NEWSLETTER

July 2023

Welcome to the Office of Children's Mental Health (OCMH) July Newsletter!

Infant and Early Childhood Mental Health Consultation in Wisconsin

Helping the adults working in childcare settings with infant and early childhood mental health knowledge and skills is what the Infant and Early Childhood Mental Health (IECMH) Consultation is all about. It is a proven concept and soon will be available in more communities in Wisconsin.
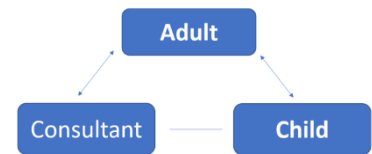
Do babies and very young children have mental health challenges?
Yes, they do. Researchers estimate that as many as one in five children in childcare have serious difficulty managing their emotions and behavior. More have challenging behaviors that compromise their ability to learn.[1,2] When emotional and behavioral concerns are unaddressed, these behaviors and other issues become deeply entrenched and harder (and more expensive) to fix later on. Young children are most vulnerable to trauma, and the first years of life present a unique opportunity to intervene early and to set things right.

How does IECMH Consultation work?
IECMH Consultation gives professionals who work with infants and young children direct access to qualified mental health specialists. These specialists provide support, guidance, and resources to address mental health concerns in infants and young children. The program helps the childcare professionals build their skills in supporting children's social and emotional health and development.

The problems IECMH Consultation addresses
In childcare and preschool settings, behavior challenges are much more likely to result in expulsion. Young children in childcare are expelled at a rate of 13 times higher than all K-12 expulsions combined.[3] Black children are disproportionately represented in these rates. Research shows they are 3.6 times more likely to be expelled in preschool than their white peers.[4]

Looking at the professionals working in these settings, early care and education providers most often do not have the tools they need to effectively meet children's social emotional needs. Approximately one-third report high levels of job stress and burnout, which predicts high staff turnover rates and child expulsions.[5]

What is being done in Wisconsin?
An IECMH Consultation program is being developed in Wisconsin. It is called Healthy Minds Health Children and initially will serve early childcare and education settings. To start, it will be piloted in

South/Southeast Wisconsin from July 2023 through June 2024. The Wisconsin Alliance of Infant Mental Health (WI-AIMH) is developing the program with funding through the Wisconsin Department of Children and Families. The goal is to extend this consultation to a universal model available in all settings serving ages 0-3 (for example: home visiting, Part C/Early Intervention, child welfare, pediatrics, substance abuse residential treatment facilities, homeless shelters, child advocacy centers).

Share your thoughts – survey invitation to families and communities

SURVEY

WI-AIMH wants to understand what families and community members think about the mental health and emotional and behavioral development of children in Wisconsin. They invite families and community members to take their survey. It is available in three languages:

- English
- Spanish
- Hmong

To take the survey, people need to enter a password – that is: Wisconsin (make sure to include the capital W).

People taking the survey will receive a $20 gift card for their completed survey. The survey is open now and will close when 100 responses per DCF region are reached.

Lived Experience Insights

Summer – Sometimes Rewarding, Sometimes Stressful

OCMH Lived Experience Partner Crystal Long shares her insights on the challenges and joys of summer break.

We may think that everyone feels summer is great – full of fun, excitement, and unknown possibilities. There is no school, the days are longer, and they are less structured than the rest of the year. That is all true, but what if all those things make for difficulties? Children losing contact with their school friends, alternative childcare arrangements, and family outings and vacations can be very overwhelming for some children and their families.

For me, summer was the most stressful and yet rewarding time. When my children were young they loved school, so summers were difficult. They did not take change very well, so I had to prepare them. I would talk with them about summer break, and the changes it would bring, at least one month before it occurred. This was also true for holiday breaks and any outings. The earlier I had these discussions, the better.

What summers look like for me

Trying to keep all four of my children engaged in the same activity was difficult to say the least. Each would want to do things their own way, which meant, for example, four different balls at the park (Imagine dodge ball in reverse, with four children each throwing their ball at mom to see if I could keep pace and return the balls to the proper child without getting them mixed up!). We would try to do outings, but excitement and overload would cause melt downs. So, we would try to get through at least half or sometimes less of an activity before we had to leave. It wasn't uncommon to leave before we even got out of the car.

Even grocery shopping turned into an adventure as I had to come up with different ways to keep the kids entertained so that we actually purchased groceries instead of leaving empty handed (which happened often). Picture me pushing one cart with two children in it, two children holding on to the sides of that cart, and me pulling a second cart for the groceries. The rules were if they let go of the cart before they were supposed to they missed a turn to put groceries in (This worked for them!).

