



State of Wisconsin

**Wisconsin Council on Mental Health**  
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## **Wisconsin Council on Mental Health**

### **2023-2028 Strategic Plan**

#### **Mission**

- Create partnerships that develop, coordinate, and provide a full range of mental health resources.
- Emphasize hope and optimism in all interactions.
- Implement a comprehensive strategy to eradicate stigma and discrimination.
- Involve consumers, their families, and communities as equal stakeholders in service system governance, planning, and delivery.
- Acknowledge the abundance and limitation of human and financial resources and commit to responsible stewardship of these resources

#### **Vision**

We envision the time when all persons in need of mental health services across Wisconsin have equal access to resources that strengthen self-determination and self-sufficiency by promoting health and wellness, improvement and recovery, quality of life, and dignity.

#### **Amendments to Strategic Plan**

Any amendment to goals/objectives would have to be approved by the full Council via motion, amendments for action steps can be made in the committees and reported back to the full council. Any revisions to the Goals and Objectives of the Strategic Plan must reviewed and approved by the full council. Revisions to action steps may be done within committees and reported to the council. Changes are considered proposed revisions officially approved and then added as an amendment to the Strategic Plan.

#### **Strategic Plan Intent:**

1. The WCMH Strategic Plan was approved on July 19, 2023.
2. This shall be a 5-year Strategic Plan, full reassessment of the plan shall take place in 2028.
3. This plan shall be an ongoing working document:
  - a. A review by the WCMH shall occur annually in January to prepare for budget recommendations.
  - b. Every other WCMH meeting the committees shall give a Strategic Plan update (a total of three times per year).

Strategic Plan Mission: The WCMH will focus on continual quality improvements within existing services while simultaneously advocating for broad systemic change that eliminates barriers to access, equity and integration.

Goal #1: Individuals will have equitable access to high quality, culturally responsive community-based services.

Objectives	Action Steps
<p>1. Eliminate barriers to performance evaluation of community-based programs and resources.</p>	<p>a) By December 2024, the Adult Quality Committee will examine existing resources, plans &amp; opportunities of community-based performance evaluation data &amp; resources. Then based on the findings encourage and recommend the integration and implementation of the data resources and reports.</p> <p>b) By June 2024, the WCMH will determine whether there is a catalogue and repository of all publicly supported program data, not just county services. That should include all diverse populations served and outcomes, including child welfare, juvenile and adult justice, and educational systems. The WCMH would request comparison to Wisconsin general populations and to national diversity rates.</p> <p>c) By June 2024, the WCMH would explore, and if needed, request that behavioral health workforce data includes measures of diversity at all levels of providers, including peer supports and community health workers.</p> <p>d) By December 2024, the WCMH will request that access to services and outcomes is correlated with county social determinants of health for all populations (housing, employment, access to general healthcare &amp; educational measures) with a goal of improving resource allocation.</p>
<p>2. Create a system that promotes individuals' understanding of their rights and ability to self-advocate</p>	<p>a) By June 2024, the WCMH will invite DHS Client Rights Office specializing in client rights to inform the council of the practices, procedure, and training in place for responding to grievances to better understand our current system.</p> <p>b) By June 2024, the WCMH will invite Department of Corrections specializing in client rights to inform the council of the practices, procedure, and training in place for responding to grievances to better understand our current system.</p> <p>c) By June 2024, the WCMH will invite individuals with lived experience to share their perspective on the positives and barriers to filing formal grievances to better understand the realities of the current system.</p> <p>d) By June 2024, the WCMH will invite a representative from NAMI WI, Disability Rights WI, state public defenders and any similar advocacy groups to provide a short presentation focusing on the advocacy groups' summary of current problems and opportunities affecting client rights and self-advocacy in Wisconsin.</p> <p>e) By June 2025, the Children and Youth Committee will develop a statewide survey for families to provide feedback regarding if they have been informed of their rights, and if so, has this affected their ability to advocate for their children.</p> <p>f) By December 2024, the Adult Quality Committee will determine what peer support specialist training is around clients' rights &amp; make suggestions for possible improvements around clients' understanding of their rights.</p> <p>g) By June 2025 the Children and Youth Committee will create and make widely available a summary of children, family and adolescent legal rights related to mental health assessment and services.</p> <p>h) By January 2024, the WCMH will request reports on CLAS training and reports on the extent to which the application of these standards has occurred.</p>

