



2022 Annual Report
State Department Partnerships
Supplement



2022 ANNUAL REPORT SUPPLEMENT

In this supplement, our State department partners highlight the initiatives that their respective agencies are focusing on to improve youth mental health. Their work reveals the breadth of engagement, collaboration, and prioritization that child well-being takes throughout the State of Wisconsin.

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WISCONSIN DEPARTMENT of HEALTH SERVICES

“We know that for Wisconsin children to be as healthy as they can be, their mental health must be just as high a priority as their physical health. Now more than ever, it is important to recognize the challenges that our state’s children have faced over the past few years. That’s why we have made significant, strategic investments in programs that will connect children to care where and when they need it. There is so much to do, but I am proud of our efforts to build a stronger system of care for children all across our state.”



Karen Timberlake
Secretary-designee, Wisconsin
Department of Health Services

The Birth to 3 Program is an early intervention program helping children under the age of three who have developmental delays or disabilities. The Department of Health Services (DHS) has directed supplemental Individuals with Disabilities Education Act (IDEA) funding received through the American Rescue Plan Act (ARPA) to support an infant mental health services pilot program focused on improving the social-emotional development of participating children and promoting equity in access and outcomes through culturally sensitive and responsive services. Funds are also supporting the personnel development of providers, along with stipends for Birth to 3 Program professionals to attend the University of Wisconsin-Madison School of Medicine and Public Health Infant, Early Childhood, and Family Mental Health Capstone Program, allowing them to build the skills needed for county professionals to be able to assist parents and young children who have experienced trauma and toxic stress.

The Children's Long-Term Support (CLTS) Program now includes a new “Health and Wellness” benefit that offers alternative or cultural-based medicine options supporting an overall healthy lifestyle and well-being. Examples include yoga, meditation, mindfulness, sound healing, traditional African-based holistic services, Ayurveda, Oriental or traditional Chinese medicine, Reiki, tai chi, Native American healers, and spiritual counseling. In addition, there are new policies prohibiting isolation, seclusion, and manual restraint in the program, and services that offer alternatives.

The Children’s System of Care supports promoting wellness and empowers families to achieve their fullest potential. The new Children’s System of Care Self-Assessment Tool assists tribal nations and counties in identifying the Wisconsin Children’s System of Care principles that describe the strengths of existing services and supports that are locally available. It also identifies resources that typically exist in each tribal nation and county that can contribute to building a children’s system of care.



Gov. Evers and DHS are committed to improving in the health and well-being of Wisconsin children by investing in children's mental and behavior health programs, including the **Get Kids Ahead Initiative**. Nearly every K-12 school in the state will be able to use a share of \$30 million to provide direct mental health care, hire and support mental health navigators, provide mental health first aid and trauma-based care training, or provide family assistance programs – whatever kids need.

The **Lead-Safe Homes** Program issued \$11.6 million in grants to partners across Wisconsin to remove lead hazards from homes where children live. The program has completed lead hazard reduction work on 72 homes in 2022, protecting 190 children from the irreversible damage caused by lead poisoning. We continue work to reduce lead hazards in 115 additional homes currently enrolled in the program, which will protect another 287 children who currently live in these homes across the state of Wisconsin. The program has also helped support the training and certification of 86 lead investigators and abatement service professionals.

Construction is underway on a \$65.9 million expansion and renovation of the **Mendota Juvenile Treatment Center (MJTC)** that allows the facility to serve more boys, and for the first time, girls, with its one-of-a-kind rehabilitative programming. The expansion will open 50 new beds at MJTC and provide staff and funding for 14 new beds in the center's existing space, helping young people at the deepest end of the youth justice system learn to accept responsibility for their actions, gain problem-solving skills, and build healthy relationships, all with the goal of helping them successfully reintegrate into their communities.

As we recover from the pandemic, Gov. Evers has invested \$2.5 million in **Pediatric Telepsychiatry**, making telehealth services more accessible to Wisconsin children by removing location and technology barriers. Five organizations received one-year grants for \$500,000 in ARPA funding to support projects focused on the recruitment and retention of psychiatrists and other behavioral health providers and the deployment and maintenance of technology to connect the providers with patients through virtual visits.

Suicide Prevention:

- DHS worked to ensure a seamless transition from the National Suicide Prevention Lifeline to the 988 Suicide & Crisis Lifeline. The new three-digit code allows all Wisconsinites to call, text, or chat and get free, confidential help for themselves or a loved one, and there have been nearly 5,000 contacts to the call center each month since the July transition.
- Through a competitive bid process, DHS worked to ensure Wisconsin is one of just six states to receive CDC grant funding that will be used to reduce deaths by suicide in our state. Strategies include establishing partnerships with groups involved in mental health and suicide prevention, while also engaging people with lived experience of suicide loss, attempts, and/or ideation.

