



Wisconsin Office of
Children's
Mental Health



2019 ANNUAL REPORT
to the Wisconsin Legislature



0-5 YRS



6-12 YRS



13-18 YRS



19-26 YRS



FAMILIES

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The Office of Children's Mental Health (OCMH), established January 2014, supports Wisconsin's children in achieving their optimal social and emotional well-being. Our charge is to study, recommend strategies, and coordinate initiatives to improve integration of children's mental health services across state agencies. Additionally, we convene stakeholders around improving the children's mental health system and access to treatment.

OCMH Staff:

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2019 Annual Report

EXECUTIVE SUMMARY

Innovate, integrate and improve Wisconsin's child and family service systems to support children in achieving their optimal mental health and well-being.

The achievements of the Office of Children's Mental Health (OCMH) in living this mission in 2019 are many, including its:

- **Collective Impact** approach which involves more than 140 stakeholders in identifying critical children's mental health issues requiring attention
- **Partners with lived experience** telling their stories with one partner featured at the Governor's Children's Mental Health Awareness Day press conference in May and others leading numerous conference workshop presentations that highlighted the importance of integrating these voices into service and policy development at all levels
- **Expansion of Trauma-Informed Care trainings** with more than 600 people registering for a November workshop on Enhancing Family Engagement through Understanding Cultural and Historical Trauma which was livestreamed to 18 locations and followed by a facilitated discussion at each location
- **Youth Mental Health Crisis Plan Card**, launched at an Eagle River high school (Vilas County) this card tells people who are with a youth experiencing a mental health crisis what to do immediately to help
- **Listening Session in Brown County** convening 25 community, business, and human services leaders to identify what is working in their community and what could be better in terms of promoting children's mental health and well-being

Since joining this energized OCMH team as director in July, my focus has been to evaluate current efforts and consider how our office can be most effective in working toward our mission in 2020. We have much to build on. Because we aspire to even greater influence on improving children's mental health in Wisconsin, we are actively identifying new action pathways.

Our first efforts in this regard have been to modify the Annual Report and how we disseminate information on child health and well-being:

- **Indicators are now arranged using five categories** of social determinants of health, which are the conditions where people live, learn, work, and play, plus a category for health outcomes, allowing us to better integrate into formative discussions on children's health
- **Detailed information on specific aspects of children's mental health will be issued as monthly fact sheets** allowing us to increase visibility for children's mental health throughout the year

Our year-end review of the indicators has us pleased to see that illicit drug use for youth is down as are juvenile arrests. However, adolescents are losing critical relationship skills and the number of young adults with a mental illness is increasing. In 2020, we will be looking deeper into the root causes of these concerning trends.

Our vision of children as safe, nurtured and supported to achieve their optimal mental, social and emotional well-being is what we are working towards.

We welcome you to collaborate with us on realizing this vision for Wisconsin's children.

Linda A. Hall

Director, Office of Children's Mental Health

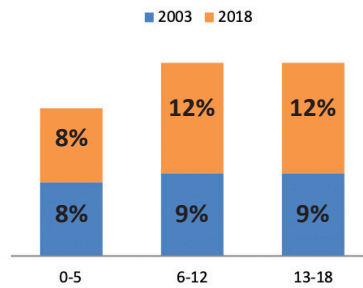
CHILD DEMOGRAPHICS & WELL-BEING

Age & Race/Ethnicity

Currently there are 1,395,000 children age 0-18 who live in Wisconsin.

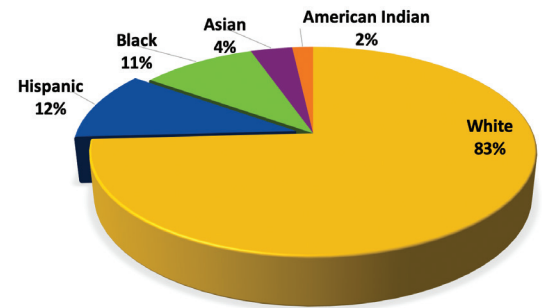
The youth population is becoming increasingly diverse, with Multi-racial and Hispanic populations having many more youth than seniors, while the non-Hispanic white population is much older.

AGE DISTRIBUTION 2003-2018



Source: US Census Bureau, Current Population Survey

RACIAL/ETHNIC DISTRIBUTION 2018



*Total distribution does not equal 100 due to the inclusion of overlapping Hispanic ethnicity. Source: Puzanchera, Sladky & Kang 2019

Economics

\$59,305 / WI

MEDIAN HOUSEHOLD INCOME

\$63,179 / US

15% / WI

CHILDREN LIVING IN POVERTY

16% / US

- In Wisconsin, the household survival budget for a family of 4 is \$61,620, rendering many families ineligible for public assistance because the Federal Poverty Level for the same family is \$24,300.