	<ul style="list-style-type: none"> <li>i) By June 2024, the WCMH will request clarification about whether there is data on the provision and effectiveness of education about consumer rights and the ability to self-advocate for all diverse populations.</li> <li>j) By June 2024, the WCMH will support the creation of a catalog of resources available to BIPOC consumers that includes reports about community satisfaction.</li> <li>k) By October 2024, the Children and Youth Committee will research children’s and families’ rights with the intent to create a summary of legal rights across systems related to mental health.</li> </ul>
<p>3. The criminal justice system will prioritize deinstitutionalization, incarceration, and diversion in existing and future programming.</p>	<ul style="list-style-type: none"> <li>a) By June 2024, the WCMH will invite a representative of the Wisconsin Treatment Courts Association to provide a presentation on ways the WCMH may support the expansion/implementation of recovery courts and mental health courts and identify specific action steps based on findings to move forward with appropriate advocacy efforts.</li> <li>b) By June 2024, the Criminal Justice committee will complete research to learn if there is an existing study of access to screening and behavioral health services in county jails and coordination after release. If no existing studies are found, the Criminal Justice Committee will draft a letter recommending that the Office of Detention and Facilities conduct such a study and submit the recommendation letter to the WMHC for a vote.</li> <li>c) By June 2024, the WCMH will invite a representative from DHS to provide a presentation on ways the WCMH may support the expansion/implementation of forensic peer support and identify specific action steps based on findings to move forward with appropriate advocacy efforts.</li> <li>d) By June 2024, the WCMH would request a report on best practices from Wisconsin counties and other states that have significantly reduced the disparities in BIPOC youth and adult incarceration.</li> <li>e) By December 2024, the WCMH will identify what entities would be responsible for implementing the above best practices (county social services, behavioral health, law enforcement, courts, etc.).</li> <li>f) By December 2025, the WCMH will work to identify and advance best practices that divert people with mental health needs, as well as expedite and support individuals upon reentry from the criminal justice system, to reduce the number of individuals that are justice-involved.</li> </ul>
<p>4. There will be sufficient qualified behavioral health professionals to provide high-quality sustainable integrated services.</p>	<ul style="list-style-type: none"> <li>a) By June 2024, the WCMH will consider and bring forth a proposal to policymakers for an increase in funding for the Qualified Treatment Trainee program to compensate for the loss of ARPA funding.</li> <li>b) By June 2024, the WCMH will consider and bring forth a proposal to policymakers for the requirement of insurance reimbursement for Qualified Treatment Trainees.</li> <li>c) By February 2024, the Children and Youth Committee will follow up on its report regarding the behavioral health workforce and make specific policy recommendations.</li> <li>d) By June 2024, the Legislative and Policy Committee will monitor and advocate for the expansion of solutions to provide equitable and timely access to needed licensures/certifications within the BIPOC community.</li> </ul>

