



# CHILD & ADOLESCENT MENTAL HEALTH

## 2015 Policy Priority Highlights

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### Issue:

As many as one in five children has a diagnosable mental health issue, across Wisconsin and nationwide. Mental, emotional and behavioral problems can have serious personal, social, and economic impacts on children, their families, and their communities. However, children and adolescents who face mental health challenges can recover with appropriate supports and treatment, and go on to live successful and productive lives as contributing, taxpaying members of society. To work toward this ideal, our state must prioritize support for children with mental health challenges and their families.

### Background:

The past biennium brought nearly unprecedented legislative attention to children's mental health issues in Wisconsin. Mental health funding was increased in the 2013/15 state biennial budget for the first time in more than a decade. The Office of Children's Mental Health has been established, and increased funding has enabled the expansion of the Comprehensive Community Services and Coordinated Services Teams. The current budget proposes to maintain support for these important initiatives, which Wisconsin Family Ties will continue to monitor.

Unfortunately, many challenges remain. In 2013, Wisconsin's public mental health service rate for children and adolescents with serious emotional disabilities ranks at the bottom of the 50 states. Parental satisfaction with outcomes from public mental health services in Wisconsin is last in the nation as well (US Dept. of Health and Human Services, Center for Mental Health Services, 2013).

### Wisconsin Family Ties Recommendations:

- ***Increase availability of parent peer specialist services:*** Parents of children and youth with mental health issues often feel isolated, with the challenges they face complicated by barriers in incredibly-complex systems. Parents need someone who listens without judging and won't shy away from honest descriptions of a family's situation. They need someone who can help them navigate and find appropriate treatment and services. Parent peer specialists can help address this need, in a cost-effective manner with excellent outcomes. Parent peer specialists are parents themselves of children with mental health needs, who have been specially trained to provide a support role to these families. Parents receiving peer specialist services experienced improvement in their coping skills, emotional health and confidence, as well as the ability to manage their child's behavior (Ramacher, UW-Stout, 2010). Children whose parents received peer specialist services had better outcomes in terms of residential status, law enforcement contact, academic performance, and school attendance (Davis-Groves, et al., University of Kansas, 2007).

Wisconsin Family Ties welcomes the current momentum to expand parent peer specialist services in Wisconsin, particularly in context of family-run organizations. As the state increases its efforts in this expansion, we recommend that steps be taken to include mechanisms that measure fidelity and outcomes.

- ***Limit the use of seclusion and restraint in schools and treatment programs:*** The use of seclusion and restraint in Wisconsin's public schools has been regulated by statute since September 2012. However, the law has several troublesome shortcomings. Currently, school districts are only required to report the number of seclusion or restraint incidents to their local school boards, not to

the Wisconsin Department of Public Instruction. Wisconsin Family Ties joined with Disability Rights Wisconsin and WI FACETS to issue a statewide seclusion and restraint data report based on open records requests to all district school boards for the 2012/2013 school year. The numbers are significant: 21,454 incidents of seclusion and/or restraint were reported, with 74% of incidents involving students with disabilities. Data on an issue of this magnitude should be centrally reported at the Department of Public Instruction, rather than leaving the data-compilation to be shouldered by advocacy agencies. Current law also requires school administrators to prepare a written report of restraint / seclusion incidents which must include “the actions of the pupil before, during, and after the incident.” Wisconsin Family Ties recommends amending the statutory language to read, “the actions of the pupil **and staff** before, during, and after the incident.”

Seclusion and restraint are also used in children’s mental health treatment programs and facilities. As recently as 2013, a teen boy was paralyzed during a restraint hold administered at a Wisconsin residential care center. Comprehensive legislation should be adopted to provide appropriate standards and oversight of the use of seclusion and restraint in all treatment programs/facilities that are run or licensed/certified by the state. In both schools and treatment programs, there is also a significant need to increase proficiency in techniques to prevent and/or de-escalate challenging behavior without the use of seclusion and restraint.

- ***Reduce exclusionary school discipline and associated disability-related disparities:***

Students with disabilities are at considerably higher risk for suspensions and expulsions than their non-disabled peers, and students with emotional and behavioral disabilities are at the greatest risk of all. In Wisconsin, students with emotional and behavioral disabilities comprise 10.4% of students with a disability, but receive 32.8% of suspensions totaling more than ten days among this group. (Wisconsin Office of Children’s Mental Health Annual Report 2014).

Wisconsin Family Ties supports full implementation of the recommendations of the 2013 DPI Discipline Task Force, with the addition of the following:

- Re-examination of the role of police liaison / school resource officers, particularly regarding distinguishing between discipline issues and safety issues
  - Creation of a process for appeal of expulsion on the merits
  - Taking 504-plan data into account when presenting discipline-related data by disability
- ***Increase availability of short-term respite services:*** There is a critical need for respite services, including respite delivered in the family home. There are few providers throughout the state and severely limited access – especially for children with emotional or behavioral challenges – to the few respite options available. Parenting a child with behavioral challenges can be an exhausting, isolating, 24x7 experience. Sometimes kids and families just need a break. Availability of more respite services targeting kids with these special needs could have a strong stress-relieving effect. Respite providers would need specific training on approaches to dealing with challenging behavior; those approaches should be more in line with the Dr. Ross Greene philosophy of behavior than the more common consequence-based behavior modification model.

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