



## Legislative Fiscal Bureau

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2017

Joint Committee on Finance

Paper #506

### **Mental Health Programs and Bullying Prevention Grants (Public Instruction -- Categorical Aids)**

[LFB 2017-19 Budget Summary: Page 352-353, #14, #15, and #16; and Page 370, #2]

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#### **CURRENT LAW**

No provision.

#### **GOVERNOR**

Provide the following funding for school mental health programming:

*Mental Health Categorical Aid.* Provide \$3,000,000 GPR beginning in 2018-19 to create a categorical aid program to reimburse school districts and independent charter schools for increases in their general fund expenditures for school social workers. School districts and independent charter schools would be eligible for aid if they increased the amount expended in the prior school year over the amount expended two years prior to employ, hire, or retain social workers, with reimbursement equal to up to 50% of the increase in expenditures. Funds remaining after the initial aid distribution would be used to reimburse eligible school districts and independent charter schools for total general fund expenditures for school social workers, less the amount of increased expenditures already reimbursed.

*Mental Health Collaboration Grants.* Provide \$2,500,000 GPR beginning in 2018-19 to award grants to school districts and independent charter schools for the purpose of collaborating with community mental health providers to provide mental health services to pupils.

*Mental Health Training.* Provide \$491,300 GPR in 2017-18 and \$514,100 GPR in 2018-19 to fund training for school districts and independent charter schools in providing mental health screening and intervention services to pupils.

Of the total, \$420,000 annually would establish a mental health training support program under which DPI would provide training on evidence-based strategies related to addressing mental health issues in schools, including the following: (a) screening, brief interventions, and referral to treatment; (b) trauma sensitive schools; and (c) youth mental health first aid.

The remaining \$71,300 in 2017-18 and \$94,100 in 2018-19 would fund 1.0 permanent position to administer state mental health programs.

*Bullying Prevention Grants.* Provide \$150,000 GPR annually for grants to a nonprofit organization to provide training and an online bullying prevention curriculum for pupils in grades kindergarten through eight.

## **DISCUSSION POINTS**

1. In its 2016 report to the Legislature, the Wisconsin Office of Children's Mental Health indicated that approximately one in 10 children in Wisconsin between the ages of nine and 17 has a serious emotional disturbance, based on annual data collected by the federal Substance Abuse and Mental Health Service Administration (SAMSHA). A serious emotional disturbance is defined as a diagnosable mental, behavioral, or emotional disorder that interfered with a child's function in family, school, or community activities within the past year. The report also cited data from the 2013 Wisconsin Youth Risk Behavior Survey showing that approximately one in four high school pupils experienced symptoms of depression in the previous 12 months, and indicated that Wisconsin's youth suicide rate is approximately 40% higher than the national average.

2. According to DPI's agency budget request, 32 Wisconsin school districts received federal grant funds in 2015 related to mental health and trauma sensitive schools. Additionally, DPI received federal funding under the following grant programs: (a) a four-year grant totaling \$8.8 million awarded in 2013 from SAMHSA for the safe schools/healthy students project, which requires the state and local communities to address several core areas including mental, emotional, and behavioral health; (b) a five-year grant totaling \$9.8 million awarded by SAMHSA in 2014 for Project Advancing Wellness and Resilience Education (AWARE), which promotes mental health awareness and training for school personnel; and (c) a five-year grant totaling \$2.9 million awarded by the U.S. Department of Education in 2014 for school climate transformation, including delivering training and technical assistance on school mental health.

3. Under current law, state funding totaling approximately \$1.3 million annually is provided for alcohol and other drug abuse (AODA) grants to school districts, which fund prevention and early intervention activities, including K-12 curriculum development, family involvement, drug abuse resistance education, and pupil-designed AODA prevention or intervention projects. In 2015-16, grants were provided to 40 school districts and three CESAs, which administered grants on behalf of consortia representing 24 additional school districts. In addition, administrative funding for AODA programming totaling \$0.6 million GPR annually is provided to DPI to provide training, technical assistance, and information regarding alcohol and other drug abuse to school districts. No state funds are currently provided for school districts for other mental health education or services.