The Wisconsin Child Psychiatry Consultation Program (WI CPCP) is working to improve mental health care for children and adolescents with mental and behavioral health concerns. 1,794 primary care providers across Wisconsin have access to expert consultation, continuing education, and referral resource support. The WI CPCP has provided 7,925 consults to the participating providers since program inception. With child and adolescent mental health remaining a top priority, the WI CPCP will continue to offer services to participating providers. This program is funded by State General Purpose Revenue and by the Health Resource and Service Administration (HRSA) Pediatric Mental Health Care Access Grant.



Wisconsin Department of Children and Families

“It is vital that we put the voices and experiences of children and families at the heart of everything we do. By doing so, we can gain a deeper understanding of needs and service gaps and build a more holistic approach that uplifts and empowers families.”



Emilie Amundson
Secretary, Wisconsin Department of
Children and Families

Prevention Plan. As part of the Family First Prevention Services Act (FFPSA), Wisconsin submitted a Five-Year Prevention Plan outlining how Wisconsin intends to implement evidence-based, Title IV-E Prevention Clearinghouse Services. The plan is based on the existing framework to re-orient the child welfare system to serve more children in their homes, or with relatives, and builds on Wisconsin’s current home visiting program infrastructure, including the following programs: Nurse-Family Partnership, Healthy Families America, and Parents as Teachers.

Lived Experience. The voices of lived experience stakeholders are vital to the Wisconsin Child Welfare transformation. The Department of Children and Families (DCF) launched the Parent Leaders in Child Welfare Stakeholder Group in January 2021, made up of parents with lived child welfare experience. This group meets monthly and supports transformation efforts with coordination provided by DCF’s lived experience coordinator, Bregetta Wilson. In partnership with the Office of Children’s Mental Health, this group works together toward the child welfare strategic initiative to keep more children and families together. A variety of lived experience educational opportunities are hosted to continue to build commitment to centering lived experience voice in child welfare settings.

Infant and Early Childhood Mental Health Consultation: Infant and Early Childhood Mental Health Consultation (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. In late 2022, DCF will select an administrative entity to build an infrastructure to hire, train, and track credentials of mental health consultants available to child care programs across the state. The Wisconsin Pyramid Model training is funded by DCF to support implementing a culturally responsive system of support and skills that build the social and



emotional competence of young children. The model also provides coaching and support to early care and education providers to develop and support programs that provide evidence-based practices that enhance the social and emotional well-being of young children.

Mental Health Supports for School-Age Children: The Wisconsin Afterschool Network (WAN) will provide social emotional and mental health supports for child care programs tailored to school-age children. WAN uses an evidence-informed “life tools and skills” social-emotional development curriculum developed by the Marshfield Clinic Health System (MCHS) Department of Behavioral Health, Psychiatry and Psychology that adapts strategies used by MCHS child psychologists for a group setting. WAN will provide multiple professional learning course series to school age child care programs and day camp programs, regional professional learning collaboratives for school-age programs would be established, and WAN/MCHS would provide individual and group technical assistance for school-age child care programs through the WAN Technical Assistance Center and Clearinghouse.

DCF operates several programs that support the mental health needs of refugees. Examples include the Afghan **Family Strengthening Initiative (AFSI)** which is a pilot program providing family-focused services to improve the overall wellness of eligible Afghan families in Wisconsin. The AFSI program provides health and wellness services to families, youth, and children that support healthy parenting practices, suicide prevention, domestic and sexual violence prevention, health and wellness-based education, self-care and stress reduction practices, support groups for family members, parenting groups, and proactive/preventative health practices.

The **Refugee Mental Health Initiative (ReMHI)** builds capacity within communities to address the mental health needs of refugee populations, including help overcoming stigma associated with mental health care, and to create opportunities for social engagement to reduce isolation. The ReMHI program funds activities and services that promote the physical, emotional, mental, and behavioral health and well-being of refugee families, youth, and children.

A Trauma-Informed Approach to Recovery and Resilience. The Living Independently through Financial Empowerment (LIFE) program was funded by the federal American Rescue Plan Act to acknowledge the correlation between children’s exposure to prolonged toxic adversity and permanent brain changes that can have life-long impacts on physical and mental health. To mitigate these developments, the LIFE program provided short-term cash assistance to survivors of domestic abuse to assist them in taking the first steps toward an independent, safe, and violence-free life for themselves and their children. We know that the COVID-19 pandemic exacerbated the need for such critical supports to those experiencing domestic violence. More than 4,000 individuals were assisted by this program to receive support that alleviated stress for families related to financial insecurity and instability. Key uses of these funds were for rent, housing, utilities, security deposits, toiletries, and household items.



