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

Focus on the Effects of Childhood Poverty

Impoverished children have worse physical health outcomes, experience more mental health challenges, and achieve lower educational success than children growing up in wealth. Additionally, economic instability increases the likelihood of addiction and incarceration.

The OCMH March Fact Sheet, Supporting Child Well-Being through Eliminating Childhood Poverty Fact Sheet shares this and other startling facts.

For many families, the cost of living outpaces what they earn, yet they earn above the Federal Poverty Level so do not qualify for safety net programs. The United Way ALICE in Wisconsin report states the 34% of all households in Wisconsin don’t have enough income to make ends meet, but earn too much for safety net programs. Adults in households that are struggling often work as cashiers, nursing assistants, laborers, and security guards. Any change in expenses may push them into poverty.

Households with insufficient income are:
- 48% Hispanic
- 62% under age 25
- 66% Black
- 70% single female with children

The Fact Sheet lists things we can do.

**What parents can do:**
- Encourage and support children to complete high school and avoid risk factors for poverty.
- Find out if you qualify for the Wisconsin Shares Child Care Subsidy Program to help with childcare expenses.

**What communities can do:**
- Remove barriers to child-care and transportation, so adults have access to more job opportunities.
- Recruit and support employers who pay living wages.

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What policymakers can do:
- Modify policies tied to work and safety net programs such as child-care subsidies, raising the minimum wage and Earned Income Tax Credits, and investing in housing assistance programs.
- Adopt a nonrefundable credit equal to 50% of the federal credit for child and dependent care expenses.

Lived Experience Insights

*OCMH Lived Experience Partners share their insights on living in poverty.*

How has economic instability or poverty impacted your family?
Being in poverty has impacted my family in the sense of not having the means to fully provide for my family without having assistance from the government. I am bound by the rules set forth which means there are limitations on what services are provided and when. Information isn't given freely which means I may not be able to obtain necessary help at the time it's needed, which causes unnecessary hardship and prolonged challenges.

What connection have you seen in your child’s mental and emotional well-being and household challenges such as housing or food insecurity?
Not having permanent housing has caused my children to experience anxiety and unstable attachments. It is very traumatic to children when they don't know when and where they will eat and sleep next or if they don't feel safe in their environment.

What action would you like to see taken by policy makers, communities, or schools to address childhood poverty?
Don't limit the services that are required to get out of poverty. Offer skill and trade learning opportunities. Offer a helping hand, not one which will create dependency.

Feelings Thermometer Continues to Help Families

The Feelings Thermometer continues to help families understand and regulate their emotions during the COVID-19 pandemic. First Lady Kathy Evers interviews the Cain family (Theresa, William, Ian, and Nora) on their use of the Feelings Thermometer. [Watch the video.](#)

The Feelings Thermometer measures how you are doing emotionally and offers suggestions you can take to shift your mood when things are getting tough. Like a temperature thermometer, the Feeling Thermometer shows when your emotional temperature is getting warmer and then hotter, to potentially dangerous degrees. The readings go from blue (the calm zone) all the way up to red (the furious zone) and list suggested activities for each zone to feel less angry, frustrated, anxious, and sad. [Learn more](#) and download a copy of the Feelings Thermometer.

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Children’s Mental Health in Governor Evers’ 2021-23 State Budget Proposal

Approximately 269,000 (21%) of Wisconsin’s children have a diagnosable mental illness and nearly half are not accessing treatment. These numbers from 2019 are likely to have increased given shuttered schools, social distancing, and the economic stress that families have been under due to the COVID-19 pandemic. The economic fallout of the pandemic has also increased the number of low-income families. In state fiscal year, 2019-20, 40% (511,200) of all Wisconsin children were enrolled in Medicaid. This number was up over the previous year and is likely to have increased further as the pandemic continues to shrink family incomes.

Governor Evers’ proposed budget, with its focus on the well-being of Wisconsin residents, offers much to reduce economic stress on families and improve the mental health of our children. The list that follows includes items in Governor Evers’ budget that specifically address children’s mental health.