United Way ALICE report, 2018

- Economic disparities persist, ranging from 30% of children living in poverty located in Menominee county to just 6% of children living in poverty in St. Croix county. Wisconsin Department of Health Services, 2018

- There is strong and growing evidence linking stable and affordable housing to health.

County Health Rankings, 2019

- Standard housing affordability in the U.S. is conventionally set at 30% of gross income. In 2017, almost 44% of renters spent above 30% of their gross income on housing.

U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates

- 38% of households struggle to afford the necessities of housing, childcare, healthcare, food and transportation.

U.S. Census Bureau, 2013-2017 American Community Survey 5yr Estimates

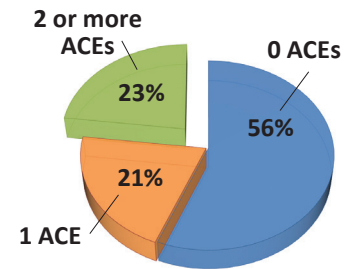
- 39% of youth aged 0-21 are currently enrolled in Medicaid. Wisconsin Department of Health Services, 2018

Family and Child Health

YOUTH PREVALENCE of ACEs in 2017

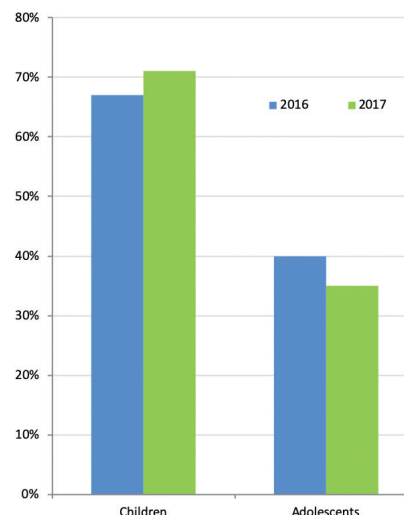
Positive and supportive relationships have lasting impacts on a child's physical and mental health and allow a child to recover from adverse experiences. In Wisconsin, 83% of families demonstrate qualities of resiliency all or most of the time.

National Survey of Children's Mental Health, 2017



Source: 2017 National Survey of Children's Health (NSCH) data query

FLOURISHING BEHAVIORS of WISCONSIN YOUTH



Children and adolescents are flourishing when they demonstrate affection, resilience and curiosity toward learning new things. Flourishing behaviors have greatly improved in the last year compared to other states. However, Wisconsin adolescents age 6-17 have shown a 5% decrease during the same time period. National Survey of Children's Mental Health, 2016, 2017

The State of Mental Health

1:5

In any given year, about 1 out of 5 children will experience a mental disorder.

14%

Percentage of children in Wisconsin having a Major Depressive Episode in the last year.

National Survey on Drug Use and Health 2016 & 2017 Annual Averages, SAMSHA

44%

The percentage of children who have a major depression diagnosis, but did not receive services.

Mental Health America, 2020

117

The number of psychiatrists needed statewide to meet current need.

Wisconsin Department of Health Services, 2019

47%

The percentage of time a child's health insurance offered or covered services to meet behavioral health needs.

National Survey of Children's Health, 2017

\$6.5 MILLION

The amount the Department of Public Instruction distributed to 120 districts in 2019 for school based mental health services that will impact 120,000 students.

Department of Public Instruction, 2019-2020

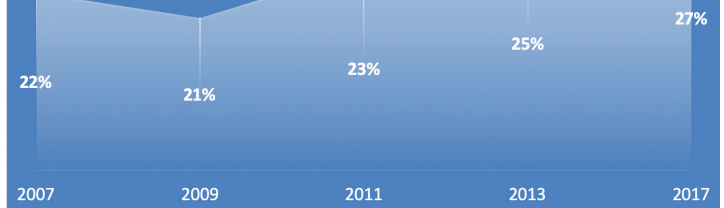
70%

Children in the juvenile justice system with a diagnosable mental health condition with 93% of those children reporting exposure to Adverse Childhood Experiences.

Baglivio et al 2014



STUDENTS FEELING SAD or HOPELESS ALMOST EVERY DAY



Youth Risk Behavior Survey 1991-2017 trend report

In 2017, **40%** of students reported feeling very anxious, nervous, tense, scared, or like something bad was going to happen. 9th and 10th graders reported more anxiety than 11th and 12th graders.

Source: YRBS, 2017

Across the nation, the **lifetime prevalence** of children experiencing:

- Anxiety disorder = 32%
- Conduct disorders = 19.6%
- Mood disorders = 14.3%
- Substance use disorders = 11.4%

The National Comorbidity Survey Adolescent Supplement (NCS-A)

624,072 children are covered by Medicaid in Wisconsin.

50% of those children access Medicaid funds for behavioral health services.

Wisconsin Department of Health Services, 2018




DASHBOARD

OCMH categorized the following 42 Child Health and Well-Being Indicators by Social Determinants of Health to provide a richer understanding of the effect social and economic policies may have on achieving healthy outcomes.