“Our focus remains on evidence-based treatment of youth in our care. We’ve made great strides, under the leadership of Gov. Evers, in transforming our system of care with a focus on treatment, not punishment. We know that approach is best for the youth, their families, and Wisconsin communities.”



Kevin Carr
Secretary, Department of Corrections

Lincoln Hills/Copper Lake School System of Care

Lincoln Hills/Copper Lake School (LHS/CLS) has developed a System of Care (SoC) as an integrated approach of programs and services to support positive youth development for the adolescents in our care. The four-fold design of our SoC has been informed by Dialectical Behavior Therapy (DBT) best practices that enhance the treatment-milieu for skill growth – which enables youth to make choices that lead to positive, productive lives. The System of Care is Growth-Oriented, consists of a Stage Progression Framework, focuses on a Treatment Approach to Noncompliant Behavior, and integrates a Behavior Motivation System (BMS).

Growth-Oriented

In line with Stanford University Developmental Psychologist Carol Dweck, we believe people can grow. A person’s character, intelligence, creative ability, and skills are not static; they are things that can be strengthened. Challenges and failure are opportunities to grow abilities. We want the youth in our care to work on developing this growth-oriented way of viewing themselves. The two ways LHS/CLS works to instill this shift in thinking is with Growth Plans and Growth Team Reviews. Youth meet with their Case Manager throughout their stay to develop and update a youth-driven case plan outlining SMART goals and action steps to guide the youth during their time at the facility. The Growth Teams meet with youth on a bi-weekly basis to help the youth refocus on his/her values, strengths, and areas where the youth needs to build skills to help them with their goal attainment. The Growth Team is multidisciplinary and is well positioned as a “coach” when exploring the function (“the why”) behind challenging behaviors and facilitating interventions to build skills for more effective problem solving.



Stage Progression Framework

To assist youth in their growth, Five Stages have been created to support the youth's active commitment to developing through treatment (which includes DBT and Mindfulness Practice as core requirements with alcohol and other drug abuse, Sex Offender Treatment, Individual Counseling as applicable). For each Stage, the youth must earn a percentage of Program Points (based on the youth's active engagement in treatment) for a determined number of weeks per Stage. Skill application within the treatment milieu is also of consideration; if a youth is struggling with particular rule violations, he/she will not go backwards in Stage Progression, but may be paused to focus on developing skills needed.

Treatment Approach to Noncompliance

LHS/CLS recognizes that change in the way a person thinks and sees himself/herself as capable of effectively using new skills to manage through challenges takes time for all (especially youth). We have identified a menu of treatment-informed options to help staff respond to low, medium, and high-levels of noncompliant behavior. Treatment Responses may include a single assignment or combination of things such as: Redo with Skill application, BIT (Brief Intervention Tool), Repair of Item/Area effected, Mediation, Reflective Writing Assignment, and Behavior Chain Analysis – a cognitive behavior tool to identify thoughts/feelings leading to a behavior as well as skill and repair opportunities. If a youth is struggling with repetitive, noncompliant behaviors (demonstrating gaps in skill application), a pause in Stage Progression may provide youth the support from the Growth Team to develop a tailored plan to meet skill and repair requirements.

When youth are engaged in serious or repetitive high-level noncompliant behavior, a Skills Development Program also provides youth time, space, and increased support for Pause completion with the addition of a Behavior Intervention Protocol (BIP) that ensures safety and a targeted focus on continual skill practice and application within the living environment.

Behavior Motivation System

The Behavior Motivation System (BMS) serves as the fourth leg of our System of Care. It provides a tangible structure for youth to understand expectations while also being recognized for the positive, prosocial behaviors they are practicing within the living units, across classes and groups, during work experiences, etc. BMS is based on behaviorism and evidence-based practice in which positive reinforcement and acknowledgement can best shape behaviors. BMS aims to help youth see that prosocial behaviors are the more effective way to address problems and achieve goals. The BMS outlines three levels of prosocial behaviors: expected, proficient, and advanced for which the youth can receive daily credit while practicing. BMS also utilizes the same low, medium, and high-level noncompliant behaviors to underscore areas for growth. Youth then earn a Behavior Grade (A+,A,B,C,D) determined by a weighted ratio of prosocial to noncompliant behaviors which were observed over the course of the week. The system is designed to focus on behaviors rather than points so the youth receive weekly reports outlining successes and challenges upon which to build. Youth are encouraged to discuss their Behavior Grade reports with their Growth Team. The weekly Behavior Grades also provide the youth access to incentives and privileges over and above all basic rights and supports provided to all youth regardless of behavior. The BMS provides youth the incentive to practice and expand their skill-set which will help them become more prepared for successful re-entry.

