



Wisconsin School Behavioral Health Learning Community

SCHOOL ADMINISTRATOR SURVEY SUMMARY

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Developed by:

Jessica Frain, MSW
School Mental Health Consultant
Wisconsin Department of Public Instruction

Allison Budzinski, MSW, CAPSW
Trauma and Resilience Coordinator
Wisconsin Department of Health Services



Wisconsin Department of Public Instruction

Jill K. Underly, PhD, State Superintendent

Madison, Wisconsin

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Background

The Association of State and Territorial Health Officials (ASTHO), in partnership with CDC Healthy Schools Branch, formed a School Behavioral Health Advisory Committee to provide expertise on how states can expand and support access to school behavioral health programs and services.

Wisconsin Department of Health Services (DHS) and the Wisconsin Department of Public Instruction (DPI) were selected for participation in the learning community, in partnership with a team of state stakeholders.

Wisconsin Department of Health Services (DHS) and the Wisconsin Department of Public Instruction (DPI) applied for and were selected for participation in the ASTHO School Behavioral Health Learning Community, alongside three other states including Alaska, North Carolina, and Oklahoma. The Wisconsin team was comprised of state agency leaders, higher education experts, and school association and council representatives. Learning community members participated in state-specific virtual meetings, in addition to cross-state convenings and learning opportunities to explore strategies and best practices to improve the school workforce capacity to address the behavioral health needs of students. In Wisconsin, it was determined that the state must first support the wellness of the workforce in order to increase educator capacity to help students. This mission was fitting as the DHS Resilient Wisconsin works to “help the helpers” and DPI supports districts in the transition to building Comprehensive School Mental Health Systems in which adult wellness is a central focus, as well as increasing mental health literacy for all staff.

With a focus on expanding the capacity of school workforces to address behavioral health, the Wisconsin team conducted survey of school administrators to explore the following two categories:

- **Environmental Scan:** Behavioral health initiatives, programs, and tools that Wisconsin schools are currently implementing and have identified positive impacts and outcomes for workforce wellness.
- **Strength and Needs Assessment:** The strengths and needs schools encounter when training and equipping staff to support student behavioral health.


Guided by an advisory committee and report, ASTHO facilitated learning communities for the following states who identified main areas of focus:

- Alaska: Telehealth
- North Carolina: Unified School Behavioral Health Plan
- Oklahoma: Trauma-Informed Schools
- Wisconsin: School Workforce

Wisconsin participated in individual site visits with ASTHO, in addition to the cross-state convenings to collaborate with other states participating. Virtual meeting tools, such as Mural Board, were utilized to map out strengths, needs, and action items for the learning community members to continue working on after ASTHO's initial facilitation.

Wisconsin learning community participants included representatives from:

- Wisconsin Department of Public Instruction
- Wisconsin Department of Health Services
- Wisconsin Department of Corrections
- Wisconsin Department of Children and Families
- Wisconsin Office of Children's Mental Health
- Wisconsin Education Association Council
- Wisconsin Association for Families and Children Agencies
- Association of Wisconsin School Administrators
- Wisconsin educators and school representatives
- University of Wisconsin System School staff



We must go beyond breathing exercises and meditation to address the alarming rates of talented educators exiting the field in combination with low enrollment numbers of future educators in professional preparation programs. The profession must be valued in all ways by policy makers and communities.

Expanding the Capacity of School Workforce to Address Behavioral Health

The school workforce lays the foundation for behavioral health services provided in the school environment. Polices can leverage the existing school workforce by training non-clinical staff on mental health literacy and interacting with students experiencing behavioral health challenges. Training non-clinical staff and students on mental health literacy can also help reduce the overall stigma of behavioral health conditions and services in the school setting. These practices can aid in creating safe spaces for youth to access school-based health services.

Analysis from ASTHO

Expanding the size and capacity of the traditional school behavioral health workforce is another strategy for improving access to behavioral health services for students. Workforce pipeline development to increase and diversify the school behavioral health workforce can include partnering with high schools and Institutes of Higher Education to enhance pre-serving training opportunities and practicum experiences and recruiting a diverse workforce that represents student populations being served. The existing school behavioral health workforce can be supported by adjusting licensure requirements, offering trainings, and standardizing licensure guidelines. States may also consider leveraging policies to align requirements across jurisdiction levels and expanding the types of behavioral and mental health providers who can practice in schools.