As the children got older things got a little easier. They struggled more in school, so summers became a reprieve from all those troubles. We no longer needed to do everything together, and they would find other ways to occupy their time. So, summers meant something different.

What I learned
- First and foremost, time goes by so fast so enjoy the good moments, even if it seems like there are not many of them or it's hard to recognize them.
- Show up for an activity even if you can only make it for a few moments. Sometimes just showing up is all it takes. There were times I dreaded certain activities, but at times those were the best experiences. So, be open minded on the activities your children are part of.
- For the times there are problems for your child at an activity – sometimes getting them through a meltdown and proceeding through the activity is what it takes to get them more comfortable and allows them to have a good time, even if it is stressful. And then, sometimes leaving is the best course of action – you will know which way is best.
- The parent's mood, feelings, and temperament are very important. How we handle the situation will have an impact on the outcome.
- Don't worry about what others think. More than likely they just don't understand your situation.

OCMH Updates

Social Connectedness of Youth – Collective Impact Teams Complete Action Plans

OCMH's strategic focus for the last 1 ½ years has been social connectedness of youth. We believe it is the one thing across all ages, from birth through age 26, that can make a difference in children's mental health.

To address the social connectedness of youth at a statewide level, we formed four collective impact teams to support our strategic focus. The teams (listed below) started meeting in June 2022, so just wrapped up one year of work. They identified goals, strategies to support their goals, and now have completed action plans that identify ways to support the strategies and achieve their goal. See below for a look at each team's vision, goal, and strategies. Each team's complete plan with action items will be available on its webpage by mid-July (links provided in the chart).

What you can do
The Action Plans are excellent tools to identify work that all organizations can do to improve social connectedness of youth. Each team member has been challenged to share their Action Plan with the organizations they are involved with to see what items they can take on. Likewise, we challenge all organizations across the state to do the same!

OCMH Social Connectedness of Youth Collective Impact Teams Action Plans

Team/Vison	Goal	Strategies
Cultural Identity/ Community Vision: Young people are regularly involved in spaces that help them feel connected to one another and their culture or identity.	Build community collaborations that provide opportunities for youth to connect to others and their culture, elevating youth voice in this work.	#1: Organizations will collaborate and build relationships to focus on providing opportunities for youth to connect to others and their cultures. (5 actions items)
		#2: Youth will be connected to others with shared interests. (5 action items)
		#3: Adults will look at systemic change, policy, and legislation. (5 action items)
Family Team A Vision: Children have warm, positive relationships with their family that make them feel like they belong, are safe, cared for, valued, and supported.	Family voice is at the center and authentically leads in service planning/delivery.	#1: Families will be involved at every step in discussions for their children's care/treatment plans. (5 action items)
		#2: Organizations will involve family voice in their work. (3 action items)
		#3: Professionals will seek to understand the family and recognize them as experts. (3 action items)
Family Team B Vision: Children have warm, positive relationships with their family that make them feel like they belong, are safe, cared for, valued, and supported.	Support the early childhood/childcare workforce and professionals serving this population with children's mental health/well-being education and resources.	#1: Professional development is in a way childcare providers can attend – available during the day on paid time and is paired with coaching. (4 action items)
		#2: Infant and early childhood mental health consultants would support childcare staff. (3 action items)
		#3: There will be a Community of Practice (CoP) and more networking opportunities for childcare providers. (2 action items)
Supportive Adult Vision: Adults, especially older adults, connect with and establish affirming relationships with youth.	Equip adults to form supportive relationships with youth, including youth voice in this work.	#1: There is trust between the adult and youth. (3 action items)
		#2: The right adult will be matched with the right youth based on what the youth needs. (4 action items)
		#3: Both adults and youth will be equipped for a meaningful relationship. (3 action items)
		#4: Youth voice is at the center, they are heard, and they identify what makes a good relationship. (1 action item)
		#5: Organizations with expertise in this will advise us. (2 action items)

Legislative and Policy Update

The State 2023-25 Biennial Budget and Children's Mental Health

The budget, as returned by the Legislature, falls well short of Governor Evers' proposed biennial budget's level of spending for K-12 schools and hoped for identified, sustainable funding for school mental health. Nevertheless, as also stated in the Governor's budget press release, the 2023-25 budget signed on July 5 with his vetoes: "builds upon Governor Evers' historic progress toward fully funding

public schools by providing an overall increase of nearly $1.2 billion in spendable authority for public school districts. This increase will be more than ten times larger than the increase in spendable authority for public school districts in the 2021-23 biennium. The Governor's vetoes also ensure our school districts have predictable, long-term revenue limit spending authority increases to help meet rising costs for the foreseeable future."

