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EDUCATION



SOCIAL
CONNECTEDNESS



2021 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
- Katherine McCoy, Research Analyst
- Andrea Turtenwald, Family Relations Coordinator
- And additional limited-term staff and interns*



“The Office of Children’s Mental Health is so much more than the backbone organization for the Collective Impact Teams. The expertise and passion of the staff and desire to show results that matter to all infants, toddlers, youth, adolescents and young adults in Wisconsin are unparalleled. In particular, I have never seen partners with a more genuine, long-term commitment and appreciation of the value of parents and teens with lived experience. They open doors that often are shut to those who most need a voice. Their work is extraordinary and I am proud to be a part of it.”

KIA KJENSRUD
 Executive Director,
 Wisconsin Chapter
 of the American
 Academy of
 Pediatrics

EXECUTIVE SUMMARY

As the COVID pandemic continued throughout the year to impact children's mental health, OCMH continued to identify ways to **support children and their parents in coping** with the ongoing weight of social isolation and disruptions in school life.

Throughout 2021 we heard stories from parents, mental health professionals, and others of the emerging crisis in children's mental health. The October 2021 declaration of a national emergency in child and adolescent mental health fit with what we were hearing anecdotally. While waiting for the full picture of Wisconsin-specific data on the effects of the pandemic, we focused our efforts on improving children's mental health around the mental health issues that were most prevalent before the pandemic – **anxiety, depression, and lack of belonging**.

To ensure that we were considering the full range of children in Wisconsin and the perspectives of varied mental health system participants, in January, we **launched a new Advisory Council**. This Council, with diverse health and mental health care leaders and advocates from around the state, provides important insight into our children's mental health collective impact initiatives.

Critical insight into our agenda also comes through **virtual listening sessions with young people and mental health professionals from diverse backgrounds**. These individuals provide leadership and choose session topics, which this year included: intersectionality, impact of social media, and finding and providing good supervision. In addition to learning from these partners, we increased our attention to racial justice through individual learning on diversity, equity, and inclusion and participation in state government and national conversations on these issues.

In May, we increased our traditional **Children's Mental Health Awareness activities** from a one-day focus to a week's worth of activities (page 8). Among the activities were a teen mental health panel, a virtual youth art gallery event, and daily social media postings, all with our youth-selected theme of "Mental Health Looks Different for Everyone."

Moving beyond awareness to policy action, during the state 2021-23 biennial budget consideration, we made **recommendations to the Legislature on budget provisions** that would most improve children's well-being and access to quality mental health treatment. Of the eight items recommended, four – from increased funding for mental health support at school to increased Medicaid payment for mental health therapy – were adopted in the final budget (page 15).

An important focus of our year has been identifying **how to best improve children's well-being**. After exploration of children's mental health challenges and what the data and our network partners were telling us, we decided on **Social Connectedness of Youth as "the one thing"** that would make the most difference. As we shared this direction with others, we learned that it resonates with many outside our network, thus offering us the potential to engage people from more sectors into our children's mental health system change work.

In 2022, we will be offering more ways for you to **consider and increase the Social Connectedness of the young people in your lives**. We invite you to bring forward in your organization, your community, and your daily life activities that increase youth's connections so they feel like they belong, are safe, cared for, valued, and supported. With quality connections, we lay the foundation for children's well-being now and throughout their lives.



Linda A. Hall

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

SOCIAL CONNECTEDNESS

The Key to Improving Children's Mental Health and Well-being

Kids today live lives filled with conditions that contribute to anxiety and depression — busy schedules; parents who struggle to provide food and shelter with little time left over to listen to their kids; social media pressure to be prettier, better, and have the latest fashion in clothes; and lots of screen time (phone, television, and computer) that allows some connection with others, but also contributes to less exercise, less sleep, and more overeating. In addition to all of this, kids worry about school, career, the COVID-19 pandemic, and the future of the world.

What is happening across the lifespan of a child?

In 2020, OCMH began an examination of what was happening across the lifespan of a child — what was contributing to the well-being of children in Wisconsin and what was getting in the way. We examined youths' lives at four stages between the ages of 0-26 and identified the primary mental health issues that were interrupting well-being.

We found with the youngest children (ages 0-5) that their mental health issues are being interpreted as behavior problems leading to disturbing numbers of children being expelled from child care and early education. We found that youth ages 6-12 are lacking the critical skills of how to build and maintain relationships at school and at home. As we went up the age scale, we noted that this lack of relationship skills is likely contributing to the sadness and lack of belonging experienced by youth ages 13-18, which in turn is likely contributing to the rising youth suicide rate. For 19-26 year olds, many of whom are finishing high school or post-secondary education, we learned that they are struggling with considerable anxiety and life skills deficits that prevent them from achieving a healthier, more solid footing for their young adult years.

This picture of our youth today is decidedly troubling, but as we consider the current interest in children's mental health and the potential of our Collective Impact Network, we are assured that there is hope.

What's the one thing?

As the backbone organization for the Children's Mental Health Collective Impact Network that advocates for children's mental health system improvement, we knew we needed to identify one activity for people from diverse sectors to engage in to leverage the change we want to see for Wisconsin children. So we asked, what's the one thing that will address each of these problems along the lifespan?