WI/US



















COMPARISON OF WI TO US/NATION

Current year data as compared to a baseline year.*

-  **WI IMPROVED** more than nation
-  **EQUAL** or no improvement
-  **NATION IMPROVED** more than WI

*The years used to assess changes for each indicator may vary — please refer to the Indicator Description document to obtain the baseline and comparative years at children.wi.gov. The last column depicts Wisconsin's improvement over the US. To understand Wisconsin's trend examine the difference between the first column (Wisconsin Baseline) and the second column (Wisconsin Current).

COMMUNITY & SOCIAL CONTEXT

INDICATOR	WISCONSIN		UNITED STATES		WI IMPROVEMENT OVER US
	BASELINE	CURRENT	BASELINE	CURRENT	
ACE: Witnessed Domestic Violence	6%	8%	6%	5%	
ACE: Death of Parent	2%	2%	4%	4%	
ACE: Divorce	22%	25%	25%	23%	
ACE: Jailed Parent or Guardian	9%	9%	8%	7%	
ACE: Lived with Someone who had a Problem with Alcohol or Drugs	9%	10%	9%	8%	
ACE: Two or More	22%	23%	20%	19%	
ACE: Experienced Racism	4%	5%	4%	4%	
ACE: Parent or Relative with Mental Illness	9%	11%	8%	8%	
Alcohol Use	33%	30%	35%	30%	
Cyberbullying	18%	18%	15%	15%	
E-Cigarette Use (High School)	8%	21%	2%	21%	
Flourishing Behaviors (Children)	67%	71%	65%	65%	
Flourishing Behaviors (Adolescents)	40%	35%	40%	40%	
Foster Care Placements per 1,000**	3.6	4	3.4	3.6	
Illicit Drug Use	9%	7%	9%	8%	
Substantiated Child Abuse or Neglect per 1,000**	3.5	3.8	8.8	9.1	
Teen Birth Rate per 1,000**	17	14	24	19	
Youth Considering Suicide	13%	16%	17%	17%	

**Improvements between rates are calculated as a percentage of change.

	INDICATOR	WISCONSIN		UNITED STATES		WI IMPROVEMENT OVER US
		BASELINE	CURRENT	BASELINE	CURRENT	
ECONOMIC STABILITY	ACE: Socioeconomic Hardship	60%	59%	60%	59%	↔
	Employment for Young Adults age 18-25	74%	77%	65%	66%	▲
	Homeless Youth	2%	2%	2%	2%	↔
	Low Income Youth	36%	36%	42%	38%	▼
EDUCATION	Eighth Grade Math Proficiency	32%	39%	41%	33%	▲
	Four-Year-Old Kindergarten Attendance	71%	70%	29%	40%	▼
	High School Graduation	88%	90%	83%	85%	↔
	Parents with Higher Education Degrees	45%	46%	38%	40%	▼
	School Suspensions & Expulsions	7%	8%	7%	6%	▼
	Young Adults age 25-34 with Postsecondary Education	52%	47%	46%	47%	▼
NEIGHBORHOOD & PHYSICAL ENVIRONMENT	ACE: Experienced Neighborhood Violence	4%	4%	4%	4%	↔
	Juvenile Arrests per 1,000**	33.3	30.3	10.4	8.3	▼
HEALTH CARE SYSTEM	Availability of Psychiatrists per 100,000**	5.7	7.9	7.6	7.9	▲
	Availability of Child, Family, School Social Workers per 100,000**	60	67.2	93	99	▲
	Availability of Psychologists per 100,000**	34.5	52.5	33.5	34.2	▲
	Availability of Educational, Guidance, School & Vocational Counselors per 100,000 **	75	61	82	88	▼
	Early Childhood Screening for Developmental, Behavioral & Social Delays	26%	47%	30%	32%	▲
	Early Intervention Services for Infants and Toddlers	3%	3%	2%	2%	↔
	Early Prenatal Care	79%	80%	71%	75%	▼
	Insurance Coverage of Children	95%	96%	94%	95%	↔
HEALTH OUTCOMES	Adolescents age 12-17 Experiencing a Major Depressive Episode	10%	14%	9%	11%	↔
	General Poor Mental Health	25%	27%	30%	32%	↔
	Mental Health Hospitalizations per 100,000**	14.6	15	10.7	11.1	↔
	Young Adults age 18-25 Experiencing Any Mental Illness	20%	26%	19%	26%	↔

Office of Children's Mental Health Collective Impact

2019 ACCOMPLISHMENTS

Collective Impact is how the Office of Children's Mental Health (OCMH) brings stakeholders together to focus on improving the integration of children's mental health services in Wisconsin. Workgroups generate their efforts on specific areas associated with children's mental health. Some 140 individuals participate on five workgroups. Their 2019 accomplishments are shared on these pages.

YOUTH MENTAL HEALTH CRISIS
PLAN CARD IS CURRENTLY
BEING PILOTED IN WISCONSIN.

