

# 2020 Annual Report



Wisconsin Office of  
**Children's**  
Mental Health

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*Office of Children’s Mental Health Staff:  
Linda A. Hall, Director  
Karen Katz, Operations Lead  
Tiffany Meredith, Outreach Specialist  
Melissa Murphy, Research Analyst  
Andrea Turtenwald, Family Relations Coordinator*

# EXECUTIVE SUMMARY

We began 2020 with a **refreshed vision statement and a new strategic plan** in hand to increase the effectiveness of our Focus on the Lifespan of a Child (p. 4). Next, we asked our Collective Impact Teams to fill out their agenda for the year by developing mission statements and strategic objectives for their teams (p. 14).

**Listening sessions** in Wausau and La Crosse were early year highlights, as were **visits with First Lady Kathy Evers** to several child care centers and elementary schools. At Dodgeland School, 4th and 5th Grade Junior Leaders explained their role in **social-emotional learning** through managing playground disputes, thereby, contributing to calmer students after recess and increased afternoon academic time.

In March, COVID-19 barreled in. School buildings closed. Offices closed and most of our stakeholders began working from home, including the Office of Children's Mental Health (OCMH) staff. Modeling resiliency, we shifted our focus to how **OCMH could support stressed families and mental health professionals' work** providing treatment, particularly through telehealth. We asked professionals and our lived experience partners to **tell us how their lives had changed and whether they were learning strategies that they would continue** after the pandemic. To share these pearls of wisdom from our Collective Impact Network partners, we issued a bi-weekly Mental Wellness during COVID-19 newsletter, from March through the end of the school year in June. The newsletter featured video interviews and reflections from partners as well as resources and uplifting photographs to offer a moment of relief from the swirling chaos.

Among the resources we offered was a [Feelings Thermometer](#) to help children and adults measure how they are doing emotionally and suggested steps to shift moods when things are getting tough. Dr. Marcia Slattery, a child psychiatrist at UW-Health, helped us develop the thermometer. Requests for a magnetized version soared when the First Lady posted her video on using the thermometer. Another resource, our [Accessing Children's Mental Health Services](#) map, offers guidance to parents considering whether their child needs treatment and how to get started.

Wisconsin's children are safe, nurtured, and supported to achieve their optimal mental health and well-being. Systems are family-friendly, easy to navigate, equitable, and inclusive of all people.

OCMH VISION STATEMENT

As racial justice came to the forefront mid-year, **we increased our focus on diversity and equity** in our objectives and our publications. Our child demographics discussion (p. 8-9) reflects our attention to children's mental health through this lens. Our monthly [Fact Sheets](#) **highlight differences in access to treatment** for Black and brown children compared to white children. To accelerate efforts to diversify the membership of our Collective Impact Network and build connections with community-based organizations that are already diverse, this fall, we hired an Outreach Specialist. With more diverse representation at our network meetings, we expect to **increase our attention to children's mental health disparity issues and the social determinants of health**, which are the root causes of mental health conditions for many children.

In the year ahead, monitoring the data, informing policymakers, convening stakeholders, and collaborating with partners will be our strategies to **increase access to quality mental health treatment**. For effectiveness at realizing system improvement, we will be assisted by a new, 20-member Advisory Council comprised of mental health professionals, pediatricians, health systems, community-based services, advocates, and persons with lived experience. As always, we will be **laser-focused on optimal mental health and well-being for all Wisconsin's children and what more we could do to achieve this vision**.



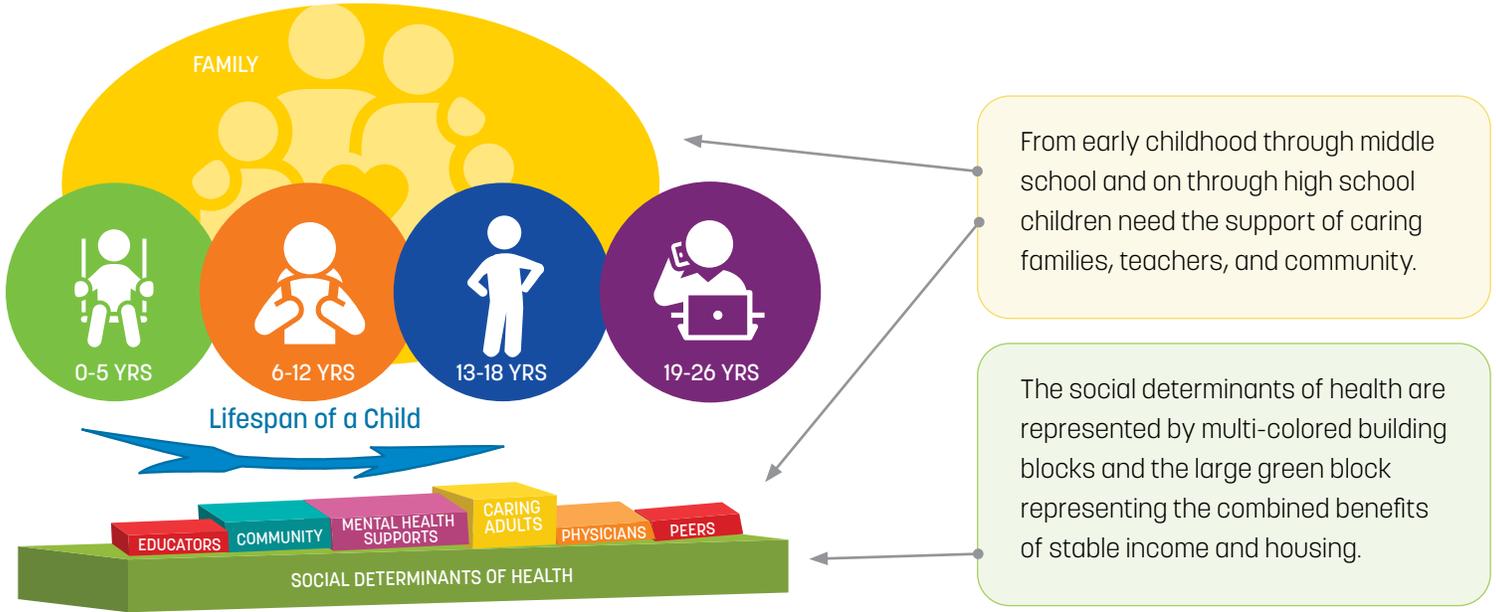
*Linda A. Hall*

Linda A. Hall  
Director, Wisconsin Office of Children's  
Mental Health

# LIFESPAN OF A CHILD

## OCMH Focus for 2020: Building Emotional Well-Being through Strong Foundations

A child's journey to adulthood is influenced by family, adults, peers, and the social determinants of health. In 2020, we considered four stages of this journey calling out the primary influencers of children as well as unique challenges and opportunities to promote emotional well-being along the way.



