Webinar will start shortly…

“I’m afraid I’ve got some bad news.”
Partnering to make oral health services easier to use for families with CYSHCN

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Introductions

Lynda Honberg, Program Officer for National Center for Ease of Use of Community-Based Services

Pam Vodicka, Program Officer for Targeted Oral Health Services Systems
Impact on Wisconsin Families

• Nearly 200,000 or 15.3% of Wisconsin children have a special health care need

• Children and youth with special health care needs are nearly twice as likely to have had two or more oral health problems in the past six months, compared with children without special health care needs: 11.3 percent compared to 6.4 percent, respectively.
More data on Wisconsin

• An oral health assessment of Head start children in 2008-09, indicated that 10% of Head Start children screened had evidence of Early Childhood Caries.

• Same assessment revealed that one-quarter of all three year olds screened had already experienced dental decay and of those just over 6% required urgent care.

-WI Department of Health Services Report, Oral Health in Wisconsin,-A Fact Sheet, Early Childhood Caries
Today’s Discussion

• Structural foundations for partnerships within Wisconsin Title V CYSHCN Program and its Network

• TOHSS Oral Health Grant
  – Overview and Outcomes

• Making the Partnership Works
For every child with special needs and their families

The Wisconsin Children and Youth with Special Health Care Needs Program

http://www.dhs.wisconsin.gov/health/children/

Children and Youth with Special Health Care Needs Program

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, and
- their families receive 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?

The 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.
To assure that children and youth with special health care needs are: identified early, receive high quality, coordinated care, and their families receive the supports they need.
Advocacy and Benefits Counseling for Health is a Wisconsin-based nonprofit public-interest law firm dedicated to ensuring health care access for children and families, particularly those with special needs or who are at risk. ABC for Health’s mission is to provide health care consumers with the information, advocacy tools, legal services, and expert support they need to navigate America’s complex and confusing health care finance system. Visit them on the web at http://www.abcforhealth.org.

Family Voices of Wisconsin is a statewide non-profit focused on supporting the voice of families in decision-making, leadership, and systems change roles. FVW provides information, training, and support around health care and community services to families throughout our state and supports essential partnerships between families and professionals. FVW’s well-received Did You Know? Now You Know! training series is offered statewide. Visit them on the web at http://www.fvw.org/fv.

Wiscosin First Step is a statewide information and Referral (I&R) hotline that serves families, the young and those with special health care needs and professionals. Wisconsin First Step has two components. It serves as the Central Directory for Wisconsin’s Birth To 3 Program. This statewide program provides supports and services to infants and toddlers with developmental disabilities and their families. Another component to First Step serves as the I&R hotline for the Wisconsin Regional Centers. In addition, to providing referrals to disability-related resources, Parent Specialists provide direct linkages to the closest CYSHCN. The Great Lakes Inter-Tribal Council’s Children/Youth with Special Health Care Needs (CYSHCN) Project is a program which assists in providing health, care, education, social service coordination and assistance and aid in resolving specific concerns or needs regarding a child’s disability to Native American families in Tribal communities in rural northern Wisconsin. The goal of the project is for each Native American child with a special health care need to obtain culturally appropriate health care service coordination, to include early identification, a complete developmental and medical assessment and to have access to primary health care services. Visit their website for more information; http://www.glitc.org/pages/cyshcn.html.

Parent to Parent of Wisconsin provides parent support to parents of children with special needs through a one-to-one connection with another parent who has already learned the language and found the resources, and who knows firsthand about the feelings and realities that come with having a child with special needs. Support Parent Trainings are held periodically throughout the state for parents that feel they are ready to support another parent. Visit them on the web at http://www.p2pwi.org.

CYSHCN Collaborator’s Network Participants

- ABC for Health
- Family Voices of Wisconsin
- Wisconsin First Step Hotline and Website
- Parent to Parent of Wisconsin
- Regional CYSHCN Centers
- WIC/CYSHCN Nutritionists
- Oral Health Coordinators

Mission: To assure that children and youth with special health care needs are identified early, receive coordinated care and that their families have access to the supports they need.

Welcome to our Children and Youth with Special Health Care Needs (CYSHCN) Collaborator’s Network Internet site. The purpose of this site is to provide a single space for Network participants to get up-to-date information on our CYSHCN-specific meetings, have access to the training materials developed by Network participants, and have Network contact information.

