



To: Attorney General Brad Schimel
Office of School Safety Director Kristen Devitt
Governor Scott Walker

From: Grassroots Empowerment Project
Kids Forward
Mental Health America of Wisconsin
NAMI Wisconsin
Wisconsin Association for Marriage & Family Therapy
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RE: Concerns with Round 2 of the Office of School Safety Grants

After every school shooting, Wisconsin schools search with renewed urgency for how best to ensure the safety of everyone in their buildings each day. Meanwhile, students with mental health challenges and their families are confronted with a different dilemma. Even though individuals with mental illness are overwhelmingly more likely to be victims of violent crime than perpetrators, every school shooting is met with calls to “do something” about mental health in schools. Students with mental health challenges receive blame as a group, and the stigma of potentially being tagged as the next shooter becomes more deeply embedded.

When Wisconsin calls for critically-needed mental health supports in our schools, we must take the utmost caution that these efforts do not contribute in any way to the unfounded association of student mental health challenges with criminal violence, or to making it more difficult for students and their families to seek the support they need.

The above-signed organizations would like to highlight concerns with several elements of the second round of grant funding through the Office of School Safety, for the remaining \$45 million of the allocated \$100 million that was not spent in the first round of grants. The application timeline has been short since the July 24 announcement, with an intent-to-apply deadline of August 13 and an application deadline of August 30.

Our concerns involve both the required adolescent mental health training at schools receiving the grant; and, the proposed incident-reporting to the Department of Justice in the context of School Safety Intervention Teams.

In order to receive a grant, a school must send 10% of its full-time teachers and counselors to a 12-hour training in adolescent mental health. Although it does not appear in the grant materials, the full title of the training is “Adolescent Mental Health Training for School Resource Officers,” and it is the only approved training for this element of the grant. The training was developed by the National Institute of Mental Health and Juvenile Justice (NIMHJJ) and will be delivered by the National Association of School Resource Officers (NASRO). On the NIMHJJ site (<https://www.ncmhjj.com/services/trainings/adolescent-mental-health-training-school-resource-officers-amht-sro/>) the description reads: “The AMHT-SRO is designed to help school resource officers and other school personnel develop the critical skills and capacity to appropriately identify and respond to the many predictable behavior issues typically observed among students with mental health needs.” The target audience is listed as: “School resource officers, security personnel, administrators, disciplinary staff, and treatment providers.”

School resource officers should indeed receive training in adolescent mental health. However, teachers are not the target audience for this particular training. Requiring teachers to undergo training in adolescent health, delivered by law enforcement and designed with a juvenile justice perspective, reinforces unfounded linkages between mental health challenges and crime and encourages teachers to view themselves as “disciplinary staff” in their response.

A more appropriate training for teachers would be Youth Mental Health First Aid, which is “designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis.” (<https://www.mentalhealthfirstaid.org/take-a-course/course-types/youth/>) The emphasis on helping students is far preferable to the frame of disciplinary response.

Meanwhile, counselors already have expertise in adolescent mental health by virtue of their professional training, and they are already a scarce resource in our schools. The grant training-requirement should not apply to them; their time would be better spent in school helping the students they have been hired to serve.

Recommendations:

- Substitute Youth Mental Health First Aid for the currently-required mental health training for teachers
- Exempt school counselors from the adolescent mental health training requirement

The second round grants also require schools to establish School Safety Intervention Teams (SSITs) who would be tasked with threat assessment. Students with mental health or behavior-related disabilities are a particularly vulnerable group, and any threat assessment process must be carefully undertaken so as not to cause harm to these students in the name of school safety.

Embedded in this section of the grant materials is an alarming proposal to establish new reporting to the Department of Justice, variously expressed as a requirement for SSITs to:

-- “Report VRA [Violence Risk Assessment] data from specific, plausible, and imminent threats to the DOJ utilizing DOJ reporting form”

-- “Participate in and promote the DOJ confidential reporting application or tip line, when this is developed and deployed”

https://www.doj.state.wi.us/sites/default/files/school-safety/School_Safety_Initiative_Phase2.pdf

Act 143 does not require the creation of any new reporting mechanisms or record systems at the Department of Justice. Furthermore, promoting a new confidential “tip line” risks promoting a culture of suspicion, adding to stigma regarding mental health challenges and further discouraging students and families from seeking help.

Many questions remain unanswered regarding the proposed system, including: What is the specific rationale for creating this system? What would be the benefit over and above any existing mechanisms for dealing with threats at school? Is there an evidence base for the benefits and drawbacks of such a system? What would be the threshold for reporting? Who would have access to the data? How long would the data be maintained? Would there be an appeal procedure for having reports removed?

Recommendation:

Reconsider the reporting requirement and mechanism, consulting with relevant stakeholder groups including advocacy organizations with expertise in youth mental health.

We look forward to being in further contact regarding our concerns and recommendations.