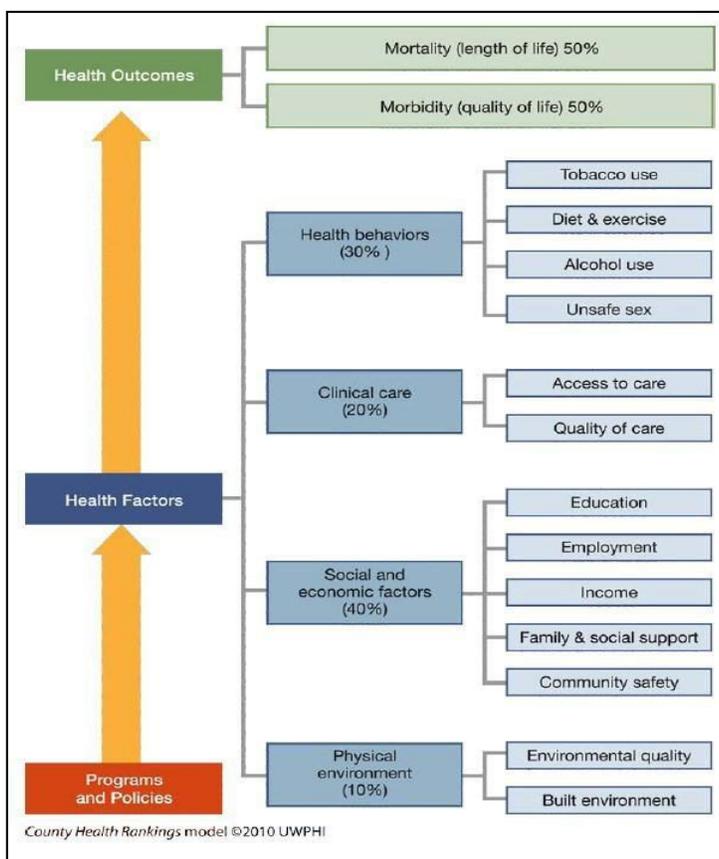
The [Healthiest Wisconsin 2020 Baseline and Health Disparities Report](#) provides a detailed look into health disparities throughout the state with data summaries available for racial/ethnic minorities, socio-economic status, people with disabilities, LGBT populations and geography.

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 and education
- **Clinical care:** quality of care, access to care
- **Health behaviors:** sexual activity, alcohol and drug use, diet and exercise and tobacco use

These physical and socioeconomic factors are referred to as **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.”



The Pediatrician's Guide to Health Equity

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.

Health: The state of complete physical, mental and social well-being.

Health Disparity: A difference in health that is closely linked with social or economic disadvantage.

Health Literacy: The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.

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 economically disadvantaged or are more likely to be affected by economic challenges because of their circumstance or needs. The following guide lists these services from the Wisconsin 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.
- [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](#) (WECCP) website. The DPI, Department of Children and Families (DCF) and Department of Health Services (DHS) work together with Wisconsin's schools, child care programs, 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](#) (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 to 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 have 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.

Wisconsin RtI Center / PBIS Network

The [Wisconsin Response to Intervention \(RtI\) Center](#) was created to assist Wisconsin's educational systems to build capacity, adopt and implement high-quality practices, make informed decisions, ensure sustainability of efforts and increase success for all students. The Wisconsin Positive Behavioral Interventions and Supports (PBIS) Network operates within the Wisconsin RtI Center with a specific focus on behavior.

- Partnerships include 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 schools' early childhood programs.

Wisconsin Safe and Healthy Schools Center

The [Wisconsin Safe and Health \(WISH\) 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 engaged in prevention work with Wisconsin students.

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 \(WSPEI\)](#). FACETS is a federally funded family support organization for parents and families of children with IEPs. 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:

- WI State [rules for special education eligibility](#) criteria can be found in Wisconsin Administrative Code, Section PI 11.36. This covers the areas of autism, intellectual 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.
- An [Introduction to Special Education](#) provides an overview of the law for parents and the general public. [Special Education in Plain Language](#) is another resource to help parents, school professionals and others understand some of the procedures of special education. It can also be found [here](#) as an interactive handbook.
- [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 Well Badger Resource Center





The [Well Badger Resource Center](#) is a health Information and Referral (I&R) Service operated by the [Wisconsin Women's Health Foundation](#), in partnership with the Wisconsin Department of Health Services. The Well Badger Resource Center aims to:

- **Increase utilization of existing health programs and services in Wisconsin**
by matching individuals with accessible, affordable and appropriate services
- **Improve health literacy**
by ensuring individuals understand health information, how to obtain services and how to advocate for themselves and their families
- **Advance health equity**
by addressing the root causes of health issues, ensuring basic needs are met and working to reduce barriers to care

The Well Badger Resource Center **provides health information and referral services for:**

- **Children and youth with special health care needs**
- **Financial assistance**
- **Health care and coverage**
- **Mental health and substance use**
- **Pregnancy and parenting help**
- **Nutrition services**
- **And more**

When contacting the Well Badger Resource Center, individuals are connected with a friendly and knowledgeable Certified Information & Referral Specialist who will listen, answer questions and connect individuals with local resources.

Services are available to both Wisconsin residents and health care professionals assisting their patients or clients **Monday through Friday, 7:00 a.m. to 6:00 p.m. via phone (interpreter services available), text message, e-mail, live chat and also 24/7 via an online searchable directory.**

The Well Badger Resource Center maintains an up-to-date online, publicly-accessible directory of health and social services around the state at www.wellbadger.org.

Multi-Year Averages

Provide one-on-one assistance to 1,700 individuals and families

Provide follow-up services to 1,000 individuals and families

Make 2,500 referrals to health and social services



Well Badger Resource Center You have questions. We find answers.

Contact information for patients and clients:

1-800-642-7837

Text: (608) 360-9328

Email: help@wellbadger.org

Web: www.wellbadger.org

7:00 a.m. to 6:00 p.m.

Monday through Friday

**Closed on public holidays*

Health professionals can visit www.connectwithwb.org to:

- Contact Well Badger on behalf of a patient in need
- Submit or update your agency's information in the Well Badger directory
- Order or download promotional materials
- Join the partner listserv



2020 Well Badger Team

"I feel like Well Badger is one of the best resources I've found. It's not a stressful, anxiety-filled phone call. I felt like a human being and not just a number."

-Satisfaction Survey Response

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, under growth 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 Nutritionals

- 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.

[WIC Eligibility and Income Guidelines](#) | [WIC Nondiscrimination Statement](#)

Hyperlink Index



Hyperlink Index

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

2-1-1 Wisconsin

2-1-1

<https://211wisconsin.communityos.org/>

Addiction Recovery Helpline

<https://211wisconsin.communityos.org/addiction-helpline>

Birth to 3

Birth to 3 Program

<https://www.dhs.wisconsin.gov/health-care-coverage/health-care-coverage/birth-3-program>

Referral to Wisconsin Birth to 3 Program

<https://www.dhs.wisconsin.gov/forms/f0/f00688.pdf>

Children and Youth with Special Health Care Needs

Regional Centers

<https://www.dhs.wisconsin.gov/cyshcn/regionalcenters.htm>

Consent to Release Medical Information Referral

<https://www.dhs.wisconsin.gov/forms/f0/f01238.pdf>

CYSHCN

<https://www.dhs.wisconsin.gov/cyshcn/index.htm>

Family Foundations Home Visiting

AAP Policy Statement on Preschool Home Visiting Programs

<http://pediatrics.aappublications.org/content/123/2/598.full.pdf>

Wisconsin's Family Foundations Home Visiting

<https://www.dhs.wisconsin.gov/mch/homevisits.htm>

Supporting Families Together Association

<http://supportingfamilies.together.org>



Hyperlink Index

Directory

<http://supportingfamilies.together.org/wp-content/uploads/WI-Home-Visiting-Program-Directory.xlsx>

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/lwrWiMm8DyQ>

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>



Hyperlink Index

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://wisconsinrtcenter.org/topnav/about-us.html>

Wisconsin Pyramid Model

<http://www.collaboratingpartners.com/wi-pyramid-model/>

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>



Hyperlink Index

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>

Well Badger Resource Center

Well Badger Resource Center

https://www.wellbadger.org/s/?language=en_US

Wisconsin Women's Health Foundation

<https://www.wwhf.org/>



Women, Infants and Children (WIC)

WIC (Woman, Infants and Children) Program

<https://www.dhs.wisconsin.gov/wic/professionals.htm>

Babies

<https://s3.amazonaws.com/aws.upl/nwica.org/wics-role-reducing-infant-mortality.pdf>

Children

<https://www.dhs.wisconsin.gov/wic/nutrition-education.htm>

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>