**Social
Connectedness
is essential.**

Social Connectedness is essential for learning the life skills that, from an early age, allow us to participate in relationships, build new relationships, and maintain those that are essential. Through relationships we are cared for and learn how to

communicate. Early on our parents regulate everything for us — our food, our sleep, and our activity. It is from these first teachers that we learn our first words, to explore the world around us, and to self-regulate. These early skills are the foundation for what we go on to learn outside the home. If relationships with our parents and primary caregivers have been positive and consistent, our foundation will be strong and we will be better prepared to build relationships with early care educators and later teachers at school. While these early relationships are important, as children

grow, they also need consistent connections with peers and supportive adults to feel that they belong at school and in their community. Feeling accepted and having their culture accepted are crucial for this foundation that is so important for success at school and life.

Next, we wanted to consolidate all these aspects of Social Connectedness into one sentence that would be a touchpoint for our new focus. We found much of what we wanted in the Centers for Disease Control and Prevention's definition, but decided to simplify their language to make it more accessible for the broad audience we intend to connect to our initiative. The one sentence we arrived at is: Youth are socially connected when they are actively engaged in positive relationships where they feel they belong, are safe, cared for, valued, and supported.

How do you fit?

To lay the groundwork for a wide range of people to see a role for themselves in this important work on children's well-being, we went on to identify categories of relationships that make a difference for children: family, supportive adult, peer, school/early education, and cultural identity/community. We believe that individuals from many sectors can find themselves or their work with, or on behalf of, youth somewhere on this list, and indeed, many are telling us just that. In addition, we are learning that many of our network partners have an agenda already incorporating Social Connectedness in some fashion.

Increasing the Social Connectedness of Youth offers tremendous promise for improving children's life skills and well-being. We're excited about the possibility of engaging a wide range of partners — from early education to community organizations to business — in addressing this agenda together.

Youth are socially connected when they are actively engaged in positive relationships where they feel they belong, are safe, cared for, valued, and supported.

"We've long known that connections with teachers and peers are integral to our students' well-being and academic success. By highlighting the importance of this social connectedness for even our youngest learners, we can enhance a child's entire K-12 experience."



JOHN ASHLEY
Executive Director,
Wisconsin
Association of
School Boards

PRIORITIZING LIVED EXPERIENCE

OCMH's work is grounded in the insight and leadership of people with lived expertise. Through formalized, ongoing efforts such as Lived Experience Partners (LEPs), listening sessions, and other projects, OCMH is working to elevate the key perspective of lived experts in children's mental health.



Voices of Wisconsin Students

How Wisconsin students were coping during the COVID-19 pandemic was the focus of the [Voices of Wisconsin Students Project](#). Focus groups allowed us to hear how high school and middle school students balanced school and learning. Youth identified their sources of stress and anxiety, as well as the support they need and how they have been able to build resilience. The project was directed by the Wisconsin Institute for Public Policy and Service with support from the Medical College of Wisconsin, OCMH, and others. Funding was provided by the Wisconsin Department of Health Services (DHS) through its Overdose 2 Action grant.

Listening Sessions with Diverse Mental Health Professionals

"Real Talk" invited diverse mental health clinicians to share their experiences in two OCMH listening sessions in 2021. The first was held in May and asked clinicians to share their thoughts on working during the pandemic and times of civil and community unrest. The second session, in July, provided an opportunity for clinicians to discuss culturally sensitive supervision.

Lived Experience Partners Pilot New Academy Model

In 2021, the LEPs began to pilot the Lived Experience Academy. This is a structured three-year pathway for parent and youth leaders to build their knowledge and connections in children's mental health. In the first year, participants receive trainings on the interpersonal and system level topics influencing children's mental health and well-being. In years two and three, members actively participate and share power in Collective Impact team meetings.

Youth Listening Sessions

Wisconsin Office of Children's Mental Health

"We work to preserve dignity and promote well-being of all. The work is humbling and provides reasons for gratitude and celebration. We are humbled to learn with and from all. We are filled with gratitude for our partnerships with all who focus on children's mental health. We celebrate the opportunity to serve."


PABLO MARTINS NAVARRO
MS., LPC., NCC,
Navarro Professional
Counseling Services





SHENIKA MOSS
Lived Experience Parent
Partner – Office of
Children’s Mental Health

“People need to be more educated on mental health. I’m so tired of people running away from mental health. Kids are suffering from a lot of different things right now. Acknowledge the situation. Get the children what they need.”

 Young people have a lot to tell us about mental health. OCMH believes their voice provides grounding to the work that needs to be done to eliminate stigma, boost resiliency, and improve the overall children’s mental health landscape. OCMH held youth listening sessions in 2021, inviting youth from across the state to share their thoughts. The sessions were designed and facilitated by young people.

▶ **The Impact of Social Media.**

In partnership with the Milwaukee Office of Violence Prevention and the American Foundation for Suicide Prevention, OCMH invited youth and young adults ages 13 – 24 to share their thoughts on how social media helps and harms their mental health.

▶ **Why Intersectionality Matters.**

Youth ages 13 – 26 whose identities such as race, class, gender, and sexual orientation overlap and interconnect were invited to discuss their experiences.



Listening Session Recommendations for Action

OCMH’s Resiliency Team did a thorough analysis of OCMH 2020 Youth Listening Sessions following a Human-Centered Design process. The team developed insights from what youth shared and published [recommendations for action](#) that youth-serving organizations can reflect on and incorporate into their policy, practice, and culture.

Lived Experience Educating Others

Serving on panels and speaking at major events allows LEPs to amplify their voice and teach others how to better engage with youth and families. In total, OCMH and LEPs presented seven times in 2021, engaging over 320 people ranging from social work students, therapists in training, student services staff, mental health advocates, and parent leaders.