In coming weeks, OCMH will issue a list of budget provisions that support children’s their well-being and that of their families which is crucial to children’s mental health and their chance at growing up healthy. The longer list will organize family support items into several topic areas: Income & Housing Support, Education & Career Support, Health & Health Care, Child & Family Services, Youth Justice Reform / Realigning Juvenile Justice, and Corrections Reform.

Youth Mental Health & Well-Being

- **School Mental Health / Student Wellness.** Invest more than $46.5 million over the biennium in students’ mental health to fund 10% of school expenditures for school counselors, psychologists, social workers, and nurses. Expand this program to fund all school districts, independent charter schools, and private parental choice schools with expenditures for pupil support staff rather than only school districts with an increase in social worker expenditures in the previous year. Program expansion could increase the number of eligible schools from 87 to more than 420. In addition, rename the appropriation for these expenditures to include student wellness and reflect the program’s whole-student approach. (DPI, $22,500,000 GPR in 2021-22 and $24,000,000 GPR in 2022-23, p.10)

- **School Mental Health Collaboration Grants.** Increase funding by $7.0 million GPR to increase the number and size of school-based mental health collaboration grants that provide students with mental health services, specifically through co-location of services at schools. In addition, expand the definition of eligible partner agencies to include individual providers, telehealth, or
online services which is expected to aid rural school districts’ participation. (DPI, $3,500,000 GPR in 2021-22 and $3,500,000 GPR in 2022-23, p.10)

- **Medicaid Outpatient Mental Health and Substance Abuse Services and Child-Adolescent Day Treatment Rate Increases.** Increase the Medicaid rate for outpatient mental health and substance abuse services and child-adolescent day treatment to increase access to suicide treatment and prevention services. (DHS, $40.6 million; $4,069,200 GPR, $6,103,900 PR-F in 2021-22 and $12,207,700 GPR, $18,311,500 PR-F in 2022-23, p. 22)

- **Mental and Behavioral Health Support (for College Students).** Support additional and improved student health services related to mental and behavioral health. (UWS, $2,500,000 GPR in 2021-22 and $7,500,000 GPR in 2022-23, p. 9)

- **Mental Health Consultation for Early Childhood Educators.** As part of the Quality Care for Quality Kids initiative, provide funding for training and technical assistance to child care educators with the goal of reducing instances of children being removed from care settings due to behavioral challenges. This mental health consultation funding will be augmented by dollars from DCF’s implementation [Preschool Development Grant – Birth to Five](#) (DCF, $3,000,000 TANF, p. 11)

- **Out-of-school Time Grants.** Create new out-of-school time grants to address unmet community needs for high quality programming in underserved communities. (DPI, $20,000,000 GPR in 2022-23, p. 14)

- **Behavioral Health Treatment for Deaf.** Establish a behavioral health treatment program for those who are deaf, hard of hearing, or deaf-blind to offer direct treatment from a provider fluent in American Sign Language and educated on the culturally unique challenges faced by these individuals. (DHS, $1,936,000 GPR in 2022-23, p.12)

- **Child Psychiatry Consultation Program.** Expand this program, which provides psychiatry consultation services to providers caring for pediatric patients with mental health needs, statewide. (DHS, $500,000 GPR in 2022-23, p. 26)

- **Behavioral Health Bed Tracker.** Fund a real-time crisis stabilization, peer response and inpatient psychiatric bed tracking system that is accessible to all entities involved in identifying placement options for individuals in crisis to improve crisis diversion efforts. (DHS, $100,000 GPR in 2021-22 and $50,000 GPR in 2022-23, p. 26)

**Make your voice heard on what should be in the budget for our kids**

Governor Evers is hosting Badger Bounceback listening sessions for Wisconsinites to engage in conversation and dialogue on the budget. Governor Evers, members of the Evers Administration, and other state and local elected leaders will be listening. The Badger Bounceback Live Session schedule and registration links are [here](#). What’s Best for Our Kids is the topic for the April 8 session. More on background on What’s Best for our Kids is available [here](#)

**Federal Legislation and Policy**

- **Medicaid Reentry Act.** Senators Baldwin (D-WI) and Braun (R-IN) and Reps. Tonko (D-NY) and Turner (R-OH) reintroduced the [Medicaid Reentry Act](#), which would allow Medicaid to cover health care-related services provided to incarcerated individuals up to 30 days before their
release from jail or prison. This legislation is an important step toward improving access to critically needed mental health and substance use services for one of the nation’s most vulnerable populations.

