



WISCONSIN'S MENTAL HEALTH ACTION PLAN

May
2026

Working together to improve the mental health of Wisconsinites

Created by the Governor's Interagency Council on Mental Health

Companion appendix

This report is accompanied by a separate document of appendices available on the Wisconsin Department of Health Services website at <https://www.dhs.wisconsin.gov/icmh/index.htm>.

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Letter from the Council Chair

Honorable Governor Tony Evers, state agencies, partners,
and Wisconsinites:

As the chair of the Governor’s Interagency Council on Mental Health, I am pleased to share with you our statewide action plan to address the mental health challenges Wisconsin is facing. This plan was developed with the expertise and contributions of the council along with subject matter experts, industry partners, and Wisconsinites with lived experience.



We share this report with special thanks and gratitude to Gov. Evers for having the perseverance to raise the alarm on the mental health crisis facing Wisconsinites and our state and to bring state agencies together through a coordinated effort to help improve access to mental health services across our state. We have learned so much from one another about how each of our agencies supports mental health both within our own agencies and beyond them. Through the governor’s charge asking us to “connect the dots,” we have worked diligently to develop solutions and recommendations for how to ensure Wisconsinites get timely and quality mental and behavioral health support however they come in our door.

We know far too many Wisconsinites are struggling with their mental health, and we must work together to get people the help they need. The recommendations in this statewide action plan serve as a roadmap to identify where we can connect our services and programs to better serve the people of Wisconsin. This plan is actionable, and implementation will start right away.

This plan would not be possible without the time and dedication of council members who collaborated on this work. My heartfelt appreciation goes out to my fellow agency leaders and their staff who supported this project. We made many new connections, and we look forward to working with our agency partners and agency staff to implement this plan over the next year.

It is crucial that we continue to work together to address Wisconsin’s burgeoning mental health crisis. Every Wisconsinite should have the supports and resources they need to get help when and where they need it – whether someone is noticing symptoms for the first time or needs critical care for a more complex condition. This plan ensures our response is united and supports comprehensive care at every level of need, in all regions of our state, while also prioritizing prevention efforts to help intervene early and prevent mental and behavioral health crises. Importantly, a key part of our work to improve mental health is necessarily tied to our administration’s efforts to increase access to affordable and quality health care, economic stability, social and community connectedness, healthy housing, and food security. I firmly believe that together, we can connect these dots and greatly improve the mental health of Wisconsinites.

Thank you for your support,

Kirsten Johnson
Secretary, Wisconsin Department of Health Services

Introduction

Gov. Tony Evers created the Interagency Council on Mental Health for the purpose of creating an action plan to address the root causes of Wisconsin's burgeoning mental health crisis, increase awareness and reduce stigma, and build capacity for us to expand access to mental health services statewide. To improve and support the mental health of all Wisconsinites we must take a 'whole-of-government' approach in our response.

Mental health is defined as our emotional, psychological, and social well-being, affecting how we think, feel, and act, and helps determine how we handle stress, relate to others, and make choices.

Source: <https://www.samhsa.gov/mental-health>

Wisconsin's mental health crisis reaches all corners of our state and impacts Wisconsinites of all ages and backgrounds. 1 in 5 Wisconsin adults experiences a mental illness each year and **1 in 20** Wisconsin adults has serious thoughts of suicide each year.¹

Nationally, 9.2% of adults with any mental illness were uninsured, limiting access to counseling, medication and other treatment options.² In 2023, **921** Wisconsinites died by suicide.³ For each suicide death, as many as 135 other people are affected. For 2023, this means nearly 125,000 neighbors, friends, coworkers, and family members were impacted by a suicide.

Wisconsin youth continue to report highly concerning levels of anxiety, depression, self-harm, and suicidal thoughts. In 2023, 35% of students reported feeling sad or hopeless almost every day for two weeks or more in a row, 19% considered suicide, and 9% attempted suicide.⁴

How can state government help?

The governor appoints cabinet members to lead state agencies that serve and interact with nearly every Wisconsinite and employ almost 75,000 residents.⁵ Given the reach and responsibility of state agencies, these leaders are in a unique position to improve mental health outcomes as both service providers and employers. This action plan outlines recommendations from the council for what state government can do immediately to improve mental health outcomes in Wisconsin.