During the year, through numerous listening sessions and conversations with a broad range of partners and stakeholders, we increased our knowledge of children's mental health throughout the four lifespan stages. This discovery process led us to identify the following objectives:

- **Birth to 5** - Increase parents' and all adults' skill sets to support well-being and positive behaviors.
- **Ages 6-12** - Support children in developing relationship skills essential for school and life outside of school.
- **Ages 13-18** - Increase effectiveness of efforts to reduce self-harm and eliminate teen suicide.
- **Ages 19-26** - Support continued access to treatment and successful maintenance of quality mental wellness.
- **Families** - Strengthen family resiliency.

To understand current efforts to improve children's well-being, we developed our **Children's Mental Health Initiatives in Wisconsin** document. This comprehensive listing of governmental and nongovernmental mental health programs that exceed \$100,000 now provides context for our work, especially in promoting program collaboration and mutually reinforcing activities while minimizing duplication of efforts.

“ The Lifespan approach to considering strategies for improving children's well-being helps me think about what my organization can do to contribute to system improvement. ”



KAREN ORDINANS,  
Executive Director, Children's  
Health Alliance of Wisconsin

# HIGHLIGHTS & ACCOMPLISHMENTS

2020 is a year that will go down in history. The worldwide COVID-19 pandemic changed the way of life across continents. 2020 was also a notable year for the Wisconsin Office of Children's Mental Health (OCMH) - from implementing the Lifespan of a Child focus to responding to the children's mental health needs of COVID-19, OCMH is pleased to highlight accomplishments of the year.

## Fact Sheets

Using data to show how Wisconsin's children are faring on key aspects of children's mental health is the purpose of the OCMH Fact Sheets. Each of the 10 Fact Sheets includes actionable suggestions for families, communities, and decision makers. Fact Sheets are available on the [OCMH website](https://www.dhs.gov/ocmh).



2020 topics range from Healthy Use of Screen Time to Preventing Underage Drinking and Social Emotional Skill Building.

## Children's Mental Health Initiatives in Wisconsin

This comprehensive program-based grid highlights collaborative or stand-alone agency initiatives specific to children's mental health. The goal of this dynamic document is to help collective impact members know what other departments and organizations are working on, provide opportunities for collaboration, and eliminate duplication of efforts.

## Children's Mental Health Awareness Day

May 7, 2020 was proclaimed Children's Mental Health Awareness Day in Wisconsin by Governor Evers, setting the stage for OCMH to launch a statewide social media campaign. Messages highlighting peer support and reminding people that they are not alone in their mental health challenges were available on the OCMH website for organizations and individuals to post.



## Trauma-Informed Care Workshop

Vicarious Trauma/Secondary Trauma/Self-Care was the topic for a February 3rd workshop that attracted over 1,000 registrants meeting in 31 locations across the state to view a broadcast panel of experts and then discuss with local colleagues to further the learning. The workshop was the final of a three-part series of workshops offered by the OCMH Trauma-Informed Care Team.

## Responding to COVID-19

When COVID-19 shifted lives, routines, and priorities, the OCMH immediately mobilized to produce a bi-weekly Mental Wellness during COVID-19 newsletter to share mental health resources, connection, and hope. The electronic newsletter was produced from March 18 - June 18, 2020 reaching a direct email list of over 320 and a much larger indirect audience. The public health emergency created by COVID-19 also shifted medical and mental health care delivery, validating the need for telehealth. Learning of its effectiveness from both consumers and mental health providers, the OCMH actively supported the expansion of telehealth.



TINA CRAVE, President & CEO, Greater Watertown Community Health Foundation



“ Attuned to the growing mental health needs and stress associated with COVID-19, OCMH sought me out and then enthusiastically followed up on my suggestion of a Feelings Thermometer to promote open discussion of emotions and coping strategies for families. It was a true pleasure to collaborate with OCMH on this very important children’s mental health and well-being project. ”



**DR. MARCIA SLATTERY**  
 Professor of Psychiatry and Pediatrics/Director,  
 UW Anxiety Disorders Program, Department of Psychiatry –  
 UW School of Medicine and Public Health

## Feelings Thermometer

For many, COVID-19 caused increased stress and uncertainty. The OCMH [Feelings Thermometer](#) emerged as a method to measure how a person is doing emotionally and suggest steps to shift moods when things get tough. The readings go from blue (the calm zone) all the way up to red (the furious zone) with each zone having a list of suggested activities to help move a temperature to the blue zone. Launched by First Lady Kathy Evers in August the interest in using the thermometer was tremendous.

## Collaboration with First Lady Kathy Evers

With a mutual interest in early childhood social-emotional wellness, OCMH coordinated with First Lady Kathy Evers and her office to visit a number of early childhood education programs. Several listening sessions offered opportunities to hear from people and organizations on challenges and strategies to support young children and youth (see page 7 for more on the Listening Sessions).