This budget also:
- Provides $97 million GPR over the biennium to achieve a special education reimbursement rate of 33.3 percent each year, which is the highest reimbursement rate our state has seen in over 20 years;
- Invests $4.6 million GPR over the biennium for high-cost special education aid, increasing the reimbursement rate of these programs from its current 39.5 percent to 50 percent by the end of the biennium. This aid helps school districts pay a portion of their eligible special education costs for pupils with specific and elevated educational needs;
- Sets aside $50 million to improve reading and literacy outcomes for K-12 students; and
- Provides $30 million to continue support for school-based mental health services modeled on the governor's successful "Get Kids Ahead" Initiative.

Another of the Governor's vetoes removed language that would have limited **gender-affirming care for transgender and gender nonconforming people** with gender dysphoria by Medical Assistance. As Governor Evers stated, "Reducing access to gender affirming care would only magnify the inequities in health outcomes already faced by the LGBTQ community." Gender-affirming care is recognized as standard treatment by most major medical associations.

Of the **10 priorities OCMH identified** for children's mental health in the 2023-25 budget (see our March newsletter), only two were addressed in the final budget document. The $1.3 million annual GPR request for the Wisconsin After Three program to support youth mental health and substance use prevention was fully funded. This increase included $500,000 TANF funding in each year to the Boys and Girls Clubs to improve literacy skills and math proficiency among low-income children.

School-Based Mental Health Services Grants our number one priority was partially addressed. The request to eliminate the requirement for school districts to apply for grants was adopted in favor of distributing the funding on a per pupil basis to all school districts and independent charter schools. The $10,000,000 for grants was augmented by a one-time increase of $15,000,000 GPR in each year of the biennium. This amount contrasts with the Governor's proposed annual increase of $30,000,000 GPR that would have been ongoing. It is estimated that the $25 million would provide payments of approximately $31 per pupil in 2023-24 and 2024-25, and $12 per pupil in future years. Statutory language requiring schools to collaborate with "community mental health agencies" was modified to instead reference collaboration with "mental health providers." This change was intended to allow districts without a mental health agency in their community to contract with an individual mental health provider.

Another school-related item, **Speak Up Speak Out (SUSO)** tip line operated by the Office of School Safety failed to receive ongoing financial support. SUSO has received over 7,400 tips, with 3,500 received during the 2022-23 school year alone. Students speak or chat with a Resource Center Analyst about potential threats and concerning behaviors at their school. They have the option of being anonymous, thus reducing the fear of being ostracized for making a report. Students have the greatest knowledge of potential threats. SUSO allows students to report concerns, including potential suicides, and prevent tragedy.

In addition to more limited than hoped for school mental health funding, the budget document submitted to the Governor did not address the continuum of care and youth voice items in the Governor's original budget. It is unclear whether any of these other priorities will be addressed in subsequent legislation, although it is clear that there is ongoing, widespread concern over youth wellness in Wisconsin.

LRB 0110 (*In Bill Referral Process****)** – This bill requires a federal background check for the sale or transfer of a firearm to ensure a firearm is not made available to anyone prohibited from possessing one. The bill was circulated by Reps. Stubbs and Andraca and Sens. Johnson and Agard.

LRB 0670 (*In Bill Referral Process****)** – This bill requires the Department of Health Services (DHS) to award grants of $50,000 to $500,000 per year to "clubhouses" or nonresidential rehab programs that provide support and services, but not direct treatment, to individuals with or "awaiting" a mental illness diagnosis. Supplemental grant funding is subject to passive review by the Joint Finance Committee. Eligible clubs must ensure: 1) all members who receive services have been or are "awaiting" a mental illness diagnosis and must be under treatment for the condition; 2) the clubhouse matches the amount of grant award; 3) clubhouse membership activities and services are voluntary; 4) clubhouses are a separate space from a mental health center or institution; and 5) clubhouse members are able to participate in the administration/function of the club. The bill was circulated by Reps. Tittl, Snyder, Spiros and Sortwell and Sens. Cabral-Guevara and James.

