

**Appendix for
Wisconsin's Mental Health Action Plan**



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Appendix A: Full list of recommendations and implementation plan

Plans are subject to change based on project management needs.

Recommendation #1: Integrate systems

Challenge: Mental health programs are scattered across state and local agencies, with different eligibility requirements, enrollment processes, and provider stipulations. This fragmentation leads to confusion, frustration, and barriers for people trying to access care. State agencies should pursue strategies to proactively connect Wisconsinites with the care they need.

Objective 1.a - Streamline service access and care transitions across state agencies.

Strategies and activities

Develop an integrated state platform to help people navigate services across agencies.

- Establish cross-agency work group
- Define platform requirements; privacy protocols; user experience standards
- Develop phased project plan: pilot by date; full launch date
- Conduct pilot usability testing
- Train staff and partner agencies
- Launch marketing campaign to raise awareness about the platform
- Create feedback loops for users to report issues and suggest enhancements

Establish shared protocols for state agency constituent relations. Formalize a warm-handoff policy and procedures across agencies to ensure coordination of timely responses.

- Establish cross-agency workgroups
- Develop and implement shared policy and agency procedures for state agency constituent relations
- Develop joint training program for constituent relations staff on best practices for handoffs between agencies, to include responding to people who are in crisis.
- Schedule cross-agency constituent relations meetings to review processes and troubleshoot challenges
- Evaluate and refine processes as needed

Partners

- Lead agency: Department of Administration (DOA)
- Other agencies: All agencies across the enterprise

Measures

Develop an integrated state platform to help people navigate services across agencies.

- Portal launch date and functionality achieved
- Number of front-end users and completion rates of service navigation journeys
- User satisfaction scores from surveys
- Deploy technical assistance services such as webinars and guides
- Number of hits on technical assistance website items

Establish shared protocols for state agency constituent relations. Formalize a warm-handoff policy and procedures across agencies to ensure coordination of timely responses.

- Formalize tracking system across the enterprise
- Positive constituent experiences from post-user surveys
- Improved confidence in handoff protocols amongst state agency staff based upon post-training assessments

Timeline

2026 to mid-2027

Objective 1.b - Help state agencies and partners promote mental health and wellness resources.

Strategies and activities

Use shared mental health terms across state government, Incorporate promotion of mental health resources into state agency communication channels (e.g., websites, social media, internal communications, and other materials).

- Establish cross-agency work group
- Review key existing agency communications and materials to identify and update outdated terms.
- Develop a standardized mental health terminology guide and distribute to all state agencies and partners, ensuring it's integrated into onboarding and ongoing communications trainings.
- Create training sessions for state employees on using the shared terms in written and verbal communications.
- Establish an ongoing review process for revising and updating shared terms as determined.

Create resources to educate consumers on insurance terms (co-pay, co-insurance, premiums, etc.) and concepts with prioritized mental health focus.

- Establish cross-agency work group
- Collaborate with insurance carriers and advocacy organizations to develop and distribute plain-language fact sheets and web content through agency websites, social media, public forums, and enrollment sites.
- Ensure materials are accessible in multiple languages and for people with disabilities

Create communities of practice for programs with similar objectives to share best practices, reduce fragmentation and duplication, and maximize resource coordination (suicide prevention, outpatient care, crisis).

- Establish cross-agency work groups
- Identify overlapping programs and stakeholders focused on similar mental health priorities
- Recruit representatives to form communities of practice centered on shared needs and goals. Encourage joint projects to leverage resources and cross-agency solutions.
- Schedule communities of practice meetings to share best practices and coordinate activities
- Document and disseminate learnings from communities of practice and push them out to relevant state agencies and the public to encourage the scaling of effective practices.

Partners

- Lead agency: Department of Health Services (DHS)
- Other agencies: All agencies across the enterprise

Measures

Use shared mental health terms across state government, Incorporate promotion of mental health resources into state agency communication channels (e.g., websites, social media, internal communications, and other materials).

- Percentage of state agencies adopting the standardized mental health terminology guide

Create resources to educate consumers on insurance terms (co-pay, co-insurance, premiums, etc.) and concepts with prioritized mental health focus.

- Number of resources distributed/downloaded, website visits, or video views
- User ratings on clarity and/or usefulness collected via surveys
- Percentage of required state agency staff who complete training on insurance terms education

Create communities of practice for programs with similar objectives to share best practices, reduce fragmentation and duplication, and maximize resource coordination (suicide prevention, outpatient care, crisis).

- Number of programs/agencies engaged and average attendance of communities of practice meetings
- Participant satisfaction measured through periodic surveys; Reduction in duplicated programs or conflicting efforts as reported by agencies; Increased program efficiency as reported by agencies

Timeline

2026 to early 2027

Recommendation #2: Increase focus on prevention

Challenge: There is a need for more resources focusing on promoting well-being and preventing mental health challenges. State agencies should pursue strategies to support people who are at-risk of developing mental health conditions and promote coping skills.

