Wisconsin Office of

Children's Mental Health

2018 ANNUAL REPORT TO THE WISCONSIN LEGISLATURE

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MEET THE TEAM

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LETTER FROM THE DIRECTOR

Dear Friends,

I'm pleased to present you with the Wisconsin Office of Children's Mental Health (OCMH) 2018 annual report. We hope this year's report provides you with a snapshot of our office's work over the past year and shines a spotlight on child well-being trends in Wisconsin.

As with past reports, much of OCMH's work in 2018 falls under the categories of improvement, integration, and innovation.

Improvement: Each year, OCMH analyzes **48 child well-being indicators** and creates a dashboard highlighting many dimensions linked to children's social and emotional well-being. The dashboard identifies areas in which Wisconsin is a national leader (e.g., strong four-year-old kindergarten attendance; falling teenage pregnancy rates; increased number of youth who have a positive adult mentor); as well as areas of concern (e.g., a decrease in early childhood screenings for social, emotional, behavioral, or developmental disabilities and delays; upswing in the percentage of children whose caregiver was jailed; a decrease in the percentage of children and adolescents engaged in flourishing behaviors). The most alarming trend is the increase in the youth suicide rate in Wisconsin and across the country. To address these and other critical issues, OCMH collects, analyzes, and reports data to stakeholders, noting areas of strength and weakness while providing resources and technical assistance to help stakeholders improve child and family outcomes.

Integration: Parents and young people who work with our office make it clear that mental health issues do not fall neatly into the purview of one state agency. They call on stakeholders to improve state, county and tribal partnerships to reduce confusion and improve policies and services. OCMH provides opportunities for just this kind of collaboration and alignment. OCMH commits the majority of staff's time to support the **Wisconsin Children's Mental Health Collective Impact's** work. This initiative affirms that no one stakeholder group or single sector carries the responsibility for our children's social and emotional wellness. By joining together, we can "collectively impact" some of our most complex and challenging problems.

Innovation: A research team funded by the Robert Wood Johnson Foundation studied the Wisconsin Children's Mental Health Collective Impact activities and gave high marks in the area of supporting the **inclusion of parent and youth voices in all levels of decision-making**. OCMH continues to develop the infrastructure that increases lived experience leadership and involvement with goals of bringing their insights and innovation to more state, county, and tribal policy and practice activities.

In the area of **Trauma-Informed Care (TIC)**, OCMH and Collective Impact continue to lead the way in mapping Wisconsin's TIC activities as well as raising awareness both in our state and across the nation.

From OCMH's beginning, we've prioritized the following values: being family and youth led; collaborating and aligning goals between child- and family-serving state agencies and organizations; creating shared metrics; practicing Trauma-Informed Care and cultural sensitivity; and ensuring that our work is grounded in science. We present this year's report in the spirit of these values and hope the information furthers the good work being done across Wisconsin to promote resilience, reduce adversity, and address the issues affecting children's social and emotional well-being.

ELIZABETH HUDSON

Director, Wisconsin Office of Children's Mental Health

WISCONSIN CHILDREN'S WELL-BEING TRENDS AND INDICATORS

Based on OCMH's most recent analysis of the 48 child well-being indicators, there are a number of promising trends and indicators for Wisconsin's children and families. ***Please see pages 17-22 for more details.***

Promising Trends and Indicators

Four-Year-Old Kindergarten Attendance

Four-year-old kindergarten attendance in Wisconsin was 72% in the 2016-17 school year.

(National Institute for Early Education Research, 2018)

Positive Adult Mentor

Wisconsin stands out for having a high percentage of youth who have a positive adult mentor, with 94% across the state (2016).

(U.S. Department of Health and Human Services, 2017b)

Young Adult Employment Rate

Wisconsin is seeing growth in the young adult (ages 20-24) employment rate, which moved from 74% in 2016 to 78% in 2017.

(U.S. Department of Labor, 2018a)

Mental Health Professionals in the Wisconsin Workforce

Wisconsin is increasing the number of mental health professionals in the workforce.

(Bureau of Labor Statistics, 2018)

Youth Alcohol Use

Wisconsin saw a reduction in youth alcohol use from 33% in 2013 to 30% in 2017.

(U.S. Centers for Disease Control and Prevention, 2017b)

Youth Illegal Drug Use

Wisconsin had a reduction in youth illegal drug use, which moved from 9.3% in 2013/14 to 8% in 2015/16.

(U.S. Department of Health and Human Services, 2017d)

Teen Birth Rate

Wisconsin has a lower teen birth rate than the national average, which was 15 births per 1,000 compared to 20 births per 1,000 in 2016.

(U.S. Centers for Disease Control and Prevention, 2018a)

WISCONSIN CHILDREN'S WELL-BEING TRENDS AND INDICATORS

Concerning Trends and Indicators

Youth Suicide Rates

Wisconsin suicide rates increased more than national rates from 2015 to 2016, from 7.5 per 100,000 to 9.8 per 100,000.

(U.S. Centers for Disease Control and Prevention, 2018b)

Mental Health Hospitalizations

The rate of youth mental health hospitalizations in Wisconsin (7 per 1,000 in 2015) continues to be high compared to the national rate (approximately 1.6 per 1,000 in 2014).

(Healthcare Cost and Utilization Project, 2017; Wisconsin Health Information Organization, 2017)

Juvenile Arrest Rates

Wisconsin juvenile arrest rates also stand out, at 32 per 1,000 compared to 10 per 1,000 nationally.

(U.S. Department of Justice, 2018)

Decrease in Flourishing Behaviors

There was a decrease in the percentage of Wisconsin children and adolescents demonstrating flourishing behaviors (e.g., demonstrating multiple dimensions of physical and emotional health).

(U.S. Department of Health and Human Services, 2017c)

Decrease in Screenings

There was a decrease in early childhood screenings for social, emotional, behavioral, or developmental disabilities and delays from 34% in 2011/12 to 27% in 2016.

(U.S. Department of Health and Human Services, 2017c)

Mental Illness (Young Adults)

There was a slight increase in the percentage of young adults in Wisconsin diagnosed with a mental illness, which was at 24% in 2015/16.

(U.S. Department of Health and Human Services, 2017d)

Jailed Parent

There was an increase in the percentage of children whose parent or guardian had been jailed, both nationally and locally. Wisconsin moved from 6.8% in 2011/12 to 9.1% in 2016.

(U.S. Department of Health and Human Services, 2017c)

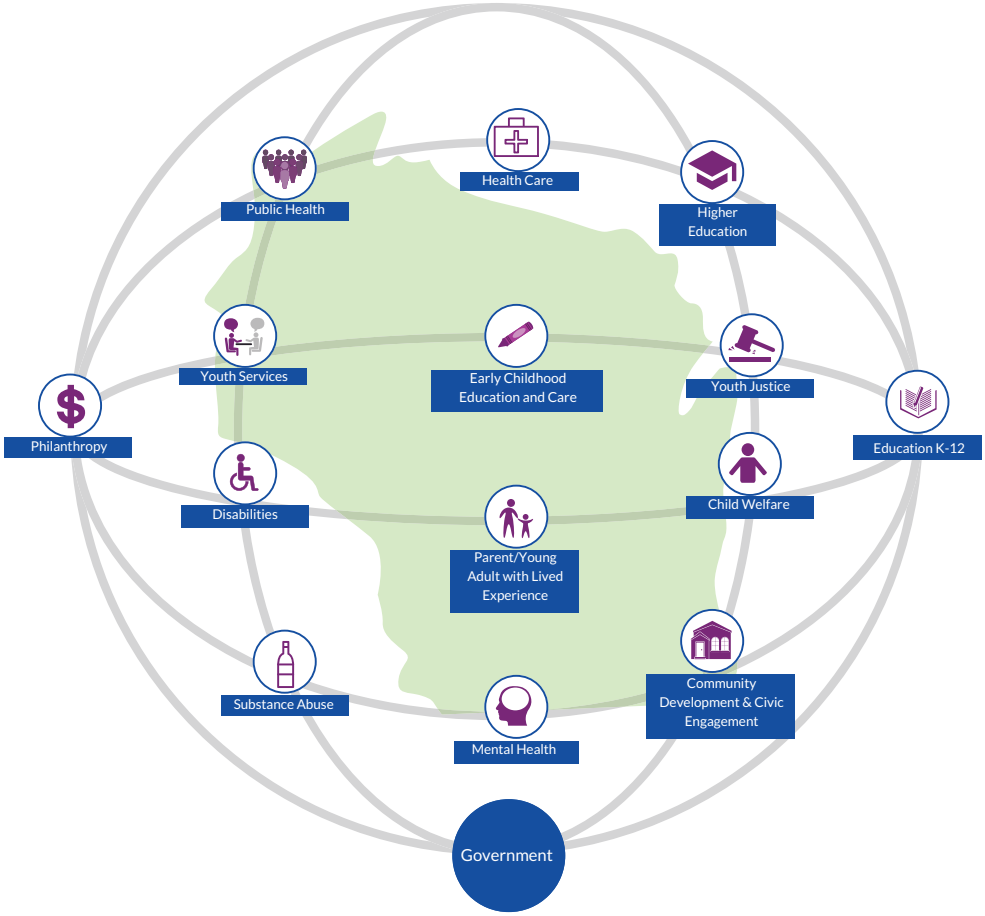
For more information, please see pages 17-22.