- **FoodShare for College Students.** Qualified Wisconsin students enrolled at least half-time in an institution of higher learning and meeting certain criteria can now participate in FoodShare and receive assistance to purchase groceries during the pandemic. The provision loosening federal restrictions on these students was included in the COVID-19 relief bill passed by Congress and signed into law in December 2020. The duration of these provisions is determined by the length of the federal public health emergency.

### Children’s Mental Health in Professional Literature

**Prevalence of Multiple Forms of Violence and Increased Health Risk Behaviors and Conditions Among Youths — United States, 2019.** [Read the article.](#)

**Why social justice matters: a context for suicide prevention efforts.** [Read the article.](#)

**Population vs Individual Prediction of Poor Health From Results of Adverse Childhood Experiences Screening.** [Read the article.](#)

*More articles are available on the [OCMH Website](#).*

### Of Interest

**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 Children Abuse and Neglect Prevention Board and the state of Wisconsin 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, all come together to participate in activities that show our commitment to children and families.

Please join the Children Abuse and Neglect Prevention Board during April Prevention Month by promoting and strengthening child abuse prevention efforts in Wisconsin. The following toolkit provides information to communities, organizations, and individuals on how to promote child abuse and neglect prevention efforts in April and throughout the year. This year a supplement with some additional suggestions for social distancing is also available. Feel free to use and share the ideas from the toolkit and supplement, and visit the Children Abuse and Neglect Prevention Board [website](#) in April for the Five for Families social media posts.
Wear **BLUE** on April 1, 2021 to show your support. Take a picture of yourself and your colleagues wearing blue and share it on your favorite social media platform using the #pinwheelsforpreventionwi hashtag.

**Grant Opportunities**

- **Suicide Prevention Services** – The services to be provided under the grant agreement include promoting and guiding the state’s suicide prevention plan as it relates to adults with serious mental illness and children with serious emotional disturbance and supporting organizations statewide in implementing the Zero Suicide framework. Applications must be received by 2 p.m. May 18, 2021. [For information.]
- **Wisconsin Zero Suicide Training Call for Applications** – Mental Health America of Wisconsin, with support through a grant from the Division of Care and Treatment Services, is accepting applications for the 2021 Wisconsin Zero Suicide Training and learning community. This is a training for organizations that wish to implement the Zero Suicide quality improvement framework. This is not a skills training for individuals. This year's Wisconsin Zero Suicide Training is scheduled to take place live online using Zoom July 14-16, 2021. Applications must be submitted to Mental Health America of Wisconsin by May 3, 2021. Visit the Prevent Suicide Wisconsin website for more information and to download the application.
- **Crisis Intervention Team Training** – Whereas some communities in Wisconsin have a good number of Crisis Intervention Team (CIT) trained officers and teams a number of rural and outlying communities have few or no CIT trained officers or CIT teams. [For information.]

**Kids and Screen Time**

The pandemic has caused kids to be spending a lot of time on screens, and parents are wondering how much is too much. The Child Mind Institute recently published tips and strategies on how to think about screen time during the pandemic. [Read the article.]

Also, see OCMH’s Fact Sheet on Supporting Child Well-Being through Health Use of Screen Time.

**Campaign to Address Underage Drinking**

The Wisconsin Department of Health Services’ statewide Small Talks campaign encourages adults to have short, casual conversations about the dangers of underage drinking with the kids in their lives starting at age 8.

**Interactive Toolkit for Lead Poisoning Prevention**

The Association of Maternal and Child Health Programs (AMCHP) has released its “MCH Lead Toolkit” to prevent and mitigate lead poisoning for infants, children, pregnant people, and families. Access the toolkit.

**March is Self-Harm Awareness Month**

Self-Harm Awareness Month recognizes that self-harm happens across all genders, races, beliefs and ages. The OCMH Supporting Child Well-Being through Preventing Suicide Fact Sheet points out that females are more likely to harm themselves than males – 76% of self-harm hospital stays ages 10-19 were female compared to 24% male (2016-18).