The recommendations represent solutions targeting the root cause of the mental health crisis in Wisconsin and addressing issues such as stigma, regional differences, and barriers

and stressors impacting Wisconsinites' ability to have their needs met and get the care they need. The work cannot end here. We must work upstream to improve policies that affect health in our communities, mental and behavioral health included. Access to stable housing, primary care, quality education, child care, community resources, nutritious food, outdoors and recreation, and healthy relationships are critical to improving mental health. When a Wisconsinite struggles to pay rent or buy food, their mental health can suffer. In turn, mental health challenges can make it difficult to meet basic needs.

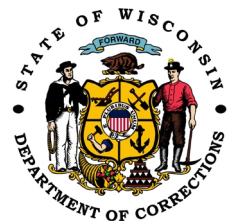
About the council

The Interagency Council on Mental Health brought together 10 state cabinet agencies to collaboratively examine the existing landscape of mental health services, identify the root causes of mental health issues, and develop recommendations to improve Wisconsinites' mental health. Throughout this work, the council focused on expanding prevention

efforts, increasing awareness, reducing stigma, reducing barriers, and increasing access to mental health services. Despite federal funding cuts and uncertainty at the federal level impacting day-to-day operations, the council remained steadfast in its goal of breaking down silos, connecting the dots, and building lasting relationships across state agencies.

Members

Kirsten Johnson	Secretary, Department of Health Services
Kathy Blumenfeld	Secretary, Department of Administration
Aileen Switzer	Deputy Secretary, Department of Agriculture, Trade and Consumer Protection
Jeff Pertl	Secretary, Department of Children and Families
Jared Hoy	Secretary, Department of Corrections
Leah Moore	Executive Assistant, Department of Military Affairs
Dan Hereth	Secretary, Department of Safety and Professional Services
Joey Hoey	Assistant Deputy Secretary, Department of Veterans Affairs
Amy Pechacek	Secretary, Department of Workforce Development
Elmer Moore, Jr.	CEO and Executive Director, Wisconsin Housing and Economic Development Authority



Wisconsin Department of Children and Families

Workgroups

In addition, subject matter experts from each council agency supported two focus areas of the Council's work:

- 1) prevention and services that support a **strong foundation** for mental wellness, and
- 2) appropriate care and treatment to ensure a **coordinated response** to mental illness.

Strong Foundation Workgroup

Vision: Improving the mental health of our state will require us to improve our environments, policies, and systems, which ultimately affect people's mental health and quality of life.

Focus: Housing, food access, child care, healthy relationships, financial stability, social connectedness, social and emotional learning, and other priorities identified.

Coordinated Response Workgroup

Vision: When a person or loved one needs help, they get the care they need no matter their mental health symptoms or which door they come through.

Focus: No wrong door approach, a sustainable workforce, data-driven responses, and trauma-informed care in health care facilities, correctional facilities, community-based organizations, workplaces (including state offices), and other places people access services.



Mental health in Wisconsin

Root causes of the mental health crisis

Mental health affects our ability to relate to others, perform day-to-day tasks, handle stress, and make choices. Everyone experiences changes in mental health from day to day. Even those who are never diagnosed with a mental health condition can struggle with challenges that impact their mental well-being. Additionally, some Wisconsinites are more susceptible to experiencing mental health challenges based on their situational circumstances and environmental factors. Wisconsinites impacted by mental health are identified below along with state and national trends that demonstrate the challenges people are facing.

Wisconsinites impacted by mental health challenges

Children, youth, and families



- Students' feeling of belonging in their school decreased from 74% in 2013 to 54% in 2023.⁶
- 59% of high school students report experiencing at least one mental health challenge within the past year.⁷ Teen girls have reported record high levels of violence, depression, self-harm, and suicide risk.
- Nearly 9% of Wisconsin's youth have attempted suicide and 19% have seriously considered suicide.⁸
- For children ages 0-5, 68% of Wisconsin doctors did not ask about parental concerns with learning, development, or behavioral problems. 90% of brain development occurs between ages 0-5, so experts advise that mental health care be embedded early into routine care.¹⁰
- Mental health conditions are a leading cause of pregnancy-related death in Wisconsin. In 2020, 38% of pregnancy-related deaths were due to mental health conditions, including overdose.¹¹
- 41% of parents nationally said that most days they are so stressed they cannot function. Parents and caregivers face stressors such as financial strain, time demands, concerns over children's health and safety, isolation and loneliness, and difficulty managing technology and social media.¹²