*First Lady Kathy Evers reads to children at an early childhood education program.*

### FEELINGS THERMOMETER

How do you feel?	What can you do about it?
<b>ANGRY, FURIOUS, EXPLOSIVE</b> ▶ Yelling, Stomping, Meltdown	<ul style="list-style-type: none"> <li>Vigorous physical exercise</li> <li>Breathe deep breaths</li> <li>Take a warm shower or bath</li> </ul>
<b>FRUSTRATED, ANNOYED, IRRITABLE</b> ▶ Arguing, Refusing, Shutting down	<ul style="list-style-type: none"> <li>Meditate/pray</li> <li>Listen to favorite music</li> <li>Take a fast-paced walk</li> </ul>
<b>ANXIOUS, WORRIED, UNSETTLED</b> ▶ Pacing, Avoiding, Clingy	<ul style="list-style-type: none"> <li>Talk to a family member/friend</li> <li>Pay attention to each of your 5 senses</li> <li>Focus on what you can control</li> </ul>
<b>SAD, NEGATIVE, LONELY</b> ▶ Crying, Withdrawn, Slowed/Disengaged	<ul style="list-style-type: none"> <li>Set a positive goal for the day</li> <li>Call a friend or relative</li> <li>Journal about your feelings</li> </ul>
<b>HAPPY, CALM, CONTENT</b> ▶ Smiling, Laughing, Engaged	<ul style="list-style-type: none"> <li>Help someone else</li> <li>Notice and enjoy your positive mood</li> <li>Engage in an enjoyable activity</li> </ul>

Wisconsin Office of Children's Mental Health | [children.wi.gov](http://children.wi.gov)

### Recommendations for Improving Children's Mental Health

COVID-19 has caused uncertainty, anxiety, and even trauma among children. Openly communicating with children, making time for play, and using the Feelings Thermometer to check in on people’s emotional temperature are things that everyone can do to get through tough times.

# LISTENING SESSIONS

With a deep commitment to engage stakeholders to identify concerning issues in the children's mental health system and provide input on the strategies for improvements, OCMH held six Listening Sessions in 2020. The sessions were community-based and focused on three different stakeholder groups. We convened representatives from the Governor's Office, state agency leaders, local child serving providers, and people with lived experience to focus on equitably achieving positive mental health outcomes across the lifespan of all children.

## Children's Mental Health Providers

Sessions in Green Bay, Wausau, and La Crosse drew approximately 115 participants. Many urgent needs were identified and included: barriers to childcare, the need to increase social and emotional learning, and the importance of family engagement. Community-based providers expressed a need for more funding for prevention activities including training in the use of evidenced-based practices and cultural competence in order to provide equitable treatment and services to meet the needs of children in marginalized populations.

## Mental Health Professionals

Mental health professionals from diverse racial, ethnic, cultural, and linguistic backgrounds across the state attended two clinician listening sessions. They stressed a need to recruit a diverse workforce to establish a safe and therapeutic environment for children and their families. Recognizing their own implicit biases through increased training opportunities and continually discussing their interactions with diverse populations would also benefit service provision.

## Youth

Two virtual listening sessions for youth drew young people ages 13 to 26 from across the state. They identified stress from school, family, and their social networks as contributing factors to their anxiety and depression. Youth suggested several strategies that could assist them in achieving positive emotional health. These included: an increase in mental health instruction, support systems, teachers' openness to discussing mental health with students, and increase efforts to reduce stigma.

“As a youth, I can definitely say the world I live in is not only different from that of people older than me, but also people who are my age. If you really want to create a system that helps all of us, you need to be able to hear from all of us.”

EMMA MCGOVERN,  
Young Adult Lived  
Experience Partner,  
Dunn County



Youth Listening Session promotional materials,  
designed by Emma McGovern.

# CHILD WELL-BEING AND EQUITY IN WISCONSIN

In 2020 structural and systemic impacts on children and families has become more clear than ever before. In Wisconsin, significant economic, mental, and educational health disparities exist and hinder progress towards achieving health equity.

## Economic Disparities

When children in marginalized populations grow up in Wisconsin, they have a very different experience and differential access to opportunity than white children.

Even as compared to the rest of the nation, Wisconsin ranks 50th, only above the District of Columbia, for having the most extensive Black vs. white racial equality gap for:

- overall equality
- highest median annual income
- highest labor-force participation
- highest poverty rate

Disparities in income have profound effects on a child that may persist throughout their lifetime. A child growing up in poverty experiences a toxic level of stress. They often have trouble managing their emotions and ability to form healthy relationships which inhibits their ability to reach their full adult potential.

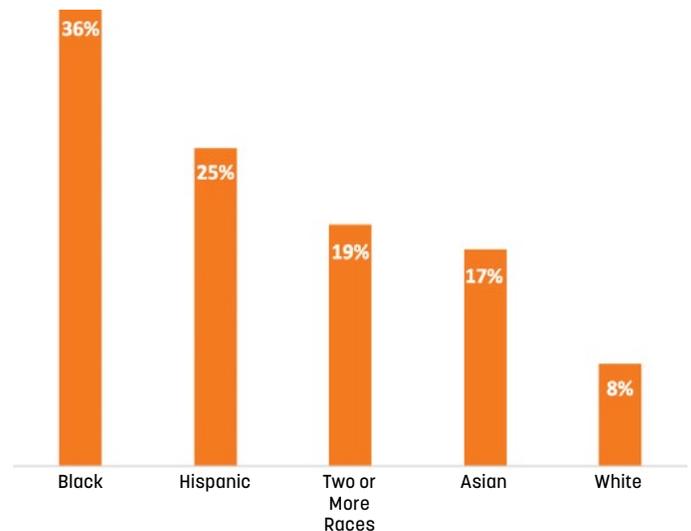
Wisconsin ranks

# 48th

for unemployment rate gap between Blacks and whites — only the District of Columbia, Illinois, and Michigan have wider gaps.

186,000 children under age 18 live in poverty, defined as a household of 4 that earns about \$25,000 per year. However, many more children cannot afford the necessities to thrive, especially Black families, which is a result of individual, interpersonal, and institutional racism.

PERCENTAGE OF CHILDREN LIVING IN POVERTY, BY RACE AND ETHNICITY<sup>2</sup>



*The data for American Indian children was unavailable.*

**Recommendation to improve ECONOMIC EQUITY**

Diversity is a driving force behind innovation and a strong economy. Leverage all opportunities for multiracial inclusion.

