



John Nygren

WISCONSIN STATE REPRESENTATIVE ★ 89TH ASSEMBLY DISTRICT

Co-Chair, Joint Committee on Finance

Assembly Committee on Education
Chair, Representative Jeremy Thiesfeldt
Testimony by Representative John Nygren
March 2, 2017

Thank you Chair Thiesfeldt and members of the Committee on Education for holding a public hearing on Special Session Assembly Bills 6 and 11.

For the past two sessions, we have worked together as legislative colleagues to pass a package of 17 bills aimed at combating our state's opioid and heroin epidemic. We call this package the Heroin, Opioid Prevention and Education – or HOPE – Agenda. With unanimous bipartisan support and Governor Walker's signature, we successfully laid a foundation to combat heroin and opioid addiction in Wisconsin. That said, there is still more work to be done.

This session, I was appointed Co-Chair of the Governor's Task Force on Opioid Abuse with Lt. Governor Kleefisch. From the work of this task force, the Lt. Governor and I released a report of recommendations to Governor Walker. The governor took immediate action and called for a Special Session on Opioid Abuse.

The following bills are part of Governor Walker's Special Session call to fight opioid abuse and addiction in Wisconsin:

2017 Special Session Assembly Bill 6

When a high school aged student who struggles with addiction completes a treatment program, it's often difficult for them to stay sober when they go back to their residential school. Falling back into an old routine with the same friend groups is often unavoidable; unfortunately, relapses are all too common. This bill creates a recovery high school where students can continue their education during or after attending a treatment program, effectively heightening the success rate for long-term recovery.

This recovery high school provides added supports for students who struggle with addiction, such as counseling and therapy services, and is a safe space where they can continue to focus on recovery while working toward a high school diploma.

Many other states have successful recovery schools, and evidence shows that attending a recovery high school instead of going back to a residential high school immediately following treatment can set a student in recovery up for a substance-free future.



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2017 Special Session Assembly Bill 11

This legislation will increase the appropriation for a program called Screening, Brief Intervention, and Referral to Treatment (SBIRT) by \$100,000 annually. This program is an evidence-based strategy used in schools to address issues of drug use, abuse, and addiction in children and adolescents.

Many times, a student may feel pressured by his or her peers to try substances that may be dangerous to their health and safety. When these situations arise, many kids don't feel comfortable going to a parent or teacher for help. SBIRT helps connect students with trusted adults who are trained to counsel students to maneuver through potentially tough situations regarding drugs and/or alcohol. It is a proven model that ultimately reduces instances of drug use, abuse, and addiction in school-aged kids.

Governor Walker prioritized SBIRT in his budget recommendations and, after the release of this bill, proposed funding the program at \$200,000 annually. It is for this reason that a motion has been drafted to increase funding for this bill to match the governor's budget recommendation.

I appreciate the opportunity to testify before your committee today on these important pieces of legislation and welcome any questions you may have at this time.

Assembly Committee on Education
March 1, 2017

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

I want to thank Chairman Thiesfeldt and members of the committee for the opportunity to testify today on Special Session Assembly Bill 11 (SS AB 11). My name is Brenda Jennings, and I am the Assistant Director on the Student Services/Prevention and Wellness Team. With me today is Jeff Pertl, 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 proposals 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.