Parent Leaders in Child Welfare

In partnership with the Department of Children and Families (DCF), OCMH formed and coordinated a new lived experience group: parents with experience in the child welfare system. Parents across Wisconsin informed child welfare strategic planning initiatives at DCF, including how safety plans are completed. The monthly meetings of 10 parent leaders provided leadership to a parent information project scheduled for 2022. DCF and OCMH teamed up again to create and hire a Lived Experience Coordinator for the DCF Division of Safety and Performance.

MENTAL HEALTH AWARENESS/UNDERSTANDING

Mental health stigma is real. Increasing awareness and understanding of mental health is a major focus for OCMH. This section offers highlights of our 2021 efforts on awareness.

OCMH Outreach Spreads Awareness

OCMH has changed our outreach and engagement paradigm to focus on creating space for others and reflecting on who is missing from our tables. With a focus on diversifying OCMH teams to include more underserved populations, a grant-funded, expert in family services who was with us temporarily as Outreach Coordinator reached out to 85 individuals, almost half of whom were BIPOC (Black, Indigenous, People of Color). Outreach tools were developed including flyers, online pieces, and presentations.

Mental Health Crisis Card

This wallet-sized card is a tool for people in a mental health crisis to communicate what will calm them. The individual lists three calming strategies on the card, which can be shown to staff or community members to help de-escalate or avoid their crisis. Wisconsin Attorney General Josh Kaul announced support of the card, in a press release on April 7, 2021, creating statewide interest in the tool.



The image shows a 'Mental Health Crisis Card' form. At the top left is the logo for the Wisconsin Office of Children's Mental Health. The title 'MENTAL HEALTH CRISIS CARD' is in large blue letters. Below the title, there are fields for 'Name:' and 'Pronouns:'. A green arrow points to a section that says 'I need support in the next 5 minutes.' followed by 'Here's what I need from you to help me:'. Below this are three numbered lines for writing. At the bottom right, it says '(over)'.

OCMH Collective Impact Teams Work to Support Parents and Caregivers

The Access Team has focused on parent and provider awareness of services, developing ways to ensure parents and caregivers have knowledge of children's mental health services and how to access them. The Infant Toddler

Immediate Needs of COVID-19 team focused on how to assist parents and caregivers with what they need to function at their best in meeting the needs of their children.

Children's Mental Health Awareness Week

May 6, 2021 was proclaimed Children's Mental Health Awareness Day in the State of Wisconsin by Governor Evers. OCMH coordinated a group of state partners to hold a number of virtual activities the first week of May to elevate the topic of children's mental health:



▶ [Wisconsin Youth Virtual Art Gallery](#)

Youth artists across the state were invited to present their art depicting what mental health looked like for them.

▶ [Teens Speak about their Mental Health](#)

In a panel discussion, Wisconsin teens shared their thoughts on how mental health looks in their lives.

Feelings Thermometer Helps Families

Continuing to promote understanding and managing feelings with the [Feelings Thermometer](#), OCMH worked with First Lady Kathy Evers to produce videos sharing stories of how Wisconsin families were using the tool. The Feelings Thermometer measures how an individual is doing

“Imagine walking into a lighted room with a blindfold on. This is how most new mental health consumers feel when they begin navigating the current mental health system. The resources are often there, but finding them can be difficult. The OCMH is fighting to make this system more navigable.”



JOSHUA T. HOPKINS,
Behavioral Health Officer –
Outagamie Sheriff’s Office



emotionally and offers suggestions of how to shift moods to the blue (or calm) zone when they are moving into the red (or angry) zone. Interest in the Feeling Thermometer continued to be high throughout the year with an additional 15,000 being distributed. The tool is now available in 10 languages.

Collective Impact Council Furthers Learning

Connecting individual Collective Impact Council members to the children’s mental health landscape in Wisconsin is a foundational goal of the Council. This group is a large, broad gathering of children’s mental health stakeholders who meet on a quarterly basis. Each meeting digs into an area of children’s mental health and shares current news, progress, and work being done in Wisconsin. Focus areas in 2021 included emerging legislative initiatives important to children’s mental health, biennial budgets of state departments with responsibilities for children and families, grant-funded children’s mental health initiatives in Wisconsin, children’s mental health and schools, compassion resiliency, and the importance of Social Connectedness of Youth.

Advancing Trauma-Informed Care in Wisconsin’s Workforce

Trauma-Informed Care Training Videos

The OCMH Trauma-Informed Care Team is focused on making Wisconsin’s workforce trauma-informed. In 2021, they developed a video training series with a discussion toolkit titled “[Collective Trauma of COVID-19](#).” The two-segment series explored: 1) general definitions and 2) strategies for coping. The Team also worked on a series titled “Exploring Race and Culture from a Trauma-Informed Lens.” This three-segment series will be completed in early 2022.

Infant and Early Childhood Mental Health Consultation

The Infant Toddler Consultation Team completed development of an IECMHC model for Wisconsin that was among the Governor’s Early Childhood Advisory Council budget recommendations. Although the model was not included in the final state budget that passed, awareness of the model was greatly increased.

Increasing Mental Health Literacy of Students

OCMH and the Department of Public Instruction developed a free [mental health resource](#) that provides lesson plans for third through fifth grade students, middle school, and high school that are focused on coping skills and how to talk about mental health. The new resource was co-created by parents and youth with lived experience, mental health experts and advocates, and educators and school staff.