Senate Bill 341 – This bill would require many health insurance policies to cover maternity and newborn care and include patient protection requirements, such as limiting cost sharing. The Commissioner of Insurance would specify the details of the program by administrative rule. If the care benefits specified by the Commissioner are less comprehensive than those already in current law, the more comprehensive coverage is required. A mother's mental well-being is critical to the mental health and early brain development of an infant. The bill was circulated by Sens. Roys and Johnson, and Reps. Vining and Drake. Link.

Senate Bill 110 / Assembly Bill 114 – This bill requires DHS to seek approval from the U.S. Department of Health and Human Services to extend the healthcare coverage eligibility period under the Medical Assistance program for pregnant women from 60-days post-birth to one year. This provision would only apply the protection to mothers on Medical Assistance and would not require it be extended to mothers on all insurance plans. This bill was circulated by Sen. Ballweg and Rep. Rozar. Link.

*LRB Drafts: The Wisconsin Legislative Reference Bureau (LRB) prepares all legislation for the Wisconsin Legislature. Before a bill has been assigned to a committee and given a bill number, it can be identified by the LRB draft number.

Children's Mental Health in the News
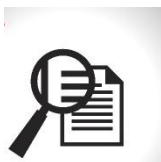
OCMH Senior Research Analyst Amy Marsman spotlights recent articles, resources and research findings impacting youth mental health.

Showcasing Solutions in Youth Mental Health

Improving Uptake of Mental Health Crisis Resources
Koko aims to help teens find reliable mental health help online. The service helps internet platforms, from social media to telehealth services, support the mental health of their users by spotting keywords –

more than traditional algorithms – and asks the user questions and directs them to crisis hotlines, peer-support, and other free resources. A [study](#) compared this embedded referral system with a standard link to 988/Lifelines and found significant reductions in hopelessness. People who received the referral were also more than twice as likely to report using the resources provided.

Rise in Use of Mental Health Apps Raises New Policy Issues
Mental health apps, as well as other digital health solutions, have the potential to expand access to care, and for this reason certain rules and standards were waived or modified during the pandemic, which was also a time of heightened mental health needs. Coming out of the urgency of the pandemic, there is now an opportunity to evaluate the benefits and risks of these tools and consider what oversight might be appropriate. Focus will be on the quality and clinical effectiveness of these tools, as well as who will pay for them. **[KFF Issue Brief](#)**

Participation in Extracurricular Activities and School Sports Linked with Better Mental Health
[Research findings suggest](#) that participation in extracurricular activities and/or school sports both before or during the COVID-19 pandemic were associated with better mental health outcomes in children and youth. [Wisconsin students in extracurriculars were 1.5 times more likely to feel like they belonged](#) at school, and less likely to report depression and anxiety than those who didn't participate.
While obesity rates and mental health challenges continue to increase, so has young peoples' interest in sports. Schools can create space for more types of students in sports. One [school transformed its athletics program](#) to prioritize including kids of all ability levels in sports. The goal is to try and discover interests that can build a healthy habit.

Pre-K May Be Critical to Academic Success for Native American Children, [Child Trends Brief](#)
Pre-K is favorably associated with middle, secondary, and post-secondary outcomes for Native students, including increased attendance, greater likelihood of taking honors coursework, and higher state test scores in middle and high school. The [findings from this study](#) and other studies have shown the positive and sustained benefits of pre-K for all students, and specifically for students of color.

Structural Factors that Impact Youth Mental Health

How the High Cost of Child Care Hurts Families, Workers, and the Economy
In releasing the 2023 KIDS COUNT [data book](#), the Annie E. Casey Foundation [outlined](#) how inaccessible and unaffordable childcare harms children, families, and businesses. [Wisconsin's data profile](#) displays data on economic well-being, education, health, and family and community.

In [Wisconsin's companion release](#) from Kids Forward, the situation is explained as more dire for low-income families and families of color due to cost burden: Systemic and historical racism over decades have driven disparities in earnings. As a result, families of color in Wisconsin pay a larger share of their income for child care than do white families. To make matters worse, the number of [family child care providers has decreased dramatically](#) over the past few decades, which disproportionately impacts families of color.

Three-fourths of those Receiving Mental Health Treatment Experienced Insurance Problems
Nearly 75% of people receiving mental health treatment said they had faced obstacles with their insurance coverage, the [New York Times reported](#). The Kaiser Family Foundation's extensive [survey](#) of consumers' experiences with four kinds of health insurance – employer-provided, Obamacare, Medicare, and Medicaid – found big problems in all areas of care, such as coverage denials, high bills, and a lack of providers in their plans.

