

## OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Subcommittee-Children Come First Advisory Committee			Attending: Zachary Todd, Philip Robinson, Leanne Delsart., David Carlson, Kia Kjensrud, Robert Kaminski, Staff to Committee: Ann Kelley-Kuehmichel
Date: 3/12/2026	Time Started: 10:04	Time Ended: 12:23	
Location: Microsoft Teams Meeting ID: 226 660 246 356 24			Presiding Officer: Samantha Feryance and Phyllis Greenberger

### Minutes

1. Call to order at 10:04am
2. Membership updates  
No updates on current members.  
Discussed Wisconsin Family Ties no longer member.
3. Welcome/introductions-  
New member absent and will be added to next meeting.
4. Minutes review  
First motion to approve by Zachary Todd and second by Phil Robinson, Robert Kaminski abstention, no opposed, No discussion, minutes approved.
5. Charter review  
Phyllis Greenberger reports charter was presented, reviewed, and approved/adopted by the Children Come First Committee slight addition to title suggested and completed.
6. Children's System of Care Strategic Plan: key results follow up  
Samantha Feryance guided the discussion related to key result recommendations for Children Come First Advisory Committee consideration during the April 27<sup>th</sup> meeting.  
Subcommittee began with discussing recommendations for the tied key results.
  - The Children Come First Advisory Committee supports the development of a psychiatric residential treatment facility as evidenced by the submission of letters of support/recommendation. Choice either Advise or withdraw/revisit this key result. Committee voted to move forward advisement. Discussion that legislation and this effort has moved forward. There will be representation on the PRTF committee, and the suggestion is that CCFAC will want to advise and participate in the development process.
  - The Children Come First Advisory Committee leverages its collective resources to ensure the promotion of a crisis continuum that enhances resources for a mobile response specific to youth. Choice of either advise or action. The committee voted to move forward Action. Discussion related to the importance of youth crisis being a priority due to the gaps. The committee will need to consider steps in action and steps related to advisement when the time comes. They mention the underutilization of linkage and follow up benefit. Members noted that the spirit of the committee was developed to address the gaps in crisis. Members mention there is a high degree of calls that are related to crisis and lack of support to advocacy organizations.
  - A study to identify evidence-informed practices and key factors that contribute to successful efforts to provide peer support in other states will better inform partners in Wisconsin's Children's System of Care regarding peer support. These results and examination of the strengths and challenges that exist in Wisconsin will inform the development of a plan to increase access to peer support within Wisconsin's

Children's System of Care. Choice of the committee to advise or move forward with action. Committee voted to move forward with Advise. Discussion regarding a youth peer curriculum 3 prong approach in very early stages of development. Members noted that study suggests long term and may not be realistic. Another member notes that advise suggests we know someone or an organization that is going or going to conduct the study. There was note that there is a group that is looking at some of the parts, and it is not completed. The was note that Milwaukee County and violence interrupters will be Certified or receive some other credential. Chapter 51/36 are frameworks and will need someone to tie it all together.

Subcommittee moved on to review and create recommendations for the key results that were noted as needing revision or possible withdrawal.

- Create or identify a decision-making entity that would be capable of evaluating the system and implementing changes to reduce regulatory, financial, and governance barriers. Acknowledge our systemic challenges that have resulted in funding, governance, and service delivery processes that do not support the type of care or efficiency that we strive for. Decision to recommend withdrawal. Discussion that the subcommittee may be this entity. Strong support in not creating another entity or thing. Discussion related to reviewing and possibly incorporating similar language into the charter.
- The application for a Children's Mental Health Initiative grant in 2025 will provide opportunities to identify and evaluate the impacts of various funding, policies, state, and local partnerships. Recommendation to withdraw.

Subcommittee discussion around the match being one of the barriers and work and discussion around how to strategize meeting the match, including conversations with other states and in-kind strategies. Group would recommend withdrawing with continued conversation and exploration of grant application future opportunity.

- Preparation of an application for a Children's Mental Health Initiative grant in 2025 will include a focus on increased access to peer support. The application should include piloting elements of the peer support study/plan proposed above. Grant funds will support the implementation of the pilot in the tribal nations/counties that participate in the grant and the evaluation of their effectiveness. Recommendation to withdraw.
- The Children Come First Advisory Committee collaborates with the Governor's Task Force on Healthcare Workforce which is charged with developing strategies to effectively address the shortage of healthcare workers across the state. Recommendation to Revise to Work with members and partners to reduce barriers to employment and create pathways.

Next the subcommittee determined how to flush out the top 2-3 priority areas to put forward to Children Come First as the key results the subcommittee recommends begin initiation.

Phyllis Greenberger guided the discussion by reviewing the summary document and reviewing the key results that had the highest percentages. Discussed there was a natural connection to some of the highest percentage key results flowing into one another.

The following four key results would move forward to the Children Come First Advisory Committee for approval for the subcommittee to begin with the fifth key result being a natural progression as the 4 get accomplished.

- The Children Come First Advisory Committee will conduct a self-analysis of system partners on the Children Come First Advisory Committee, identify gaps, and intentionally seek out system partners to strengthen the committee that can best serve in a children's system of care advisory capacity.
- The Children Come First Advisory Committee develops strategic partnerships and an intentional communications structure with 10 key partners and organizations who are not members of the Children Come First Advisory Committee but have mutual interests in improving Wisconsin's Children's System of Care.
- The Children Come First Advisory Committee will foster and prioritize opportunities for collaborative partnerships with primary care to achieve:
  - Increased membership of primary care physicians within the Children Come First Advisory Committee to cultivate a holistic approach to health care.
  - Expand outreach opportunities for the Child Psychiatry Consultation Program within primary care settings to enhance mental health support and services for children youth and their families.
- To effectively address the needs of children, youth, and families, the Children Come First Advisory Committee will actively identify opportunities for exploration, shared learning, and collaboration with primary care, integrative health, facilities, and other essential partners to promote a holistic approach to health care.

The subcommittee is proposing the next key result start as the others are accomplished and request approval to proceed.

- The Children Come First Advisory Committee makes recommendations for at least 10 (no more than 10) funding and policy system changes based on data from the Wisconsin Children's System of Care Summit, listening sessions, surveys, and other sources that will improve access to services for children and families and improve the efficiency of service delivery for tribal nations, counties, and service providers.

There was also discussion of focus areas and requesting the right to tie in any of the key results that fit into the areas they are addressing.

Emphasis by a member that timeframes need to be considered and discussed as subcommittee approval to move forward is received. This will be addressed during the next meeting.

Co-chairs along with DHS staff will work together to draft a summary to be reviewed by CCFAC during the April meeting.

## 7. Announcements

Kenya Bright DHS Section Manager is no longer with DHS and this leaves a vacancy in the committee.

## 8. 2026 meeting dates: May 8<sup>th</sup>, August 14<sup>th</sup>, November 13<sup>th</sup>

Reminders given about the upcoming meetings and that the November 13<sup>th</sup> meeting will be held in-person at a location to be determined.

9. Public comment

No public comment

10. Adjourn

David Carlson motions to discuss and adjourn at 12:23pm. Phil Robinson seconds the motion.

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The CCF Advisory Committee is established by [Wis. Stat. § 46.56](#) to support the development of a comprehensive service system of coordinated care for children who are involved in 2 or more systems of care. Information about the CCF Advisory Committee may be found at <https://www.dhs.wisconsin.gov/ccfac/index.htm>.

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Prepared by: Ann Kelley-Kuehmichel on 3/12/2026.

These minutes are in final form. They were presented and approved by the governmental body on: 5/8/2026