



NATIONAL RESOURCE CENTER FOR

MENTAL HEALTH PROMOTION &
YOUTH VIOLENCE PREVENTION

SAFE SCHOOLS
HEALTHY STUDENTS



Wisconsin – State and Community Partnerships for School-Based Mental Health

Safe Schools/Healthy Students
Grantee Spotlight

Wisconsin – State and Community Partnerships for School-Based Mental Health: Safe Schools/Healthy Students Grantee Spotlight is a product of the National Resource Center for Mental Health Promotion and Youth Violence Prevention, under funding provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), Cooperative Agreement 5U79SM061516-02. The views, opinions, and content of this brief do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), SAMHSA, or the U.S. Department of Health and Human Services (HHS). The National Resource Center for Mental Health Promotion and Youth Violence Prevention is operated by American Institutes for Research (AIR) in collaboration with the Center for School Mental Health and FHI 360.

Wisconsin – State and Community Partnerships for School-Based Mental Health

School-based mental health is becoming a vital part of student support systems. According to the most recent data, in 2005, over one-third of school districts used school or district staff to provide mental health services, and over one-fourth used outside agencies to provide mental health services in the schools.¹ Mentally healthy students are more likely to come to school ready to learn, actively engage in school activities, have supportive and caring connections with adults and young people, use appropriate problem-solving skills, have nonaggressive behaviors, and add to positive school culture.

Although many students are mentally healthy, based on the National Research Council and Institute of Medicine report that gathered findings from previous studies, it is estimated that 13 – 20 percent of children living in the United States (up to 1 out of 5 children) experience a mental disorder in a given year and an estimated \$247 billion is spent each year on childhood mental disorders.² Because children and youth spend much of their time in school, schools play an increasingly critical role in supporting students and providing a safe, non-stigmatizing, and supportive natural environment in which children, youth, and families have access to prevention, early intervention, and treatment through school-based mental health programs. A study by the U.S. Department of Health and Human Services Office of Adolescent Health indicated that adolescents are more comfortable accessing health care services through school-based clinics and like the idea of accessing a range of health and social services in a single location.³ Further, schools provide a natural setting in which students can receive needed supports and services and where families are comfortable and trusting in accessing these supports and services.

EXPANDING SCHOOL-BASED MENTAL HEALTH SERVICES IN WISCONSIN

In Wisconsin (WI), the significant shortage of school mental health providers has historically limited access to mental health services for children and families. Rates of suicide among youth have increased over the last 15 years; as of 2015, it was the second leading cause of death among individuals ages 15–24. In Wisconsin up to one in five youth experience a mental health disorder in a given year,⁴ and roughly 60% of Wisconsin youth with a major depressive episode did not receive treatment in 2013.⁵ Moreover, needs assessments revealed disparities related to students of color being suspended at higher rates, and lesbian, gay, bisexual, transgender, and

¹ Foster et al. (2005). *School mental health services in the United States, 2002–2003* (DHHS Pub. No. (SMA) 05-4068). Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

² National Research Council and Institute of Medicine. (2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/12480>.

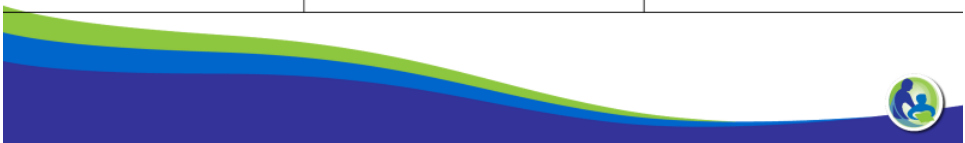
³ Office of Adolescent Health. (2014). *Access to High-Quality, Teen Friendly Health Care*. Rockville, MD: Department of Health and Human Services, OAH. Retrieved from: <https://www.hhs.gov/ash/oah/sites/default/files/essentialresearch3-teenfriendlyhealth.pdf>

⁴ Perou, R., et al. (2013). Mental health surveillance among children – United States, 2005–2011. *Supplement to the Morbidity and Mortality Weekly Report*, 62(2), 1–35. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm>

⁵ Wisconsin Office of Children's Mental Health. (n.d.). *What do we know about Wisconsin's kids*. Retrieved from <https://children.wi.gov/Pages/Improve/Data.aspx>

queer/questioning (LGBTQ) students reporting lower perceptions of safety and support at school.