CHILD WELL-BEING DEMOGRAPHICS

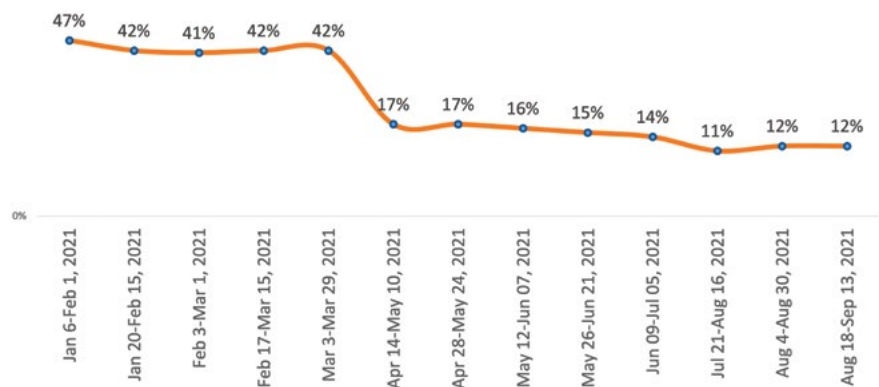
Child Well-Being and Pandemic Disruptions in Wisconsin 2021

Pandemic-related disruptions continued to upend life for many children and families throughout Wisconsin and to deepen existing health disparities.

Economics¹

- In the first few months of 2021, about 40% of Wisconsin families with children reported losing employment income due to the pandemic. Throughout the pandemic, Black and Latinx families have been generally more affected than White families.
- Housing stability remained a concern for many families. In 2021, 10%-15% of Wisconsin families with children reported little to no confidence in their ability to pay the next month's rent or mortgage.² National data show that Latinx and Black families have been hit particularly hard.

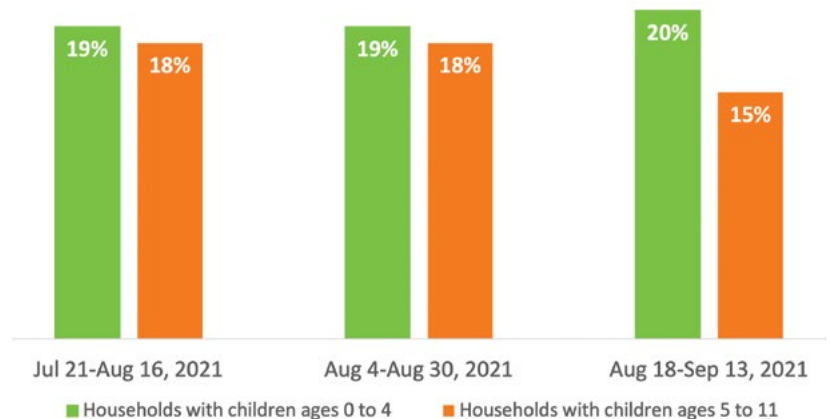
PERCENT OF WISCONSIN HOUSEHOLDS WITH CHILDREN WHO LOST INCOME (JAN - AUG 2021)



Education³

- From January to March 2021, two-thirds of Wisconsin families with school-age children reported that at least some of their children's classes were online due to the pandemic.
- In the Summer of 2021, about 1 in 5 Wisconsin families with young children were experiencing pandemic-related disruptions to childcare.
- Coming into this third school year affected by the pandemic, both educators and students anticipated potential challenges around meeting heightened economic, social-emotional, and academic needs, with students of color expressing the most concern in a national survey.⁴

PERCENT OF WISCONSIN FAMILIES EXPERIENCING PANDEMIC-RELATED DISRUPTIONS TO CHILDCARE ARRANGEMENTS (SUMMER 2021)



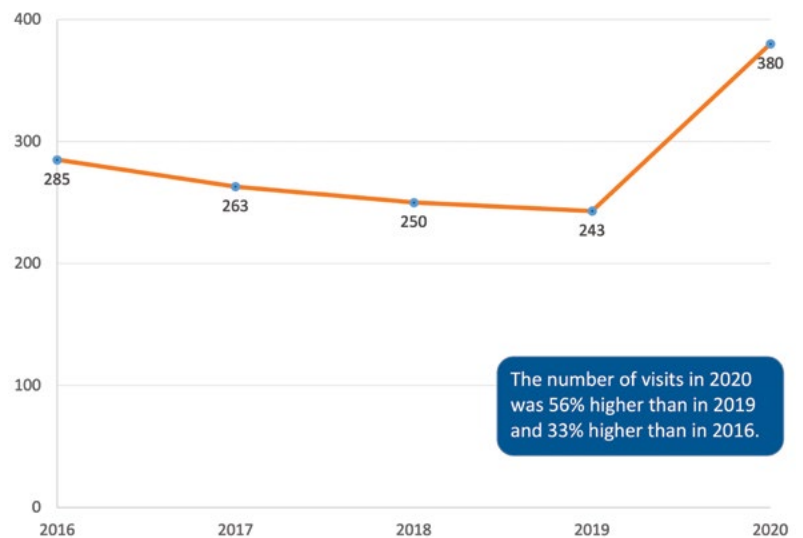
Parental Stress

- **MENTAL HEALTH:** Adult mental health needs have come down from earlier points in the pandemic, yet remain high. At the start of the 2021-2022 school year, almost half of Wisconsin parents reported frequently feeling down, depressed, or hopeless.⁵
- **SUBSTANCE USE:** Alcohol sales increased 17% in fiscal year 2021.⁶ The number of opioid deaths in Wisconsin increased 34% from 2019-2020.⁷
- **EXPOSURE TO VIOLENCE:** Domestic violence deaths have increased during the pandemic⁸, as have both intentional and accidental gun deaths and injuries among children and youth.⁹