## Mental Health Disparities

Unequal experiences of mental health challenges and the likelihood of receiving treatment differ among children in diverse populations. Special population groups are more likely to delay or stop treatment as a result of geographic or insurance barriers and less likely to receive culturally appropriate treatment.<sup>3,4</sup>

- ▶ **11% of Black children needed but did not receive treatment** in 2018, as compared to 2% of white children.<sup>5</sup>
- ▶ **78% of LGBTQ teens reported having significant anxiety, and 42% have considered suicide** in 2019.<sup>6</sup>

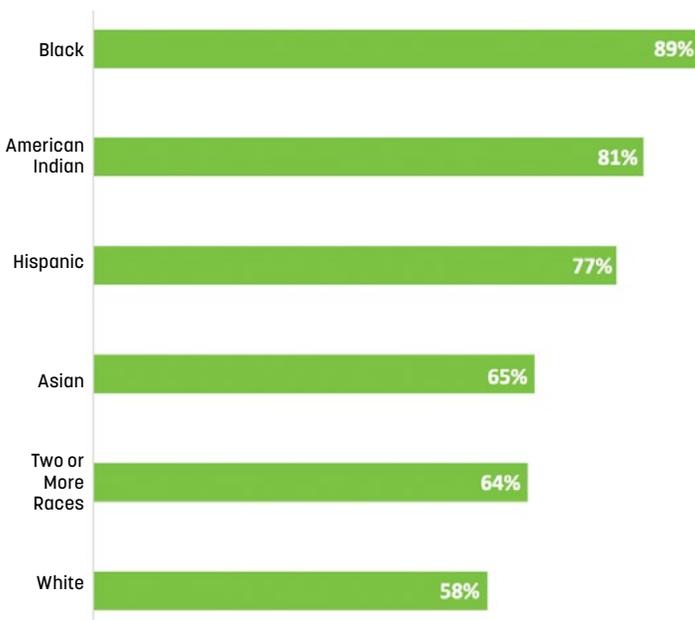
# 11 years

the median number of years a child experiences symptoms of emotional distress before receiving treatment.<sup>7</sup>

## Educational Disparities

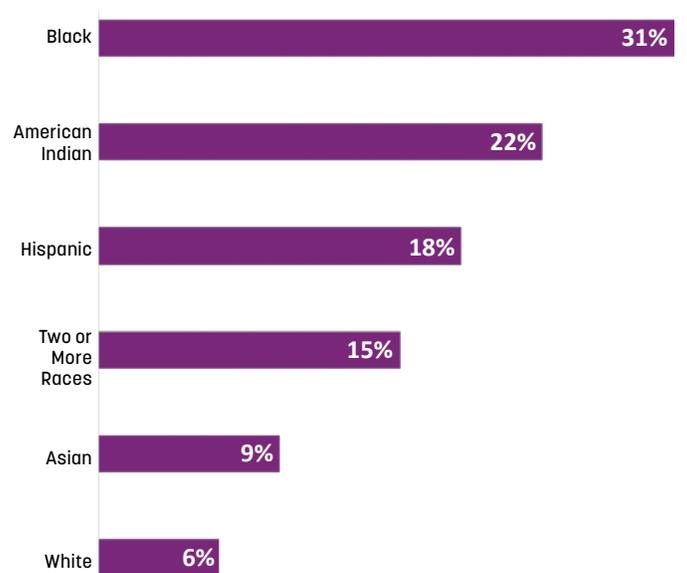
Measuring a child's reading level in the 4th grade is a good predictor of future academic development. Black and American Indian children are much more likely to lack proficiency than white children.

### FOURTH-GRADERS NOT PROFICIENT IN READING<sup>8</sup>



Young adults who don't have a high school diploma have limited employment options and often struggle with lower incomes. White children who graduate on time are far more likely to attend post-secondary school and have increased employment opportunities and a higher income than any other race or ethnicity.

### HIGH SCHOOL STUDENTS NOT GRADUATING ON TIME<sup>9</sup>



### Recommendation to improve EDUCATIONAL EQUITY

Keep kids in school by fostering parental engagement and increasing the use of positive behavioral interventions and supports.

# OCMH Child Well-Being Indicators DASHBOARD



A child's overall quality and length of life is influenced by where they live, learn, work, and play. The Office of Children's Mental Health chose 31 health factors in clinical, social, economic, and individual health behavior categories to illustrate the areas in which Wisconsin could improve, as well as where we can leverage our strengths. Our vision is for all children to have an equitable opportunity to achieve positive mental well-being.

## LEGEND

Each stoplight indicates whether the current Wisconsin data is an improvement, as compared to the baseline data.\*

-  Wisconsin is going in the wrong direction.
-  Wisconsin made no change.
-  Wisconsin is going in the right direction.

\* The years used to assess changes for each indicator may vary, please refer to the "Indicator Description" document to obtain the baseline and comparative years at [children.wi.gov](http://children.wi.gov).

## HEALTH BEHAVIORS

INDICATOR	US CURRENT	WI BASELINE	WI CURRENT	
Cyberbullying	16%	18%	17%	
E-cigarette use (High School)	11%	3%	9%	
Perception of risk using alcohol	43%	36%	36%	
Students who did not sleep 8+ hours on a school night	75%	65%	73%	
Students who experienced sexual dating violence	8%	10%	13%	
Students who use electronics 3+ hours outside of school or work	Data Not Available	40%	49%	
Teen birth rate per 1,000	17.4	17	13	

Only a third of kids age 12-17 think there's a great amount of risk in having *five or more drinks of an alcoholic beverage once or twice a week*.

In 2019, Wisconsin ranked 3rd in the nation for having the highest percentage of high school students who have been kissed, touched, or physically forced to have sexual intercourse against their will.