Objective 2.a - Provide trusted, accurate, and accessible prevention resources.

Strategies and activities

Promote resources to help Wisconsinites learn about and practice healthy habits focusing on behavior that is foundational to improving mental health and well-being (e.g., healthy eating, exercise, social connectedness). Promote resources for populations-at-risk on how to support themselves and each other. Provide evidence-based guidance, on screen time to help keep kids healthy. Take proactive steps to reduce stigma whenever possible. Acknowledge mental health challenges as a part of life that affects most people at some point, like many physical health issues, and make better use of language that is neutral, respectful, and non-stigmatizing.

- Establish cross-agency work group
- Develop and distribute educational materials (print, digital, video) on healthy eating, physical activity, sleep, and social engagement tailored for different age groups and communities
- Conduct public awareness campaigns via social media, radio, TV, and community events to spotlight the link between healthy daily habits and mental health
- Create and/or promote self-assessment and habit tracking tools that help people set goals and monitor progress on healthy habits
- Create and distribute evidence-based toolkits and tips covering topics like healthy screen time, stress reduction, and mental health awareness
- Ensure materials are accessible in multiple languages and for people with disabilities
- Distribute resources into pediatrician offices, early childhood centers, schools, and other spaces

Update and revise the state's early learning and development guidelines to further embed mental health, the importance of early relationships, and resiliency to better support young children, families, caregivers, and professionals working with young children and their families.

- Establish cross-agency work group
- Enhance the Wisconsin Early Learning and Development Guidelines (ELDGs) to reflect the most current and relevant evidence on how young children grow, learn, and thrive.
- Develop user-friendly materials focusing on mental health promotion, coping skills, and socioemotional development. Ensure resources are available in multiple languages and accessible formats.
- Develop statewide professional development on the revised standards.
- Develop pre- and post-training surveys to track understanding.

Partners

- Lead agency: DHS
- Other agencies: Department of Children and Families (DCF), Department of Public Instruction (DPI), Office of Children’s Mental Health (OCMH)

Measures

Promote resources to help Wisconsinites learn about and practice healthy habits focusing on behavior that is foundational to improving mental health and well-being (e.g., healthy eating, exercise, social connectedness). Promote resources for populations-at-risk on how to support themselves and each other. Provide evidence-based guidance, on screen time to help keep kids healthy.

- Number of website visits, digital downloads, and social media engagements
- Pre-and post-campaign surveys assessing understanding of foundational mental health habits
- Number of organizations engaged in outreach or resource distribution
- Number of translated/adapted resources
- Feedback from end-users on resource usefulness and accessibility

Update and revise the state’s early learning and development guidelines to further embed mental health, the importance of early relationships, and resiliency to better support young children, families, caregivers, and professionals working with young children and their families.

- Number of stakeholders participating in the revision process (meetings, surveys, input sessions)
- Completion and publication of revised early learning development guidelines, clearly incorporating the most current and relevant evidence on how young children grow, learn, and thrive.
- Creation and distribution of new family guides, tip sheets, and educator materials focused on mental health and skills development
- Percentage of early childhood educators and the early childhood workforce trained on new guidelines pre-and post-survey training survey results demonstrating understanding of new guidelines.

Timeline

2026 to 2027

Objective 2.b - Support employee mental health.

Strategies and activities

Enhance promotion of Wisconsin's Employee Assistance Program (EAP). Incorporate EAP resource information into new state employee onboarding and supervisor trainings. Better connect EAP with state health insurance to support care transitions.

- Establish cross-agency work group
- Review existing EAP promotion
- Enhance knowledge of and access to EAP, wellness, and crisis resources.
- Develop technical assistance guide for state agencies to establish and implement peer support volunteers ("wellness champions"), regular well-being check-ins between supervisors and employees, and critical incident debriefings.
- Develop clear referral pathways and handoff protocols between EAP services and the state health insurance networks
- Integrate EAP resource materials into new employee and supervisor onboarding packets and training sessions
- Set up feedback loops to identify and address concerns related to state employee care transitions
- Collaborate with insurance carriers and EAP managers for joint communication and monitoring

Offer training on mental health literacy to help employees better support the mental health of the people they serve, each other, and themselves.

- Establish cross-agency work group
- Develop evidence-based mental health literacy training modules for all state employees
- Require regular completion of these trainings, with tailored content for different roles
- Incorporate mental health literacy into new employee onboarding and supervisor training
- Offer ongoing education via webinars, lunch-and-learns, newsletters, and agency intranet sites

Expand resources for state employees to set standards that promote the State of Wisconsin as a model to follow for other employers and across the nation. Including employees in higher-risk roles such as corrections, state patrol, and constituent-facing services, with regular well-being check-ins with supervisors and peer supports. Offer best practices like paid family and medical leave to increase satisfaction and retention through employee supports.