OCMH'S APPROACH

OCMH informs, aligns and enhances the work of Wisconsin state agencies, child- and family-serving organizations, and policymakers by:

- distributing data analyses to inform decision-making,
- centralizing information to improve programs and systems,
- introducing resources and innovations to improve and strengthen cross-sector work,
- empowering young adults and family members to inform and enhance programs and policies, and
- providing backbone support to Wisconsin Children's Mental Health Collective Impact activities.

Children who have mental health issues may become involved in multiple systems (see graphic below). Using one example, a young person diagnosed with depression (mental health) may attend school sporadically (education), become truant (youth justice), and may face time in a foster home (child welfare). OCMH promotes seeing a child and family through a wide lens with the goal of ensuring that systems work well together. A successful "system of care" is one result. When this happens, children and families experience a seamless network of support and services resulting in positive outcomes and success.



WISCONSIN'S WORK

OCMH works closely with the Wisconsin Department of Children and Families (DCF), Department of Health Services (DHS), Department of Corrections (DOC), and Department of Public Instruction (DPI). Below are highlights of each agency's work over the past year and their key focus areas for improving the well-being of Wisconsin children and families.

Wisconsin Department of Children and Families (DCF)

Home Visiting: DCF expanded the number of Wisconsin communities in which families are able to enroll in evidence-based home visiting programs leading to improved positive maternal and child health outcomes, better school readiness, and the prevention of child maltreatment.

In-Home Safety Services: More Wisconsin families involved in the child welfare system are receiving in-home safety services and avoiding the potential trauma that takes place for children and their caregivers when children are removed from their family home.

Family Find and Engagement: As a result of Family Find and Engagement, children removed from the home have a better chance of being cared for by relatives who are a familiar support during a period of family instability.

Positive Father Involvement: Milwaukee fathers returning to the community from the criminal justice system are receiving trauma-informed support through a pilot program at the Alma Center. The goal of this program is to improve family involvement and reduce reentry into the criminal justice system.

Wisconsin Department of Health Services (DHS)

Children's Long-Term Support Waiver Program: The Children's Long-Term Support Waiver Program is eliminating the waiting list of approximately 2,850 children (about 30% have social, emotional, or mental health needs). This home and community-based service waiver provides Medicaid funding for community supports and services for children who have significant developmental, physical, or emotional disabilities that have led to substantial limitations in their daily activities.

Youth Crisis Stabilization Facility: This new facility (up to eight beds) will provide youth with short-term de-escalation and crisis services designed to avoid hospitalizations and other more restrictive services and settings.

In-Home Crisis Stabilization Development: DHS and DCF awarded a grant to several counties to provide in-home youth crisis stabilization services.

Multidimensional Family Therapy: The Wisconsin Youth Treatment Initiative is using Multidimensional Family Therapy, an evidence-based mental health and substance use treatment for young people ages 16-25. This initiative is funded by a four-year grant from the Substance Abuse and Mental Health Services Administration.

Revision of the Mental Health Day Treatment Services Administrative Rule (DHS 40): This administrative rule created in 1996 is being updated to reflect current best practices in mental health day treatment services for children.

Certification of Parent Peer Specialists: The certified parent peer specialist training pilot is on schedule. A certification process is in place. Fourteen trainers are available to provide training on the curriculum.

Wisconsin Department of Corrections (DOC)

Paying it Forward - Staff Wellness: Staff across all divisions of DOC are using Trauma-Informed Care to increase staff wellness.

Serving Children with Incarcerated Mothers: DOC partnered with Camp Reunite, a Trauma-Informed Care based camp, to build resiliency and coping skills with the children of incarcerated mothers. Children also had extended visits and engaged in activities with their mothers inside the Taycheedah Correctional Institution.

Focus on Mental Health: The Division of Juvenile Corrections (DJC) increased the level of mental health staffing.

Crisis Prevention: The DJC is currently focused on a multi-faceted initiative to improve crisis prevention and response through de-escalation techniques.

Therapeutic Facilities: Through the implementation of 2017 Wisconsin Act 185, the juvenile correctional system is being reshaped toward a model of smaller, more therapeutically focused youth facilities.

Wisconsin Department of Public Instruction (DPI)

Project AWARE Initiative: Together, the three Project AWARE school districts saw an increase of 50-65% in student access to and engagement in school-based mental health services, including those provided by integrated behavioral health therapists. When comparing two-year averages (2015/16 and 2017/18), the average proportion of high school students in the three Project AWARE districts reported a drop in suicidal ideation from 19.67% to 18.2%.

Trauma Sensitive Schools (TSS) Initiative: The fourth cohort of the Trauma Sensitive Schools Awareness Training began in 2018, adding 42 teams to the existing 55 teams statewide. TSS training and consultation is more targeted and effective with the use of the Attitudes Related to Trauma-Informed Care (ARTIC) survey, which was completed by 11,559 Wisconsin school staff members.

Social Emotional Learning (SEL) Initiative: Wisconsin is one of only 14 states across the country that has adopted statewide SEL competencies and is among the first to include SEL competencies for the adults who provide support and modeling to students.

School and Community Collaboration Grants: Fifty-two districts were awarded a total of $3.2 million to address their top five priority areas identified as the following: adding mental health navigators, promoting SEL, engaging in TSS, developing better referral processes, and improving mental health screening.

Children's Mental Health Budget Highlights

Building off the 2013-2015 Wisconsin state budget, where money was designated to expand Comprehensive Community Services (CCS) and the Coordinated Services Team (CST) Initiatives, Wisconsin's 2017-2019 budget reflects the following:

- **$6,250,000** to improve and expand school mental health services.
- **$1,200,000** over fiscal year 2018-2019 to develop an eight-bed children's crisis treatment and stabilization facility.
- **$500,000** additional funding to expand the Child Psychiatry Consultation Program (CPCP).
- **$3,900,000** additional funding to increase access to home visiting.
- **$16,000,000** to eliminate the waiting list for long-term supports for children with developmental disabilities, physical disabilities, or severe emotional disturbances.

Wisconsin Children's Mental Health Collective Impact Work

The Collective Impact membership includes a wide range of stakeholders who make up the Executive Council, Collective Impact Partners, and four workgroups. Collective Impact is focused on aligning child- and family-serving systems to increase coordination, resulting in better outcomes for Wisconsin's children and families.

WISCONSIN CHILDREN'S MENTAL HEALTH COLLECTIVE IMPACT

Mutually Reinforcing Activity

The Collective Impact Executive Council, comprised of a wide range of people interested in promoting social and emotional health for Wisconsin's children and families, meets bi-monthly to provide guidance and strategic direction to the collective impact process and the four Collective Impact workgroups. This year, the Executive Council identified **"Lived Experience is Everywhere!"** as the goal that will align Collective Impact's mutually reinforcing activities and drive the work of each workgroup.

Impact of Prioritizing Lived Experience

Central to Collective Impact's work is the belief that caregivers and young adults who have experience engaging with and navigating the child-serving systems bring a wealth of insight and should be "at the table" when programs, policies, and initiatives are being discussed. In short, **people impacted by policies should be included in making the policies.** ("Nothing about us without us.")

Workforce Development

The Executive Council is among the many groups grappling with the foreseeable problems related to a shortage of child- and family-serving workforce. The list of shortage areas include early and primary educators, school social workers, child therapists, psychologists and psychiatrists, youth residential workers, infant mental health consultants, and child welfare staff.