4. As part of its budget development process, DPI convened a meeting of stakeholders to discuss how to improve youth mental health services. Stakeholders participating in the meeting included school districts, cooperative educational service agencies (CESAs), the Department of Health Services, the Office of Children's Mental Health, and other representatives from education and mental health organizations. Participants gave input on improving access to mental health services for pupils and improving mental health screening to identify pupils in need of services. DPI's agency budget request indicates that the three mental health proposals included in the request and in the Governor's recommendation were based on feedback from these stakeholders.

### **Mental Health Categorical Aid**

5. Under the bill, \$3,000,000 GPR would be provided beginning in 2018-19 to create a categorical aid program to reimburse school districts and independent charter schools for increases in their general fund expenditures for school social workers.

6. School social workers work with school staff, pupils, parents, and community resources to address issues that may impede pupils' academic success and participation in school. DPI indicates that services are most often provided to the following pupils: (a) pupils who are chronically absent from school; (b) pupils who are at a high risk of dropping out or not graduating, including school-aged parents or pregnant pupils, adjudicated delinquents, or pupils who abuse alcohol or other drugs; (c) pupils in special education programs or being evaluated for special education needs; (d) pupils with behavioral issues, such as aggression; (e) pupils experiencing family challenges, such as domestic violence, alcohol or drug abuse, homelessness, or mental illness; or (f) pupils who have experienced traumatic events such as child abuse or neglect, sexual assault, neighborhood violence, harassment, or bullying.

7. Based on information collected by DPI and the Wisconsin School Social Work Association, the following services are commonly provided by school social workers: (a) consultation with teachers and administrators in techniques to identify and manage problem behaviors or mental health issues; (b) assessment, evaluation, and screening to identify pupils with behavioral or emotional difficulties; (c) individual or group counseling for pupils; (d) casework to coordinate services or activities to help pupils or their families, including referrals to community-based services; (e) serving as a liaison between the school, the community, and the home; (f) crisis intervention and coordination; and (g) leading or participating in school-based teams, such as individualized education program (IEP) teams, crisis response teams, or teams to address specific school issues such as bullying or school climate.

8. State law defines a "pupil services professional" as a school counselor, social worker, psychologist, or nurse. Under current law, school districts are required to provide guidance and counseling services and provide for emergency nursing services. However, school districts are not required to employ other pupil services professionals, including school social workers. According to staffing data reported through WISEstaff, 322 out of 424 school districts in Wisconsin did not report employing a school social worker in 2015-16. The table below shows the number of school districts that reported employing no staff in each of the four pupil services professional positions.

**School Districts Reporting No Staff in  
Pupil Services Categories in 2015-16**

<u>Position</u>	<u>Number of Districts Reporting No Staff</u>
Guidance Counselor	5
School Nurse	132
School Psychologist	131
Social Worker	322

9. Under the bill, two tiers of aid would be provided for school district or independent charter school expenditures on social workers. The two-tiered approach would have the effect of providing a greater amount of aid to school districts that expand their social work services compared to districts that maintain their current level of services. First, state aid would be paid to school districts or charter schools that increase their expenditures on social workers in the prior school year compared to two years' prior. Reimbursement would be equal to 50% of the total increase in expenditures to hire, employ, or retain social workers. Any funds remaining in the appropriation after reimbursing 50% of the increase in expenditures for social workers would be used to reimburse total expenditures on social workers, less any increase funded through the first tier of aid. The reimbursement rate would depend on the amount of funding remaining in the appropriation after reimbursements were made under the first tier of the program.

10. DPI used audited school district expenditure data for 2013-14 and 2014-15 to estimate eligible expenditures and payments under the program had it been in place for the 2015-16 school year. The expenditure data included direct personnel costs for salary and fringe benefits as well as the cost of contracting for services for public school districts. Based on these estimates, 52 school districts would have qualified for approximately \$386,800 in funding in 2015-16, based on increased expenditures of \$773,500 between 2013-14 and 2014-15. The remaining \$2,613,200 would have been distributed to 86 districts, including 47 districts that were eligible for aid under the first tier of the program, for eligible social worker expenditures in 2014-15 totaling \$19.2 million. The reimbursement rate under the second tier of the program would have equaled 13.6%. Data for independent charter schools was not available, so it is likely that the reimbursement rate would be lower in future years with the inclusion of additional schools. The reimbursement rate could also decrease in future years if school districts and independent charter schools increase their expenditures on school social workers as a result of the proposal.