- Establish cross-agency work group
- Evaluate current mental health resource and service offerings amongst state agencies. Identify resource and service gaps
- Determine strategies to incorporate mental health check-ins, such as through new supervisor training or annual performance reviews
- Develop and distribute mental health resource guides and service directories (digital and print)

Partners

- Lead agency: DOA
- Other agencies: All agencies across the enterprise, Governor's Office (for high-level statewide promotion)

Measures

Better connect Wisconsin's EAP with state health insurance to support care transitions. Incorporate EAP resource information into new state employee onboarding and supervisor trainings.

- Satisfaction rates with the transition process via end-user surveys
- Number of transitions from EAP to state health insurance plans

Offer training on mental health literacy to help employees better support the mental health of the people they serve, each other, and themselves.

- Percentage of staff completing mental health literacy trainings
- Pre-and/or post-training assessment scores
- Number of state agencies incorporating mental health literacy into new employee onboarding and supervisor training
- Engagement rates in available webinars, lunch-and-learns, newsletters, agency intranet site content

Expand resources for state employees to set standards that promote the State of Wisconsin as a model to follow for other employers and across the nation. Including employees in higher-risk roles such as corrections, state patrol, and constituent-facing services, with regular well-being check-ins with supervisors and peer supports. Offer best practices like paid family and medical leave to increase satisfaction and retention through employee supports.

- Number of mental health resource guides and service directory views/downloads
- Monitor the percentage of state employees using EAP
- Participation rates in peer support or wellness champion programs
- Utilization of post-incident debriefings
- Employee satisfaction and perceived support captured through anonymous surveys
- Change in reported workplace stress indicators or absenteeism

Timeline

2026 to 2028

Recommendation #3: Reduce stigma and increase awareness

Challenge: Stigma prevents and delays people from seeking mental health care. Stigma refers to perceived negative attitudes, beliefs, and stereotypes towards people with mental health conditions. There is also a lack of awareness about available supports and services, which also lowers utilization rates. State agencies should pursue strategies to reduce stigma and promote available supports and services to connect people with care.

Objective 3.a - Improve mental health services through continued mental-health focused conversations with partners. Provide clear next steps and follow-up on how those conversations will influence practice.

Strategies and activities

Improve partner communications through existing meetings, such as advisory boards and councils and Tribal consultations. Gather input from partners on how the state can improve mental health and follow-up on how suggestions are incorporated into state programs. Promote existing programs and opportunities for collaboration through regular meetings as well.

- Establish cross-agency work group
- Identify relevant boards, councils, and committees engaged in mental health including those representing underserved populations
- Incorporate mental health stigma reduction and awareness of mental health supports as standing agenda when meeting with these groups
- Seek formal input and recommendations from these groups
- Share updates on state mental health initiatives and request targeted feedback or recommendations from the groups
- Document agreed upon action steps, responsible parties, and expected timelines
- Report back at future meetings about how partner input has been used to shape programming, outreach, or policies

Collaborate with county mental health programs and schools to identify at-risk youth and offer Division of Vocational Rehabilitation (DVR) pre-employment transition services earlier

- Establish cross-agency work group
- Establish joint planning groups with county mental health teams and school representatives to regularly identify at-risk youth
- Organize co-hosted workshops and/or training sessions for school staff and county providers on recognizing warning signs and destigmatizing mental health support
- Explore creation of a business process with DVR to connect identified at-risk youth to pre-employment transition services as resources allow
- Establish communication channels for ongoing feedback between schools, county agencies, and DVR staff
- Collect and analyze data on referral rates, service uptake, and outcomes for youth served through the partnership

Partners

- Lead agency: DHS
- Other agencies: DOA, Department of Corrections (DOC), Department of Workforce Development (DWD), DPI, DCF

Measures

Improve partner communications through existing meetings, such as advisory boards and councils and Tribal consultations. Gather input from partners on how the state can improve mental health and follow-up on how suggestions are incorporated into state programs. Promote existing programs and opportunities for collaboration as well.

- Number of partner meetings with mental health stigma/awareness as a recurring topic

Collaborate with county mental health programs and schools to identify at-risk youth and offer DWD's Division of Vocational Rehabilitation (DVR) pre-employment transition services earlier.

- Number of school and counties participating in joint planning groups
- Number of at-risk youth referred to and engaged in DVR pre-employment transition services
- Workshop/training participation rates and post-session evaluation scores regarding knowledge and stigma
- Follow-up data on service utilization and outcomes for youth

Timeline

2026 to 2030

Objective 3.b - Facilitate the use of providers who have expertise in serving specific populations.

Strategies and activities

Encourage coverage for peer specialists, community health workers, and other workforce care extenders within the state's health plan, the state employee assistance program, and other networks.

- Establish cross-agency work group
- Develop and disseminate educational materials for employees and the public highlighting the role, value, and accessibility of workforce care extenders
- Coordinate with health plans and EAP provider to promote recognition for workforce care extenders

Engage with insurance carriers and encourage them to build their networks to include providers with expertise in serving specific populations (farmers, veterans, etc.).