As part of the solution, the Executive Council recognizes parents, family members, and young adults with lived experience as a largely untapped resource. By empowering and training people with lived experience to share their perspectives, insights, and skills, the child-serving systems will experience innovation, effectiveness, and greater alignment leading to less reliance on mental health professionals.

The child- and family-serving sectors have only just begun to recognize the possibilities inherent in investing in this workforce. Parent peer specialists have already started to strengthen and enhance mental health, education, youth justice, and early childcare.

Collective Impact Partners (caregivers and young adults with lived experience) have helped guide more practical and urgent conversations regarding the creation of policies, statutes, and rules. Their first-hand knowledge and practical guidance brings renewed energy and innovation to child-serving systems.

By identifying **Lived Experience is Everywhere!** the Executive Council sees an opportunity to fuel an overwhelmed and under-resourced child-serving workforce. By engaging the unique skills and insights of people with lived experience, the following changes are possible:

- **Services will be more effective and efficient.**
- **Children's social and emotional skills will be enhanced with a broad base of parent engagement and skill-building.**
- **Crisis situations will be addressed earlier and more effectively.**
- **Caregivers will receive peer support.**
- **Advocacy for child-serving systems will increase.**
- **Professionals will receive enhanced trainings that include the perspectives of lived experience resulting in new insights, higher impact, and a sense of urgency.**
- **Underserved and underrepresented groups will be welcomed into the change process and empowered to express innovative ideas and concepts.**

COLLECTIVE IMPACT WORKGROUPS

ACCESS

The focus of the Access Workgroup is to ensure Wisconsin's children, youth, and families have timely access to high quality, trauma-informed, and culturally appropriate mental health services. In 2018, the workgroup focused on mapping the children's mental health workforce. The workgroup examined information such as the amount of contact specific workforce categories have with children and families, to their level of expertise and training in children's mental health. This activity informed the workgroup's initiative to develop a state-wide youth mental health crisis plan addressing the first five minutes of a crisis situation. This work will embed the voice of lived experience.

INFANT TODDLER POLICY

The Infant Toddler Policy Workgroup's focus is to increase the use of infant mental health consultation and other strategies that promote positive infant/caregiver attachment and healthy brain development. To this end, the workgroup has developed a Wisconsin definition for Infant/Early Childhood Mental Health Consultation (IECMHC) and is working on developing the components for a universal model that may be used across various child-serving systems.

RESILIENCE

The Resilience Workgroup's focus is on ensuring that all Wisconsin's children, youth, and families have accurate and timely information and supports needed for social emotional development, optimal mental health, and resilience, with an emphasis on developing friendship, hope, and love through relationships. To achieve this, the workgroup focused on the need for a "resiliency hub" website that would share stories of resiliency and provide resiliency resources. This work will be incorporated into a lived experience/resiliency microsite planned for 2019. The group also looked at how to embed resiliency work within state departments.

TRAUMA-INFORMED CARE

The Trauma-Informed Care Workgroup's focus is ensuring systems are family-friendly, trauma-informed, easy to navigate, equitable, and inclusive of people with diverse cultures, ethnicity, race, gender identity, sexual orientation, and socioeconomic status. Their 2018 work included hosting two statewide Trauma-Informed Care workshops: ***Is Your Work Environment Trauma-Informed?*** and ***Working with Children, Adults, and Families in the Home: Safety as a Foundation of Trauma-Informed Care***. This workgroup has also initiated new momentum for the Wisconsin Trauma-Informed Care mapping project which provides a statewide overview of Trauma-Informed Care initiatives.

COLLECTIVE IMPACT PARTNERS

Collective Impact Partners, also known as CIPs, bring decades of lived experience as caregivers and young people who have been involved in child- and family-serving systems (e.g., mental health, special education, youth justice). Their commitment as CIPs is to lead and participate in the Wisconsin Children's Mental Health Collective Impact meetings and workgroups.

CIPs are big-picture, systems thinkers. With their insights and guidance, state agencies and other collaborating partners are better able to recognize where improvements are needed in services, programs, policies, and practices. Examples of their work include: staffing workgroups, developing and reviewing policies and resources, providing presentations, sitting on hiring panels, and supporting other parent and youth leaders.

FAST FACTS ABOUT CIPS IN 2018

22 Parent & Young Adult Partners

14 New CIP Members

Presented and exhibited at more than 15 events across the state

603 Hours

In the past year, CIPs have devoted more than 603 hours to supporting Collective Impact's work

Expert Consultation

Family members and young adults who have experienced the impact of programs and systems are best positioned to provide insights into what works and what does not. Despite the centrality of their information, they are often asked to participate with no expectation of financial reimbursement. They are, more often than not, the only non-paid consultants at meetings. Over the past year, state agencies and other stakeholders have recognized the value of the CIPs' expert consultation and have donated over $19,937 to pay CIPs for their time and travel costs.

What Communities Do CIPs Represent?

At-A-Glance: Child Well-Being in Wisconsin

The following pages provide a high-level overview of Wisconsin children's well-being and the systems and programs in place to support children's healthy social and emotional development. For more detailed information and resources, please visit: www.children.wi.gov/pages/annualreport.aspx.

Demographics

1,282,656 children (ages 0-17) live in Wisconsin, making up 22% of the general population in 2017

(Wisconsin Department of Health Services, 2018)

38% of children live in Wisconsin's Southeast region (2016)

(Puzzanchera, Sladky, & Kang, 2017)

25% of children live in Wisconsin's rural counties with fewer than 20,000 people (2016)

(Puzzanchera, Sladky, & Kang, 2017)

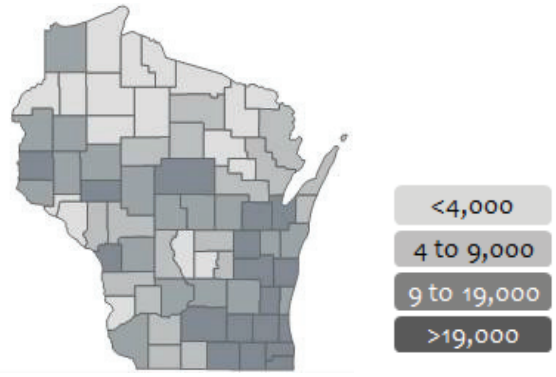
24,045 American Indians under the age of 18 live in Wisconsin (2017)

(Wisconsin Department of Health Services, 2018)

10,753 There were more than 10,753 American Indian/Alaska Natives under the age of 18 living in Wisconsin Tribal service areas (2016)

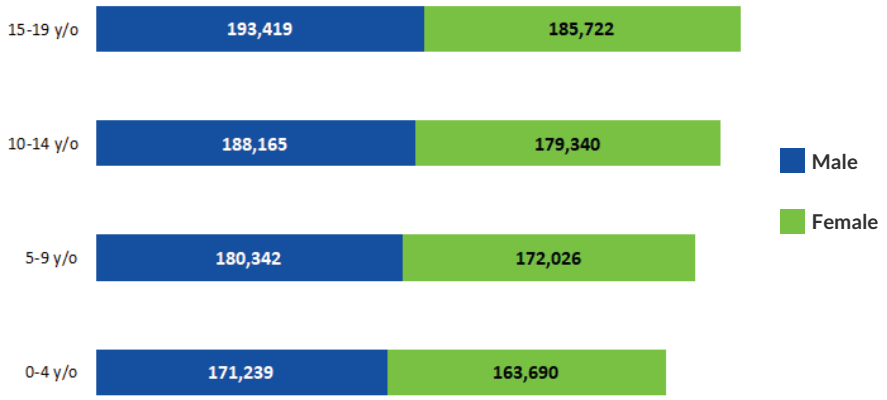
(U.S. Census Bureau, 2017)

Wisconsin county population, ages <18 (2015)



(Wisconsin Department of Health Services, 2017g)

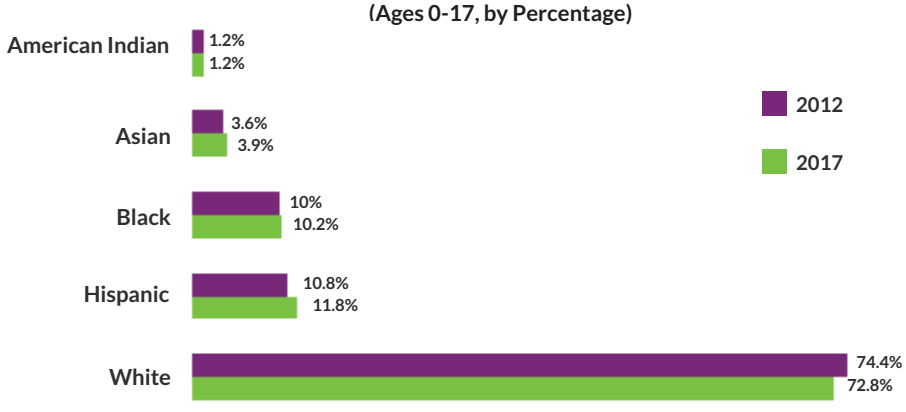
Wisconsin's Population by Age and Gender (2017)



(Wisconsin Department of Health Services, 2018)

Diversity within Wisconsin's Child Population

(Ages 0-17, by Percentage)



(Wisconsin Department of Health Services, 2018)

Growing Populations

Wisconsin is becoming more diverse, with an increase in the percentage of children who are Asian, Black, and Hispanic.