Shortages of School-Based MH Providers		
Pupil Services	Wisconsin Pupil Services Ratios 2016	National Recommendations
School Counselors	468:1	250:1
School Psychologists	1008:1	500-700:1
School Social Workers	1,645:1	250:1
School Nurses	1,889:1	Not given*



Retrieved from: <https://dpi.wi.gov/sites/default/files/imce/sped/pdf/falleader16/3-WI-School-Mental-Health-Overview.pdf>

To address students' needs, WI has integrated [Safe Schools/Healthy Students \(SS/HS\)](#) funding with other federal funding opportunities, including [Project AWARE](#) and [School Climate Transformation Grants](#), to develop strategies to expand access to mental health services, target and reduce identified disparities for students, and effectively engage and partner with students and families in these processes.

In September of 2013, the Wisconsin Department of Public Instruction was one of seven states awarded the Safe Schools/Healthy Students (SS/HS) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). This 4-year, approximately \$8.8 million grant is a collaborative effort between the Wisconsin Department of Public Instruction, Department of Health Services, and the Racine, Beloit, and Menominee Indian school districts to create safe and supportive schools and communities. The partnership among education, behavioral health, juvenile justice, and local partners occurs within the three communities through the development of a core management team.

In February of 2016, the Wisconsin Department of Public Instruction released [The Wisconsin School Mental Health Framework: Integrating School Mental Health With Positive Behavioral Interventions and Supports](#). This document provides a guide for the provision of school mental health services, including key elements to implement comprehensive school mental health systems across the state. These services are a continuum of supports for school-age children that are integrated into a multi-level system of support (MLSS). This framework provides strategies to address mental health, from maintaining wellness to addressing behavioral health challenges.

Also in 2016, a series of articles called [Kids in Crisis](#) was published statewide, prompting listening sessions and town hall meetings across the state. Families shared their personal stories of their children lost to suicide. Speakers and participants alike reported frustration in attempting to find help for their children, and mental health service providers and school personnel shared their challenges in reaching all children in need.

These community forums resulted in 10 significant recommendations:⁶

1. Support mental health clinics in schools.
2. Create a standardized reporting form for suicides.
3. Increase participation in a state survey of youth risk behavior.
4. Assist counties in establishing alternatives to hospitalization.
5. Hold counties accountable for delivering public mental health care.
6. Support more training for police to better understand mental health challenges.
7. Expand a program for primary care doctors to get advice from psychiatrists.
8. Standardize and expand mental health screening in schools.
9. Require schools to track and respond to bullying.
10. Raise Medicaid payment rates for children's mental health care.

These recommendations made it clear that addressing the behavioral health needs of children and youth would require a collaborative approach among schools, families, communities, advocacy groups, and state government agencies.

To date, a great deal of action has occurred around these recommendations. The Wisconsin School Mental Health Framework provides schools and communities with a roadmap, but many schools are still challenged by the costs to start and maintain school-based clinics. To address this challenge, the biennial budget, signed by the WI governor in September 2017, allocates

\$3.25 million to schools and communities, through a competitive grant program, to increase collaboration between schools and community mental health agencies to provide mental health services to students. Additionally, to address school mental health staff shortages, the budget also provides \$3 million in categorical aid to allow districts to increase social workers. These funds will come with guidance and supports for communities in establishing these school-based mental health services.

⁶ Herman, B. (2017). *School Mental Health Issues*. Madison, WI: Association of Wisconsin School Administrators. Retrieved from: <https://awsa.memberclicks.net/update-article--school-mental-health-issues>

New Grants to Expand Mental Health Services in Schools

Sixty-four school districts and consortiums are sharing \$3.25 million in state grant funding to provide school-based mental health services. All funded projects involve collaboration with community mental health providers and other stakeholders to create comprehensive support systems for children, youth, and families. The new, competitive grant program attracted proposals from 141 applicants, representing 182 school districts and charter schools and requesting more than \$8 million. Grants fund activities for the 2018–19 school year range from just over \$11,000 to the grant maximum of \$75,000.

“In a given year, one in five students faces a mental health issue, with more than 80 percent of incidents going untreated. Those students who do get help, more often than not, receive it through their school,” said State Superintendent Tony Evers. “This grant is a good start toward student mental health needs. But, we absolutely must do more to address student mental health, so our kids have the support they need to be successful in school and eventually their communities.”

For more information, see Grants to Expand Mental Health Services in Schools, <https://dpi.wi.gov/news/releases/2018/grants-expand-mental-health-services-schools>

Many of the recommendations listed above are being addressed. Schools have access to an online Youth Risk Behavior Survey for middle and high school. Guidance and best practices recommendations regarding universal screening are available to schools and districts via the Department of Public Instruction (DPI) website.

To address bullying, schools can access resources to guide them in developing a comprehensive bullying prevention initiative. Located on the DPI website, these resources are free and flexible to meet the unique needs of unique communities. The current state budget also includes funding for a state nonprofit provider of a K–8 anti-bullying curriculum. While these funds do not go directly to schools, this financial support will make this curriculum more accessible to K–8 staff.