- Establish cross-agency work group
- Identify priority population groups with unique needs
- Share guidance with insurance carriers on best practices for serving specific populations identified
- Foster connections between insurance carriers and provider organizations serving these groups

Leverage state agency connections to existing programs and communities (for example, Bureau of Refugee Programs in DCF or DVR in DWD).

- Establish cross-agency work group
- Inventory existing programs and resources that connect with specific high-need or underserved populations
- Train intake and outreach staff across state agencies to make warm referrals to one another's services
- Co-create outreach campaigns and/or resource tools tailored for specific populations (e.g., refugees, veterans, farmers) that include guidance on accessing specialized providers

Partners

- Lead agencies: DHS, DOA
- Other agencies: DCF, DWD, DPI, Office of the Commissioner of Insurance

Measures

Encourage coverage for peer specialists, community health workers, and other workforce care extenders within the state's health plan, the state employee assistance program, and other networks.

- Number of educational events/materials distributed regarding roles and value of care extenders
- Employee awareness and satisfaction (via periodic surveys) about network and care options

Engage insurance carriers to build their networks to include providers with expertise in serving specific populations (farmers, veterans, etc.).

- Number of best practice resources shared with insurance carriers

Leverage state agency connections to existing programs and communities (for example, Bureau of Refugee Programs in DCF or DVR in DWD).

- Number of trainings provided in referral processes across agencies
- Number of joint campaigns and/or resource tools tailored for specific populations.
- Number of website visits, digital downloads, and social media engagements
- Positive stakeholder feedback and provider satisfaction (via surveys)

Timeline

2026 to 2028

Objective 3.c - Continue support for the 988 Crisis and Suicide Lifeline.

Strategies and activities

Promote 988 in communications materials and work with partners to enhance promotion.

- Develop 988 communications tool kit for all agencies
- Collaborate with community organizations, health care providers, schools, and local governments to distribute 988 promotional materials.
- Launch statewide awareness campaigns timed around Mental Health Awareness Month and any other key observances.
- Monitor and update messaging based on feedback and usage data to ensure it remains relevant and effective.

Find ways to continue funding channels for 988.

- Identify and assess current funding sources supporting 988 services.
- Explore opportunities to secure stable funding streams, including state budget allocations, federal grants, and public and/or private partnerships.
- Provide transparent financial reporting and impact measurement frameworks to demonstrate 988 value to funders.

Partners

- Lead agencies: DHS
- Other agencies: All

Measures

Promote 988 in communications materials and work with partners to enhance promotion.

- Social media engagement metrics
- Calls to 988 before and after promotional efforts as a rough proxy for reach
- Public awareness levels measured via survey before and after campaigns

Find ways to continue funding channels for 988.

- Number of new or renewed funding streams established
- Success rate of alternative funding streams acquired and amounts awarded
- Reported gaps in funding and steps taken to address them

Timeline

2026

Appendix B: Listening sessions and partner engagement

The council held five regional listening sessions to hear from partners with a range of experience with mental health including people with lived experience, those who provide care or treatment to people with mental health conditions, and mental health advocates. Each session was facilitated by a table facilitator who asked five open-ended questions and a notetaker to capture the discussion. The locations, questions, and results of the sessions are provided below.

Locations

Ashland, Eau Claire, Green Bay, Madison, Milwaukee

Partners

The council collected feedback from:

- Certified Peer Specialist Advisory Committee
- Children Come First Advisory Committee
- Children’s Wisconsin: Infant and Early Childhood Mental Health Consultation Program
- County and Tribal Veterans Service Officers Association of Wisconsin
- Criminal Justice Coordinating Council: Evidence-Based Decision Making Subcommittee
- Criminal Justice Coordinating Council: Treatment Alternatives and Diversion Program Subcommittee
- Farmer Angel Network
- GrassWorks
- Homelessness Forum
- Medicaid Advisory Council
- Mental Health Action Partnership
- Office of Children's Mental Health: Children’s Mental Health Advisory Council
- Office of Children's Mental Health: Student Leadership
- Opioid, Stimulants, and Trauma Summit
- State Council on Alcohol and Other Drug Abuse
- Tribal Behavioral Health Directors
- University of Wisconsin System
- Wisconsin Board of Nursing
- Wisconsin Council on Mental Health
- Wisconsin County Human Services Association
- Wisconsin Farm Bureau
- Wisconsin Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board
- Wisconsin Mental Health Alliance of People Who are Deaf, Hard of Hearing, and Deafblind
- Wisconsin Psychology Examining Board

Questions and results

During listening sessions and partner meetings, facilitators shared the Interagency Council on Mental Health's goals and asked five open-ended discussion questions. Below is a list of key themes that emerged from this discussion:

Table 1: Listening session and partner meetings questions, primary themes, and secondary themes