11. It could be argued that increasing expenditures on other pupil services positions would also be beneficial to pupils. In particular, school psychologists would seem likely to have a positive effect on mental health in schools. While the number of school districts that do not employ a school social worker is greater than the number that do not employ a psychologist, the number of districts with no psychologists is still significant, equal to approximately 30.9% of school districts in 2015-16. The Committee may wish to consider allowing expenditures for school psychologists to be eligible for funding under the program in addition to expenditures for school social workers.

12. On the other hand, DPI indicated in its request that school social workers were identified for inclusion in the proposal because the role of social workers in collaborative work with pupils, families, school personnel, and community-based services is particularly valuable for addressing pupils' mental health needs. In addition, the number of school districts reporting that they do not employ a social worker indicates that relatively few pupils currently have access to a social worker in their school. DPI indicates that in 2016, the ratio of pupils to school social workers in Wisconsin totaled 1,528:1. It could be argued that because the number of school districts without a social worker is greater than the number without other pupil services professionals, the need to provide an incentive to employ additional social workers is greater. Additionally, expanding the proposal to include expenditures for other school services professionals would increase the amount of expenditures eligible for reimbursement under the program, and would result in a lower reimbursement rate.

### **Mental Health Collaboration Grants**

13. Under the bill, \$2,500,000 GPR would be provided beginning in 2018-19 to award grants to school districts and independent charter schools for the purpose of providing mental health services to pupils in collaboration with community health providers. The program would seek to identify mental health issues in children and youth through screening and intervention services, as well as provide mental health treatment in the school setting.

14. DPI indicates that school-based community health clinics are currently operating in approximately 200 public schools in Wisconsin, which represents approximately 9% of Wisconsin public schools. In general, health providers offering services in these school-based clinics bill families through Medicaid or private insurance when available, or families pay directly for the services. In some cases, non-profit organizations may provide funding for services for pupils without insurance.

15. In its agency budget request, DPI indicated that the proposed grant program is modeled after a school-linked mental health program created in Minnesota in 2008. Under the Minnesota program, community mental health agencies receive grants to place full-time mental health professionals in schools. The school-based mental health professionals provide direct services to pupils and families, including diagnostic assessment, crisis intervention, and counseling and other treatment. Under the program, insurance is billed when available, and the state funding is used for services for pupils without private insurance or to fund other activities such as consulting with teachers, coordinating care, giving classroom presentations, and conducting school-wide trainings. The Minnesota program was initially created with \$4.8 million annually. Funding was increased to \$7.2 million annually in 2013-14, and was further increased to \$9.6 million annually in 2015-16. A biennial report submitted to the Minnesota Legislature by the Minnesota Department of Human Services in November, 2016, indicated that approximately 14,300 pupils accessed mental health services through the program in the 2015 calendar year.

16. Schools could offer a beneficial setting to provide mental health services to pupils, particularly those who might otherwise have limited access to mental health services. The majority of the school-aged population is enrolled in public schools, providing daily access to care for pupils from diverse socio-economic, geographic, and demographic backgrounds. Providing access to

services in schools without additional fees eliminates potential barriers to service like financial resources or insurance limitations, waiting lists for services, lack of transportation, or the need for parents to miss work or find childcare for siblings in order to take their children to appointments. Additionally, pupils and their families already have established relationships with schools.

### **Mental Health Training**

17. Under the bill, \$491,300 GPR in 2017-18 and \$514,100 GPR in 2018-19 would be provided to fund training for school districts and independent charter schools in providing mental health screening and intervention services to pupils and to create 1.0 FTE position to administer mental health programs. The State Superintendent would be required to ensure that training is provided on all of the following evidence-based strategies: (a) screening, brief interventions, and referral to treatment; (b) trauma sensitive schools; and (c) youth mental health first aid. Of the total funding, \$420,000 annually would fund mental health training programs and the remainder would fund the 1.0 FTE position (\$71,300 in 2017-18 and \$94,100 in 2018-19).