	e) By December 2024, the WCMH would determine whether there are reports, by county, of the percentage of county staff from minority communities (vs. percent of the population) as well as employed in publicly funded healthcare systems/services. Request the creation of reports if not available.
5. Wisconsin residents will have access to a full continuum of local and regional crisis services.	<p>a) By June 2025, the Legislative and Policy Committee will consider and bring forth a proposal to the WCMH for policymakers requesting an increase in provider crisis-related rates, including telehealth services.</p> <p>b) By June 2025, the Legislative and Policy Committee will consider and bring forth to the WCMH for policymakers a request to expand and sustain regional crisis services.</p>
6. Sufficiently funded peer support services and leadership representing individuals with lived experience will be integrated into the continuum of behavioral health services at the local and statewide levels.	<p>a) By January 2024, the WCMH will submit a formal motion requesting the change in statute Wis. Stat. s. 15.07(5)(a) to (z). that indicates board members may not be paid a per diem, allowing for reimbursement for peer participation on state-led committees.</p> <p>b) Ongoing, the Nominating Committee will encourage and recruit a diverse pool of applicants, based on existing gaps, for the WCMH to have a full and robust membership.</p> <p>c) By January 2025, the Adult Quality Committee will encourage and assist the Peer Run Respite Learning Collaborative in creating a Peer Run Respite resource including steps toward starting a new Peer Run Respite in a community.</p> <p>d) By June 2025, the Legislative and Policy Committee will advocate with policymakers for expanded coverage of peer support specialist reimbursement within Medicaid and third-party reimbursement.</p> <p>e) By June 2026 the WCMH will collaborate with DHS to explore the development and implementation of a tool that monitors and evaluates the expansion of peer support services, including but not limited to the number of peer support specialists employed, rate of pay, and receiving equitable reimbursement.</p> <p>f) By February 2026, the Children &amp; Youth Committee will review innovative models for family respite and make policy recommendations as warranted.</p> <p>g) By June 2025, the Children and Youth Committee will advocate for increased parent peer specialists by drafting a motion regarding increased funding supporting this initiative and the WCMH will review for vote to bring this forth.</p> <p>h) By June 2024, the WCMH would work with Bureau of Prevention Treatment and Recovery staff and contractors to identify current barriers to recruitment of BIPOC Certified Peer Specialists (CPS) and develop strategies to remove the barriers to recruiting and retaining minority Certified Peer Support Specialists.</p> <p>i) By January 2024, the WCMH would review the potential for Community Outreach workers to be trained in meeting part of the need in BIPOC communities.</p>
Goal #2: Wisconsin will be a leader in supporting people’s mental health across the life span by creating a system that is person-centered, responsive, culturally competent and incorporates holistic care.	
Objectives	Action Steps
1. A best practice approach will be established for implementing new programs that ensures integration and collaboration	<p>a) By June 2026, the Legislative Policy Committee will create educational tools to inform Council members, legislators, and consumers regarding continuum of services.</p> <p>b) By June of 2025, the WCMH will engage in discussion with DHS to ensure that all new programming supported by state funding will have a required element of monitoring and addressing inequitable health outcomes.</p>

with existing services.	
2. The juvenile justice and child welfare systems will not be the primary route for children to get mental health needs met.	<p>a) By June 2026, the Children and Youth Committee will advocate to support the Federal Child Find, that encourage public schools, private and public businesses, law enforcement, and county and tribal child welfare and juvenile justice systems resulting in screening children for mental health needs, conduct regular integrated care meetings with corresponding county and tribal mental health departments, and formally refer children with mental health needs to mental health services. A motion of support will be brought forth to the WCMH for review and approval.</p> <p>b) By June 2026, the Children and Youth Committee will consider and bring forth a proposal to policy makers for increased access to school based mental health, including Medicaid telehealth reimbursement and streamlined private health plan coverage for school-based care.</p> <p>c) By April 2028, the Children and Youth Committee will do the following:</p> <ul style="list-style-type: none"> <li>o Assess and summarize the identification of mental health needs, the prevalent systemic response, and the delivery of mental health services to children and adolescents in Wisconsin.</li> <li>o Identify the components of a comprehensive children’s mental health system, regardless of geographic lines or health care coverage, based on agreed-upon principles and values.</li> <li>o Make specific policy recommendations as appropriate.</li> </ul> <p>d) By January 2024, the WCMH will invite a representative from the Office of Health Equity and the Office of Children’s Mental Health to a WCMH meeting to determine whether there is a reporting system at a county and state level on main causes and recommended strategies to reduce the disproportionate use of these systems for BIPOC children.</p> <p>e) By December 2028, the Children and Youth Committee will determine the potential of mapping access to evidence based early intervention services and the correlation of access to such services with the level of involvement in county child welfare and juvenile justice services.</p>
3. All systems that support children will be equipped to proactively support their mental health needs.	<p>a) By June 2027, the Children and Youth Committee will consider and bring forth to policy makers that wraparound systems for children’s mental health care, such as Coordinated Service Teams, are staffed or supervised by mental health professionals. A motion of support will be brought forth to the WCMH for review and approval.</p> <p>c) By June 2027, the Children and Youth committee will consider and bring forth a motion for the WCMH to review and approve to policy makers regarding the expansion of the psychiatric consultation program for children’s mental health.</p> <p>b) By June 2025, the Children and Youth Committee will identify what families should expect from systems, and recommend a mechanism for parents to report when those expectations are not met. Additionally, the committee will ensure that the recommended solution protects families from retaliation.</p> <p>c) By June 2024, the Children and Youth Committee will gather existing surveys and summarize the capacities of system to support the mental health needs of this group. This information will be utilized to inform policy recommendations.</p>
4. The Wisconsin mental health system will be free of disparities and	<p>a) By January 2025, the Nominating Committee will evaluate the current WCMH membership diversity and actively work to recruit missing representation based on Mental Health Block Grant mandate.</p>