Question	Primary themes	Secondary themes
What does it mean to you to have a strong foundation for mental wellness? What do you need to attain and maintain mental wellness?	Basic needs	<ul style="list-style-type: none"> • Foundational (housing, transportation, internet, finances) • Family support (childcare, caregiving, relationships)
	Focus and value on prevention	<ul style="list-style-type: none"> • Healthy routines, relationships • Resilience building
What can Wisconsin state agencies do to support a strong foundation for mental wellness?	Access to care	<ul style="list-style-type: none"> • Workforce capacity • Culturally competent care
	Basic needs	<ul style="list-style-type: none"> • Foundational (housing, transportation, internet, finances) • Family support (childcare, caregiving, relationships)
What have you seen that worked well? What has helped?	Access to care	<ul style="list-style-type: none"> • Options for the right level of care • Workforce capacity
	Integrated systems	<ul style="list-style-type: none"> • Coordination between mental health and other services • Shared data to track people across programs or regions
What barriers have you experienced or seen?	Access to care	<ul style="list-style-type: none"> • Workforce capacity • Waitlists
	Basic needs	<ul style="list-style-type: none"> • Foundational (housing, transportation, internet, finances) • Family support (childcare, caregiving, relationships)
How would you like to see Wisconsin agencies work together to ensure affordable, accessible, and timely care?	Access to care	<ul style="list-style-type: none"> • Workforce capacity • Providers who accept Medicaid or within private insurance networks
	Integrated systems	<ul style="list-style-type: none"> • Coordination between mental health and other services • Shared data to track people across programs or regions

Appendix C: Online survey

The Wisconsin Department of Health Services (DHS) announced in a news release in May 2025 the Interagency Council on Mental Health’s request to Wisconsinites to provide input on how the State of Wisconsin can continue working to improve the mental health of our residents. A link to an online survey was available for over a month on the DHS website to collect feedback from anyone interested in sharing their perspective. A total of 1,241 responses were collected. All responses were read and used in support of the listening session themes.

Table 2: Online survey questions and response options

Question	Response options
Which best describes your interest? (Select all that apply)	<ul style="list-style-type: none"> • I am an advocate for people with mental health conditions. • I have lived experience with a mental health condition. • I support a friend or family member with a mental health condition. • I provide services to people with mental health conditions. • I provide treatment services to people with mental health conditions. • I work with children and/or families impacted by a mental health condition. • I am a first responder, not including law enforcement (EMS, fire department). • I work in law enforcement and/or the criminal justice system. • Other - Write In • Decline to answer
Share your ideas and input about how Wisconsin can increase mental health awareness.	Free text response
Share your ideas and input about how Wisconsin can improve prevention related to mental health.	Free text response
Share your ideas and input about how Wisconsin can reduce stigma related to mental health.	Free text response
Share your ideas and input about how Wisconsin can ensure access and affordability of quality care.	Free text response

Share your ideas and input about how Wisconsin can strengthen capacity among caregivers, providers, and community partners.	Free text response
Share your ideas and input about how Wisconsin can address the other social factors that influence mental health.	Free text response
Share any additional input on how to address the mental health crisis in Wisconsin.	Free text response
What is your county or Tribal Nation? (Select all that apply; consider where you live, where you work, and the service area or populations served in your work)	<ul style="list-style-type: none"> • Statewide • County (all 72 counties were available to choose from) • Tribal Nations • Bad River Band of Lake Superior Tribe of Chippewa Indians • Brothertown Indian Nation • Forest County Potawatomi Community • Ho-Chunk Nation • Lac Courte Oreilles Band of Lake Superior Chippewa Indians of Wisconsin • Lac du Flambeau Band of Lake Superior Chippewa Indians • Menominee Indian Tribe of Wisconsin • Oneida Tribe of Indians of Wisconsin • Red Cliff Band of Lake Superior Chippewa • Sokaogon Chippewa Community • St. Croix Chippewa Indians of Wisconsin • Stockbridge-Munsee Community • Decline to answer
What is your race? (Select all that apply)	<ul style="list-style-type: none"> • American Indian/Alaskan Native • Asian • Black or African American • Hispanic/Latino • White • Other • Decline to answer
What is your gender?	<ul style="list-style-type: none"> • Female • Male • Non-binary • Other • Decline to answer

Appendix D: Glossary

"No Wrong Door" approach: Creating a system of care in which people can get the help they need regardless of which service or agency they connect with first (which door they enter).¹

Access: Access to a continuum of behavioral health services that anticipates all levels of need regardless of ability to pay, age, disability, linguistics, geographic location, or racial or gender identity.¹

Across the lifespan: From the prenatal period through end of life.²

Administratively necessary day (AND) services: A day or days of inpatient hospitalization provided to enrollees when said enrollees are clinically ready for discharge, but an appropriate setting is not available. Services shall include appropriate continuing clinical services.³

Adverse childhood experiences (ACEs): Potentially traumatic events or negative experiences that occur in childhood (0-17 years) that affect a child's brain and health as they grow into adults. ACEs can lead to mental health or chronic health conditions.⁴