People who live in rural areas



- Workforce shortages are more challenging in rural areas as fewer providers means people may have longer wait times or must travel farther to see a provider sooner.
- 66 of Wisconsin's 72 counties contain a mental health professional shortage area.¹⁴
- 28% of counties had no practicing psychiatrists in 2018, and 76% faced a significant shortage, defined as fewer than one psychiatrist for every 10,000 residents.¹⁵
- Most rural adults agree that availability (55%), embarrassment (52%), and stigma (51%) would be a barrier if they were seeking help for a mental health condition.¹⁶
- Farmers and farm workers are most likely to say financial issues (80%), weather or other factors beyond their control (82%), and the state of the farm economy (80%) impact farmers' mental health.¹⁷

People who have served our nation



- Wisconsin has approximately 331,340 veterans.¹⁸
- In 2022, 145 Wisconsin veterans died by suicide. Veterans make up 6.2% of Wisconsin's adult population, yet they account for 16.2% of adult suicide deaths.¹⁹
- Point-in-Time national data shows on a single night in January 2023, there were 35,574 veterans who experienced homelessness in the U.S. This reflects a 7.4% increase in the number of veterans experiencing homelessness from 2022.²⁰
- Depending on branch, up to 31% of service members develop post-traumatic stress disorder after returning from combat.²¹

People who work in behavioral health or public service



- The behavioral health workforce faces challenges like low insurance reimbursement rates, shortages of clinical sites and licensed preceptors, and excessive workloads that lead to burnout.
- Child protection workers develop unhealthy behaviors due to the stress and demands of child protection practice, which include unhealthy eating, substance abuse, self-neglect, and lack of exercise. As many as 70% of social workers experience secondary traumatic stress by helping clients navigate traumatic events.²²
- 89% of first responders (Fire and EMS) indicated they had experienced a job-related critical incident or traumatic event in 2024. 72% reported trying not to think about the event, and 40% reported having nightmares or unwanted thoughts of the event.²⁵
- Wisconsin state employees are eligible for mental health programs such as meQ and Togetherall, which provide peer and professional supports; however, these have low utilization rates (1-2% of eligible employees).²⁶

People who are in crisis



- Not all Wisconsin counties have mobile crisis teams and 35% of counties only dispatch crisis teams to certain locations within the county.²⁷
- Two-thirds of counties report struggling with staffing shortages that impact crisis services.²⁸
- Regional crisis urgent care and observation centers would fill a large gap in the crisis system but are not currently available in Wisconsin.
- In 2022, approximately 9.3 percent of people in Wisconsin had a drug use disorder, which is around the national average of 9.2 percent (SAMHSA, 2024). The costs related to the loss of productivity, health, and crime related to substance use total more than \$740 billion annually (National Institute on Drug Abuse, 2017).²⁹

People involved in the correctional system



- It is estimated that nearly 9% of individuals in Wisconsin have had a household member who experienced incarceration.³⁰
- In Wisconsin, nearly half (46%) of adults who are incarcerated have a diagnosable mental illness.³¹
- 18 of the 20 adult correctional institutions that provide mental health care in Wisconsin have designations as health professional shortage areas.³²
- Within the Department of Corrections, psychological services staff vacancies currently sit at 18%, social service at 21%, and youth counselors at 8%. This negatively impacts the amount of proactive therapy that can occur and the number and type of therapy groups that can convene. Approximately 32% of correctional officers reported mild to severe depressive symptoms and 37% reported mild to severe anxiety.³⁴

People with unmet needs



- Wisconsin's unhoused population increased in 2022 and 2023, after years of decline.³⁵
- Wisconsinites continue to struggle with social isolation and inadequate social connections.³⁶
- 11% of households in Wisconsin live below the federal poverty line and another 23% of Wisconsin households earn more than this but cannot afford basic household necessities.³⁷
- More than 8% percent of Wisconsinites did not receive needed medical care in the past 12 months because of cost. This proportion is higher (up to 19.3%) for non-white Wisconsinites.³⁸
- In 2023, an estimated 3,197 Wisconsin deaths were attributed to alcohol. In addition to lives lost, the *Burden of Binge Drinking in Wisconsin* report quantified the economic impact of binge drinking: “Binge drinking in Wisconsin costs almost **\$4 billion a year**, which is approximately \$700 per Wisconsin resident. Over two-thirds of the economic cost of binge drinking is in lost productivity.”³⁹

Root causes

The council and workgroups analyzed root causes of the mental health crisis in Wisconsin, which helps us understand why Wisconsin is experiencing the mental health crisis it is. This work was informed by agency data and conversations with partners. Understanding the factors that contribute to our mental health crisis is a key step in identifying solutions.