Child Well-Being

Wisconsin ranks **44th in the nation for youth prevalence of mental illness** and 27th for adults

(Mental Health America, 2018)

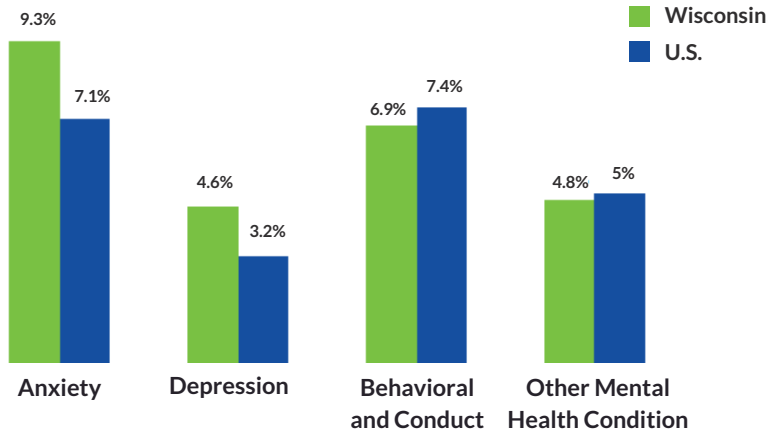
Wisconsin ranks **42nd in the nation for youth access to mental health care** and 14th for adults

(Mental Health America, 2018)

Mental Health

Prevalence of Mental Health Conditions for Children Ages 3-17 (2016)

(U.S. Department of Health and Human Services, 2017c)



Physical Health

1 out of 3 youth ages 10-17 are overweight or obese

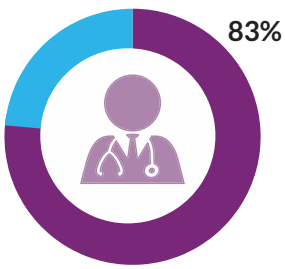
(U.S. Department of Health and Human Services, 2017b)

41%

of Wisconsin's children ages 6-17 engaged in less than 5 days of vigorous physical activity in the past week

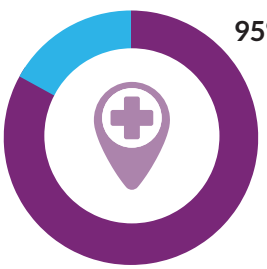
(U.S. Department of Health and Human Services, 2017b)

Health Care



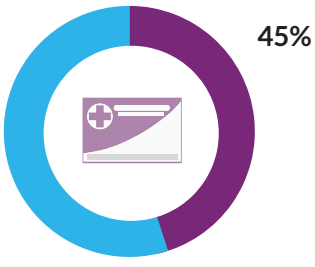
83% of children under the age of 18 in Wisconsin visited a doctor for a checkup in 2016

(U.S. Department of Health and Human Services, 2017b)



Over 95% of children in Wisconsin and the U.S. were covered by insurance in 2016

(U.S. Census Bureau, 2018)



45% of children ages 0-18 were covered by Medicaid in Wisconsin in 2015

(U.S. Department of Health and Human Services, 2017b)

Wisconsin Child Well-Being Trends and Indicators

OCMH is tasked with tracking the effectiveness of Wisconsin state agencies that support children and families. One way OCMH does this is by identifying 48 child well-being indicators to measure and track children's mental, social, and emotional well-being from year-to-year.

Wisconsin 48 Child Well-Being Indicators

Resilience, Risk, and Outcomes: How Wisconsin Stacks Up

Research on child development details how genes and the environment interact as children grow into adulthood. Individuals have different genetic starting points and experience different positive factors, such as resilience-building supports, and negative factors, such as Adverse Childhood Experiences (ACEs). The following indicators represent some of these factors, as well as interventions and potential outcomes. Comparisons over multiple years are provided to show trends over time.

Wisconsin Office of Children's Mental Health

Note: ✓ = better ✗ = worse

	Child Well-Being Indicators (Year)	WI (Current Data)	Trend (Difference Over Time)	U.S. (Current Data)	Trend (Difference Over Time)
Childhood Resilience	**Early Childhood Screening** (2011/12-16)	27%	✗ -7%	27%	✗ -4%
	Early Intervention Services for Infants and Toddlers (WI: 2014-2016, US: 2013-2014)	2.9%	+0.1%	3.0%	✓ +0.2%
	Early Prenatal Care (2014-16)	80%	✓ +1%	75%	✓ +4%
	Eighth Grade Math Proficiency (2015-17)	39%	✗ -2%	33%	✓ +1%
	Neighborhood Safety (Parent Perception) (2011/12-16)	73%	✗ -16%	64%	✗ -23%
	Four-Year-Old Kindergarten Attendance (2013/14-16/17)	72%	✓ +1%	33%	✓ +4%
	Parents with Higher Education Degrees (2015-16)	46%	✓ +1%	40%	✓ +3%
	Positive Adult Mentor (2011/12-16)	94%	0%	89%	✗ -1%
	Spending on Health/Wellness Promotion (per child) (2014/15-16/17)	$247	✗ -$3	N/A	N/A
CHILDHOOD RISK FACTOR	**ACE: Death of a Parent** (2011/12-16)	2.6%	0%	3.3%	✗ +0.2%
	ACE: Divorce (2011/12-16)	22%	✗ +2%	25%	✗ +5%
	ACE: Experienced Neighborhood Violence (2011/12-16)	4.4%	✓ -3.1%	3.9%	✓ -4.7%
	ACE: Experienced Racism (2011/12-16)	3.5%	✗ +1%	3.7%	✓ -0.4%
	ACE: Jailed Parent or Guardian (2011/12-16)	9.1%	✗ +2.5%	8.2%	✗ +1.3%
	ACE: Lived with Someone who had a Problem with Alcohol/Drugs (2011/12-16)	8.5%	✓ -1.6%	9%	✓ -1.7%
	ACE: Parent or Relative with Mental Illness (2011/12-16)	8.7%	✓ -1%	7.8%	✓ -0.8%
	ACE: Socioeconomic Hardship (2011/12-16)	23%	✓ -2%	25%	0%
	Witnessed Domestic Violence (2011/12-16)	5.7%	✓ -1.1%	5.7%	✓ -1.6%
	ACE: Two or More (2011/12-16)	22%	✓ -1%	20%	✓ -2%
	Cyber Bullying (2013-17)	18.3%	✗ +0.7%	14.9%	✗ +0.1%
	Maternal Stressors During Pregnancy (2011-13)	32%	✗ +9%	29%	✗ +4%
	Poverty (Youth, Less than 200% of the Federal Poverty Level) (2015-16)	35%	✓ -2%	41%	✓ -2%
	Single Parent Households (2014-16)	32%	0%	35%	0%
	Substantiated Child Abuse or Neglect (WI: 2015-17, US: 2014-16)	3.9 per 1,000	✗ +0.2	9.1 per 1,000	✓ -0.3