Community Supervision Treatment Specialists

The Division of Juvenile Corrections is working to employ a Treatment Specialist in each community supervision regional office. Treatment Specialists are trained resources available to the youth and agents for additional assistance in targeted dosage delivery and to bridge resource gaps. They will work with youth on community supervision to address specific violations, emergent identified needs, or gaps in services. These staff have additional training in a variety of individual and group intervention strategies and curricula.



“Wisconsin’s children need access to safe learning environments and that includes mental health supports and high-quality, integrated social emotional learning. For our students to thrive, we need more investment in public education so that these services can become the reality for all Wisconsin’s school children.”



Dr. Jill Underly
State Superintendent of Public Instruction

At the Department of Public Instruction (DPI), the Student Services/Prevention and Wellness Team administers a number of state and federal grants that work to strengthen student mental health, enhance school climate and culture, and address the social emotional needs of Wisconsin students. This includes recent pandemic recovery funding streams from the American Rescue Plan Act, the Elementary and Secondary School Emergency Relief Fund, and the Get Kids Ahead Initiative. In addition to [school mental health grants](#), the team has oversight of a number of critical initiatives impacting school mental health.

Comprehensive School Mental Health System (CSMHS). DPI offers a variety of resources and implementation support for school districts on the [School Mental Health webpage](#), including the [Wisconsin School Mental Health Framework](#), which helps districts implement a Comprehensive School Mental Health System.

DPI, in conjunction with the Wisconsin Safe and Healthy Schools (WISH) Center, the Association of Wisconsin School Administrators (AWSA), and the Wisconsin Council of Administrators of Special Services (WCASS), is hosting a Comprehensive School Mental Health Academy for district level teams interested in improving the quality of their CSMHS. The academy uses a learning collaborative model that encourages teams to learn and grow together. Teams utilize the School Mental Health Quality Assessment (SMH-QA) to assess the quality of their systems and implement a continuous improvement process over the course of the academy. This year 20 teams from across the state are participating in the [academy](#).

Mental Health Literacy Units. For those looking for new ways to support student mental health, the newly released mental health literacy skills-based health units for elementary, middle, and high school are available. Mental health literacy includes the knowledge, attitudes, and skills



needed to develop and maintain positive mental health, identify mental health challenges in self and others, reduce stigma, and seek appropriate help. The units include lessons that focus on developing skills such as self-management, advocacy, and communication as they relate to mental health. The lessons can be found on the [Mental Health Literacy and Wellness Education webpage](#).

Compassion Resilience. DPI, in collaboration with Rogers InHealth, has developed an online toolkit that addresses staff wellness, compassion fatigue, and compassion resilience. There is a toolkit for schools, as well as a toolkit for parents and caregivers. The toolkits can be found at www.compassionresiliencetoolkit.org.

Districts are invited to use these materials to create a two-year focus on the supports and skills necessary for educators to engage in their work with good self-care strategies, healthy collegial relationships, and the steps to compassionate action with members of the school community. Those interested in training a team to facilitate the toolkit contents within their schools and districts now have the option to receive virtual facilitator training. For upcoming training and community of practice opportunities, visit <https://www.wishschools.org/resources/compassion-resilience.cfm>.

Trauma Sensitive Schools. *Trauma Informed, Resilient Schools* Kickoff Event, a presentation by Dr. Caelan Soma, PsyD, LMSW, Chief Clinical Officer at Starr Commonwealth who is an internationally-acclaimed speaker and trainer of Children of Trauma and Resilience and Structured Sensory Interventions, was for participants who already had an understanding of trauma and its impact on a student's school experience. The focus was on tools educators can use to assess and support student needs to foster and restore resilience. A model of resilience was presented to help educators create trauma-informed, resilience-focused behavior support plans. Participants learned how to conduct a simple private logic assessment, another tool that can be used to direct interventions and supports for traumatized and at-risk students.

In addition to DPI's [online learning series](#), support for trauma sensitive schools work is being offered through Cooperative Educational Service Agencies (CESAs). School or district teams can contact their local CESA to learn more about offerings in coaching, training, and resources related to supporting the development of trauma sensitive schools.

Youth Risk Behavior Survey (YRBS). The [YRBS](#) is part of a long-running national effort by the Centers for Disease Control and Prevention to monitor health-risk behaviors. The survey is available to all schools throughout the state and is administered to students in sixth through twelfth grades. It helps the state and local communities monitor trends in youth health and risk behaviors. Knowing which healthy behaviors and which risk behaviors are on the rise helps schools and communities create more effective policies and programs to promote health enhancing behaviors. Preparation for the 2023 YRBS is in full swing.