The goal of the Network is to assure that linkages are in place between the CYSHCN initiatives in Wisconsin. Through building our connections with one another we are better able to access each other as valuable resources, cross-refer between programs, identify common unmet needs and strengthen the existing system of care for CYSHCN and their families. The Network participants share a common set of principles and performance outcomes which are included in the CYSHCN and Maternal Child Health Program:

- Children are best served within their families.
- Children, youth, and families are best supported within the context of their community.
- Families will have convenient access to care planning.
- Collaboration is the best way to provide comprehensive services.
- Family perspective and presence must be included in all aspects of the system.

Last Modified: October 3rd, 2008 by sandra@ewms.wisc.edu
CYSHCN Collaborators Network

Purpose

• Regular communication
  – Identify and share pressing CYSHCN-specific emerging issues

• Share and access partner materials

• Cross promote Network partners
Guiding Principles

• Children are best served within their families.
• Children, youth, and families are best supported within the context of their community.
• Collaboration is the best way to provide comprehensive services.
• Family perspectives and presence must be included in all aspects of the system.
Framework

CYSHCN National Performance Measures

– Family Leadership and Partnerships
– Medical Homes
– Health Insurance Coverage
– Screening and Identification
– Coordinated Services
– Transition to Adult Life

Wisconsin Title V Children and Youth with Special Health Care Needs Program
Regional Center Model

Wisconsin has five Regional Centers dedicated to supporting families with children and youth with special health care needs and the providers who serve them.

Need some help?
¿Necesita algún tipo de ayuda?

Call us!

Building the Infrastructure

• CYSHCN Collaborators Network provides foundation on which to build capacity

• Writing new grants - look for opportunities to strengthen network
  – WIC CYSHCN nutritionists
  – CAAI State Implementation grant
  – TOHSS Oral Health
Collaborative relationship to provide:

– Referral and follow-up
– Resources
– Outreach
– Oral health education
– Training and technical assistance
Children’s Health Alliance of Wisconsin
Goals

1. To promote oral health as a part of total health for children and youth with special health care needs.

2. To organized community resources to increase access to dental care for children and youth with special health care needs.
Regional Oral Health Coordinators (ROHC)

- Five public health regions
- Registered dental hygienists
- .2 FTE per region
Provide oral health services:

- Oral assessments
- Fluoride varnish treatments
- Dental sealants
- Oral health plans
- Targeted case management
Provide oral health education to:

- CYSHCN and caregivers
- Teachers
- Nurses
- Occupational, physical or speech therapists
Methods

Form collaborative partnerships with:

– CYSHCN Regional Centers
– CYSHCN programs
– Schools
– Seal-a-Smile programs
– Health departments
– Public health dental hygienists
– Dentists in private practice
– Safety net dental clinics
Outcomes

Inclusion of oral health
Outcomes

Wisconsin Seal-A-Smile

![Graph showing CYSHCN served from 2005 to 2008.](chart.png)
Dental Provider Training

Dentists
  – Didactic
  – Clinical

Dental Hygienists
  – Didactic
  – Clinical

Dental Hygiene Students
Outcomes

Website

www.chawisconsin.org
Outcomes

Parent Oral Health Education
Birth to 3 Home Visitor Training
Outcomes

“The partnership increased our center’s awareness of oral health and dental referral network. The ROHC helped us understand challenges families face finding providers, and to look at ways to support good oral health practices with children who have special health considerations and challenges with daily care.”  K. Van Vooren, Northest Regional Center
“Our partnership with the Regional Oral Health Coordinators resulted in a mutual increase in our capacity to help families whose children with special health care needs require specialty oral health care. Most recently we worked together to problem solve access to oral health care for a young woman with autism who needed surgery to remove her wisdom teeth. The ROHC was an outstanding advocate who worked with the patient and the oral surgery team so that the experience was positive for everyone. This program will have long lasting positive effects because of the trusting relationships built between the Regional Center and ROHC.”  Wynne Cook, Western Regional Center
Challenges

- Lack of Environmental Survey
- Medicaid reimbursement
- Lack of dental providers
- Geography
- ROHC contract time
- Perceptions
- Oral health literacy
Making the Partnership Work

- Shared vision for making things easier for families
- Partnership/relationship
- Key contact
- Willingness to reach out and willingness to respond
- Included and participated in key meetings
Sustainability

- Wisconsin Collaborators Network
- Wisconsin Seal-A-Smile program
- Western Dairyland
- Marshfield Community Dental Clinics
- Northwoods Dental Project
- Brown County Oral Health Partnership
- Milwaukee Public Schools
- Children’s Health Alliance of Wisconsin
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Questions and Comments
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