Lack of integrated systems

Integrated systems streamline information sharing across multiple service providers to ensure people receive quality and timely care in the most appropriate setting. Each state agency is responsible for managing and operating its own systems to support the programs and services it provides. Unfortunately, these separate systems create silos and inadvertent inefficiencies like requiring someone to apply for help from multiple programs through separate enrollment forms. These important but, in some cases, duplicative requirements can create unnecessary barriers that prevent Wisconsinites from accessing the care they need. By eliminating additional red tape and paperwork, state agencies can help improve and expand access and ensure more Wisconsinites can access the care and services they need.

Access to care

Mental health conditions are easiest to treat when identified early. However, Wisconsin's generational challenges, coupled with the health care industry's pervasive need for more workers, especially in the wake of the pandemic, have created significant workforce shortages for psychiatrists, psychologists, psychiatric nurses, social workers, and counselors, which contribute significantly to a lack of treatment options in certain areas of the state, especially in rural areas. Most Wisconsin counties (40 out of 72) are federally designated as mental health professional shortage areas, defined as fewer than one psychiatrist per 30,000 residents. Other major barriers are insurance coverage and payment for mental health services—such as difficulty finding providers who accept Medicaid or private insurance.

Stigma

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. Stigma leads to many Wisconsinites' struggling to share what they are going through and avoiding treatment out of fear of judgement. Additionally, Wisconsin has a normalized drinking culture, which makes it common to turn to alcohol while struggling with mental health challenges instead of talking about and addressing mental health needs head-on.

Awareness

Wisconsinites may not know where to go to for help, how much it will cost, or how they will pay for it. The continued increase of out-of-pocket costs to attain basic health care coverage has not aided in this effort. People might know something is wrong but may not know they have a treatable mental health condition or, what is worse, may not be able to afford that care. Mental health symptoms like body aches, inability to concentrate, inability to get out of bed, loss of appetite, losing interest in hobbies, and trouble sleeping can go unaddressed. People are uncertain if seeking help will negatively impact their jobs or other aspects of their lives and livelihoods.

Stressors

People experience challenges every day because of factors outside of their control: a farmer must contend with the unpredictability of the weather and market prices; families need food, affordable child care, and transportation; people of all backgrounds, ages, races, ethnicities, genders, and sexual orientations experience adversities due to institutional discrimination. Regardless of where people are at in their life or their unique circumstances, at some point everyone will experience stress at different levels of intensity. This reinforces that taking care of our mental health is important at every stage of life.

Social connection

Relationships and interactions with family, friends, colleagues, and neighbors are just some of what create social connection. Our connection with others and our community is also informed by our neighborhoods, digital environments, schools, and workplaces. Social connection—the structure, function, and quality of our relationships with others—is a critical and underappreciated contributor to individual and population health, community safety, resilience, and prosperity. However, far too many Wisconsinites lack social connection in one or more ways, compromising these benefits and contributing to poor mental health.

Lack of investment in early intervention and prevention

Many programs focus on treatment and recovery, with less investment aimed at preventing mental health conditions before they arise and addressing upstream factors to intervene before mental health challenges reach crisis levels. Upstream factors, which include socioeconomic status, social connection, housing, education, access to health care and more, influence mental health outcomes. Poverty, for example, can contribute to toxic stress that may lead to negative consequences like harmful substance use, chronic disease, or suicide.

Funding

Sustainable funding is essential to supporting mental health services. A significant portion of funding for mental health in Wisconsin comes from the federal government for services like peer recovery centers, suicide and crisis hotlines, comprehensive school mental health systems, and vocational rehabilitation. Changes in support at the federal level jeopardize critical services Wisconsinites depend and rely upon. Further, failure to invest at the state level to meaningfully address mental health challenges in the absence of federal resources and support further jeopardize Wisconsin's ability to respond to existing mental health challenges and crises across the state.

Wisconsin is a home rule state, which means counties and Tribal Nations are responsible for the care and treatment of their residents and members with mental health conditions. Counties provide services related to prevention; diagnosis and evaluation; and crisis, inpatient, and outpatient care. Each county is required to establish its own programs and budgets for these services and may limit services based on available resources. There are currently [67 agencies serving 72 counties](#). This system creates disparities in access and providers face barriers and red tape serving multiple counties. There is also a significant cost-burden on local units of government which can result in service availability being reduced. County expenditures totaled \$903 million in 2024 for mental health services, a 52% increase since 2017.

Public and partner input

The work of the council was supported by a robust community and partner engagement effort. Council members traveled the state and held five regional listening sessions (Appendix B), collected over 1,200 survey responses (Appendix C), and held 16 partner meetings (Appendix B). The council received invaluable insights from Wisconsinites directly interfacing with the mental health system and supporting systems. Some of the challenges identified during partner conversations extend beyond the scope of this council but highlight ongoing work to prioritize through future funding and legislative requests.