“ It is very important to have adult mentors and people you can look up to and talk to. In the context of mental health, it is definitely great to talk through some of the things that you’re feeling and going through or ideas that you have. ”



TIANGELIQUE DUNIGAN  
Young Adult Lived Experience  
Partner, Milwaukee County

## SOCIAL AND ECONOMIC FACTORS

INDICATOR	US CURRENT	WI BASELINE	WI CURRENT		
Difficulty with social skills	22%	23%	26%	✗	More kids age 6-17 are having difficulty making and keeping friends.
Eighth grade math proficiency	33%	39%	41%	✓	
Employment (young adults)	67%	74%	74%	⋮	
Foster care placements per 1,000	3.36	3.8	3.7	✓	97% of Wisconsin's children reside in a district offering 4K <sup>10</sup> but enrollment hasn't improved much over the years.
Four-year-old kindergarten attendance	41%	71%	71%	⋮	
Homeless youth	2%	2%	2%	⋮	
High school graduation	85%	88%	90%	✓	
Low income youth	38%	35%	35%	⋮	
Parents who attend child's activities	85%	88%	90%	✓	Students with disabilities are 38% more likely to be suspended in Wisconsin.
Positive adult mentor	89%	94%	95%	✓	
Mothers with higher education degrees	41%	45%	47%	✓	
School suspensions & expulsions	6%	4%	7%	✗	There is a recent decrease in students who feel like they belong at their school. This is concerning because school connectedness is a protective factor against risky behaviors.
School connectedness	Data Not Available	71%	61%	✗	
Young adults age 25-34 with post-secondary education	49%	52%	46%	✗	

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# OCMH Child Well-Being Indicators DASHBOARD (cont'd)

## CLINICAL CARE

INDICATOR	US CURRENT	WI BASELINE	WI CURRENT	
Psychiatrists (count)	Data Not Available	330	460	✓
School social workers (count)	Data Not Available	564	673	✓
School counselors (count)	Data Not Available	1,991	2,122	✓
School psychologists (count)	Data Not Available	891	957	✓
Children with mental conditions who did not receive treatment	50%	48%	47%	✓
Difficulty obtaining mental health services	55%	54%	52%	✓
Doctors who did not ask about parental concerns with behavioral problems	67%	58%	62%	✗
Parents who did not complete an early developmental screen	67%	63%	57%	✓
Mothers who obtained early prenatal care	76%	79%	80%	✓
Mental health hospitalizations	11%	15%	15%	⋮

Wisconsin is making strides in developing the mental health workforce, yet almost half of children are not getting the treatment they need. There are currently 66 counties that have some level of psychiatrist shortage, and many of those providers don't even serve children.

"It is troubling that parents aren't asked about behavior concerns at checkups. A few thoughts:

- 1) a physician may be observing and discussing behavior issues without asking direct questions;
- 2) some clinicians may need more training in how to have these discussions; and
- 3) short visit lengths, productivity pressures, inadequate support often conspire to create challenges to behavior discussions – even for clinicians who want to have them."



DIPESH NAVSARIA, MPH, MSLIS, MD  
President, Wisconsin Chapter American Association of Pediatrics



[Get the road map document.](#)

“ My 9 year old was making multiple attempts to kill herself per day. My only option for providing a more intensive supportive environment for her was 4 hours away. This is unacceptable. ”



JANELLE MONEYPENNY,  
Parent Lived Experience  
Partner, Eau Claire County

LEGEND

Wisconsin is going in the wrong direction.



Wisconsin made no change.



Wisconsin is going in the right direction.



QUALITY OF LIFE

INDICATOR	US CURRENT	WI BASELINE	WI CURRENT	
Adverse Childhood Experience (ACE): two or more	19%	22%	21%	✓
Adolescents experiencing a major depressive episode	14%	10%	15%	✗
Children who have emotional, behavioral or developmental conditions	22%	20%	21%	✗
High school students feeling sad or hopeless	37%	25%	29%	✗
Experienced any mental illness (young adult)	26%	20%	26%	✗
Teens considering suicide	19%	13%	16%	✗
Suicide attempts	9%	6%	7%	✗
LGBT teens considering suicide	40%	41%	42%	✗

1 in 5 children are currently experiencing 2 or more ACEs. Parents can help quickly relieve stress through physical touch.

More children are feeling depressed and sad over the years. This continuing loss of quality of life is a result of social and economic factors, health behaviors, and clinical care.

The percentage of teens experiencing suicidal behaviors has been increasing. In 2018, 119 adolescents died by suicide with 37% by firearm.<sup>11</sup> LGBT students are at particularly higher risk than cisgender students, with only 19% of LGBT students receiving the help they needed for emotional difficulty.

# COLLECTIVE IMPACT

Through the cultivation of local and regional partnerships, the Office of Children’s Mental Health’s collective impact approach helps foster a more resilient Wisconsin that can stand against and prevent childhood trauma and adversity. This collaborative approach toward public service helps move Wisconsin families forward.



**RICKY TRANER**, Co-chair – Trauma-Informed Care Team; Health Project Supervisor (DAD Project) – City of Milwaukee Health Department

Being on the Access Team allowed The Human Service Center to pilot the Youth Mental Health Crisis Plan Card with local partners. The Access Team works to ensure that mental health services are available to families across the state, including the northern region. The team also values and respects the experiences and opinions of each member.

