



NEWSLETTER

March 2022 Edition

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

Social Connectedness of Youth – The One Thing

The problems our young people are facing are well known – anxiety and depression are continuing their years' long increase, children are feeling disconnected, and they are losing key social emotional life skills. The recent [U.S. Surgeon General's advisory](#), Protecting Youth Mental Health, supports what we are experiencing in Wisconsin.

OCMH studied the lifespan of a child, and we identified troubling data points among the age groups:

- Unrecognized mental health issues contributing to preschool expulsions in our youngest children ages 0-5.
- Losing the ability to make and maintain relationships in 6-12 year olds.
- Increasing anxiety, depression, and lack of belonging contributed to the teen suicide rate in 13-18 year olds.
- The needed support of caring adults for 19-26 year olds in order for them to launch into adulthood and be mentally healthy.



These are just a few of many alarming data points. As we considered all this, we asked ourselves, “what’s the one thing” that could make a difference in the mental health problems we are seeing? Our answer is social connections.

Social Connectedness of Youth – OCMH strategic focus

Youth are socially connected when they are actively engaged in positive relationships where they feel they belong, are safe, cared for, valued, and supported. That is our definition of social connectedness of youth.

Five categories of social connectedness have been identified:

1. Family
2. Supportive Adult
3. Cultural Identity/Community
4. School/Early Education
5. Peer

We believe that all organizations and individuals that touch children’s mental health work can identify work they are already doing (or could do) in at least one of these categories.

New teams

As we launch this new strategic focus on social connectedness of youth, we will initially focus on three of the five categories: Family, Supportive Adult, and Cultural Identity/Community. Our first step will be creating three new teams to drive work in each area. Our existing teams will retire and members of the existing teams will select which new team they would like to join. We will also welcome new members to the teams. March and April will be transition months for moving from the existing structure to the new one. At this point, we anticipate new teams will start meeting in May.

Lived Experience Insights

OCMH Lived Experience Partner Crystal Long shares her insights on what to do while you wait for the children's mental health professionals.

It can take time before you realize your child needs to seek professional services and you get an appointment. As you wait for that initial appointment (and even beyond it) here are some thoughts on what you can do to assist your child.

Become a detective – observe

- Write down all the behaviors and challenges you see happening. Doing this will help you remember everything and provide the doctor a full view. If something is left out or not considered it could lead to a misdiagnosis.
- Have someone close to your family assist you with this as they may have thoughts you don't think of. Doing this gives you the opportunity to process that information before talking to your doctor.
- Writing this information down can be hard as it seems you are focusing only on the negative. However, this is a very important step. Remember – the more information you have, the better you will be able to accurately explain the situation.

Educate yourself

- Research your findings. The more you understand what is going on, the more the doctors will listen to you, and the faster the process will go. You may also be able to try some solutions from your research on your own.
- Write down the strategies you have tried and what the outcome was. This can be a time-saver when your team is figuring out what therapy or strategies to focus on.
- Understand that even though you may have tried something that wasn't the best fit it doesn't mean it won't work for someone else. If it does work for someone else and not you it doesn't mean you did something wrong – It just means different things work for different people.

Understand

- It is OK to be wherever you are in the process. Everybody has to start somewhere.
- It is OK to be frustrated or have other feelings. Process through them, and don't bottle them up.
- It is OK to have expectations and to follow through with them. If there is pushback, keep with it.
- As a parent you will be the dumping ground for a lot. Try not to take that personally, and keep in mind you are doing everything you can. Hold on to the hope that it will be OK.
- Everybody has their own role. Stay in your lane while working together.
- As you and your team implement strategies that do not work the way you expect them to, be OK adding your own personality. Don't be afraid to experiment with the strategies or suggestions. Again, not everything works the same for everyone.

- *By: Crystal Long, Office of Children's Mental Health Lived Experience Parent Partner*

LIVED EXPERIENCE PARTNERS
BUILD CONNECTIONS AND CAPACITY
TO CREATE SYSTEMS CHANGE

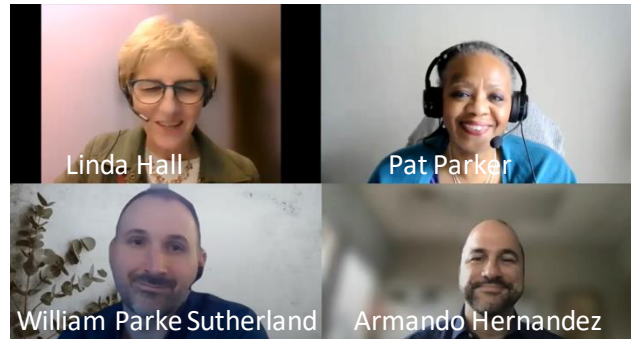


OCMH News

New OCMH Race and Culture Free Training Videos Available

OCMH has launched two video trainings in its “Exploring Race and Culture from a Trauma-Informed Lens” series. The topic is White Privilege and the videos are:

- Part 1: Exploring Racism and Whiteness/Embracing Truth
- Part 2: Growing into Authentic Allyship and Racial Justice



Each video is approximately 30 minutes in length and features an expert panel discussing the topic. A toolkit including discussion questions and resources accompanies each video. These videos are ideal for 1-hour staff training – employee teams can watch the video together and then discuss the questions.