<p>institutional discrimination.</p>	<p>b) By July 2026, the Adult Quality Committee will recommend successful techniques and strategies used by nationwide mental health systems to help eliminate disparities and institutional discrimination in their mental health systems.</p> <p>c) By June 2026, the WCMH will consider and bring forth to policy makers the request for incentives to recruit, educate and compensate people from BIPOC communities in mental health professions.</p> <p>d) By June 2026, the WCMH will consider and bring forth to policy makers the development of incentives or funding opportunities to financially support individuals during typically unpaid internships and practicums, allowing students from underserved communities to work in mental health during their education.</p> <p>e) By December 2027, the WCMH will consider and bring forth to policy makers that all WI Medicaid and DCTS contracts require data on level of access to evidence based behavioral health services. Reporting would be on a per capita basis of minority populations and compared to general population. Reports could include cost, outcomes, goals for diverse populations and timelines. Funding to support these requirements would be included in this recommendation.</p>
<p>5. Mental health and substance use treatments will be fully integrated.</p>	<p>a) By January 2025, the WCMH will identify ways in which to collaborate with and share committee activities with other statewide councils that share a focus on mental health.</p> <p>b) By January 2024, the WCMH will reach out to SCAODA and seek to develop and implement ways in which to improve collaborations between the two councils.</p> <p>d) By June 2027, WCMH will evaluate current efforts surrounding integrated services throughout the state and develop best practice recommendations for integrated services.</p> <p>c) By December 2024, the Legislative and Policy committee will create an orientation module for incoming legislators to inform new members on WCMH priorities and council goals.</p>
<p>6. Wisconsin residents will be able to access the full array of high-quality services regardless of geographic lines or health care coverage.</p>	<p>a) By June 2025, the WCMH will utilize information from State partners to determine existing gaps in health care parity for substance use and mental health treatment, and begin to identify recommendations for strategies to eliminate gaps.</p> <p>b) By June 2026, the Adult Quality Committee will consider and bring forth to policy makers the request for reliable broadband coverage for areas of the state with limited/unreliable access.</p> <p>c) By January 2026, the Adult Quality Committee will determine barriers for preventing state-wide implementation of DHS programs like CCS or other programs in the counties and tribes currently not offering these services, including First episode psychosis and other innovative programs. The identified barriers will inform policy recommendations.</p> <p>d) By June 2027, the Legislative and Policy Committee will consider and bring forth a motion recommendation to the WCMH for policy makers to regionalize mobile crisis and crisis stabilization services.</p> <p>e) By June 2024, the WCMH will consider and bring forth to policy makers for state funding of non-federal share of the Community Support Program</p> <p>f) By June 2026, Legislative and Policy Committee will consider and bring forth a motion recommendation to the WCMH for policy makers to increase funding available for</p>

	safe, accessible, affordable housing and supportive housing services throughout the state.
7. Data will be utilized in all levels of system change.	<p>a) By June 2026, the Adult Quality Committee will obtain data regarding mandated services not being provided by counties, including data on numbers, length of wait lists [both number of people &amp; time], reductions in services due to staffing, etc.). This data will be utilized to inform and provide recommendations to policy makers.</p> <p>b) By June 2027, the Adult Quality Committee will evaluate current available data, identify data gap areas and consider and bring forth to policy makers recommendations based on need.</p>
8. Individuals will have equitable access to holistic treatments that include culturally affirming practices.	<p>a) By January 2025, the WCMH will invite guest presenters from an array of holistic treatment areas to provide education on access and equity barriers to such treatments.</p> <p>b) By July 2027, The Adult Quality Committee will recommend a minimum of two strategies, including the identification of culturally responsive treatment providers, to help increase access to care for holistic mental health treatment approaches that include culturally affirming practices; possibly use the First Nations Implementation approach in reviewing this.</p> <p>c) By June 2027, the WCMH will invite Wisconsin and other state partners to discuss and investigate current barriers to coverage and what would be involved in developing a system that would enable third party reimbursement for providing holistic and culturally affirming health care services. These findings would inform future recommendations to policy makers.</p>