Child and Youth Mental Health

- Provisional 2021 Emergency Department data shows more teen girls (ages 12-17) treated in Emergency Departments for suicide attempts than before the pandemic.¹⁰
- At least one-third of Wisconsin's emerging adults (ages 18-24) experienced anxiety on most days.¹¹

NUMBER OF WISCONSIN EMERGENCY DEPARTMENT VISITS FOR FIREARM-RELATED INJURIES (AGES 0-24)



¹ Data in this section come from the Census Bureau's Household Pulse Survey results, and were accessed both through www.census.gov and through the Annie E. Casey Foundation Kids Count Data Center.

² Based on January to September 2021 as most recent data at the time of publication.

³ Unless otherwise noted, data in this section come from the Census Bureau's Household Pulse Survey results, and were accessed both through www.census.gov and through the Annie E. Casey Foundation Kids Count Data Center.

⁴ Osgood, Kelsey; Sheldon-Dean, Hannah and Kimball, Harry. (2021) The Impact of the COVID-19 Pandemic on Children's Mental Health: What We Know So Far. Child Mind Institute.

⁵ Household Pulse Survey, weeks 37 and 38 (Sept. 1-Sept. 27, 2021). Statistic is based on the percent of responding parents with children under 18 at home who had such feelings on at least "several days" during the past two weeks.

⁶ <https://wispolicyforum.org/research/alcohol-tax-revenues-surge-during-pandemic/>

⁷ Department of Health Services Wisconsin Interactive Statistics on Health (WISH) Query System.

⁸ End Domestic Abuse Wisconsin (Sept. 2021) 2020 Domestic Violence Homicide Report. <https://edaw-webinars.s3.us-east-2.amazonaws.com/wp-content/uploads/2021/09/22120937/2020-End-Domestic-Abuse-WI-Annual-Domestic-Violence-Homicide-Report.pdf>






⁹ Department of Health Services Wisconsin Interactive Statistics on Health (WISH) Query System and the Gun Violence Archive.

¹⁰ Based on comparing the same time periods in 2019 vs. 2021. National results: Yard E. et al. Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12-25 Years Before and During the COVID-19 Pandemic - United States, January 2019-May 2021. MMWR Morbidity and Mortality Weekly Rep. 2021 Jun 18;70(24):888-894. Wisconsin data shows a similar pattern. Based on data from hospitals that consistently reported emergency department visits from 2019-2021 via the National Syndromic Surveillance Program.

¹¹ Household Pulse Survey data retrieved via Kids Count Data Center, Oct. 2020-Sept. 2021.








LEGEND

Each stoplight indicates whether the current Wisconsin data is an improvement, compared to the baseline data. Not all data sources report whether a change is statistically significant (outside the margin of error).

-  Wisconsin is **going in the wrong direction**.
-  Wisconsin **seems to be headed in the wrong direction**, but is within the margin of error (not statistically significant) or unknown (significance unknown).
-  This indicator **did not change** (difference of 0.5% or less before rounding).
-  Wisconsin **seems to be headed in the right direction** but is within the margin of error (not statistically significant) or unknown (significance unknown).
-  Wisconsin is **going in the right direction**.

All data points are pre-pandemic unless followed by an asterisk (*). Years for baseline and current measures are selected to include approximately five years of data, depending on the data source. See the [Indicator Description](#) document at children.wi.gov for a detailed description of the indicator.

HEALTH BEHAVIORS

INDICATOR	US CURRENT	WI BASELINE	WI CURRENT	
Cyberbullying	16%	18%	17%	
Frequent e-cigarette use (High School)	11%	3%	9%	
Perception of risk using alcohol	43%	36%	37%	
Students who did not sleep 8+ hours on a school night	78%	65%	73%	
Students who experienced sexual dating violence	8%	10%	13%	
Students who use electronics 3+ hours	Data Not Available	34%	49%	
Teen birth rate per 1,000	16.7	16.2	12.5	

National research shows a large decrease in cyberbullying during 2020 when schools were remote instead of in-person.



"I share data and statistics because it brings awareness to the issues that affect children all over. It isn't just one child, one city, one county – data can show us problems that affect kids across the state and country!"

KIMBERLEE CORONADO
Lived Experience Parent
Partner – Office of
Children's Mental Health

SOCIAL AND ECONOMIC FACTORS

INDICATOR	US CURRENT	WI BASELINE	WI CURRENT	
Difficulty with social skills	22%	23%	29%	
Eighth grade math proficiency	33%	41%	41%	
Employment (young adults)*	60%	74%	66%	
Foster care placements per 1,000	3.4	3.6	3.7	
Four-year-old kindergarten attendance	34%	72%	72%	
Homeless youth	3%	2%	2%	
High school graduation	86%	88%	90%	
Low income youth	36%	38%	30%	
Parents who attend child's activities	87%	88%	91%	
Positive adult mentor	89%	94%	95%	
Mothers with higher education degrees	45%	45%	47%	
Percent of students suspended	5%	4%	5%	
School connectedness	Data Not Available	71%	61%	
Age 25 and older with bachelor's degree	33%	29%	31%	

Wisconsin was ranked 4th in the nation in 2019 in this national data. DPI data from 2021 implies a decrease, but testing was affected by the pandemic's impact on schools.