Affordability: Financially accessible care for all, made possible by administrative efficiencies across the system and payment models that incentivize and drive improved outcomes.¹

Ambulatory detoxification (Level II): Behavioral health outpatient services for enrollees who are experiencing a serious episode of excessive substance use or withdrawal complications. Ambulatory detoxification is provided under the direction of a physician and is designed to stabilize the enrollee's medical condition under circumstances where neither life nor significant bodily functions are threatened. The severity of a person's symptoms will determine the setting, as well as the amount of nursing and physician supervision necessary during the course of treatment.³

Assessment: Interviews and questionnaires that determine the presence, severity, frequency, and duration of a broad range of psychiatric symptoms.⁵

Awareness: Relates to strategies that increase awareness of the importance of mental health and wellness and available resources.

Care coordination: The organization of a patient's care across multiple health care providers. Associated with a "no wrong door" approach.⁶

Case consultation: A meeting of at least 15 minutes between the treating provider and other behavioral health clinicians or the enrollee's primary care provider to identify and plan for additional services, coordinate treatment plan, review progress, and revise the treatment plan as required. Case

consultation shall not include clinical supervision or consultation with other clinicians within the same provider organization.³

Case management: The provision of services by providers who are responsible to enable participants and, when appropriate, participants' families to gain access to and receive a full range of appropriate services in a planned, coordinated, efficient, and effective manner. Case managers are responsible for locating, managing, coordinating, and monitoring all services and informal community supports needed by participants and their families.⁷

Cognitive behavioral therapy (CBT): A form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders, and severe mental illness.⁸

Community health worker: Frontline public health workers who are a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.⁹

Continuum of care: The range of supports offered to protect and promote mental health. Includes promotion services, prevention services, outpatient counseling, intensive case management, home-based treatment services, family support services, day treatment programs, partial hospitalization, emergency/crisis services, respite care services, therapeutic group homes, crisis residences, residential treatment facilities, and inpatient hospitalization.¹⁰

Couples/family treatment: The use of psychotherapeutic and counseling techniques in the treatment of an enrollee and their partner and/or family simultaneously in the same session.³

Crisis: A situation caused by a person's apparent mental disorder which results in a high level of stress or anxiety for them, persons providing care for the person or the public which cannot be resolved by the available coping methods of the person or by the efforts of those providing ordinary care or support for the person.¹¹

Crisis care: Immediate support from professionals trained in responding to mental health emergencies.¹²

Crisis center: A facility or call center where people going through personal crises can obtain help or advice, either in person or over the phone.¹³

Crisis counseling: Brief counseling focused on minimizing stress, providing emotional support and improving immediate coping strategies. Like psychotherapy, crisis counseling involves assessment, planning and treatment, but the scope of service is much more specific.¹³

Crisis hotline: A phone number people can call to get immediate emergency crisis counseling.¹³

Data: Sources that provide national, state, or local data on mental health, mental distress, or mental health conditions.¹⁴

Diagnostic evaluation: An assessment of an enrollee's level of functioning, including physical, psychological, social, educational and environmental strengths and challenges for the purpose of diagnosis and designing a treatment plan.³

Dialectical behavioral therapy (DBT): A type of talk therapy (psychotherapy). It's based on cognitive behavioral therapy, but it's specially adapted for people who experience emotions very intensely. "Dialectical" means combining opposite ideas. DBT focuses on helping people accept the reality of their lives and their behaviors, as well as helping them learn to change their lives, including their unhelpful behaviors.¹⁵

Education (mental health): Aims to increase awareness of mental health issues, including common conditions, coping strategies, and available resources. It can help reduce stigma and improve outcomes for people struggling with mental health.¹⁶

Early and periodic screening, diagnostic, and treatment (EPSDT): Associated with a well-child check, a time for doctors to look at all the factors that go into the health and well-being of a child.²

Equitable access: The right to access quality health care for all populations regardless of a person's race, ethnicity, gender, socioeconomic status, sexual orientation, disability, or geographical location. This includes access to prevention, treatment, and recovery services for mental and substance use disorders.¹

Financial assistance: Cash, subsidies, grants, loans, and other forms of monetary support.

Group treatment: The use of psychotherapeutic or counseling techniques in the treatment of a group, most of whom are not related by blood, marriage, or legal guardianship.³

Housing/energy assistance: The provision of services to participants in a natural or supportive service setting for the purpose of enabling people to obtain safe, healthful, and affordable housing. Services may include, but are not limited to, advocacy, assessment/diagnosis, and referral.¹⁷

Inpatient care: Residential treatment for mental health conditions that requires an overnight stay. Usually recommended when a patient needs intensive care.³

Insurance: Health plan coverage of mental health and substance use services.¹⁸

Intermediate care Facilities (ICF): A type of facility that provides comprehensive and individualized health care and rehabilitation services for people with intellectual and developmental disabilities.¹⁹