Below are the most frequent themes Wisconsinites raised.

What people need to be well

Wisconsin state agencies can support a **strong foundation** for mental health by ensuring people have their **basic needs** met and **support systems** that help foster resilience during hard times. Basic needs include having things like food, stable housing, reliable transportation, internet access, and financial stability. It also includes ensuring families have supports for child care, caregiving, and relationships. Prevention can include physical activity and exercise, diet and nutrition, sleep, stress management, access to nature, and social connections.

“Meeting basic needs, Maslow’s hierarchy. If folks don’t have access to housing, water, food, sleep, safety, etc., they are not going to have any mental wellness.”

“Focus on activities that build community – people are becoming more isolated from genuine human interaction all the time and people need support in real time.”

Wisconsin state agencies can support a **coordinated response** for mental health by ensuring people have **access to care**. Wisconsin must have enough mental health professionals available to meet the demand for their services. State agencies can also support access to care by removing barriers to care, especially for underserved and high-risk communities who are at higher rate and risk of experiencing mental health challenges and crisis. Transportation is also a common barrier for people who live in rural areas, preventing access even when care is available.

“We have to meet people where they’re at and when we’re dealing with mental health, we’re dealing with the whole person.”

“Try not to make it so difficult – things are hard enough. Forms, processes are challenging. State agencies should provide more collaboration and streamline resources and processes to make things less confusing and make them easier for those who are seeking help. It’s a difficult and daunting system to navigate while in a mental health crisis from a patient’s perspective.”

Our strengths and challenges

Many of the same themes for areas of improvement were echoed when Wisconsinites were asked, “What is working well?” For example, **integrated systems** have helped people receive the mental health care they need without falling through the cracks.

While there’s room to improve, many agencies serve as a first point of contact and then coordinate to provide appropriate services, wraparound support, or higher levels of care. At the state level, this includes direct services like the Department of Health Services (DHS) care and treatment facilities, payment services like Wisconsin Medicaid and grant programs, and resource networks like 988, Wisconsin Wayfinder, the Farmer Wellness Program, and the Veterans Outreach and Recovery Program.

“Once a person is in the system, we can wrap services around them. Our no wrong door approach is made possible by court navigators, diversion programs, and 911 dispatchers. Peer support specialists are also helpful.”

Barriers to mental wellness include lack of **access to care** and **basic needs**. Limited access to care from workforce shortages and waitlists can lead to more intensive forms of intervention because, “People have to escalate or fail first before they get access to care.” In other words, without access to early treatment, people may experience worsening mental health conditions before they qualify for care.

Wisconsinites pointed to a self-defeating cycle between meeting basic needs, accessing health care, and maintaining mental wellness. When someone struggles with basic needs, they are less likely to seek mental health care; in turn, worsening mental health challenges make it difficult to meet basic needs. Specific needs identified include access to the internet, transportation, food, child care, stable housing, economic stability, and appropriate insurance coverage.

“To have to wait months to see a provider could add to the suicide rate. It just shouldn’t be so hard to ask for help. If you have a broken arm, you go to the doctor, and it is fixed. When you have a mental health crisis, you can’t even just go to the doctor.”

Our opportunities

To help ensure affordable, accessible, and timely care, Wisconsin agencies can work together by prioritizing **access to care** and **integrated systems**.

Wisconsinites suggested that state agencies support a healthy workforce to increase access to care. Specific ideas identified included expanding training programs, incentivizing new providers, and accelerating licensure and exploring provider reciprocity with other states. Respondents also pointed to the need to coordinate with insurers to achieve mental health coverage parity, expand coverage options, and improve reimbursement rates for providers. State agencies were encouraged to review current agency programs, evaluate how to better coordinate between programs, and share data on how they support many of the same Wisconsinites.

Action plan

In December 2025, council members voted to recommend a package of proposals to the governor. As state agency leaders, the council recognizes all agencies support mental health programs and services and need to consciously connect this enterprise wide.

The action plan below is separated into two sections. The first section focuses on actions the state government will immediately take to improve Wisconsinites' mental health and the second identifies initiatives that could be pursued with additional funding, staffing capacity, or legislative action.

What we can do right now



Integrate systems

Streamline access

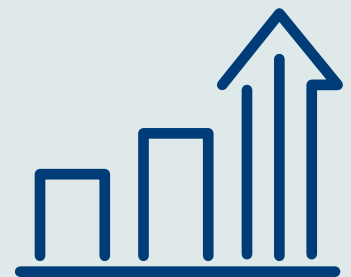
Promote wellness



Focus on prevention

Provide resources

Support employee
mental health



Decrease stigma, increase awareness

Convene partners

Leverage specialized
providers

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.

