

## Children's Mental Health Collective Impact Stakeholders' Identify Activities to Promote Socially and Emotionally Healthy Children and Families

The Children's Mental Health Collective Impact (CMHCI) stakeholders believe that children should grow up in safe, nurturing, and supportive homes within thriving communities where they are surrounded by positive relationships with peers and caring adults. Additionally, the group believes that children need to play and learn and to have a sense of meaning and purpose in their lives. Physical well-being is also needed as engaging in regular physical activity and receiving adequate nutrition further builds a healthy foundation.<sup>1</sup> Unfortunately, these expectations are often thwarted by the experiences of trauma, maltreatment and other adverse childhood experiences. For these reasons, the CMHCI stakeholders are in the process of identifying concrete ways to improve the lives of Wisconsin families by promoting strategies that will **decrease toxic stress, promote resilience**, and ensure **access to support and services** for children and families in need.

The following ideas are under development but serve as a starting point. In 2016, CMHCI stakeholders will continue refine the activities listed below, further populate the list, and enhance and add measurable outcomes.

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### Decrease Toxic Stress

Exposure to toxic stress or Adverse Childhood Experiences (ACEs) can have profound and lasting consequences on a child's physical and mental health.<sup>2</sup> In addition to experiences listed on the ACE survey,<sup>3</sup> the CMHCI stakeholders recognize the impact of experiences outside this list such as poverty, racism, and community violence. For this reason, the stakeholders believe that addressing the following factors will improve the social and emotional well-being of Wisconsin's children by reducing their exposure to toxic stress:

- Reduce unemployment and create job opportunities that raise families out of poverty
- Reduce homelessness
- Create safe housing options
- Reduce community and gun violence
- Reduce child abuse and neglect
- Reduce racism
- Eliminate children's exposure to toxic substances such as lead

#### *Measurements:*

- ✓ Percent reduction of unemployment
- ✓ Percent reduction of the number of families with children eight years old and under living in poverty
- ✓ Percent reduction of homeless families
- ✓ Percent reduction in violent crimes
- ✓ Percent reduction in gun violence

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<sup>1</sup> Robert Wood Johnson Foundation (2014). *Are the Children Well? A Model and Recommendations for Promoting the Mental Wellness of the Nation's Young People*. Prepared by Child Trends.

<sup>2</sup> National Scientific Council on the Developing Child. (2005/2014). *Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper 3*. Updated Edition. Retrieved from [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu).

<sup>3</sup> Learn more about the ACE survey by visiting this website: <http://acestoohigh.com/got-your-ace-score/>

- ✓ Percent reduction of substantiated child abuse and neglect reports
- ✓ Percent reduction in racial disparities across all child and family-serving systems
- ✓ Percent reduction in children's exposure to lead

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## Promote Resilience

While toxic stress can have negative effects on children's development, protective factors can increase children's resilience. Providing support to parents is one of the best ways to enhance a child's resilience and subsequently the child's life outcomes.<sup>4</sup> Research also shows that a child's community can affect his or her mental and physical health;<sup>5</sup> thus, the importance of ensuring that all adults are able to model healthy behaviors and coping skills. The CMHCI identified the following resilience-building activities:

### Policy

- Apply Wisconsin's 2013 Senate Joint Resolution 59<sup>6</sup> to all policy related to children and families
- Provide paid family leave through employee-paid payroll taxes as is done in California, New Jersey, and Rhode Island<sup>7</sup>
- Limit classroom sizes
- Require parent involvement and leadership in all state agencies' policy development related to children and families

### Measurements:

- ✓ Percent of bills with a Joint Resolution 59 analysis performed by the Legislative Reference Bureau
- ✓ Percent of employers who provide paid time off
- ✓ Percent of schools that prioritize small classroom size
- ✓ Percent increase of parent participation in policy development at each of the family-serving state agencies

### Prevention and Early Intervention

- Screen for parental depression during pediatric visits, during meetings with county nurse programs, and at Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) sites
- Mandate strength-based social and emotional development screenings as part of pediatric visits
- Increase access to high-quality child care and early childhood education, particularly for low-income families
- Provide children and families with access to healthy foods and opportunities for exercise
- Provide mindfulness-based stress reduction techniques in early education, schools and the workplace
- Offer pregnant mothers and expectant fathers ACE surveys and educational materials regarding the impact of toxic stress and the importance of resilience
- Support public health campaigns focused on ACE awareness, resilience and developing social and emotional well-being including how to increase child and family protective factors

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<sup>4</sup> Emde, R., and Robinson, J. Guiding principles for a theory of early intervention: A developmental-psychoanalytic perspective. In *Handbook of early childhood intervention*. 2<sup>nd</sup> ed. JP Schonkoff and S.J. Meisels, eds.