	Child Well-Being Indicators (Year)	WI (Current Data)	Trend (Difference Over Time)	U.S. (Current Data)	Trend (Difference Over Time)
Interventions	Availability of Child, Family, School Social Workers (2015-17)	65 per 100,000	✓ +5	96 per 100,000	✓ +3
	Availability of Psychiatrists (2015-17)	7.3 per 100,000	✓ +1.6	7.9 per 100,000	✓ +0.3
	Availability of Psychologists (2015-17)	45 per 100,000	✓ +11	34 per 100,000	0
	Insurance Coverage in Children (2014-16)	95%	0%	95%	✓ +1%
	Mental Health Hospitalizations (Youth) (2013-15)	7 per 1,000	✗ +0.5	N/A	N/A
	Receive Treatment for Depression (Youth) (2009-13 to 2011-15)	33%	✓ +2%	39%	✓ +3%
	Spending on Mental Health/Substance Use Treatment (2014/15-16/17)	$638	✗ -$67	N/A	N/A
Positive Outcomes	Employment Rate (Young Adults) (2016-17)	78%	✓ +4%	66%	✓ +1%
	Flourishing Behaviors (Children and Adolescents) (2011/12-16)	40%	✗ -10%	40%	✗ -7%
	Flourishing Behaviors (Young Children) (2011/12-16)	67%	✗ -12%	65%	✗ -9%
	High School Graduation Rate (WI: 2015/16-16/17, US: 2014/15-15/16)	89%	0%	84%	✓ +1%
	Home Ownership (Adults) (2014-16)	71%	✗ -1%	70%	0%
	Positive Mental Health (Adults) (2015-16)	83%	✓ +1%	83%	✓ +1%
	Young Adults with Postsecondary Education (2015-16)	48%	✓ +2%	44%	✗ -3%
Negative Outcomes	Alcohol Use (Youth) (2013-17)	30%	✓ -3%	30%	✓ -5%
	Foster Care Placements (2015-16)	3.7 per 1,000	✗ +0.1%	3.7 per 1,000	✗ +0.1%
	General Poor Mental Health (Youth) (WI: 2013-17, US: 2015-17)	27%	✗ +2%	32%	✗ +2%
	Homelessness (Youth) (2014/15-15/16)	2.1%	0%	2.7%	✗ +0.1%
	Illegal Drug Use (Youth) (WI: 2013/14-15/16, US: 2013/14-14/15)	8%	✓ -1.3%	8.8%	✓ -0.4%
	Juvenile Arrests (2015-16)	32 per 1,000	✓ -1%	10 per 1,000	0%
	Mental Illness (Young Adult) (2013/14-15/16)	24%	✗ +4%	21%	✗ +1%
	School Suspensions & Expulsions (WI: 2013/14-15/16, US: 2011/12-13/14)	4%	0%	5.6%	✓ -1%
	Suicide Rate (2015-16)	9.8 per 100,000	✗ +2.3	6.7 per 100,000	✗ +0.4
	Teen Birth Rate (2014-16)	15 per 1,000	✓ -2	20 per 1,000	✓ -4

Wisconsin aims to tip the scale towards positive outcomes. To learn more about each of these 48 Child Well-Being Indicators, please visit ***www.children.wi.gov/pages/annualreport.aspx***

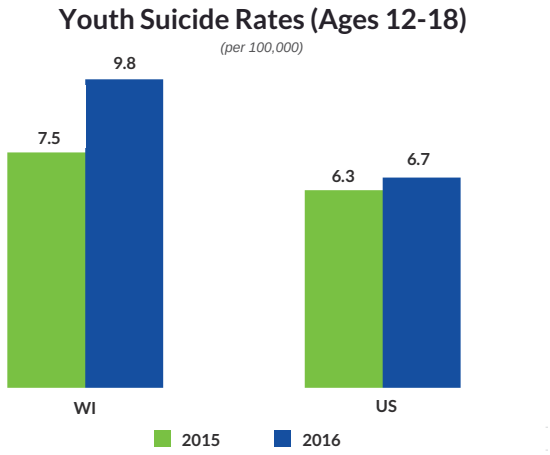
Wisconsin Child Well-Being Trends & Indicators

Resilience, Risks, Interventions, and Outcomes: The scale symbolizes the concept that protective, positive experiences have the potential to tip child well-being toward resilience and overall positive outcomes.

Concerning Trends & Indicators

Youth Suicide Rates are Increasing

The youth suicide rate is continuing to increase across the nation. However, Wisconsin 2016 rates increased even more than national rates.



(U.S. Centers for Disease Control and Prevention, 2018b)

Mental Health Hospitalizations

The rate of youth mental health hospitalizations in Wisconsin (7 per 1,000 in 2015) continues to be high compared to the national rate (approximately 1.6 per 1,000 in 2014).

(Healthcare Cost and Utilization Project, 2017)

Juvenile Arrest Rates

Juvenile arrest rates stand out with Wisconsin at 32 per 1,000 compared to 10 per 1,000 nationally. Positively, Wisconsin had a slight decrease in juvenile arrest rates from 33 per 1,000 in 2015 to 32 per 1,000 in 2016.

(U.S. Department of Justice, 2018)

Decrease in Pediatric Screenings

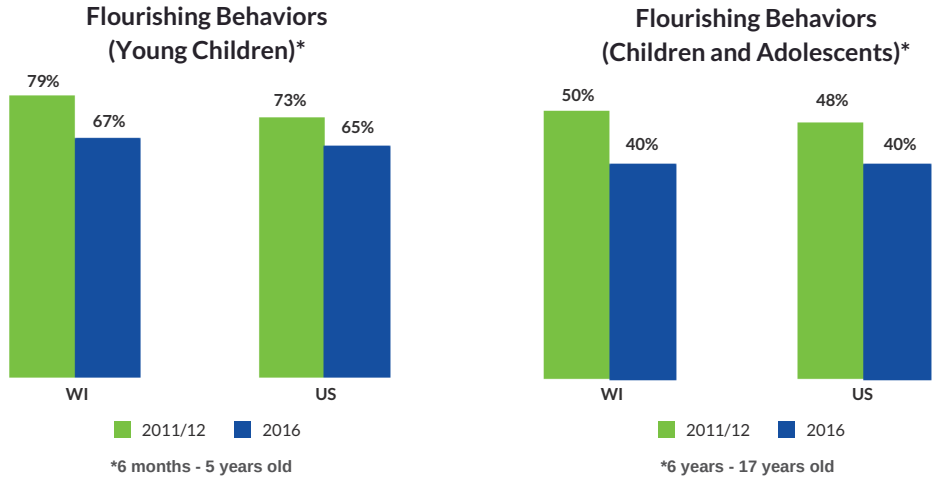
In Wisconsin, there was a decrease in early childhood screenings for social, emotional, behavioral, or developmental disabilities and delays from 34% in 2011/12 to 27% in 2016.

(U.S. Department of Health and Human Services, 2017c)

Concerning Trends & Indicators

Decrease in Flourishing Behaviors

There was a decrease in the percentage of children and adolescents engaged in flourishing behaviors, both nationally and in Wisconsin. Examples of flourishing behaviors include demonstrating affection, resilience, and curiosity toward learning new things.



(U.S. Department of Health and Human Services, 2017c)

Jailed Parent

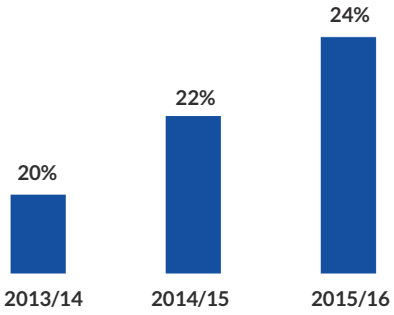
There has been an increase in children whose parent or guardian was jailed, both nationally and locally. Wisconsin went from 6.8% in 2011/12 to 9.1% in 2016.

(U.S. Department of Health and Human Services, 2017c)

Mental Illness

There was a slight increase in the percentage of young adults in Wisconsin diagnosed with a mental illness from 20% in 2013/14 to 24% in 2015/16.

(U.S. Department of Health and Human Services, 2017d)



Promising Trends & Indicators

Four-Year-Old Kindergarten Attendance

Four-year-old kindergarten attendance in Wisconsin was 72% in 2016/17. This far exceeded the national average attendance of 33% .

(National Institute for Early Education Research, 2018)

Positive Adult Mentor

94% of Wisconsin youth have a positive adult mentor in their lives, which stands out compared to 89% nationally.