At the local level, communities and county agencies, through the Collaborative Services Team (CST) Initiative, work to develop and carry out a coordinated services plan for the child. These wraparound services reduce the number of emergency mental health detentions for youth in a behavioral health crisis and can divert youth from the juvenile justice system and into appropriate behavioral health treatment. Linking schools to their community mental health resources can improve access to treatment for youth and families.

In this recent budget, the governor also increased funding for the Psychiatry Consultation Program, providing primary care physicians with access to child psychiatrists for treatment consultation to address the challenges many communities face in accessing specialized medical support. The governor and legislature also recognized the need to support adults who are serving youth. This budget included \$1 million in additional funds appropriated for training of adults in youth mental health first aid, trauma-informed practices, and screening, brief intervention, and referral to treatment (SBIRT).

Changes to Medicaid reimbursements are also occurring at the state level. There is movement to increase the Medicaid reimbursement rate for mental health providers, and just recently, a measure to allow mental health providers to be reimbursed for consultation time with school staff was approved. This change also compensates community providers for the time they spend consulting and meeting with school staff. This level of collaboration between school and

therapist provides continuity of care for the student and family and creates a more seamless approach to treatment.

“We’ve invested in infrastructure. We’ve invested in collaboration. But in particular, we’ve invested in the adaptive shift of values, attitudes, and beliefs that have to change to make the work seem valuable.”

– Becky Collins, Director, Student Services/Prevention and Wellness

Many Wisconsin schools have moved to respond to the behavioral health challenges in their communities. They have developed school-based mental health services in collaboration with community providers and have created clear referral processes and procedures that ensure that students access recommended treatment resources. Parent Peer Support Specialists have provided guidance and support in assisting families in navigating various systems (medical, behavioral health, juvenile justice, schools, and special education) offering the wisdom gained from their lived experience. These resources, adapted to address local needs, are the real-life “how to” schools just beginning the journey are looking for. The Wisconsin DPI collects this information for other schools to begin this work.

Whole School, Whole Community, Whole Child



Source: Whole School, Whole Community, Whole Child (retrieved from: <https://www.cdc.gov/healthyschools/wsc/images/wsc-model-lq.png>)

CONTINUING TO EXPAND SCHOOL MENTAL HEALTH SERVICES STATEWIDE

The WI team is working closely with the governor and legislature to pursue and identify additional funding in the state budget to support school-based mental health in a more permanent way. In addition, strategic assessment of all activities at the state and local levels has resulted in identification of many opportunities to sustain and continue to expand the key programs and services achieved to date. Wisconsin is prepared to scale up capacity of these activities to impact students across the state.

School Mental Health Request in the Biennial Budget:

- \$3 million to provide categorical aid to allow districts to *increase school social workers*
- \$3.25 million in grants to schools for *school-linked mental health services* provisions
- ~\$1 million and a 1.0 FTE to *train school personnel* in youth mental health first aid, SBIRT, and trauma-informed practices

“Safe Schools provides an opportunity to have... local laboratories for innovation, and Project AWARE does the same thing. ... We have a bigger reach for featuring local innovations where they’re trying out these great ideas that they’re coming up with, and we’re promoting online, self-directed learning. All the resources that we’ve developed with these grants are now free, online, evergreen resources that are available not only in our state but across the nation.”

– Becky Collins, Director, Student Services/Prevention and Wellness, WI DPI

37% decrease in disparity between LGBTQ and heterosexual students in bullying on school property among middle school students

—Average among three SS/HS districts in 2016–17 compared to 2012–13

16% decrease in 30-day marijuana use among high school students
15% decrease in high school student–reported physical fight involvement
15% decrease in students who reported attending school under the influence of drugs or alcohol in past 12 months

—Average among three SS/HS districts in 2016–17 compared to 2012–13

RESOURCES

[The Wisconsin School Mental Health Framework](#)

- Provides guidance to build and strengthen a comprehensive school mental health system

- Focuses on pre-K through 12 schooling
- Links with the Systems of Care philosophy

[Wisconsin School Mental Health Needs Assessment](#)

This 58-question survey allows an individual or a school team to assess their school's needs and priorities for strengthening a comprehensive school mental health system. This document is an online form that can be downloaded and completed using expanding text fields.

[Wisconsin School Mental Health Planning Template](#)

This planning template is designed to help school teams focus plans on their highest priorities, plan for future action, and promote the plan within the school's strategic or improvement plan. This document is an online form which can be downloaded and completed using expanding text fields.