Collectivism and Community Connections that Foster Youth Mental Health

Mothers' Difficult Childhoods Impact Their Children's Mental Health
The results of a study on maternal childhood trauma and its effect on children's emotional development indicates that when a mother experiences difficult times during her own childhood, it can affect her mental health when she is an adult, during critical life stages such as during pregnancy, and after giving birth. This, in turn, can increase the risk of mental health challenges in her children. The research was highlighted by the National Institute of Mental Health. The authors suggest one way to break the transmission of risk may be to focus on providing intervention and support to women during these critical time periods.

Since launching one year ago, 988 fielded 2 million calls and 1 million texts from Americans
Since 988's launch in July 2022, the new hotline fielded over 2 million calls from people in crisis – 45% more than the 10-digit hotline over the same period in the previous year, according to data from Vibrant Emotional Health, the organization appointed by the federal government to oversee the line. Vibrant says the hotline has also answered over 1 million chats and texts. Average wait times have dropped from nearly 3 minutes to less than a minute. Additionally, 988 has rolled out variations of the line specifically devoted to the care of at-risk groups like veterans, Spanish-speakers, and LGBTQI+ youth.

However, increased demand and workforce shortages have meant crisis call centers across the country have struggled to staff up. According to data reviewed by ABC News from state health departments, in Wisconsin, 30% of positions were empty. According to a 988 jobs board maintained by the Substance and Mental Health Services Administration (SAMHSA), nearly every state in the country has vacancies.

New survey from UCLA finds most teens agree with the Surgeon General's recent social media advisory, but disagree with new state laws
In an effort to bridge the divide between adults and younger generations on the issue of social media and adolescent mental health, the Center for Scholars and Storytellers conducted their first Teens Speak Out Research Snapshot to capture the valuable insights of young people on three major policy developments: Utah's parental consent regulations for social media usage, Montana's TikTok ban, and the Surgeon General's advisory on social media.

Data Releases Related to Youth Mental Health

NCHS Data Brief on Violent Deaths
Violent deaths – suicides and homicides – have increased sharply among children and young adults (aged 10 to 24), according to a CDC National Center for Health Statistics Data Brief that examined trends covering two decades. Data indicates that suicide deaths for this age group rose 62% from 2007 to 2021. Among those aged 10 to 14, the suicide rate tripled from 2007 to 2018 and remained steady through 2021, while the homicide rate doubled from 2016 to 2021.

NCHS Data Brief on Mental Health Treatment
In 2021, 15% of U.S. children aged 5–17 years received mental health treatment, according to a NCHS Data Brief. There are large differences by race in who receives mental health treatment. Asian (4%) and Hispanic (10%) children are least likely to receive treatment, while white children (18%) are most likely to receive care.

2023 Disparities in Mental Health Care and Outcomes, a Healthy Metric Report for Wisconsin
This report, funded by Advancing a Healthier Wisconsin Endowment and the Wisconsin Partnership Program, presents recent Wisconsin data on disparities in mental health screening, outpatient visits, and

telehealth visits by race and ethnicity, insurance type, age, and rural and urban geography. It's accompanied by resources for reducing disparities.

Of Interest

July is BIPOC Mental Health Month – Culture, community, and connection are pillars that uplift BIPOC individuals in the face of oppression and systemic racism and thus is the theme for 2023 BIPOC Mental Health Month. Learn more and get the Mental Health America 2023 BIPOC Mental Health Month toolkit.

Tips for Navigating Social Media in child Welfare – The Child Welfare Information Gateway provides tips on social media for child welfare workers, foster parent and caregivers, and youth in foster care.

In a public health conversation titled "Promoting Mental Health Among Children and Youth," **U.S. Surgeon General Vivek H. Murthy speaks about observing children in an Indiana school exercising their Social, Emotional Learning skills**. Listen to this portion of the conversation here.

The Department of Public Instruction released findings of a survey assessing the capacity of **Wisconsin's school workforce to address behavioral health**. Read the summary of findings for the Wisconsin School Behavioral Health Learning Community: School Administrator Survey Summary.

The Department of Health Services seeks public input on how to use nearly $15 million directed toward youth tobacco prevention programs. Learn more and register for virtual listening sessions or submit recommendations through an online survey available in English and Spanish.

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WHEN WE SHOULD TAKE A BREAK

WHEN WE ACTUALLY TAKE A BREAK

@LIZANDMOLLIE