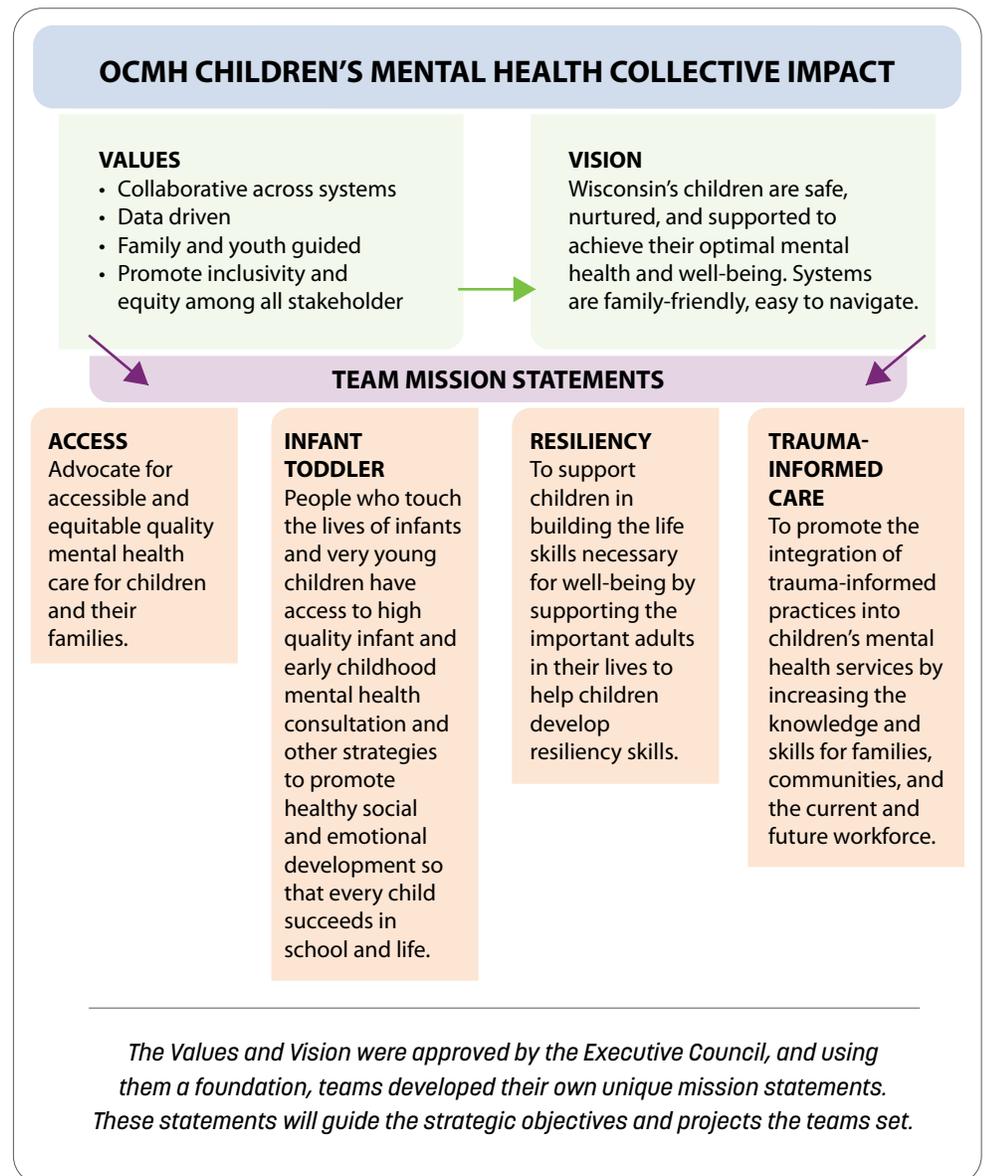


**DONNA SHIMECK**, Access Team; Behavioral Health Administrator – The Human Service Center, Rhinelander, WI

The Office of Children’s Mental Health (OCMH) utilizes collective impact to convene stakeholders around improving children’s mental health in the state of Wisconsin. Five collective impact teams include Executive Council, Access, Infant Toddler, Resiliency, and Trauma-Informed Care and form a strong network that involves over 150 people from a variety of organizations.

## 2020 – Strategic Planning Focus

In 2020, OCMH implemented a strategic planning framework that grounds our work in shared values and vision. This framework helps provide clarity and focus in our collective work to improve the children’s mental health system and access to treatment.



# LIVED EXPERIENCE PARTNERS

## What aspect of the presentation did you find most helpful?

“Hearing from parents directly - very powerful and a good reminder of the importance of relationships.”

*Feedback from parent panel attendee*

OCMH Lived Experience Partners (LEPs) are parents or young people who understand first-hand the unique life journey of people with mental health, substance abuse, trauma, or special needs. They share their stories and ideas with organizational leaders and peers to influence system change.

In 2020, we have seen increased opportunities for parent and youth involvement and partnership. State departments, provider agencies, and governing bodies are listening to lived experience experts when designing and implementing programs.

## How we are driving systems change:

- At regular virtual meetings LEPs learn together and **connect the dots** of what is happening in children’s mental health across Wisconsin.
- LEPs **shared power** by consulting on 5 total projects for Department of Children and Families (DCF) and resource navigation websites: Well Badger and Wisconsin 211.
- Young adults and parents were the **experts** at 4 statewide conference presentations and 4 practical panel sessions.
- Additional **resources** were created and accessible on OCMH’s website for agencies to incorporate lived experience.
- OCMH increased **equity** by making stipends for time and expertise more accessible and reflective of higher meeting engagement in a virtual world.



JANE STUEBER,  
Young Adult Lived Experience  
Partner, Milwaukee County

“ I do this work because I want to see the stigma of mental health decrease. Mental health is not a weakness, it is not contagious. I’m here to share my story and inspire others. If I made a difference with just one individual my time here is worthwhile. ”

## LIVED EXPERIENCE PARTNERS

BUILD CONNECTIONS AND CAPACITY  
TO CREATE SYSTEMS CHANGE



17 Parent Partners  
9 Young Adult Partners

**486 hours**

dedicated by parent and youth leaders as consultants to the Children’s Mental Health Collective Impact and the Office of Children’s Mental Health.

## Recommendations for Improving Children’s Mental Health

When creating a service or policy, consider who will be most impacted. Look to those individuals as experts. Be intentional about seeking insight from those most impacted before creating system changes.

# DEPARTMENT HIGHLIGHTS 2020

OCMH works collaboratively across state departments to improve children's mental health services.



## Department of Children and Families

**Preschool Development Grant (PDG).** Attracting and retaining early childhood education professionals, empowering families to make the best choices for their children, building regional networks of support, and increasing the overall quality of early childhood programs are the focus of the activities supported by this PDG grants. The Preschool Development Grant - Birth to Five (PDG B-5) funding for the first year allows Wisconsin to complete a needs assessment and a strategic plan to improve our early care system. The Department also launched a Thank- You campaign to spotlight providers and increase morale.