The videos are a hit! Since becoming available on February 17th:

- There were 1,320 hits on the OCMH [Trauma-Informed Care training page](#) on the OCMH website (where the videos are available) from February 17-28.
- There have been 488 views of Part 1 and 157 views of Part 2. Staff teams viewing the videos typically schedule time between viewing Part 1 and Part 2. And, people are encouraged to view the videos in teams, so multiple the views by 4-6 for a more accurate number of total people viewing the videos.

Access the videos and toolkits [here](#).

Panelist featured in the videos are:

- Armando Hernandez – Chief Diversity Officer, Journey Mental Health Center
- William Parke Sutherland – Health Policy Analyst, Kids Forward
- Pat Parker – Curriculum and Instruction Manager, the Helen Bader School of Social Welfare at UW Milwaukee
- Linda Hall, panel facilitator – Director, Wisconsin Office of Children’s Mental Health

White Privilege is Segment 1 of a three-part series. Other segments and release dates are:

- Segment 2 – Implicit Bias (scheduled for release March 22, 2022)
- Segment 3 – Working with People with Different Racial and Cultural Backgrounds (scheduled for release April 26, 2022)

All will be posted on the OCMH [website](#).

Welcome Amy Marsman – OCMH Senior Research Analyst

Amy Marsman joined the OCMH team on February 28th as Senior Research Analyst. She brings a strong background in research, data, and policy with a focus on equity from the University of Wisconsin – Madison’s Center for Financial Security and from her time with the Department of Public Instruction. She is passionate about data-based decision-making and improving outcomes for children and families.



DCF Proposal for Statewide Infant Early Childhood Mental Health Consultation (IECMHC) is Approved by Joint Finance Committee – IECMHC is an intervention that pairs mental health professionals with early childhood educators and families to support young children’s social and emotional needs and address challenging behaviors. The request to fund IECMHC was part of a larger ARPA Child Care Development Block Grant request the Department of Children and Families (DCF) made. The funding for IECMHC is \$5M. DCF will move through a procurement process to select an entity to administer a holistic, statewide IECMHC model to build the capacity of families and ECE providers to strengthen children’s social and emotional well-being and improve outcomes for all children. The OCMH Infant Toddler Consultation Team has worked tirelessly over the past years on developing and advocating for this consultation model.

Children’s Mental Health News

How We Can Support Students and School Communities Through Crisis – School communities should be wired for relationship and support. Read the [article](#).

Our children are in the middle of a mental health crisis. Let’s talk about how we can help . – Amy Schwabe, Milwaukee Journal Sentinel, discusses how to help children with their mental health during the pandemic and at-home learning. Read the [article](#).

States Take Action to Address Children’s Mental Health in Schools – Since the onset of the pandemic, 38 states have enacted nearly 100 laws focused on supporting schools in their role as one of the primary access points for pediatric behavioral health care. Read the [article](#).

COVID-19 and Youth Justice in Wisconsin: What Are We Learning? – Findings on the impact of the pandemic on youth justice practices. The insights offer recommendations to expand the inter-agency and cross-sector partnerships that can be utilized to serve youth with complex needs more effectively and to reduce racial disparities in the justice system. Access the [report](#).

Of Interest

Plan Now: April is National Child Abuse Prevention Month

Children are the foundation of our society, our community, and our future. Raised in loving and supportive environments, children are more likely to prosper academically and financially, becoming successful contributing members of society. The Child Abuse and Neglect Prevention Board, Prevent Child Abuse Wisconsin, and the Department of Children and Families are determined to ensure we build healthy children and strong families by shining a bright light on the issue of child abuse prevention. In April, we come together to participate in activities that show our commitment to children and families.

Wear Blue Day for Kids
April 1



Every child deserves to grow up in a safe, stable, and nurturing environment. Please join us in promoting and strengthening the safety and wellbeing of Wisconsin children. In April 2022, all can work together to begin transforming Prevention Month into Family Strengthening Month. The following toolkit provides information to communities, organizations, and individuals on how to promote family strengthening efforts in April and throughout the year.