(U.S. Department of Health and Human Services, 2017b)

Promising Trends & Indicators

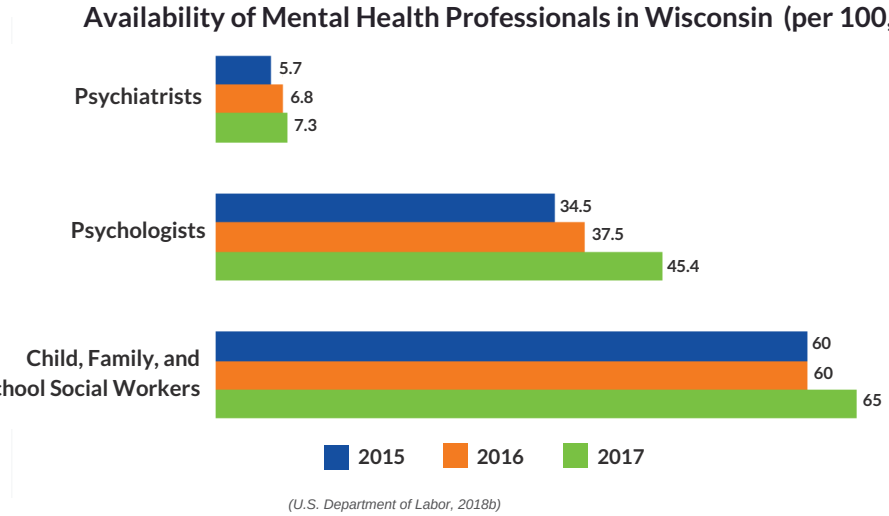
Young Adult Employment Rate

Wisconsin is seeing growth in the young adult employment rate, which went from 74% in 2016 to 78% in 2017. This is far above the national average, which was 66% in 2017.

(U.S. Department of Health and Human Services, 2017a)

Mental Health Professionals in the Wisconsin Workforce

Wisconsin is increasing the number of professionals in the workforce who focus on mental health. From 2015 to 2017, Wisconsin increased the rate of psychologists from 34.5 to 45.4 per 100,000 and the rate of social workers from 60 to 65 per 100,000. It is important to note, however, that Wisconsin continues to lag behind the national average for availability of social workers at 60 per 100,000 compared to 96 per 100,000.



(U.S. Department of Labor, 2018b)

Youth Alcohol Use

Wisconsin saw a reduction in youth alcohol use from 33% in 2013 to 30% in 2017.

(U.S. Centers for Disease Control and Prevention, 2017b)

Youth Illegal Drug Use

Wisconsin saw a reduction in youth illegal drug use, which went from 9.3% in 2013/14 to 8% in 2015/16.

(U.S. Department of Health and Human Services, 2017d)

Teen Birth Rate

Wisconsin has a lower teen birth rate than the national average, which was 15 births per 1,000 compared to 20 births per 1,000 in 2016. Wisconsin's teen birth rate has decreased by 65% since 1990.

(U.S. Centers for Disease Control and Prevention, 2018a)

Wisconsin Child Well-Being Fact Sheets

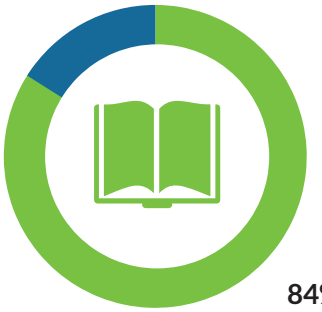
Topics include:

Resilience

Measures of Childhood Resilience in Wisconsin

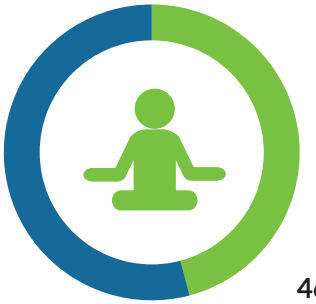
71%

Child bounces back quickly when disappointed



84%

Child shows interest and curiosity in new things

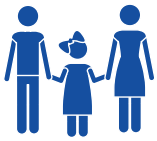


46%

Child stays calm and in control when challenged

(U.S. Department of Health and Human Services, 2017c)

Two Powerful Protective Factors:



Feeling that family stands by you in hard times

(Sege, et al., 2017)

Having someone to talk with about difficult feelings

(Sege, et al., 2017)

Mental Health Provider Availability

By 2025 the United States will face a **20%** mental health provider shortage

(U.S. Department of Health and Human Services, 2016)

Wisconsin Residents Seek Mental Health Support from a Variety of Providers

Of those who seek mental health services:

44% see a primary care physician

45% see a psychiatrist

59% see a psychologist or therapist

(Wisconsin Department of Health Services, 2017f)

Rural Wisconsin has an Overall Mental Health Provider Shortage

Rural Wisconsin has almost half as many mental health providers as urban Wisconsin.

(University of Wisconsin Population Health Institute, 2017)

73%

of Wisconsin psychiatrists signed up to receive Medicaid clients and 81% of those who signed up served Medicaid clients

(Wisconsin Department of Health Services, 2016)

Mental Health Services in Schools

Student Services Staff in K-12 Schools

Staff	WI Ratio (2016)	Ideal Ratio
School Counselor	458:1	250:1
School Psychologists	979:1	600:1
School Nurses	1,832:1	750:1
School Social Workers	1,561:1	250:1

(Wisconsin Department of Public Instruction, 2017) (Bush, 2014)

Mental Health Services

<5%

School-based mental health makes up a small percentage (<5%) of outpatient therapy and many counties and tribes have no schools offering these services.

(Wisconsin Department of Health Services, 2017a)

Schools received $6 million for school mental health initiatives in the 2017-19 Wisconsin budget.

(Wisconsin State Legislature, 2017)

Community Providers

3x

as many students were served by community providers integrated into schools in 2015 compared to two years earlier.

(Wisconsin Department of Health Services, 2017)

Services for Children with Disabilities

Number of Children Served:

5,854

children with disabilities had a mental health diagnosis and were served by the Wisconsin Children's Long-Term Support (CLTS) Waiver Program. A total of 24,247 children with disabilities were served by CLTS in 2016.

(Wisconsin Department of Health Services, 2017d)

Waiver Program

The Wisconsin Children's Long-Term Support Waiver Program is eliminating the waiting list of **approximately 2,850 young people with disabilities.** Approximately one third of these children are assessed with social, emotional, or mental health needs. This home and community based service waiver provides Medicaid funding for children who have significant developmental, physical, or emotional disabilities leading to substantial limitations in their daily activities.

(Walker, 2017)

One in four children who receive long-term supports for a disability also have mental health needs.

(Wisconsin Department of Health Services, 2017d)

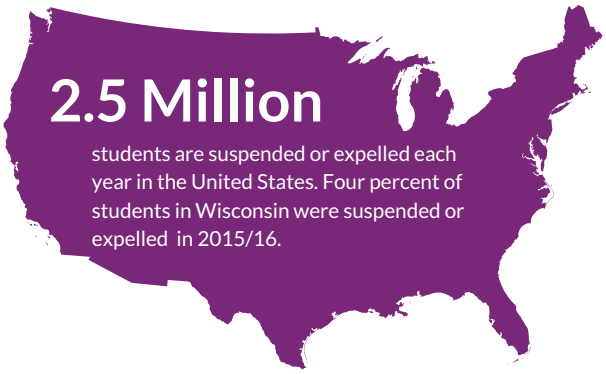
Children Under Three

In 2016, the Wisconsin Birth to 3 Program served **5,760 children** with developmental delays or disabilities, which was 2.9% of children under the age of three in Wisconsin.

(U.S. Department of Education, 2018c)

School Outcomes

Suspensions and Expulsions



(U.S. Deparment of Education, 2018a; Wisconsin Department of Public Instruction, 2017)

Students Who Are Suspended or Expelled are More Likely to:

be held back in school

drop out of school

be involved in the youth justice system

(U.S. Department of Education, 2016)

Racial Disparities

Graduation Rates

Compared to other states, Wisconsin has some of the highest graduation rates for White children (93%) and some of the lowest rates for children who are Black (64%).

(U.S. Department of Education, 2018b; Wisconsin Department of Public Instruction, 2018b)

7.5x Suspension Rates

Suspension rates are higher for Wisconsin Black students, who are suspended **7.5 times more** than White students.

(Wisconsin Department of Public Instruction, 2018a)

Youth Justice

DEFINITIONS

- ***Detention:*** *Placement of a youth accused of committing a crime into a secure facility, pending hearing or disposition.*
- ***Incarcerated or "Committed":*** *The long-term hold of those found guilty of a crime.*
- ***One-Day Count:*** *Provides a snapshot of the population at any given time.*

The Impact of ACEs

Youth with more Adverse Childhood Experiences (ACEs) are at greater risk of becoming youth offenders.

(Fox, et al., 2015)

Youth Arrests, Detentions, Incarcerations

41,813 Wisconsin youth between the ages of 10 and 17 were arrested in 2016.