Streamline service access and care transitions across state agencies.

- Develop an integrated state platform to help people navigate services across agencies.
- Establish shared protocols for state agency constituent relations. Coordinate timely responses and warm handoffs across agencies. Formalize a warm-handoff policy and procedure across agencies.

Help state agencies and partners promote mental health and wellness resources.

- Using shared mental health terms across state government, incorporate promotion of mental health resources into state agency communication channels. For example, websites, social media, internal communications, and other materials.
- Create resources to educate consumers on insurance terms (such as co-pay, co-insurance, premiums, etc.) and concepts with prioritized mental health focus.
- Create communities of practice for programs with similar objectives to share best practices, reduce fragmentation and duplication, and maximize resource coordination. For example, suicide prevention, outpatient care, and crisis services.

Increase focus on prevention



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

Provide trusted, accurate, and accessible prevention resources.

- Promote resources to help Wisconsinites learn about and practice healthy habits focusing on behavior that is foundational to improving mental health and well-being. For example, healthy eating, exercise, social connectedness. Provide evidence-based guidance on screen time to help keep kids healthy. Promote resources for populations at risk on how to support themselves and each other. 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 who work directly with young children and their families.
- 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.

Support employee mental health.

- Offer training on mental health literacy to help employees better support the mental health of the people they serve, each other, and themselves.
- Enhance promotion of Wisconsin's employee assistance program. Incorporate employee assistance program resource information into new state employee onboarding and supervisor trainings. Better connect the State of Wisconsin's employee assistance program with state health insurance to support care transitions.
- 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.

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.

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.

- 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 services and follow-up on how suggestions are incorporated into state programs. Promote existing programs and opportunities for collaboration as well.
- Collaborate with county mental health programs and schools to identify at-risk youth and explore opportunities to connect youth with resources through the Department of Workforce Development's (DWD) Division of Vocational Rehabilitation (DVR), as operational and financial conditions allow.

Facilitate the use of providers who have expertise in serving specific populations.

- Explore 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.
- Engage with insurance carriers and encourage them to build their networks to include providers with expertise in serving specific populations, such as farmers, veterans, refugees, etc.

Continue support for the 988 Crisis and Suicide Lifeline.

- Promote 988 in communications materials and work with partners to enhance promotion.
- Find ways to continue funding channels for 988.

What we can do moving forward

The council identified recommendations that will require additional staffing, funding or statutory change. Although these solutions will take additional resources and time—the council recommends they are prioritized by future administrations and in upcoming budgets and legislative sessions.



Increase access to care

Preserve quality and reduce barriers

Licensing and telehealth



Continue to prioritize prevention

Focus on social connection

Help those in transition

Offer incentives



Continue our work

State funding

Sustain programs and services

Support funding opportunities

Create payment parity



Increase access to care

Preserve quality of care while reducing barriers for providers.

- Offer ongoing training for providers to help them better serve specialized populations and assist agencies and insurers in understanding the values of workforce extenders such as community health workers and peer specialists.
- Revise administrative rules, state policies, and other published materials to encourage access to mental health services. Coordinate among agencies to revise administrative rules to increase access to care. When possible, align policy language (rules, admin code, guidance, etc.) with established best practices and seek input from those with lived experience. Review statutes and advise the Governor's Office on potential changes to increase access to mental health care.

Partner with licensing entities and telehealth platforms to broaden access to services in rural areas and for specialized populations needing culturally competent care.

- Support licensing through clinician wellness initiatives, tools for licensure portability, and re-entry for those with inactive licenses.
- Expand peer-to-peer services, such as for veterans and Tribal Nation members.
- Authorize Medicaid reimbursement for community-focused providers, such as community health workers; Medicaid’s coverage of peer specialists will expand in April 2026 with the implementation of peer recovery support services.
- Coordinate with telehealth partners to identify and address barriers to utilization.
- Develop resources identifying available telehealth services and locations where consumers would have access to a free computer and internet in a private setting for telehealth visits.
- Pursue interstate compacts so that providers can work across state borders.



Continue to prioritize prevention efforts

Enact policies that address social disconnection.

- Integrate social connection as a component of health promotion. Examples of pro-connection policies include paid leave, which enables people to spend time with family during critical early life stages, and increased access to public transit, which allows people to physically connect more easily.