More information from ASTHO

Report: [Improving Youth Behavioral Health Through School-Based Strategies | ASTHO](#)

Infographic: [Improving Youth Behavioral Health Through School-Based Strategies | ASTHO](#)

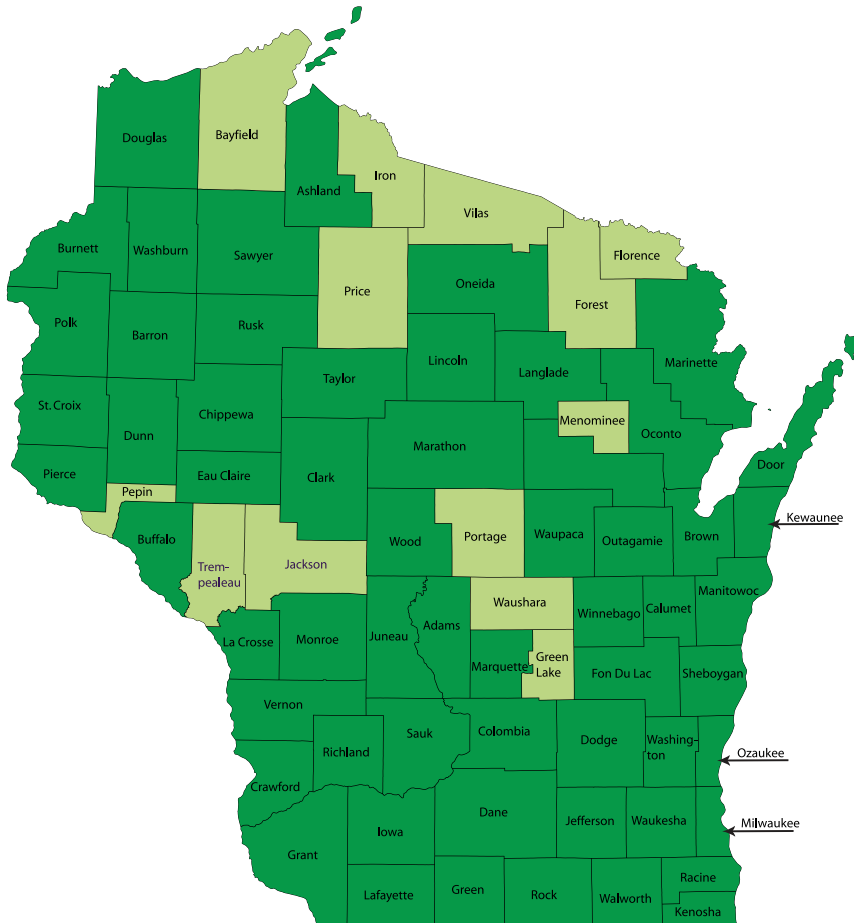



Survey Responses

Survey sent by Wisconsin Association of School District Administrators (AWSA), on behalf of the Wisconsin School Behavioral Health Learning Community.

- 248 responses with 42.3% completion rate.
- Majority of responses were submitted by principals, associate principals, and assistant principals.
- 128 school districts were represented in responses (some districts had multiple responders).
- 59 out of the 72 counties had a district or more respond (shown on map).

We are in the midst of a student mental health crisis and educators are on the frontline. We must tell the story of educators, highlighting their value and demanding adequate compensation.



 Counties that had one or more districts respond to survey.

Current Efforts Directed To Improve the Wellbeing or Retention of School Staff

Formal Assistance:

- Employee Assistance Program (EAP) offerings were frequently mentioned by respondents. An EAP is a work-based intervention that offers confidential assessment, counseling, coaching, and other services that can assist in resolving personal adversities and challenges.
- Mentorship programs and elevating expertise of senior staff in a formal format was mentioned.
- External consultants utilized to support staff wellness, separate from large-scale trainings, was also noted.

Professional Development and Training:

- In-services focused on wellbeing, mindfulness, self-care, and boundaries was most frequently described. Trainings that included Adult Social Emotional Learning (SEL), Compassion Resilience, Trauma-Informed Care/Supervision, and Adverse Childhood Experiences (ACEs) were described, but implementation challenges were noted.
- Tools and assessments such as the ProQOL and Self-Care assessments were offerings utilized.

School-Specific Initiatives:

- Healthy workplace culture committees, clubs, and competitions were noted as voluntary and accessible. On-site fitness center access, other gym membership discounts, and providing yoga spaces and sensory/quiet rooms were described.
- Supporting flexible working conditions that included staff wellness days, providing staff additional prep- time, and ensuring substitute coverage for staff to participate in mindfulness coaching sessions were described.

Compensation:

- Health insurance incentives for participation in wellness activities were noted.
- Increased salaries and personal days were detailed. Examples included referendums for salary increases, providing additional pay for performing extra school duties, and increasing the personal days allotted to staff

Sharing and Duplicating Efforts that Work

The Wisconsin School Behavioral Health Learning Committee is committed to highlighting these current and successful efforts that school administrators have shared. Can these efforts be mirrored by other schools and districts? Does this list provide new ideas for school leadership to consider implementing? Wisconsin DHS and Wisconsin DPI will continue to collaborate and assist in the sharing process between schools and districts.

Strengths And Stories Of Workforce Wellness

Incentives and Benefits:

- Access to on-site workout centers and virtual fitness subscriptions.
- Reimbursement for personal fitness tracker devices. Partnerships with local fitness centers that provide support for educator wellness.
- Access to on-site nurses to address physical or social- emotional needs.

Wellness Activities:

- Utilizing early release time to promote staff connection and exercise without professional development expectations.
- Facilitating activities during professional development days. Examples include games, reading, small group discussions, meditation, yoga, Art Therapy, nature walks, and potluck lunches.