Feel free to use and share the ideas from the toolkit and supplement. Visit the [Child Abuse and Neglect Prevention Board's website](#) in April for the Five for Families social media posts. Links:

- [Child Abuse and Neglect Prevention Board Public Awareness](#)
- [Prevention Board Toolkit](#)

How Wisconsin Serves Individuals with Intellectual or Developmental Disability

An evaluation of how the current service system in Wisconsin serves individuals with an Intellectual or Developmental Disability (IDD) and mental/behavioral health challenges is underway. The work is being done for the Wisconsin Department of Health Services by the University of New Hampshire's Institute on Disability. Two surveys are seeking input:

- Individuals working in any aspect of the service system (mental health, ID/DD services, education, drug/alcohol treatment, hospitals, justice, child protection, etc.) – This online survey looks at the services currently available in our state and where they might need to be strengthened or improved. Access the [survey](#).
- Family members and service users – With a goal of making recommendations for enhancing and improving services, this study is telephone interviews with families who have a family member with IDD, including autism, and a co-occurring behavioral/mental health need. The interview takes about 15-20 minutes and responses are confidential. If you are willing to participate, contact the study project manager, Ann Klein, at ann.klein@unh.edu.

The WCASS Guide on Providing Students with Disabilities Access to Classroom Curriculum

By: Nissan B. Bar-Lev, Director of Special Education at CESA 7

Many students with disabilities (SwD) exhibit a growing gap between their reading achievement scores and grade level expectations extending from 3rd through 12th grade. Typically, a middle school student with learning disabilities in 6th grade reads at a 2nd to 3rd grade level. It is no surprise that with each passing year the reading gap widens, and the frustration of these students who do not want to appear stupid in class, turns sometimes to anger, acting out, withdrawal, and even dropping out of high school.

The Individual with Disabilities Educational Act (IDEA) 2004 requires school districts to provide SwD access to, are involved in and make progress in the regular education curriculum. Reading at the 2nd to 3rd grade level in 6th grade does not provide access to 6th grade level books, instructional sheets or curriculum as required by law.

Traditional reading interventions are often designed to address important areas for reading development including phonemic awareness, phonics and fluency. While systematic instruction benefits many children, there is a group of students who may never achieve the levels of speed, fluency, and accuracy required for their grade level. The problem is one of information processing: by the time they have successfully decoded a word, they have little to no energy or cognitive capacity left to solve the word, let alone make sense of it, and then do something with it.

The Text To Speech technology which reads digital text aloud, provides instant access to all sorts of instructional materials including textbooks, articles, websites, newspapers, and even instructional materials prepared by the classroom teacher. Providing Text To Speech for students may allow them to gain access to grade level reading materials. Listening to text enables students to gain new information and expand their vocabularies. When students have access to information, at or above grade level, they can participate in classroom discussions and feel part of the group, both academically and socially. In addition, providing Text To Speech for students is also an education equity issue, ensuring that every student has access to the educational resources and rigor they need at the right moment in their

education. This may stop the cycle of frustration, anger, acting out and withdrawal for many of these students. It is imperative that students, educators, and parents explore the possibilities of Text To Speech in order to determine whether this form of assistive technology helps them achieve.

The *WCASS Guide: how to Provide Students with IEPs Access to their Grade Level Curriculum Through Text To speech* was designed to support teachers seeking to provide SwD access to their grade level curriculum. About 60 stakeholders worked on the Guide, including assistive technology specialists, teachers, university professors specializing in research combining technology, reading and special education, school psychologists, speech pathologists, representatives from parent advocacy organizations, administrators and many others including the former U.S. Assistant Secretary for Special Education and Rehabilitative Services, Dr. Alexa Posny and the former Director of the US Office of Special Education Office, Dr. Tom Hehir.

The WCASS Guide is available on the WCASS website (see link below) either as a pdf downloaded, or by clicking on the “listen” button, you can listen to the individual chapters:
<https://wcass.memberclicks.net/wcass-guide>

Social support may lower American Indians’ risk of cardiovascular disease, death – Improving social support and connectedness could not only lower depression symptoms but also help reduce cardiovascular disease and death in older American Indians. Read the [article](#).

Grant opportunities

- **Collaborative Crisis Intervention Services to Youth (CCISY)** – DHS invites Wisconsin counties to collaborate with fellow counties and federally recognized tribes (consortium) for the development and implementation of programs designed to provide crisis intervention services to youth. [Learn more](#).
- **Development of a Regional Youth Crisis Stabilization Facility** – DHS is seeking applications for the development and certification of a new regional youth crisis stabilization facility (YCSF). YCSFs serve youth ages 17 and under who are experiencing a mental health crisis. [Learn more](#).

March is National Professional Social Work Month – The National Association of Social Workers official theme for Social Work Month 2022 is “The Time is Right for Social Work.” Take time this month to recognize the positive contributions social worker make to society. For [information](#).



March is Developmental Disabilities Awareness Month – The National Association of Councils on Developmental Disabilities seeks to raise awareness about the inclusion of people with developmental disabilities in all facets of life. [Learn more](#).

(continued)

Mental Health Treatment

We Often Think It is

- Therapy
- Medication

But It Also Is:

- Setting Boundaries
- Exercising
- Practicing Mindfulness
- Meditation
- Challenging Our Unhelpful Thoughts
- Affirmations
- Breathwork
- Asking for Support from friends/family/community
- Learning about Mental Health
- Massage/Self-care
- Connecting with Others
- Journaling
- Eating Nourishing Meals

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