Wisconsin Office of
Children's
Mental Health

**Youth Mental Health
Crisis Plan CARD**

Name: _____

I need support in the next 5 minutes. Here's what I need
from you to help me:

1. _____

2. _____

3. _____ (over)

**For example calming strategies
and more information:**
children.wi.gov

I am rarely afforded the opportunity to collaborate so closely with partners with lived experience who navigate our systems, and are willing to give us authentic feedback. This enhances my leadership, and more importantly, grounds us in our shared humanity.

MONICA CALDWELL
Executive Council, Co-Chair,
Director of Mental Health
— RISE Wisconsin



Executive Council

Overseeing the Collective Impact work, the Executive Council identified **Lived Experience is Everywhere!** as its focus for 2019 and did a thorough examination of what it takes for organizations to incorporate lived experience in their work. Highlights include:

- **Shared definition of Lived Experience** - *A person with lived experience has, or is a family caregiver for someone with mental health, substance abuse, trauma, and/or special needs and understands this unique journey. They use their voice and perspective to transform systems to better serve children and families and highlight the services and supports that are most empowering in raising healthy, thriving children. Lasting transformation occurs when policies and programs actively involve the wisdom of people who have been impacted by these systems.*
- Examined the **culture change** that organizations need to undergo to fully incorporate and value the voice of lived experience.
- Explored how the **stories of individuals with lived experience** can be used in systems change.
- Collective Impact members completed a **survey** to gauge their own organization's commitment to incorporating lived experience. This will be used as a benchmark to measure progress.

Access Workgroup

"I wish my daughter had a way to easily communicate her calming strategies with people when she is experiencing a mental health crisis. A card that clearly stated a few things that people could do to aid her in calming would go a long way in preventing negative outcomes in these moments."

This is a statement the Access Workgroup took to heart in 2019 when developing and launching the **Youth Mental Health Crisis Plan Card**. The wallet sized card tells people who are with a youth experiencing a mental health crisis what to do immediately, in the first five minutes, to de-escalate the situation. The card is completed by the youth and includes calming strategies for crisis situations.

A test pilot launch of the card at a Northern Wisconsin high school occurred in October, and additional test sites will take place in early 2020.

Infant Toddler Policy Workgroup

An **Infant and Early Childhood Mental Health Consultation Model** (IECHMH) for Wisconsin was the focus of workgroup activity in 2019. Models for different systems (early care and education, home visiting, child welfare, early intervention, and the medical field) were examined. Communication materials were developed, and strategic discussions with stakeholder groups on implementation and funding occurred.

Resiliency Workgroup

Building resiliency in all people grounds the Resiliency workgroup's activities. Highlights of their 2019 work include:

- **Definition of resiliency** – *The ability to use current skills and resources to survive and have access to learn new ones to overcome adversity and thrive.* The definition is broad by intention and will support other established, more specific-to-sector definitions.
- **Hope consensus statement** – In examining the relationship between resiliency and hope, the workgroup developed an agreed upon statement for hope – *Hope is finding and using courage, believing a future is possible, believing you can do it, inspiring optimism in others, and recognizing changes as growth and opportunity. Caring relationships and supportive environments are necessary for hope to flourish.*

Trauma-Informed Care Workgroup

Promoting organizations to become trauma-informed is the priority of the Trauma-Informed Care Workgroup. **Statewide workshops were offered** on the following topics:

- Operationalizing Trauma-Informed Care in Your Organization – May 6, 2019.
- Enhancing Family Engagement by Understanding Cultural and Historical Trauma – November 4, 2019.

These workshops provide an expert panel and local collaborative learning discussions. Growth in the workshops has been impressive. Since the November 2018 workshop:

- Two workshop sites were added for the May 6, 2019 workshop (growing from 6 to 9 sites).
- Additional sites were added for the November 4, 2019 workshop to total 18 sites.
- Registrations grew steadily from 190 in November 2018 to 614 in November 2019.



INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTATION MODEL (IECHMH) RESULTED IN STRATEGIC IMPLEMENTATION DISCUSSIONS AND THE DEVELOPMENT OF COMMUNICATIONS MATERIALS.



Through cross-systems collaboration the Trauma-Informed Care Workgroup has successfully launched multiple workshops offering much needed relevant trauma informed topics for the workforce. Featuring live facilitated panel discussions followed by collaborative learning, these workshops are offered statewide and are really meeting a need.

DONNA BURNS

Trauma-Informed Care Workgroup Co-chair,
Master Trainer/Implementation Coordinator –
Wisconsin Trauma Project

COLLECTIVE IMPACT PARTNERS

Collective Impact Partners (CIPs)

have firsthand, lived experience with children’s mental health care system services.

These leaders help transform the system by sharing their stories with both families who may need services and agency professionals who need help recognizing gaps or inefficiencies within their programs. CIPs provide an authentic, invaluable perspective on how to improve the well-being of children and families. By including lived experience voice in system change efforts, we provide hope and tear down barriers to create a more equitable and inclusive landscape for children’s mental health in Wisconsin.