**Family First Implementation:** Focusing on keeping families intact by reducing the number of children in foster care and building more family-based environments for children who cannot safely remain in their home is the goal of this national funding reform law. Family First gives Wisconsin an opportunity to transform child welfare services by strengthening Wisconsin families to support their children, because children belong in their families. [Three strategic teams are working through implementation.](#)

**Brighter Futures Initiative (BFI).** This initiative promotes healthy families and youth, school achievement, youth

"I am proud of the work our agency is doing to advance equity and opportunity for the children and families of Wisconsin through our programs and services. We have an opportunity, through collaboration with our partner agencies, to support all constructs of the family unit and all types of communities in our state."

SECRETARY EMILIE AMUNDSON

safety in their families and communities, and successful navigation from adolescence to adulthood. BFI supports evidence-based and positive youth development strategies focusing on prevention and reduction of youth violence and other delinquent behavior; youth alcohol and drug use and abuse; child abuse and neglect; non-marital pregnancy; and increased adolescent self-sufficiency by encouraging high school graduation, vocational preparedness, improved social and interpersonal skills, and responsible decision-making.

**Trauma and Recovery Project (TARP).** This project promotes accessible, coordinated, and effective trauma-focused treatments for children and families who are in the child welfare system or at risk of entering the system in Milwaukee or Racine counties. The project reduces health disparities among underserved racial and ethnic groups by expanding capacity in three National Child Traumatic Stress Network-endorsed treatments: Trauma-Focused Cognitive Behavioral Therapy, Parent-Child Interaction Therapy, and Child-Parent Psychotherapy.



## Department of Public Instruction

"Wisconsin leaders have long recognized the need for greater investment in school-based mental health services. With at least one in five students facing a mental health issue and nearly 60% of high school students self-reporting significant mental health needs before the extended school closures, we know the need for mental health services will be substantially greater as students grapple with the effects of the pandemic."

STATE SUPERINTENDENT CAROLYN STANFORD TAYLOR  
(SEPTEMBER 17, 2020, STATE OF EDUCATION ADDRESS)

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Wisconsin Office of Children's Mental Health

**Project AWARE.** Advancing Wellness and Resiliency in Education targets efforts with three school districts to strengthen mental health awareness and to replicate effective strategies statewide.

**Community of Practice Calls.** The Student Services Prevention and Wellness Team holds bi-weekly Community of Practice calls for school pupil services staff and others to connect directly with mental health consultants regarding mental health and school safety.

**Aid for School Social Workers.** Annual funding of \$6 million reimbursed school districts for school social workers.

**School-based Mental Health Grant Program.** This program provides 106 grantees with \$6.5 million to collaborate with community mental health agencies to support students' mental health.

**Bullying Prevention.** Among resources developed were a common definition of bullying, an assessment tool, and a model bullying prevention policy.

**2019 Youth Risk Behavior Survey.** Conducted as part of a national effort to monitor health risk behaviors, this survey shows nearly half of Wisconsin high school students report anxiety and more than a quarter feel depressed.

**School Climate Transformation Grant.** This federal grant provides schools and districts training and technical

assistance to improve school climate and address student alcohol and other drug abuse concerns.

**Alcohol and Other Drug Abuse Program.** These grants to 68 school districts focus on reducing and preventing alcohol and other drug use among K-12 students.

The Elementary and Secondary Emergency Relief (ESSER) fund provides services and supports to public and private schools to build capacity of school staff to provide mental health services. Services include:

- **Statewide and Regional Technical Assistance Center.** This new center supports coaching school and district teams in the implementation of comprehensive school-based mental health systems, trauma-sensitive schools, and social emotional learning.
- **Youth Mental Health First Aid and Restorative Practices.** This program provided training of trainer opportunities for all schools, districts, and community organizations working with adolescents.
- **Mental Health Stigma Reduction.** A toolkit was developed for districts to address student, staff, and caregiver mental health stigma that can keep students from receiving needed treatment.
- **Mental Health Referral Pathway.** This training module leads teams through the development and improvement of school mental health referral pathways.
- **Student Mental Health Literacy.** Instructional units on mental health literacy for elementary, middle, and high school students will be aligned to Wisconsin's skills-based health standards.



## Department of Health Services

"Our mission at the Department of Health Services is to protect and promote the health and well-being of Wisconsinites, and that includes both physical and mental health because they are interconnected and both deserve attention and care. This is true across generations, and in this challenging time, we are dedicated to providing tools and resources that help children build resiliency and strengthen their mental health and the emotional well-being of their families."

SECRETARY-DESIGNEE ANDREA PALM

**Suicide Prevention.** The most up-to-date picture of suicidal behavior in Wisconsin is presented in *Suicide in Wisconsin: Impact and Response Report*. It details four strategies and 50 opportunities for action that provide a path toward reducing suicide attempts and deaths over the next five years. More Wisconsin residents who contact the National Suicide Prevention Lifeline are receiving help from Wisconsin-based counselors.

## Dept. of Health Services (cont'd)

**Telehealth.** During the public health emergency, telehealth ensured continued access to mental health services for children. Providers report improved attendance, greater engagement, and fewer no-shows due to reduced transportation barriers. At the same time, providers report that young children struggle to engage in these sessions.

**Children's System of Care.** This initiative is focused on developing best practice competencies for service facilitators and supervisors and developing a toolkit for counties and tribes to improve services for children facing behavioral health challenges.

**Mental Health Day Treatment for Youth.** New regulations require evidence-based practices, positive behavioral supports, and trauma-informed services to increase positive outcomes and use of community-based services and decrease seclusion and restraint incidents.

**Youth Crisis Stabilization Facilities.** A new residential care and treatment center for people ages 17 and under opened in Milwaukee. Locations in Ashland and Wausau are planned. During short stays, young people receive support to cope and recover from emotional challenges.

**COVID Resources.** An online checklist helps families make decisions about in-person services for children with delays or disabilities, offers guidelines for college students, and provides resources that schools and daycares can use to navigate through this pandemic.

**Underage Drinking Prevention.** The Small Talks campaign gives adults the knowledge and tools to have short, frequent, casual conversations with kids starting at age 8 on the dangers of drinking alcohol before the age of 21.

**Resilient Wisconsin.** This statewide initiative helps to reduce the effects of adversity on a person's health, understand why some navigate hardship better than others, and offer knowledge to develop effective policies and programs for building healthy communities.



