

Senate Committee on Education
April 20, 2017

**Department of Public Instruction Testimony in Support of
Special Session Assembly Bill 11**

I want to thank Chairman Oslen and members of the committee for the opportunity to testify today on Special Session Assembly Bill 11 (SS AB 11). My name Jeff Pertl, and I am the Senior Policy Advisor for the Department of Public Instruction (DPI).

We are here in support of this bill because it provides resources to allow us to provide trainings to educators to address mental and behavioral health needs of students in school.

Background

An estimated one in five school-age children and youth struggle with mental health issues, and 80 percent of those students do not receive professional help. The lack of professional help and intervention for children and youth struggling with mental and behavioral health issues is considered a significant contributing factor to unsafe school environments.

Of the 1.4 million children in Wisconsin, it is estimated that 95,000 (~7%) have serious mental and behavioral health needs. From the 2013 Youth Risk Behavior Survey 25% of high school students reported feeling sad or hopeless almost every day for two or more consecutive weeks in a row in the past year. Suicide is the second leading cause of death for youth in Wisconsin. Mental health and suicide have risen to the top of the needs of school staff, according to a needs assessment from the Wisconsin Safe and Healthy Schools Center.

Speaker's Mental Health Task Force

A Speaker's Mental Health Task Force was created in the 2013-14 legislative session to take a comprehensive look at mental health issues and to recommend legislation addressing those identified issues. Several legislative bills based on Task Force recommendations were enacted into law later that session. New laws enacted created a child psychiatry consultation program, provided crisis intervention training grants to law enforcement agencies and correctional officers, and improved mental health benefits under the Medical Assistance program.

State Superintendent's 2017-19 Budget Request

Building on the work of the Speaker's task force, the State Superintendent worked with stakeholders, agencies, legislative leaders and the Governor's Office to craft a three-part school mental health proposal for his 2017-19 budget proposal that includes:

1. Grants for collaborative school-community mental health services;
2. Expanding frontline staff (social workers) to address mental health issues in schools; and
3. Statewide mental training support (SBIRT, Trauma Sensitive Schools, and Youth Mental Health First Aid)

All three of these proposal have been advanced in the Governor's budget proposal, and SS AB 11 provides funding for the SBIRT expansion included in the budget proposal. Rep. Nygren's office has indicated an amendment has been drafted to increase the funding amount to \$200,000 annually, per the State Superintendent and Governor's recommendation.

Impact of SBIRT

Knowing students spend the majority of their day in school, we have an opportunity to leverage resources and programs to address student mental and behavioral health needs within the context of the school setting. DPI has partnered with the Department of Health Services to start implementation of Screening, Brief Intervention, and Referral to Treatment, or SBIRT.

- SBIRT is a public health screening tool utilizing motivational interviewing to determine risk levels of mental health and AODA issues, and encourages health behavior modifications.
- It is a well-established service model in healthcare, but adaptations for delivery in schools are readily made.
- Because SBIRT connects with well-established educational philosophies and values such as student-centered and strengths-based approaches, as well as systems and structures such as Response to Intervention and Positive Behavioral Interventions and Support, we are seeing great interest in this approach across Wisconsin.

DPI and DHS have worked together on a "train the trainer" model to promote capacity for SBIRT implementation in the state. Since 2014, we have trained 366 people in 103 districts (~25%) across the state using the limited funds available to us (on average 40 districts/year).

Although SBIRT implementation in Wisconsin schools is in early stages, we have small data set analyses suggesting clinically meaningful and statistically significant changes from initial implementation to follow-up. This tells us our efforts are having the desired effect.

Additional funding will allow us to expand the reach of this program to more districts and school staff across the state.