School Board and Community Advocacy:

- Schools found success working with their school boards and superintendents when requesting increases in teacher salaries and allocating more time off to support staff mental health.

Blog Link:

[Improving School Workforce Capacity to Address Youth Mental Health | ASTHO](#)

System-Level Challenges



Word Cloud generated from responses to system-level challenges in addressing educator wellbeing. The highest reoccurring response referred to teacher shortages, lack of substitute coverage, and recruitment challenges. This was followed by a related theme of compensation inequities.

Teacher Shortage:



Responses discussed a lack of applicants for jobs leading to difficult decisions around reassigning tasks to other current staff. Recommendations to better support recruiting efforts at the university level to attract a strong incoming staff were noted.

Compensation Inequities:



Higher and competitive pay to keep up with the cost-of-living was noted in many responses. Advocating for increased compensation for paraprofessionals, as well as those in the “heart of their career,” described as 5-15 years, was recommended.

Time:



The topic of time was also frequently mentioned, mostly in the context of “not enough time” to prioritize educator wellness in combination with the competing priorities of student social, emotional, and mental health needs. Time was also noted as a system challenge in the midst of many initiatives and duties that were assigned to staff, while also addressing the COVID-19 educational gap.

System Change For System Challenges

State agencies, school districts, and communities must work together to advocate for and implement system change that address challenges our schools and educators face. Wisconsin DHS and DPI are committed to continued collaboration and the development of resources to address the needs identified within survey responses.

Additional Resources

[ASTHO Improving Youth Behavioral Health Through School-Based Strategies Report](#)

[Wisconsin Office of Children’s Mental Health Strengthening Student Mental Health Fact Sheet](#)

[Wisconsin DPI Staff Mental Health Perspectives, Competencies, and Wellness](#)



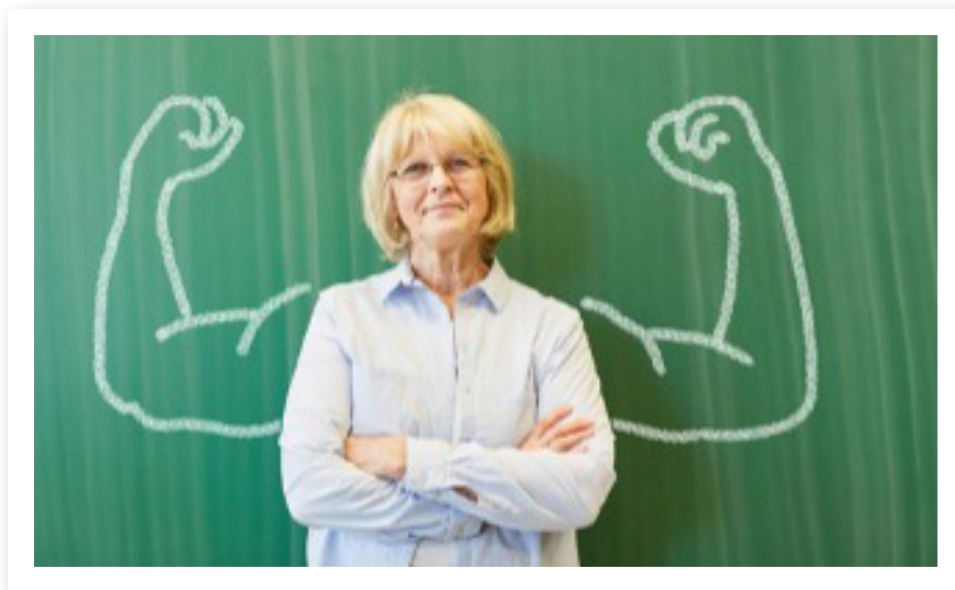
System-Level Recommendations and Next Steps



Word Cloud generated from responses to recommendations for the Wisconsin School Behavioral Health Learning Community to champion and support. The highest reoccurring response related to the theme of respect for the teaching profession and adequate compensation to recruit and retain a workforce.

Respect:

- Responses highlighted the need to restore respect to the profession of educators and school staff to retain and recruit a workforce during such a shortage.



Next Steps & Connect

Wisconsin DHS and DPI are partnering with learning community members to address challenges on a system-level and integrate recommendations into local partner work, grant opportunities, and policy development. The survey responses will guide decision making and the ongoing public health approach to “help the helpers” through the Resilient Wisconsin initiative.

If you are interested in collaborating on this work or would like to share additional efforts of your school or community, please contact us at: DHSResilientWisconsin@dhs.wisconsin.gov

Additional lessons learned as summarized by ASTHO:

- Public health has a role to play in youth mental health.
- Cross-sector collaboration is key for strategic planning on youth mental health.
- Multi-year projects should be designed so that the first year is content exploration such as an advisory committee.
- Multi-pronged dissemination of findings allows for both national sharing and in-depth state implementation of findings.
- Cross-state sharing and coordination of efforts is key to enhance learning.





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