## Department of Corrections - Division of Juvenile Justice

"I am immensely proud of the progress the DOC's Division of Juvenile Corrections has made in transforming the way we interact with youth. We continue to emphasize a therapeutic approach, relying on evidence-based practices with the goal of promoting positive and sustainable change in the young men and women in our care."

*SECRETARY KEVIN CARR*

**Dialectical Behavior Therapy.** Lincoln Hills School and Copper Lake School (LHS/CLS) have used Dialectical Behavior Therapy (DBT) for several years as a clinical treatment modality. The Division of Juvenile Corrections is moving to implement DBT facility-wide as a behavior management approach. DBT is a skills-based approach which teaches both self-regulation and pro-social interpersonal skills. By utilizing DBT as a behavioral management strategy, youth gain an understanding of the cues which trigger their emotions that lead to reactive and destructive behaviors. Staff work with youth to teach skills during group sessions and reinforce those skills throughout the day.

**Family Engagement during COVID.** With the inability to facilitate in-person family visits, LHS/CLS staff arranged more than 1,350 video calls between youth and parents/guardians to maintain their critical relationships. Youth have indicated they were able to see family pets, cars, new living situations, and other things that they previously had only just heard about verbally.

**Foster Grandparents.** Individuals over the age of 55 work one-on-one with youth and often come to feel and act like real grandparents. They share life experiences, encourage the youth, and participate in activities such as crocheting, playing cards, and making cookies. They also play an important role in tutoring. In the last 47 years, these individuals have logged over one million hours.

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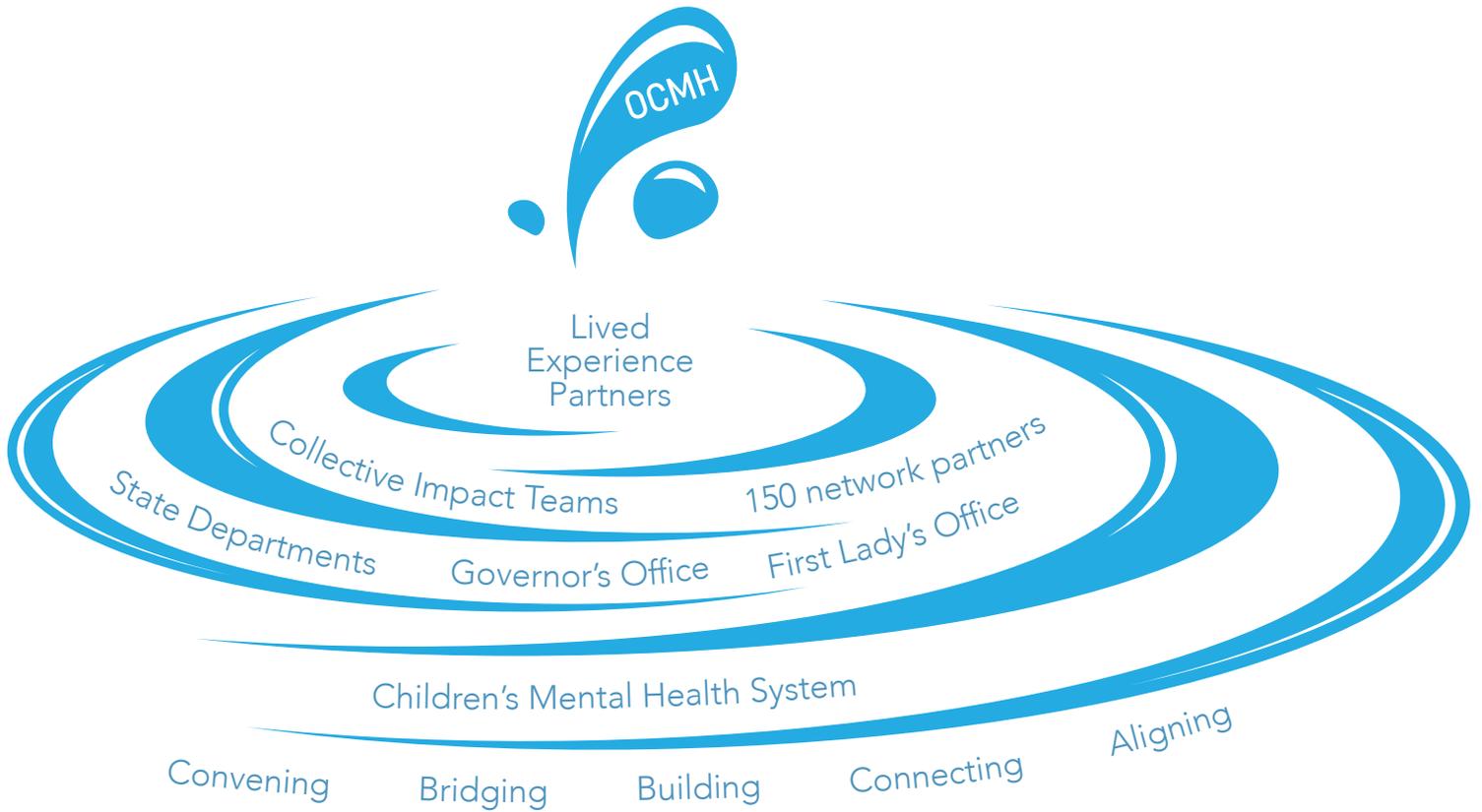
TRACY LOKEN WEBER  
Parent Lived Experience  
Partner, Waukesha County

“ After another hospitalization, I said I’m done with trying to put another band aid on her, we need to figure out what’s going on with her. I don’t feel safe bringing her home with our other children until we really get this figured out. Finally this time the doctor listened. This one person working with me on real solutions has made all the difference for our family. ”

# The Office of Children's Mental Health INSPIRING COLLABORATION AND DRIVING CHANGE

## The ripple effect

A ripple effect occurs when an initial disturbance to a system spreads outward to disturb an increasingly larger portion of the system, like ripples expanding across the water when an object is dropped into it.



OCMH@wisconsin.gov  
1 West Wilson, Room 627  
Madison, WI 53703

children.wi.gov