Intervention: A strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition (such as providing lithium for bipolar disorder or strengthening social support in a community).¹³

Lived experience: Engaged community stakeholders who provide guidance on how best to meet local mental health needs.²⁰

Medications for opioid use disorder (MOUD): Medications provided to people with opioid use disorder in combination with counseling, behavioral therapies, and recovery support services. Provides a whole-person approach to treatment of opioid use disorder, which seeks to help people improve their health and wellness, live self-directed lives, and strive to reach their full potential. Related terms include medication assisted treatment (MAT) and opioid replacement therapy.³

Mental disorder or illness: A diagnosable illness characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress that significantly interferes with a person's cognitive, emotional or social abilities; often used interchangeably with mental illness.¹³

Mental health: The capacity of people to interact with one another and the environment in ways that promote subjective well-being, optimal development, and use of mental abilities.¹³

Mental health problem: Diminished cognitive, social or emotional abilities, but not to the extent that the criteria for a mental disorder are met.¹³

Mental health services: Health services that are specially designed for the care and treatment of people with mental health problems, including mental illness. Includes hospital and other 24-hour services, intensive community services, ambulatory or outpatient services, medical management, case management, intensive psychosocial rehabilitation services, and other intensive outreach approaches to the care of people with severe disorders.¹³

Mental health workforce: Mental health workers, such as psychiatrists, psychologists, social workers, marriage and family therapists, psychiatric nurses, or counselors with mental health training.¹⁸

Multi-disciplinary teams: A group made up of members with varied but complimentary experience, qualifications, and skills that contribute to the achievement of an organization's specific objectives.¹⁹

Observation/holding beds: Hospital services, for a period of up to 24 hours, to assess, stabilize and identify appropriate resources for enrollees.³

Outpatient care: Services provided in person in an ambulatory care setting, such as a mental health center or substance use disorder clinic, hospital outpatient department, community health center, school, home, or practitioner's office.³

Outreach: A community-based approach that aims to increase access to mental health services. It can include informing the public, gathering community input, and identifying underserved populations.²¹

Parent peer specialist (certified): An individual with experience raising a child with behavioral health challenges trained to use their experience navigating services in support of other parents. This certification has been available since 2019.²²

Peer specialists (certified): An individual with experience in the mental health and substance use services system trained to provide support to adults struggling to find a path to recovery. This certification has been available since 2010.²²

Peer support: People with similar life experiences supporting each other in reaching their full potential. Encompass a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders, or both.²²

Person-centered model of services: A philosophical approach to service development and delivery that sees services provided in a way that is respectful of, and responsive to, the preferences, needs, and values of people and those who care for them.¹⁹

Postvention: An organized response in the aftermath of a suicide to promote healing and mitigate the negative effects of exposure to suicide.

Prevention: A strategy or approach that reduces the likelihood of risk of onset or delays the onset of adverse health problems or reduces the harm resulting from conditions or behaviors.¹⁸

Prevention program categories: Universal programming benefits an entire population. Selective programming is tailored to a specific population at higher risk of developing a mental health disorder. Indicated programming is targeted to people who have already engaged in substance misuse or exhibit some signs of a mental health disorder.²³

Promotion: An attempt to encourage and increase protective factors and healthy behaviors that can help prevent the onset of a diagnosable mental disorder and reduce risk factors that can lead to the development of a mental disorder.²⁴

Protective factors: Factors that make it less likely that a person will develop a disorder. Protective factors may encompass biological, psychological or social factors in the individual, family and environment.¹⁸

Psychological testing: The use of standardized test instruments to assess cognitive, emotional, neuropsychological, verbal, and defensive functioning on the assumption that people have identifiable and measurable differences that can be elicited by means of objective testing.³

Recovery: Activities that support a person's ability to live their best lives. Recovery does not necessarily indicate the absence of a behavioral health disorder.

Risk factors: Those factors that make it more likely that a person will develop a disorder; risk factors may encompass biological, psychological or social factors in the individual, family and environment.¹⁸

Social determinants of health (SDOH): Nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems.²⁰

Socio-ecological model: Individual, interpersonal, community, and societal factors that influence behavior and likelihood of developing a mental health disorder.²³

Social support: Assistance that may include companionship, emotional backing, cognitive guidance, material aid and special services.¹⁸

Stigma: An object, idea, or label associated with disgrace or reproach.¹⁸

Substance use disorder (SUD): A maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to repeated use. Includes maladaptive use of legal substances and illicit drugs.¹⁸

Suicide prevention: Prevention and protective strategies for individuals, families, and communities to prevent suicides.²⁵

System of care: A service delivery approach that builds community-based service and support partnerships to create a broad, integrated process for meeting families' multiple needs.¹⁹

Trauma-informed care: Approaches, strategies or services delivered in such a way as to be sensitive to trauma recovery needs and to avoid unintentional re-traumatization. Human service systems become trauma-informed by thoroughly incorporating, in all aspects of service delivery, an

understanding of the prevalence and impact of trauma and the complex paths to healing and recovery.¹⁹

Treatment: Activities for people diagnosed with a behavioral health disorder to treat and address their conditions. Treatment activities can include, but are not limited to, psychotherapy, medications, support groups, and wraparound services.