This indicator from 2020 shows the pandemic's effects on employment.

Results here are from 2019-20, when Wisconsin was ranked third in the nation. Current DPI data indicates a large, pandemic-driven drop in 2020-21, followed by a partial rebound in 2021-22.

Wisconsin was one of the top-ranked states in graduation in 2018-19, yet also had the nation's second worst Black/White disparities (71% Black rate vs. 94% White rate). 2019-20 DPI data show Wisconsin was able to maintain high graduation rates into the pandemic.

This data is based on the number of students suspended. More than a quarter of Wisconsin schools suspended Black students at a higher rate than White students, and nearly half of schools suspended students with a disability at a higher rate. Recent DPI data on the total number of suspensions hovered around 8% from 2017-18 through 2018-19 before dropping to 6.2% in 2019-20, most likely due to the switch to virtual school starting in March 2020.

This pre-pandemic drop in school belonging was already a challenge schools were facing before the disruptions of virtual school and quarantine.

"Tracking indicators of mental and behavioral health concerns of Wisconsin's children is critical to understanding what is needed to support them and grow well-being. Layer onto that people sharing their lived experience with systems, barriers, and successes allows the OCMH Collective Impact process to make meaningful change."



JENNIFER HAMMEL
Early Childhood Development and Trauma-Informed Care Director – Children's Wisconsin

CLINICAL CARE

INDICATOR	US CURRENT	WI BASELINE	WI CURRENT	
Psychiatrists (count)*	Data Not Available	390	420	✓
School Social Workers (count)*	Data Not Available	565	704	✓
School Counselors (count)*	Data Not Available	1,992	2,143	✓
School Psychologists (count)*	Data Not Available	891	993	✓
Children with mental health conditions who did not receive treatment	48%	48%	40%	↔
Difficulty obtaining mental health services	59%	55%	52%	↔
Doctors who did not ask about parental concerns with behavioral problems	69%	58%	66%	?
Early developmental screen	64%	63%	62%	?
Early prenatal care	78%	80%	80%	...
Mental health hospitalizations	12%	15%	16%	↔

Wisconsin is making progress toward supporting children at school, yet still falls far short of recommended levels. Even recommended levels would be inadequate to meet the increased demand for mental health treatment generated by the pandemic.

These standard figures don't yet reflect the increased hospitalizations, worsening bed shortages, and emergency room boarding of young people in crisis that have prompted the declaration of a national youth mental health emergency.

QUALITY OF LIFE

INDICATOR	US CURRENT	WI BASELINE	WI CURRENT	
Adverse Childhood Experiences (ACEs): two or more	18%	22%	17%	↔
Adolescents experiencing a major depressive episode	15%	14%	16%	?
Children who have emotional, behavioral, or developmental conditions	22%	21%	25%	?
High school students feeling sad or hopeless	37%	25%	29%	✗
Teens considering suicide	19%	13%	16%	?
Suicide attempts	9%	6%	7%	?
LGB teens considering suicide	47%	49%	42%	↔
Young adults experiencing any mental illness	28%	22%	29%	✗

Historic levels of strain on families mean that this number is likely to rise in the coming years.

The pandemic has been especially hard for people who were already struggling with depression or anxiety.

These figures don't yet reflect the increased mental health concerns and teen suicide attempts documented since the start of the pandemic.

LGB, rather than LGBT, is used here to align with federal reporting, but LGBT students are also known to be at high risk when not supported.

OCMH & STATE COLLABORATIONS

In this section we highlight our partners' initiatives funded in the 2021-23 state biennial budget, American Rescue Plan Act, or with Substance Abuse and Mental Health Services Administration dollars.

In addition to collaborating with our four department partners, OCMH actively engages with numerous offices and councils that prioritize children's well-being, including the Child Abuse and Neglect Prevention Board, Leadership Council on the Early Years, Birth to Three Interagency Coordinating Council, Juvenile Justice Council, Children and Youth Committee of the Wisconsin Council on Mental Health, and Prevent Suicide Wisconsin.

During 2021, in response to Governor Evers' directive to increase efforts around equity, diversity, and inclusion, we deepened our efforts by dedicating OCMH staff time to participation in DHS' Health Equity, Diversity, and Inclusion Council and the Division of Medicaid Service's Diversity Equity, and Inclusion Committee.

In Wisconsin state government, the first half of 2021 was dominated by state biennial budget deliberations. During this period, OCMH highlighted key budget recommendations from departments that would improve children's mental health. An OCMH document with eight recommendations was circulated to legislators for their consideration and to our network partners so they could be informed of important decisions being made about children's mental health. Of the eight items recommended, four – from funding for mental health support at school to increased Medicaid payment for mental health therapy – were adopted in the final budget.

"I am so impressed by the integrity and commitment of OCMH to ensure the Advisory Council is representative of state departments, mental health, and health providers who are all focused on improving children's mental health in Wisconsin. I'm proud to serve as Chair on the council."

MARTINA GOLLIN-GRAVES,
President/CEO, Mental Health
America of Wisconsin /
Advisory Council Chair



Department of Health Services

"We know mental health is an essential part of children's overall health and just as important as their physical health. And the number of children and teens reporting significant concerns with their mental health is growing. That's why we are committed to addressing mental health challenges today and building on a foundation of supports and services to ensure a positive impact on the future of Wisconsin's kids and our entire state."