As a kid, I never believed in myself. It’s still hard today for me to believe that I can do something. But through access to mental health services and the support of my friends and family, I’ve been pushing towards a better future. I want to make sure other kids get that future, too.

NICK KRISKO
CIP Young Adult Partner,
Brown County

Impact by the Numbers

- 804 hours served by CIPs in the Office of Children’s Mental Health Collective Impact efforts
- 10,607 miles traveled to attend Collective Impact meetings
- 18 total active CIPs as of December 2019
- 9 of 72 Wisconsin counties represented by CIPs
- 3 of 12 Wisconsin tribes represented by CIPs
- 5 avenues of blended funding to provide CIP reimbursements and stipends
- 240 individuals learned about lived experience engagement at 7 conference presentations

Trainings Provided to CIPs in 2019

- Wisconsin Budget and Legislative Process
- *It’s Up To Me* training on self-disclosure
- *Freedom from Depression* presentation on self-regulation
- *Your Voice Counts* overview of advocacy

Successes/Accomplishments

- Featured in Governor Tony Evers’ Children’s Mental Health Awareness Day 2019 press conference.
- Supported community coalitions across Wisconsin to replicate lived experience leadership through direct assistance and mentorship to community leaders.
- Participated in a **Community Conversation to inform the State Health Plan** developed by the Department of Health Services Division of Public Health.
- Provided expert **consultation on parent and family engagement** to partners including Advancing a Healthier Wisconsin Endowment (AHW) community coalitions and Department of Children and Families.
- Drafted list of **recommendations for primary care providers** to best support families with mental health needs.
- **Advocated for school-based mental health services** through video interview led by Partners of Change Committee.
- Increased **awareness of suicide prevention** through an educational video in partnership with Department of Health Services.
- Welcomed **new CIPs from Grant, Racine, and Walworth Counties**, which were previously unrepresented counties.
- Increased **CIP members from Dane and Milwaukee Counties**.
- Increased **CIP members who identify as people of color or LGBTQ**.

STATE DEPARTMENT HIGHLIGHTS



The Office of Children's Mental Health works collaboratively across state departments to improve children and families' equitable access to services, with a focus on resources provided by the Department of Children and Families (DCF), the Department of Public Instruction (DPI), the Department of Health Services (DHS), and the Department of Corrections (DOC).

The following pages are highlights of each department's work relating to children's mental health over the past year and key funding increases. We are committed to working together to support children's mental health and improve the well-being of all children living and thriving in Wisconsin.

Department of Children and Families



"Wisconsin's early care and education providers are key partners in the state's work to address the mental health needs of all kids. DCF is working to ensure those providers have the necessary training and support to help the children and families they serve."

SECRETARY-DESIGNEE EMILIE AMUNDSON,
DEPARTMENT OF CHILDREN AND FAMILIES

Home Visiting: The Family Foundations Home Visiting Program assists pregnant women or families with a child age five or under. Local home visiting programs connect families to quality prenatal care and community resources. Program participation also includes screening and assessments as well as providing health education to parents to ensure their child's healthy development physically, socially and emotionally. In 2019-2020 the program received an increase of \$500,000 in Temporary Assistance for Needy Families funding to expand home visiting services to more Wisconsin families.

Early Childhood Access: Wisconsin Early Childhood Association was named a winner of the Pritzker Children's Initiative (PCI) Prenatal-to-Age-Three State Grant Competition in the amount of \$100,000. The state will focus on expanding access to high-quality programs designed to support children's healthy development and build a strong foundation for future learning. This will be accomplished by establishing a coalition of state and community level partners to develop an ambitious prenatal-to-age-three policy agenda and action plan.

Improving Social and Emotional Competence: The Pyramid Model is a tiered intervention framework that enhances social and emotional competence in infants, toddlers, and young children. The model is rooted in principles of trauma informed care and manifested by the ability to play well with others, listen and follow directions, identify and express emotions, and to problem solve. Funding in the amount of \$415,000 for FY20 is being used to support the Wisconsin Pyramid Model framework and coordination as well as to increase the number of training opportunities and onsite coaches for child care programs statewide.

Department of Public Instruction



School Mental Health: The School-Based Mental Health (SBMH) Services Grants' program provided 120 public school districts and one independent charter school with \$6.5 million to collaborate with community health agencies to support students' mental health. This aid now doubles the impact of the program.

Aid for School Mental Health Services: Annual funding was increased by \$3 million for services provided by social workers.

continued on next page

HIGHLIGHTS (continued)



DPI continued from page 11

“According to the latest Youth Risk Behavior Survey results, more than 4 in 10 students had a mental health need over the previous year. The (SBMH) grants will help those children. Students in every region of our state, in small and large districts, rural and urban communities, and everywhere in between, will benefit from mental health services they wouldn’t otherwise receive.”