<sup>5</sup> Selected bibliographies available through the CDC Healthy Places webpage

<sup>6</sup> <http://docs.legis.wisconsin.gov/2013/related/proposals/sjr59>

<sup>7</sup> <http://www.ncsl.org/research/labor-and-employment/paid-family-leave-resources.aspx>

*Measurements:*

- ✓ Percent increase of parents who receive an annual depression screen
- ✓ Percent increase in the number of screens that use strength-based language
- ✓ Percent increase in the number of screenings for children's social and emotional development
- ✓ Percent increase in referrals to community supports and services as follow up to screening
- ✓ Percent of children living below 180% of the poverty line in 3 or more star settings
- ✓ Percent of schools and workplaces implementing mindfulness-based techniques
- ✓ Percent of parents receiving ACE information during pediatric visits

**Training, Consultation and Support**

- Provide information and ongoing training (Continuing Education Credits when appropriate) on brain development, the impact of trauma and the importance of healthy social and emotional development to every professional who touches the life of a child
- Create trauma-informed care (TIC) professional agency accreditation and rating system
- Infuse TIC, ACE information, and information related to social and emotional development into grade school, middle school and high school education curriculum
- Provide Crisis Intervention Training (CIT) to law enforcement, emergency responders, and correctional staff

*Measurements:*

- ✓ Percent of providers and legislators who receive training
- ✓ Percent of agencies and/or professionals with TIC accreditation
- ✓ Number of child serving agencies involved in TIC transformation
- ✓ Percent of law enforcement, emergency responders, and correctional staff trained in CIT

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**Provide Access to the Right Services and Supports at the Right Time**

Rounding out the focus on reducing toxic stress and increasing resilience is the need to provide effective services and support to children and families with mental health issues. Wisconsin is building a more responsive, comprehensive service array for children with mental health needs which includes the creation of the Child Psychiatry Consultation Program, expansion of Coordinated Services Teams Initiatives and Comprehensive Community Services, development of a regional consortium to create a model for delivering mental health services in rural areas and expansion of in-home counseling services for children as well as the certification of Parent Peer Specialists. CMHCI recommendations in this domain include the following:

**County Services**

- Provide a 'no-wrong-door approach' to families seeking county services
- Ensure that people in every county have access to the same array of mental health services including evidence-based practices
- Provide parents and caregivers engaged in public services the option of working with Parent Peer Specialists
- Provide planned respite for children and families as a diversion from residential and inpatient hospitalizations

*Measurements:*

- ✓ Percent increase of providers who have integrated medical and behavioral health care
- ✓ Percent of counties that offer established service array

- ✓ Percent of services that include Parent Peer Specialists in their service array
- ✓ Percent increase of planned respite for families to reduce hospitalizations, and to provide gradual re-entry from the hospital back into community

### Policy

- Require private insurers to provide mental health coverage on par with physical health coverage<sup>8</sup>
- Provide all children with medical homes to promote the integration of physical and behavioral health
- Expand the Child Psychiatry Consultation Program
- Provide competitive Medicaid reimbursement
- Redesign the Medicaid Prior Authorization process to maximize efficiency and eliminate unnecessary red tape

### Resource Allocation, Development, Monitoring and Technical Assistance

- Create blended funding strategy across state agencies to support children's social and emotional development
- Shift resources from deep-end services (e.g., hospitalizations and residential care) to improving prevention and early intervention
- Commit resources to data integration across all child and family-serving systems
- Monitor and coach counties to ensure that all Coordinated Service Teams operate with fidelity
- Require programs receiving public funding to report child and family outcomes
- Create and maintain a website of mental health clinicians trained in evidence-based practices
- Design a children's mental health consultation infrastructure to be accessed by all child and family-serving systems

#### *Measurements:*

- ✓ Number of funders participating in collective impact and/or blended funding strategies
- ✓ Percent of general state revenue and county dollars invested in early intervention or prevention
- ✓ Percent reduction of youth psychiatric hospitalizations
- ✓ Percent of money used for expanding crisis services
- ✓ Percent reduction at Winnebago Mental Health Institute (WMHI)
- ✓ Percent increase of counties/regions signing memoranda of understandings linking Coordinated Services Teams Initiatives and Comprehensive Community Services to ensure consistency of care, particularly related to children's crisis plans
- ✓ Number of state and county contracts that include language outlining that reimbursement will be based on reporting outcomes and demonstrating progress
- ✓ Percent increase in the sites receiving mental health consultation, training and coaching

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<sup>8</sup> See National Conference of State Legislatures for more information <http://www.ncsl.org/research/health/mental-health-benefits-state-mandates.aspx>