Proactively offer or continue mental health services for those in transition such as military to civilian, corrections to community, new Medicaid members, new parents, new state employees, etc.

- Coordinate with providers and insurers to support new and expectant parents through parenting classes and materials focused on being well.
- Host orientation or onboarding sessions for newly enrolled Medicaid members to educate about behavioral health benefits, using accessible and culturally relevant language and approaches.
- Develop an internal system to securely identify via Medicaid claims people who are frequently accessing behavioral health services and proactively contact these members to offer navigation supports and coordination assistance.
- Assess a person’s mental health needs prior to release from jail or prison and connect them with community care options based on the results.

Incentivize managed care organizations and providers to improve services and mental health outcomes.

- Coordinate with managed care organizations to work with members when they transition to different coverage (like private pay) to ensure continuity of services.
- Develop incentives for health maintenance organizations (HMOs) and providers to screen all Medicaid members for mental health concerns and to follow through with referrals.



Ensure this work continues with adequate staffing and funding

Prioritize state funding for mental health initiatives.

- For example, provide funding increases for:
 - 988 Suicide and Crisis Lifeline
 - Children’s mental health including school-based mental health services
 - Peer recovery centers
 - Clinician wellness program to support health care professionals
 - Wisconsin Department of Health Services care and treatment facilities
 - Medicaid reimbursements for mental health
 - Aids to counties for mental health
 - Farmer mental health assistance program
 - Veterans’ recovery programs
- Authorize Medicaid reimbursement for workforce extenders, such as community health workers and community paramedics.

Provide sustained funding for critical programs.

- Explore opportunities to develop financing strategies that support the mental and relational health needs of infants, young children, and their caregivers, such as participating in efforts like the Zero to Three Infant and Early Childhood Mental Health Financing Policy Project.
- Provide sustained funding for the qualified treatment trainee program to support preparation of clinical behavioral health counselors.
- Provide grant funding to county sheriff’s departments and local police departments to develop and support co-responder models.

Help organizations gain access to state, federal, and other funds.

- Enhance promotion of funding opportunities and provide technical assistance related to grant application processes.
- Create consistency in funding processes and reporting requirements when possible.
- Review strategies to reduce cost share requirements.

Create parity in payment and/or coverage across programs.

- Create payment parity across government services, for example, Comprehensive Community Services vs. Community Support Programs.
- Train providers on best-practices for treating patients with dual diagnoses and for providing culturally competent services.

Building on our successes

The work of the council and this action plan builds upon years of progress and partnerships to address the state's mental health crisis. In 2023, Gov. Evers declared it the Year of Mental Health to raise awareness and build relationships with community partners and those with lived experiences. The Wisconsin Council on Mental Health, the Governor's Task Force on the Healthcare Workforce, and other initiatives have brought together state agencies, local government, legislators, advocates, providers, educators, and patients to collaborate on solutions.

These partnerships have led to several investments in new and improved services in Wisconsin including:

- Recommending more than \$500 million in state investments in the governor's 2023-25 state budget proposal to expand access to mental health services. While many of these proposals did not pass, the budget still included critical investments to ensure Wisconsinites can get mental health care. Those investments included \$200,000 for mental health assistance to farmers and farm families; \$1 million for social-emotional training and technical assistance for child care providers, and \$30 million to increase Medicaid rates for hospital behavioral health units.
- Gov. Evers leveraging over \$100 million in American Rescue Plan Act funds to improve mental health and substance use services, such as by providing \$9.1 million to build educational pathways for students seeking careers in behavioral health and \$31 million for K-12 mental health initiatives in every school district. 2023 Act 19 provided one-time funding of \$30 million for school-based mental health services grants to strengthen collaboration with mental health providers.
- In Gov. Evers' 2025-2027 budget, \$30 million was secured to continue providing comprehensive school-based mental health services statewide, modeled on the governor's successful "Get Kids Ahead" initiative.
- Continuing to generate awareness about the 988 Suicide & Crisis Lifeline, a free and confidential service to support people experiencing a suicidal, mental health, or substance use crisis. The service receives over 10,000 calls, texts, and chats per month.
- Launching Wisconsin Wayfinder, a children's resource network. This new service connects families of children with delays, disabilities, special health care needs, or mental health conditions to essential support and resources.