DHS SECRETARY-DESIGNEE KAREN TIMBERLAKE

Brain Health School Curriculum. DHS is partnering with DPI to promote a new curriculum teaching middle and high school students about brain health, normal aging, brain injury prevention and awareness, dementia, advocacy, and more. Grant funding allows us to pilot 'Advocacy for Self and Others: Brain Health' in five schools into 2022.

Child Psychiatry Consultation Program. The goal of the Wisconsin Child Psychiatry Consultation Program is to improve mental health care for children and teens with mental and behavioral health concerns by providing consultation, education, and referral support to enrolled primary care providers. The program is now statewide thanks to State General Purpose Revenue funds and the Health Resource and Service Administration (HRSA) Pediatric Mental Health Care Access Grant.

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Children's System of Care. In August 2020, DHS convened key stakeholders to begin the process of developing tools to strengthen wraparound implementation at the local level. The result, launched in 2021, was the specification of 10 professional competencies to align with the 10 principles of Wisconsin wraparound. The new [Care Coordinator and Supervisor Competencies](#) are being used by community-based agencies to advance the practice of wraparound services.

First Episode Psychosis. A portion of Wisconsin's share of Community Mental Health Services Block Grant funding under the American Rescue Plan Act supports training for clinical staff who respond to young people experiencing first episode psychosis. This training gives clinical staff the knowledge and tools they need to help clients thrive.

Lead-Safe Homes. The Lead-Safe Homes Program issued \$9.4 million in grants to partners across Wisconsin to remove lead hazards from homes where children live. The program completed lead hazard reduction work on 75 homes, protecting 174 children from the irreversible damage of lead poisoning, which can impact neurological and cognitive development, health and behavior, like aggression and violence, and learning and school performance.

Suicide Prevention. DHS directs federal block grant funding to local and tribal health agencies that collaborate with local partners (including school districts, suicide prevention coalitions, and law enforcement) in suicide prevention efforts in their communities. Activities include coordinating evidence-based suicide prevention programs, bullying prevention policies and strategies, mental health promotion trainings, and promoting Zero Suicide principles and practices with health care providers and health care systems.

Voices of Wisconsin Students Project. The Wisconsin Institute for Public Policy and Services Research Partners and the Medical College of Wisconsin conducted focus groups with students in grades 6-12, providing insights on young people's experiences with learning, coping, and building resilience during the COVID-19 pandemic. Reports informed strategies to help students succeed during the 2021-2022 school year.

Youth Crisis Stabilization Facilities. A residential care and treatment center for people 17 and under opened in Wausau, joining a Milwaukee facility open since 2020, as a place where young people can go to receive support to cope with and recover from emotional challenges.



Department of Corrections

"The Wisconsin Department of Corrections is taking major strides in treatment of youth in our care, moving from a more punitive approach to one focused on treatment and rehabilitation. We're using evidence-based approaches to provide youth tools that can help change the behaviors that led to their confinement."

SECRETARY KEVIN CARR

Music Art Initiative. The Music Art Initiative at Copper Lake School/Lincoln Hills School (CLS/LHS) is a comprehensive music and art program. Youth are taught to play a number of instruments in the music production center. Youth can build beats and create original songs. The full recording studio allows youth to record music in a professional environment and be taught engineering and production skills. After recording music, youth can create their own art work in the digital art studio, including album art, photography, music videos, or short film. Youth are able to bring their projects home to share.

Many of the youth at CLS/LHS struggle with both past trauma and mental health challenges. This initiative provides an important outlet for self-expression and a creative way to work through these challenges. Staff are already seeing the benefits this program provides. Staff can see a difference in

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how some youth engaged in the program interact with staff and peers, how youth view themselves, and as a result have seen a decrease in security issues.

Finding permanent connections for youth. Too many youth ordered to the correctional system have few permanent family connections. Youth in the correctional system experience high rates of out-of-home placement prior to placement in a correctional setting. Seeing a need for family connections, the Division of Juvenile Corrections (DJC) trained a social worker in the Family Find and Engagement (FFE) model through the Department of Children & Families. Normally used for children in the child welfare system, FFE also serves an important role for older youth in a correctional setting. The DJC social worker meets with every

youth admitted to LHS/CLS and offers FFE services. FFE has allowed youth to prioritize adults who provide lifelong connections and supports and works to engage those adults in a meaningful way. DJC's goal is to identify three to five supportive adults for each youth.

FFE screens have been completed for almost fifty youth at CLS/LHS since the beginning of the year. Most of these youth have been identified as having adequate supports. The DJC social worker works with the other youth to help identify those three to five supportive adults in their life. We know that having even one supportive adult in a youth's life can make a huge difference.



Department of Children and Families

"The ongoing pandemic has put children and families at risk and required us to relook at how we support families. I am proud of the work DCF, as well as our partner agencies, are doing to leverage critical funding opportunities and uplift families and communities during this extraordinary time."

SECRETARY EMILIE AMUNDSON

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. DCF launched the Parent Leaders in Child Welfare Stakeholder Group in January 2021, made up of parents with lived child welfare experience. They

meet monthly and support transformation efforts with coordination provided by DCF's new lived experience coordinator, Bregetta Wilson. In partnership with the Office of Children's Mental Health, this group works together toward the child welfare strategic initiatives to keep more children and families together.