STATE SUPERINTENDENT
CAROLYN STANFORD TAYLOR

Mental Health School Climate Training: This training program received an increase of \$2,580,000 to provide schools with strategies to improve school climate, safety, and student mental health.

Alcohol and Other Drug Abuse Program (AODA): AODA program grants in the amount of \$886,495 were awarded to 68 school districts to help reduce and prevent use among students in grades K-12.

Youth Risk Behavior Survey: Conducted in 2019 as part of a national effort to monitor health risk behaviors among high school students. The online administration of the survey received \$150,000 in support.

Department of Health Services



“We cannot address the mental health challenges facing our children without addressing health equity. Every child and family, regardless of where they live in Wisconsin should feel safe and supported in their community and have access to high quality health care and treatment. This is fundamental to building a Resilient Wisconsin.”

SECRETARY-DESIGNEE
ANDREA PALM,
DEPARTMENT OF HEALTH
SERVICES

Suicide Prevention Efforts: DHS directs federal block grant funding to 52 local health departments who collaborate with local partners (including school districts, suicide prevention coalitions, and law enforcement) in suicide prevention efforts in their communities, supports the promulgation of Zero Suicide Training across the state to health systems who volunteer to take on this suicide prevention approach, and continues to provide statewide education on LGBTQ youth suicide prevention. The state’s suicide prevention plan is being updated and is expected to be released in early January. Initial data contained in the report shows suicide was the second leading cause of death among adolescents in 2017.

Youth Substance Use Prevention: DHS supported the Alliance for Wisconsin Youth’s efforts to prevent substance use among youth and young adults. These efforts included public awareness campaigns focused on prescription drug misuse and abuse and underage drinking, community meetings for parents and caregivers, and trainings for educators.

2019-2021 Biennial Budget: Governor Evers and DHS are committed to investing in the health and well-being of Wisconsin children. Below are key initiatives:

- **Children’s Long-Term Support Waiver Program:** The budget provides \$89.6 million for the Children’s Long-Term Support Waiver Program, which serves children with disabilities. The budget implements a ‘No Wrong Door’ policy to help families navigate the children’s long-term care system through implementation of a statewide contract for intake, application, and screening functions.
- **Childhood Lead Poisoning Prevention:** The budget provides \$14.2 million in lead testing and abatement funding to address the issue of childhood lead poisoning. The abatement program will protect children from lead poisoning by removing lead paint hazards from their homes.
- **Birth to Three Program:** The Wisconsin Birth to 3 Program serves children under the age of 3 with developmental delays and disabilities and their families. The

continued on the top of page 12

budget provides more than a \$1 million increase each year of the biennium for the Birth to 3 Program.

- **Child Psychiatry Consultation Program (CPCP):** The Wisconsin Child Psychiatry Consultation Program (CPCP) provides consultation, education, and referral support to enrolled primary care providers caring for children and adolescents with behavioral health concerns. The budget increases funding by \$500,000 for the CPCP.
- **Mendota Juvenile Treatment Center (MJTC):** The budget provides \$59 million for a capital project to construct 50 new beds at MJTC. The budget also provides staff and funding for 14 new beds in the center's existing space. The expansion will allow MJTC to provide evidence-based treatment to more youth in the juvenile justice system with significant mental health concerns and behavioral health challenges. The expansion will also provide services to female youth for the first time, as well as serve more male youth.

Youth Treatment Initiative: This federally funded effort seeks to improve treatment for youth and young adults age 12-25 with substance use and/or co-occurring substance use and mental health disorders. The funding supports the efforts of four agencies to provide Multidimensional Family Therapy, an evidence-based approach to treatment that prevents out-of-home placements.

Building a Resilient Wisconsin: Over the past year, DHS conducted an environmental scan of Trauma-Informed Care resources and approaches throughout the state. Because of this work, DHS is enhancing resources and trainings to help residents and communities more effectively understand the effect of Adverse Childhood Experiences and other childhood trauma. This effort will also focus on enhancing protective factors and building resiliency in communities. Understanding behavioral health and addressing health equity is critical to this effort and to building a Resilient Wisconsin.

Department of Corrections / Division of Juvenile Justice



"Children do not stop being children simply because they commit an offense. Youth in the criminal justice system deserve evidence-based care that supports positive and sustainable change. I am proud of the tremendous progress the Department of Corrections made in 2019 to begin moving towards a more therapeutic approach to supporting the youth in our care."

SECRETARY-DESIGNEE KEVIN
CARR, DEPARTMENT OF
CORRECTIONS

Youth Advisory Council: Created to give youth a voice into quality improvement efforts at the Lincoln Hills and Copper Lake Schools. The council promotes youth empowerment and resiliency by showcasing their strengths. Activities in 2019 include a new recreation trail, a music program, a new recreation building, and changing meal options in the facility.