18. Screening, brief intervention, and referral to treatment (SBIRT) is a process that can be used to identify problematic use of alcohol or drugs or other mental health issues. Typically, participants first participate in a short standardized screening assessment to identify potential drug or alcohol abuse, behavioral or emotional problems, or risk for future crime or violence. If the screener identifies a need for further assessment, participants receive a brief intervention that provides education and uses motivational interviewing techniques to encourage the participant to modify his or her behavior. Participants who continue to experience problem behaviors and do not respond to the brief intervention can then be referred to further treatment, including school-based services or community-based mental health or substance abuse services.

19. The Wisconsin Safe and Healthy Schools Center, or WISH Center, currently offers training for school districts in the implementation of SBIRT programs. The WISH Center is a collaborative project between DPI and the CESA Statewide Network, and offers training to school district personnel across the state and online in youth mental health, suicide prevention, school safety, and other topics, in addition to SBIRT. SBIRT trainings are conducted by five certified trainers operating under the WISH Center, who use multi-day sessions to train school staff to perform SBIRT screenings and brief interventions. In 2016-17, the WISH Center received \$83,700 in state funding through an AODA state grant.

20. "Trauma sensitive schools" refers to a program that trains school staff to address behavioral or mental health challenges that may be caused by adverse childhood experiences, such as physical or emotional abuse, witnessing violence, or living with an adult with a drug or alcohol addiction. Without appropriate intervention, adverse childhood experiences may cause pupils to exhibit behavioral problems that can cause disruptions or difficulties at school. The trauma sensitive schools program consists of 13 self-guided training modules developed by DPI and St. Amelian-Lakeside, a human services agency located in Milwaukee providing foster care placement, mental health services, and education. The modules teach school staff to identify and provide support to pupils who have experienced trauma in order to improve their behavior and learning.

21. The youth mental health first aid program trains school district staff to recognize early

signs of depression or generalized anxiety disorder, provide initial help to a pupil experiencing a mental health crisis, and refer pupils to appropriate professional resources. DPI and three Wisconsin school districts have implemented a pilot program for the trainings with the support of the federal Project AWARE grant funded by SAMSHA. Ten additional school districts received direct federal funding through SAMSHA to conduct local trainings.

22. In its agency request, DPI indicated that of the total \$420,000 GPR annually allocated for training programs, \$200,000 would be used to conduct 40 SBIRT trainings each year with approximately 30 participants attending each training. The trauma sensitive school program would be allocated \$120,000 annually, which would provide \$10,000 to each of the 12 CESAs to conduct trainings and provide instructional coaches for ongoing support. The remaining \$100,000 would fund 20 youth mental health first aid trainings, which are estimated to cost \$5,000 each. DPI indicates that the state funding would allow the trainings to be offered to school staff without registration fees, but participants would be required to pay for travel expenses, including transportation, lodging, and meals.

23. On January 4, 2017, Governor Walker called for a special session of the Legislature to introduce legislation related to fighting opioid addiction. January 2017 Special Session Assembly Bill 11, as amended, would provide \$200,000 GPR annually beginning in 2017-18 for SBIRT trainings for school districts and independent charter schools. The bill was passed by the Legislature and reported correctly enrolled on May 9, 2017, but awaits action by the Governor. AB 11 would increase the appropriation for mental health training by \$200,000 in 2017-18 and in 2018-19. The Committee may wish to consider reducing funding in the budget bill by \$200,000 annually to reflect the funding under AB 11, if it appears that legislation will be enacted prior to the budget bill.

24. The bill would also provide funding for 1.0 FTE education consultant position (\$41,000 salary, \$16,200 fringe benefits, and \$14,100 supplies and services in 2017-18 and \$54,700 salary, \$21,600 fringe benefits, and \$17,800 supplies and services in 2018-19) to administer the three mental health training programs. In its agency budget request, DPI indicated that it does not have excess position authority to absorb the additional functions that would be required to administer the programs.