Making Child Care Count. The COVID-19 pandemic continues to place unprecedented stress on the early care and education system. Through funding provided by the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA), DCF has distributed over \$238 million to child care providers since spring 2020 through the Child Care Counts program to assist with the cost of providing safe, healthy, and high-quality child care opportunities for Wisconsin families. Payment data for each round of funding is available on DCF's Child Care Counts payment dashboard.

Refugee School Impact (RSI) and Refugee Youth Mentoring (RYM). These programs support refugee youth throughout Wisconsin to achieve academic and social success through tutoring, ESL (English as a Second Language), mentoring, extra-curricular activities, and cultural exchange. RSI and YRM help refugee youth transition and acclimate to life in the United States so that they experience success in school, amongst peers, and in their communities with the goal of promoting their overall well-being and future success.

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A Trauma-Informed Approach to Recovery and Resilience. The Living Independently through Financial Empowerment (LIFE) program, funded by the federal American Rescue Plan Act, acknowledges 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 provides short-term cash assistance to survivors of domestic abuse to assist them in taking the first steps toward an independent, safe, violence-free life for themselves and their children.



Department of Public Instruction

“Working together, we can create a stronger, more equitable public education system that meets the needs of every child in every zip code. We can make the bold, transformative changes and investments in our children and their mental health needs.”

STATE SUPERINTENDENT DR. JILL UNDERLY

School-based Mental Health Grants. The 2021-2023 biennial budget increased the funding for this grant program from \$6.5 million annually to \$10 million annually. The latest grant competition resulted in 153 grantees, which includes 144 individual school districts and eight consortiums representing 27 school districts and three independent charter schools. Schools are using this funding to support multi-level mental health and wellness supports in collaboration with community mental health providers

Aid for School Social Workers. The 2021-2023 biennial budget increased funding to reimburse school districts for school social workers from \$6 million to \$12 million.

Peer-to-Peer Suicide Prevention. Both state and federal funds allow Wisconsin high schools to develop peer-to-peer programs such as Sources of Strength and Hope Squad. These programs develop peer leaders to help students who may be struggling.

Wisconsin Center for Resilient Schools. This new center provides team coaching for school or district teams to implement comprehensive school mental health and trauma-sensitive, social and emotional learning.

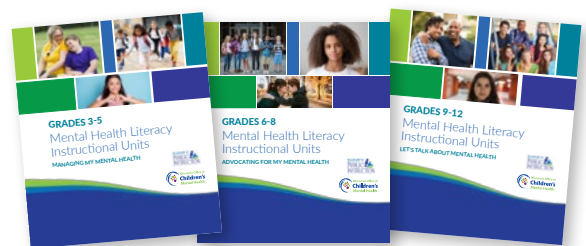
Youth Mental Health First Aid (YMHFA). Trains trainers in the Youth Mental Health First Aid program offered by the National Council for Behavioral Health, building capacity for YMHFA in schools and communities.

Restorative Practices. This project provides coaching support and community of practice opportunities for those already trained in Restorative Practices. Additionally, two Train the Trainers sessions have been offered.

Mental Health Stigma Reduction. The Stigma Reduction Toolkit includes lessons that can be used with secondary students in various settings, caregiver engagement materials, and a discussion guide for educators to examine their own stigmatizing beliefs and behaviors.

Mental Health Referral Pathway. School mental health referral pathways are the processes and procedures used to identify student mental health needs and connect students to the appropriate mental health supports and resources. New in 2021 is the School Mental Health Referral Pathway Module Series. The three modules provide educators with the information and tools needed to develop and implement an effective mental health referral pathway.

Student Mental Health Literacy. [Mental health literacy](#) skills-based units of instruction, created in partnership with the Office of Children’s Mental Health, provide lessons for elementary, middle, and high school students. These lessons focus on skills that students need to maintain mental health and well-being and recognize and support others who may be struggling.



OCMH RESOURCES

Whether you need help knowing how to navigate children's mental health systems, need reminders on how to regulate your feelings, or are looking for data on a particular children's mental health issue, the OCMH website is home to many helpful resources.



[FACT SHEETS](#)

Monthly Fact Sheets explore a children's mental health topic, data, a description of what is happening in Wisconsin, and recommendations for action.



[FEELINGS THERMOMETER](#)

Helping people identify their feelings and providing strategies to manage them. Print a copy, post it on your fridge and talk about it with your family. ▶



[MENTAL HEALTH CRISIS CARD](#)

A wallet-sized card listing strategies to calm an individual experiencing a mental health crisis. Print a copy, fill it out, and carry it with you.



[ACCESSING CHILDREN'S MENTAL HEALTH SERVICES GUIDE](#)

A roadmap for parents to begin with accessing mental health services for their child. ▶



[CHILDREN'S MENTAL HEALTH IMAGE LIBRARY](#)

Share these images on social media to help destigmatize mental health. ▶



[TRAUMA-INFORMED CARE TRAINING](#)

Support a trauma-informed workforce by exploring trauma-informed trainings. Resources include videos and toolkits to foster group/staff learning.



[SUPPORT AND RESOURCES FOR FAMILIES](#)

A variety of children's mental health organizations and resources.



[Accessing Children's Mental Health Services](#)



All resources on the [OCMH website](#).
Many resources available in multiple languages.



INSPIRING SOCIAL CONNECTEDNESS OF YOUTH

Kids are socially connected when they have enough relationships to make them feel like they belong, are cared for, valued, and supported.



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