Mental Health Services: All females attending Copper Lake School and 71% of males at Lincoln Hills School have a mental health condition. Both schools employ a multidisciplinary, 16-member team to provide psychological assessments as well as individual, group and family therapy. In addition, a crisis prevention team has been assembled in an effort to de-escalate non-assaultive situations that allow youth to resolve stressors and promote conflict management skills.

Family Engagement: Children of incarcerated mothers can participate in a trauma-

informed care camp program to build resiliency and coping skills through activity based engagement. Families are also encouraged to engage with the schools directly through the Family Council. This forum provides a voice to the family perspective concerning facility life for their youth and also facilitates improved communication of initiatives and programs at each school.

Act 185 building update: During 2019, a number of key Act 185 requirements were completed. The Juvenile Corrections Grant Committee, created under Act 185, recommended to the Legislative Joint Committee on Finance (JFC) that grants be provided to Dane, Brown, Milwaukee, and Racine counties to build Secure Residential Care Center for Children and Youth (SRCCCY) facilities. The Department of Corrections also requested authority and funding from the JFC (as required in Act 185) to construct a Type 1 Juvenile Corrections facility in Milwaukee and Outagamie counties.

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There are big deficits in the current systems for accessing care and our children are our future, I want a better world for them.

ANDREA HUMPHREY
CIP Parent Partner,
Racine County



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TREE OF INVOLVEMENT



0-5 YRS



6-12 YRS



13-18 YRS

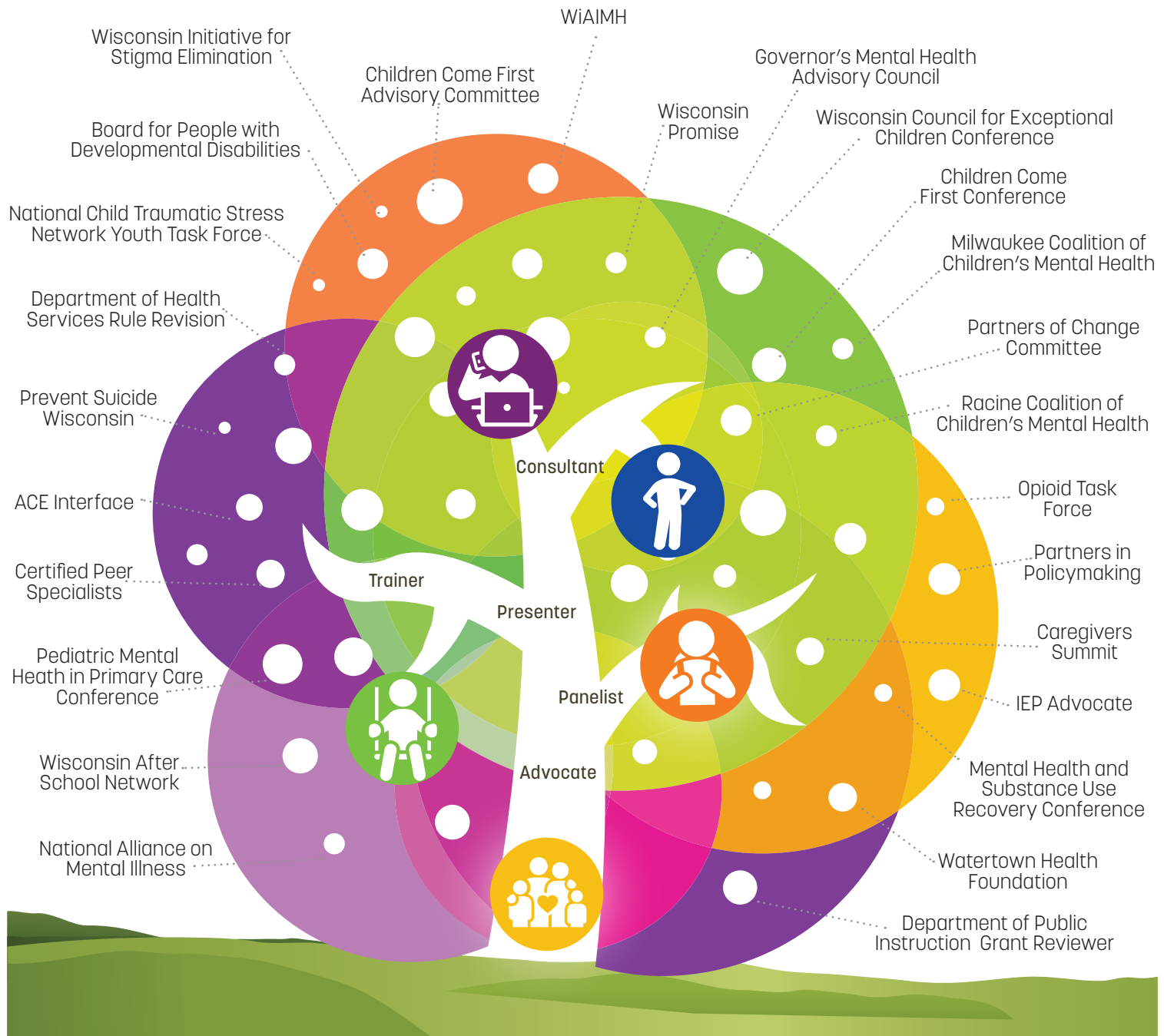


19-26 YRS



FAMILIES

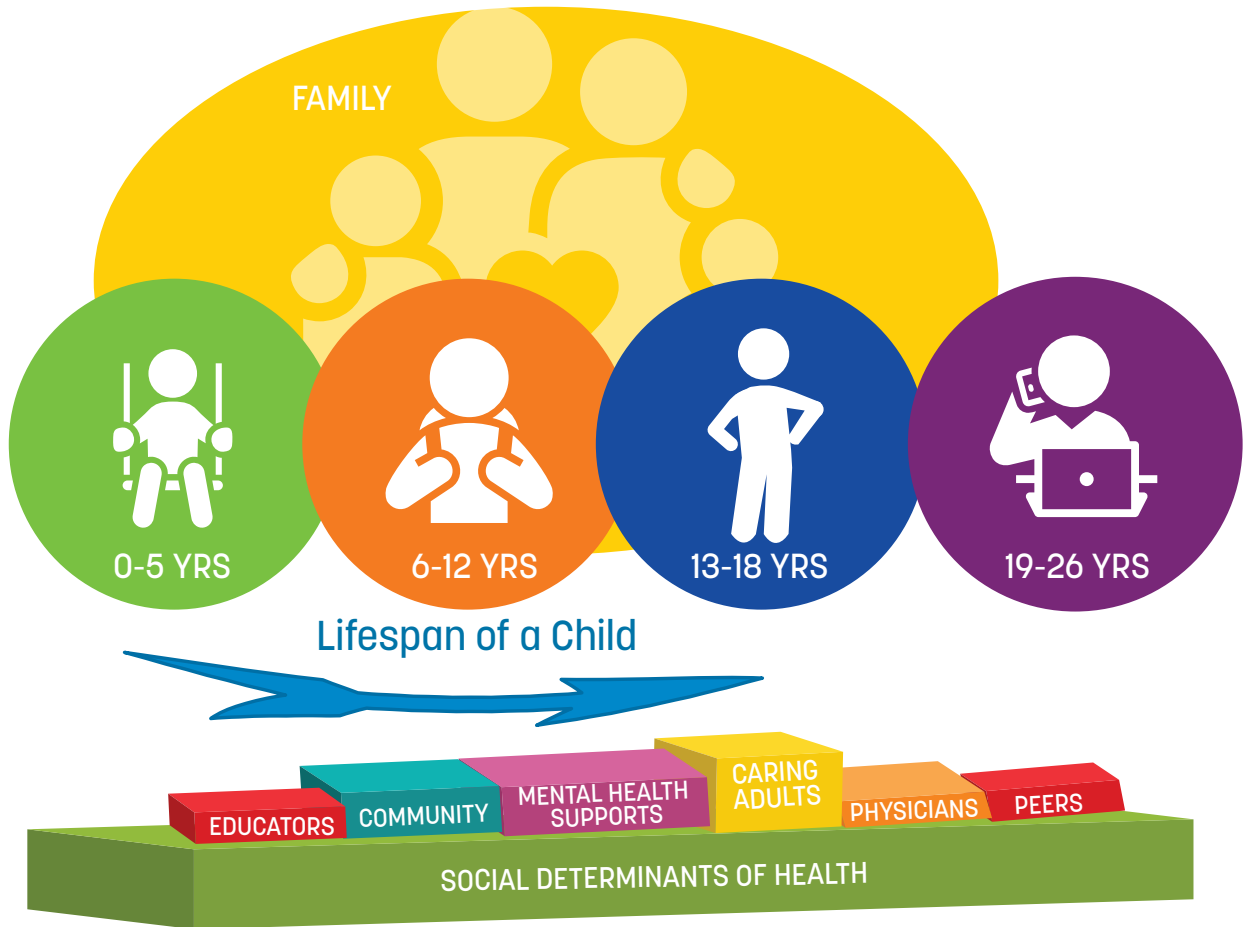
Our Collective Impact Partners are actively sharing their voice on committees, boards, and in organizations throughout the state.



Child Welfare · Education · Foster Care & Adoption · Health Care · Intellectual & Developmental Disabilities

Mental Health Services · Social Services · Substance Use & Addiction · Youth Justice

THROUGH STRONG FOUNDATIONS



From early childhood through middle school and on through high school, children need the support of caring families, teachers, and community to be mentally healthy and emotionally well.

Through this public health lens and with the guidance of our more than 140 partners, our office mobilizes to address barriers to children's well-being and creates opportunities to improve systems intended to serve youth and their families - always keeping an eye on our vision of Wisconsin's children being safe, nurtured, and supported to achieve their optimal mental, social and emotional well-being.



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