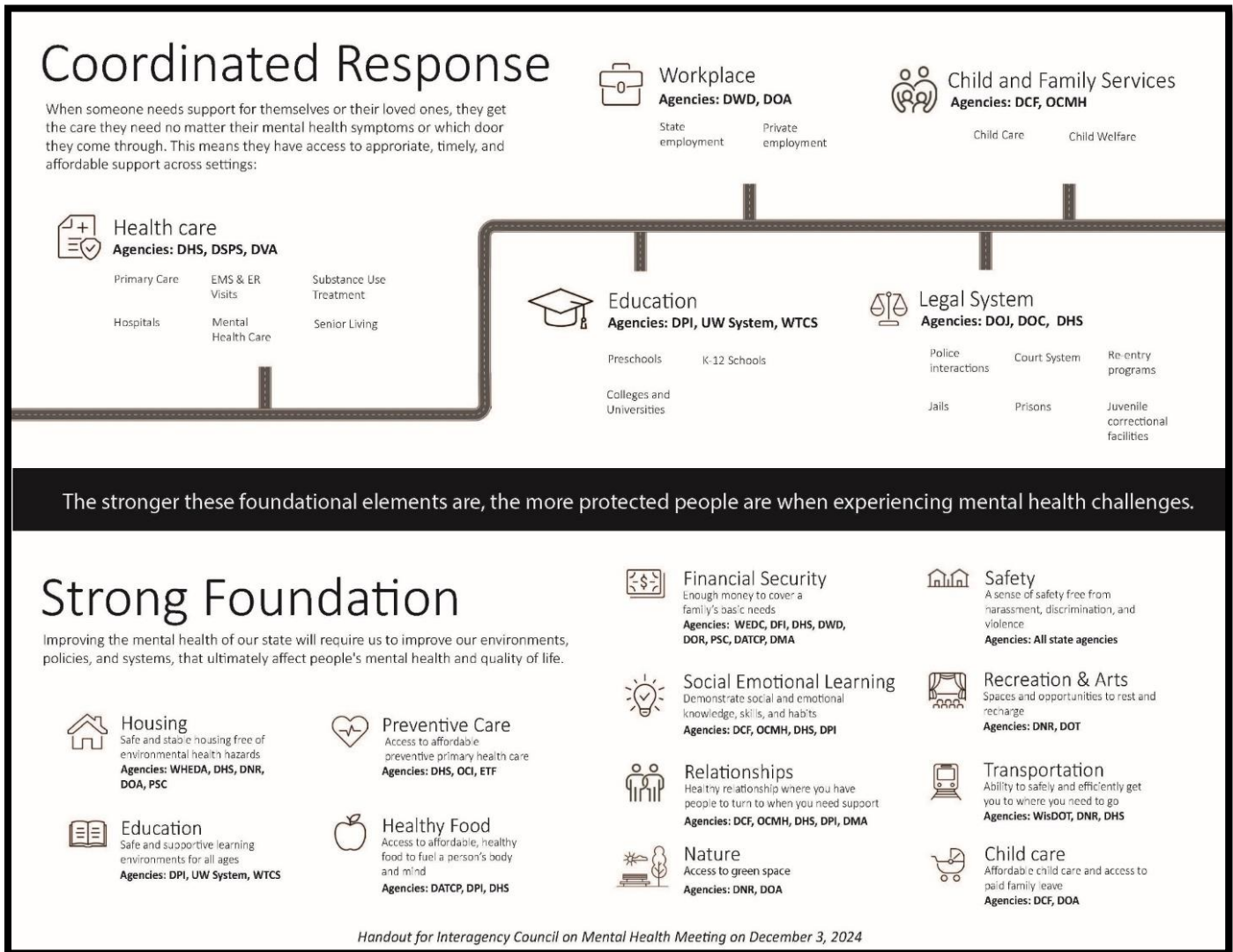
Whole-person health: Involves looking at the whole person - not just separate organs or body systems - and considering multiple factors that promote either health or disease. It means helping and empowering individuals, families, communities, and populations to improve their health in multiple interconnected biological, behavioral, social, and environmental areas. Instead of treating a specific disease, whole person health focuses on restoring health, promoting resilience, and preventing diseases.²⁰

Workforce support: Initiatives that ensure workplaces that are engines of well-being, showing workers that they matter, that their work matters, and that they have the workplace resources and support necessary to flourish.²⁶

Wraparound support: A team-based method providing personalized, comprehensive support. Case management would be categorized as a component of wraparound supports.²⁷

Appendix E: Foundational document

This graphic shows how state agencies interact with Wisconsinites' lives and can contribute to improving mental health outcomes.



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