### **Bullying Prevention Grants**

25. The bill would also provide \$150,000 GPR annually for grants to provide training and an online bullying prevention curriculum for pupils in kindergarten through grade eight. The State Superintendent would be directed to award grants to a non-profit organization.

26. Based on data from the 2013 Youth Risk Behavior Survey, 22.7% of Wisconsin high school pupils reported being bullied on school property during the 12 months prior to the survey, including 28.6% of pupils aged 15 or younger. Additionally, 17.6% of high school pupils reported having been electronically bullied during the previous 12 months, including 18.4% of pupils aged 15 or younger. DPI administers the Youth Risk Behavior Survey every two years to a scientific sample of pupils attending public high schools in Wisconsin.

27. Since 2010, the Children's Hospital of Milwaukee has offered a program called Act

Now that could be an example of a program eligible for a grant under the proposal. The program includes training for school staff as well as online and classroom activities for pupils. The staff training consists of a online training module and four one-hour sessions intended to educate staff on bullying, including prevention and intervention. The pupil curriculum is designed for pupils from four-year-old kindergarten through 8th grade, and the amount of time required for the program varies from three hours for four- and five-year-old kindergarten pupils to seven to nine hours for 6th grade pupils. The pupil curriculum includes training in communication and conflict resolution skills, helping bullying victims, and responding to cyberbullying. The program is currently funded through private grants and offered at no cost to school districts, charter schools, and private schools. In 2015-16, it is estimated that approximately 92,000 pupils in 93 Wisconsin school districts participated in the program. Children's Hospital staff indicate that additional funding could be used to expand the program, particularly the curriculum for teachers and other school staff, and to continue to offer the program to schools at no cost.

**ALTERNATIVES**

**A. Mental Health Categorical Aid**

1. Approve the Governor's recommendation to provide \$3 million beginning in 2018-19 to reimburse expenditures for school social workers.

<b>ALT A1</b>	<b>Change to</b>	
	<b>Base</b>	<b>Bill</b>
GPR	\$3,000,000	\$0

2. Modify the Governor's recommendation by defining eligible expenses to include any expenditures related to school psychologists or social workers, rather than only school social workers.

<b>ALT A2</b>	<b>Change to</b>	
	<b>Base</b>	<b>Bill</b>
GPR	\$3,000,000	\$0

3. Delete provision.

<b>ALT A3</b>	<b>Change to</b>	
	<b>Base</b>	<b>Bill</b>
GPR	\$0	- \$3,000,000



**B. Mental Health Collaborative Grants**

1. Approve the Governor's recommendation to provide \$2,500,000 beginning in 2018-19 for mental health collaborative grants for school districts and independent charter schools.

ALT B1	Change to	
	Base	Bill
GPR	\$2,500,000	\$0

2. Delete provision.

ALT B2	Change to	
	Base	Bill
GPR	\$0	- \$2,500,000

**C. Mental Health Training**

1. Approve the Governor's recommendation to provide \$491,300 in 2017-18 and \$514,100 in 2018-19 to fund training for school districts and independent charter schools in providing mental health screening and intervention services to pupils and 1.0 FTE position to administer the mental health programs.

ALT C1	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	\$1,005,400	1.00	\$0	0.00

2. Delete \$200,000 GPR annually from the bill to reflect funding that would be provided in January 2017 Special Session Assembly Bill 11.

ALT C2	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	\$605,400	1.00	- \$400,000	0.00

3. Delete provision.

ALT C3	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	\$0	0.00	- \$1,005,400	- 1.00

**D. Bullying Prevention Grants**

1. Approve the Governor's recommendation to provide \$150,000 annually for grants to a nonprofit organization to provide training and an online bullying prevention curriculum.

<b>ALT D1</b>	<b>Change to</b>	
	<b>Base</b>	<b>Bill</b>
GPR	\$300,000	\$0

2. Delete provision.

<b>ALT D2</b>	<b>Change to</b>	
	<b>Base</b>	<b>Bill</b>
GPR	\$0	- \$300,000

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