State agencies have also been working on innovative solutions and cross-agency partnerships, for example:

- The Office of Children’s Mental Health (OCMH) serves as a conduit for youth with lived experiences to advise policymakers. In 300 schools across the state, youth support one another through peer-led wellness programs, with trainings and statewide summits led by OCMH. In 2023, OCMH organized four Social Connected of Youth Teams and held a Lived Experience Academy Summit with parent and youth leaders to connect, learn, and strategize. OCMH also recently convened six state agencies that have youth leadership efforts underway to share best practices and identify collaboration opportunities. In 2023, more than 200 people attended the Children’s System of Care Summit led by DHS to empower counties and Tribal Nations in the evolution of their [Children’s System of Care](#).
- The Department of Children and Families continues engagement with the Parent Leaders in Child Welfare group, which brings together parents with child welfare experience to advise on system transformation.
- The Department of Justice, Office of School Safety, administers a “Speak Up, Speak Out” resource center. This is a comprehensive, one-stop place to turn with important concerns, offering a Threat Reporting System, Behavioral Threat Assessment and Management, Critical Incident Response and General School Safety Guidance. Students, parents, school staff, or any community members can submit a school safety concern or threat via a website, mobile phone application, or toll-free number. Resource center staff work around-the-clock to respond to tips and to deploy a response locally by communicating directly with school administrators, law enforcement, and counselors.
- The Department of Public Instruction (DPI) promotes a School Mental Health Framework that provides a vision for more equitable, integrated, and comprehensive systems for promoting well-being in schools. Additionally, DPI provides resources, training, and support to school districts on topics related to mental health and well-being including suicide prevention, substance use prevention, trauma sensitive schools, social emotional learning, educator well-being, mental health literacy, and stigma reduction. DPI has leveraged state and federal funds to expand and support the pupil services workforce, improving access to high quality services in rural, suburban, and urban areas of the state.
- The Department of Corrections implemented Dialectical Behavioral Therapy as a system of care approach for youth served in the juvenile corrections system.
- The Department of Health Services (DHS) is responsible for providing guidance to county mental health programs, distributing available funds, and operating inpatient care and treatment facilities. In 2023, DHS established Wisconsin Wayfinder as a search tool to help families navigate the array of services available, leveraged \$17 million in new federal funds to enhance operations of the 988 Suicide & Crisis Lifeline, and began the Children’s Health Insurance Program (CHIP) Housing Support Initiative to connect families with supportive

housing services. As the first state to implement this type of housing benefit with CHIP funds, Wisconsin is working to prevent mental illness by ensuring every child has a safe place to call home.

- Currently, Wisconsin Medicaid pays for services for youth and adults in a variety of settings and across a range of levels of care including outpatient psychotherapy, prescription drugs, day treatment, crisis intervention, case management, inpatient care, community-based support programs, including services delivered through telehealth.
- Nationally and in Wisconsin, several support lines provide immediate guidance or help residents navigate potential services on the phone or by text. [Examples](#) include the 988 Suicide & Crisis Lifeline, Wisconsin 211, Wisconsin Wayfinder, TLC Mama, the Farmer Wellness Helpline, the Parent Stress Line, and the Wisconsin Hmong Family Strengthening Helpline.
- The Department of Agriculture, Trade, and Consumer Protections has programs focused on farmer and veterinary professionals' mental health. The Farmer Wellness Program includes vouchers for counseling, a 24/7 helpline, support groups, and other education efforts aimed at reducing stigma among farmers and in rural communities. This program continues to grow and last fiscal year helped farmers or their family members attend 504 counseling sessions, the first time the 500-session threshold was crossed. Further, online support group participation showed a 51% increase over prior year, and last fiscal year's attendance was nearly seven times the participation tracked in its 2021 launch year.

- The Department of Veterans Affairs (DVA) facilitates an outreach and recovery program to provide wraparound support to veterans in need, and a housing and recovery program to provide temporary housing to veterans at risk of becoming homeless. DVA also provides suicide prevention training.
- The Department of Military Affairs focuses on ensuring our Wisconsin National Guard members are strong, both physically and mentally.

Conclusion

Wisconsin's mental health crisis is complex. Just as each person is unique, so are the challenges they face when it comes to caring for their mental health. There is no single all-encompassing approach to solve the challenges Wisconsinites are facing. While state government is in a role to facilitate programs and services to help people, to truly address Wisconsin's mental health crisis, it will take everyone's collective effort to step up to the challenge.

We must work together to prioritize the health and well-being of Wisconsinites. While the focus of this plan is what state government can do, we need help from our partners, businesses, communities, neighbors, family, and friends to ensure those who are struggling can get the care they need, when and where they need it. Mental health is essential to overall health, quality of life, and the ability to thrive. As state agencies work to implement this action plan, every resident's support for this work and efforts to promote it will help us to build a healthier Wisconsin where communities thrive.

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