(U.S. Department of Justice, 2018)

Wisconsin's detention rate has seen a **51% reduction** in the one-day count over the past twenty years.

(Sickmund, et al., 2017)

The average daily population in Wisconsin juvenile correctional institutions decreased by **74%** from 866 in 2002 to 227 in 2016.

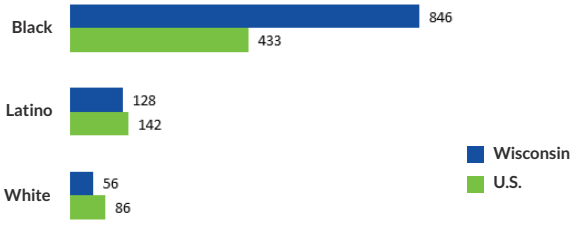
(Wisconsin Council on Children and Families, 2016)

Racial Disparities in the Youth Justice System

In 2015, the racial disparity (proportionately) for commitments in the youth justice system was 15 to 1 between Black and White youth, and was 2.3 to 1 between Latino and White youth .

(The Sentencing Project, 2017)

Number Detained or Committed in Youth Facilities per 100,000* (2015)



*per 100,000 of the specified demographic category (Black, Latino, White)

(The Sentencing Project, 2017)

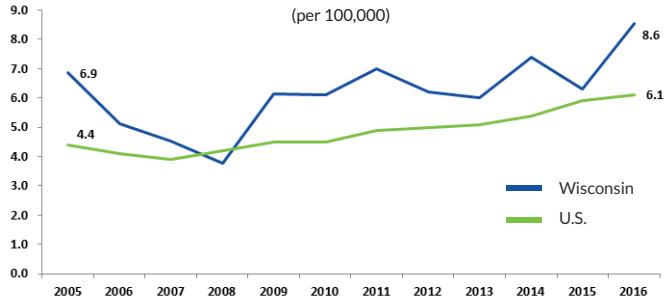
Youth Suicide

Youth Suicide Rates are Rising

Wisconsin and the nation show an upward trend in suicide rates for 10-19 year olds.

Annual Suicide Rates for Ages 10-19, 2005-2016

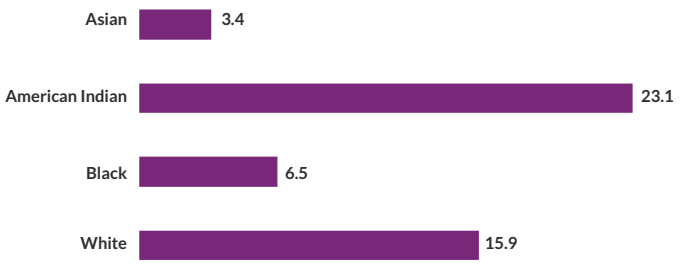
(per 100,000)



(U.S.Centers for Disease Control and Prevention, 2018b)

Wisconsin Suicide Rates by Race in 2016

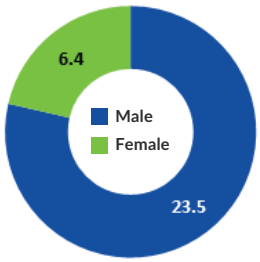
(per 100,000)



(Wisconsin Interactive Statistics on Health (WISH) System, 2018)

Wisconsin Suicide Rates by Sex in 2016

(per 100,000)



(Wisconsin Department of Health Services, 2018b)

More teen males complete suicide than females and use more lethal methods (e.g., using a firearm).

Nationally, 43% of suicides in 15-19 year-olds were by suffocation, 42% by firearm, and 6% by drug poisoning (2015).

The suicide rate for teen females has doubled from 2007-2015.

(U.S. Centers for Disease Control and Prevention, 2017a)

LGBTQ+ Youth are at Higher Risk

LGBTQ+ youth are more likely to experience depression, alcohol abuse, and victimization, all of which can contribute to suicidal behavior.

(Marshal, et al., 2011; Gould, et al., 2003)

3.5x Wisconsin's LGB students were 3.5 times more likely to attempt suicide than non LGB students (2016).

(U.S. Centers for Disease Control and Prevention, 2017b)

Youth Psychiatric Hospitalizations and Emergency Detentions

DEFINITIONS

- ***Psychiatric Hospitalizations*** *are used in times of intense need, when someone is thought to be a harm to themselves or others.*
- ***Emergency Detention*** *is a type of psychiatric hospitalization bound by legal status and established only when youth experience severe mental distress.*

Youth Psychiatric Hospitalizations (2012-2015)

3,030

Annual youth psychiatric hospitalizations in Wisconsin

(Wisconsin Department of Health Services, 2017a)

$5,000

Average cost per stay

(Wisconsin Department of Health Services, 2017a)

$25 million

Cost incurred by 23 state and private hospitals for youth hospitalizations in 2015

(Wisconsin Department of Health Services, 2017a)

Emergency Detentions are Rising

Teens are most likely to be admitted under an emergency detention (ED) and the number of young adult ED admissions has more than doubled in the last three years from 250 to 500 per year.

(Wisconsin Department of Health Services, 2017e)

The number of children (ages 5-11) admitted to Winnebago Mental Health Institute has increased 165% since 2011, and was up 33% in 2016. This is the most growth for any age group.

(Wisconsin Department of Health Services, 2017e)

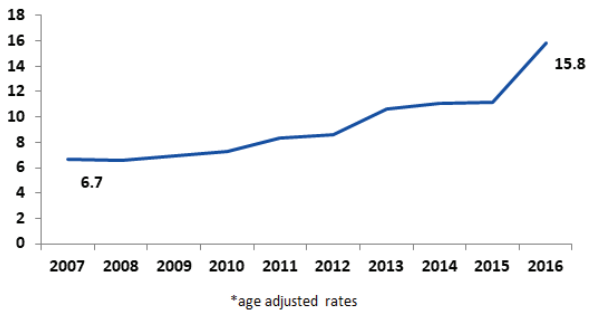
Opioid and Methamphetamine Use

Opioid-Related Hospitalizations and Deaths are Increasing

- In Wisconsin, the rate of opioid-related deaths (representing all age ranges), increased from 6.7 per 100,000 in 2007 to 15.8 per 100,000 in 2016. In comparison, the national opioid death rate has also been rising but at a slightly lower rate of 13.3 per 100,000 in 2016.
  (U.S. Centers for Disease Control and Prevention, 2018b; Wisconsin Department of Health Services, 2018b)
- Opioids are the leading cause of teenage drug deaths in the United States.
  (Curtin, et al., 2017)
- Opioid-related hospitalizations in Wisconsin increased 45% from 2006 to 2016 (15,226 cases).
  (Wisconsin Department of Health Services, 2018b)

Wisconsin's Opioid Death Rate*

(per 100,000)



*age adjusted rates

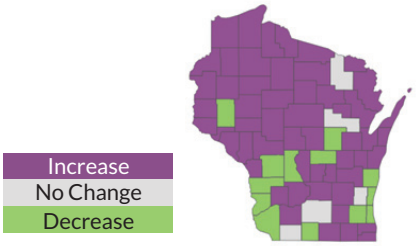
(Wisconsin Department of Health Services, 2018b)

Methamphetamine (Meth) Use

Wisconsin meth arrests, charges, and seizures have tripled since 2011, with the greatest increases occurring in rural areas. (See Map)

(Wisconsin Department of Justice, 2017)

Average Change in Meth Cases from 2011/13-2014/15



Child Maltreatment and Out-of-Home Care

Neglect

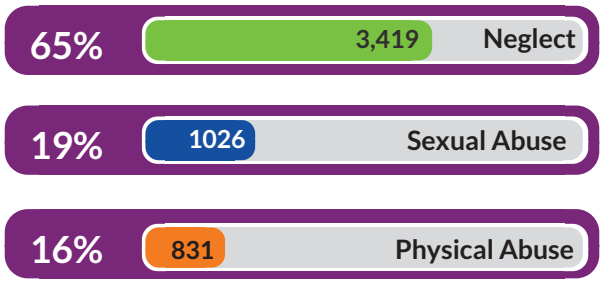
Neglect is the most common form of maltreatment in Wisconsin, and neglect substantiations increased 14.3% from 2013 to 2017. During this time, allegations and substantiations for physical abuse and sexual abuse have decreased. Emotional abuse allegations have decreased, and substantiations have remained relatively steady.
(Wisconsin Department of Children and Families, 2018)

Substance Use

Over the past seven years, the number of children removed from their home and placed in an out-of-home care setting due to parent/caregiver drug abuse has **more than doubled,** from 479 in 2009 to 1,252 in 2016.
(Wisconsin Department of Children and Families, 2017)

Substantiated Child Maltreatment Cases

Substantiated child maltreatment allegations in Wisconsin by abuse type in 2017



(Wisconsin Department of Children and Families, 2018)

Out-of-Home Care

In 2017, there were 7,798 children in foster care in Wisconsin. This was a 24% increase over 6,264, the number of children in foster care in 2012.
(Wisconsin Department of Children and Families, 2018)

The number of Wisconsin youth who entered adulthood while in out-of-home care has dropped by 38%, from 462 youth in 2011 to 285 youth in 2016.
(Child Trends, 2016)

Children's Medicaid Funded Mental Health Services

DEFINITIONS

- ***Medicaid:*** *In Wisconsin, the Medicaid program is more commonly known as BadgerCare or Title 19. BadgerCare Plus refers to the part of Wisconsin's Medicaid program which insures children, children in foster care, children receiving Social Security Income (SSI), and low-income or disabled adults.*

of the Medicaid budget is spent on children's mental health services. In 2015, $94 million was spent on children's Medicaid mental health services in Wisconsin.

(Henry J. Kaiser Family Foundation, 2014)

Medicaid is the largest payer of children's mental health services in Wisconsin.

(Wisconsin Department of Health Services, 2017b)

54,770

children on Medicaid received Medicaid-funded mental health services such as therapy, medication consultation, crisis stabilization, day treatment, and hospitalization. This represents 4% of the Wisconsin child population.

(Wisconsin Department of Health Services, 2017b)

The continuum of Medicaid mental health services ranges from in-home, in-school, and office visits to crisis stabilization, day treatment, and hospitalizations.

(Segal & Burgess, 2008)

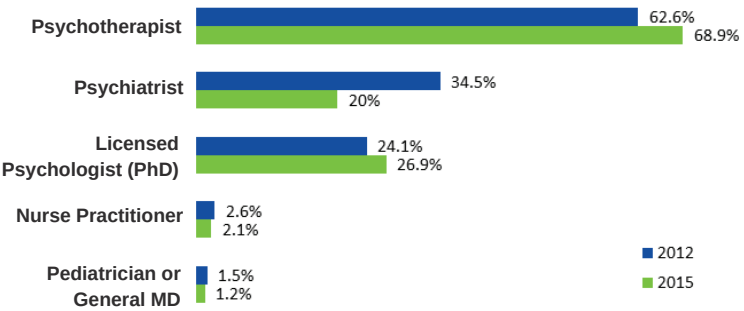
Outpatient Mental Health Service Data for Children on Medicaid

Mental Health Outpatient Services are Increasing

In 2015, most Wisconsin children receiving Medicaid mental health services saw a therapist (e.g., licensed clinical social worker, professional counselor, marriage and family therapist). Approximately 20% of children saw a psychiatrist, which is down from 35% of children in 2012.

(Wisconsin Department of Health Services, 2017b)

Percentage of Children Receiving Outpatient Therapy from Different Provider Types (by Year)



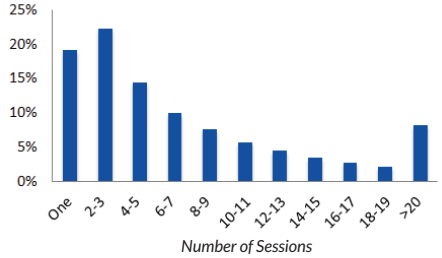
(Wisconsin Department of Health Services, 2017b)

Number of Sessions

Individual children are also receiving more outpatient sessions. In 2012, 50% of children received more than four outpatient visits. In 2015, this increased to 60% of children receiving four or more visits. On average, girls received more sessions than boys. Hispanic, Black, and other minority youth had approximately 20% fewer visits than white children in 2015.

(Wisconsin Department of Health Services, 2017b)

Percent of Children by Number of Outpatient Mental Health Sessions in One Year (2015)



(Wisconsin Department of Health Services, 2017b)

Psychotropic Medication Prescribing for Children on Medicaid

Some Prescriptions are Decreasing in Wisconsin

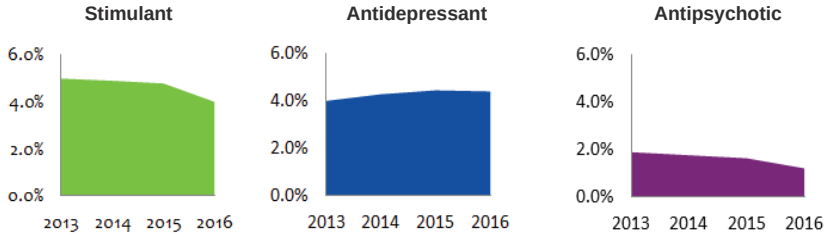
Prescriptions of antipsychotics and stimulants for children on Medicaid decreased by 40% between 2013 and 2016.

(Wisconsin Department of Health Services, 2017c)

Psychotropic prescriptions for children under age 11 decreased approximately 30%.

(Wisconsin Department of Health Services, 2017c)

Percent of Youth on Medicaid Prescribed Psychotropic Drugs



(Wisconsin Department of Health Services, 2017c)

Concurrent Psychotherapy

In Wisconsin, children on Medicaid under the age of 12 are less likely to receive psychotherapy and medications than youth who are 12-18 years old (32% compared to 40%, respectively).

(Wisconsin Department of Health Services, 2017c)

Gender

Females Wisconsin females under 21 are almost twice as likely as males to be prescribed antidepressants (51.4% vs. 31.6% of males).

Males Wisconsin males under 21 are more likely to be prescribed stimulants (47.8% vs. 26.5% of females).

(Wisconsin Department of Health Services, 2017c)

Crisis Intervention Services for Children on Medicaid

DEFINITIONS

- ***Crisis Intervention:*** *Most of Wisconsin's 72 counties are certified under DHS 34 to provide crisis intervention. These services are available 24/7 to help resolve mental health and/or alcohol/drug crises. Services include a 24/7 telephone crisis line, 8-hour/5-day per week walk-in services, and 8-hour/7-day per week mobile crisis services to specific locations during specified times.*

Crisis Intervention Services

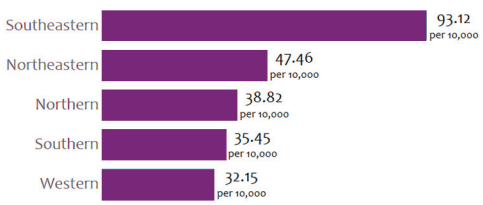
25% more children used crisis intervention services in 2015 than in 2011

The number of children receiving crisis intervention increased from 5,900 in 2011 to almost 7,500 in 2015. The total cost of crisis intervention was almost $14 million in 2015, up 40% from 2013.

(Wisconsin Department of Health Services, 2017a)

Rate of Children Receiving Crisis Intervention Under Medicaid

Across Wisconsin, 44 children per 10,000 (under 18) receive crisis intervention under Medicaid, but rates vary by region (2015).

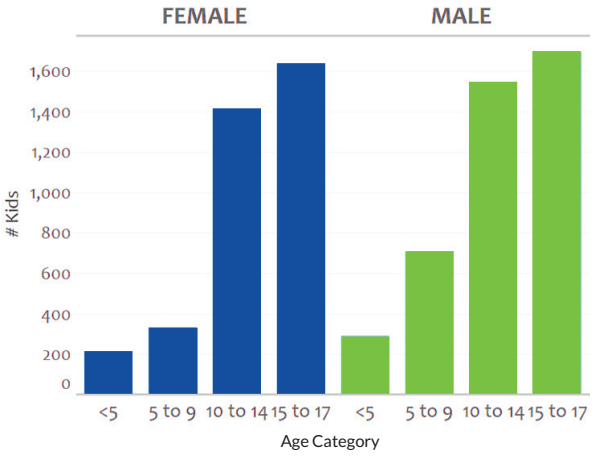


(Wisconsin Department of Health Services, 2017a)

Average Age:
Among youth, 15 to 17 year-olds are most likely to receive crisis services

(Wisconsin Department of Health Services, 2017a)

Crisis Intervention for Children on Medicaid by Age and Gender (2015)



(Wisconsin Department of Health Services, 2017a)

MANY THANKS

Special Thanks

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