WAUWATOSA SCHOOL BOARD RESOLUTION IN SUPPORT OF
COMPREHENSIVE SCHOOL MENTAL HEALTH AND TRAUMA-INFORMED CARE LEGISLATION

Whereas, mental health in childhood means “reaching developmental and emotional milestones, and learning healthy social skills and how to cope when there are problems,” and

Whereas, organizations and leaders statewide have identified mental health as a key public health priority:

- The Wisconsin Department of Health Services’ Healthiest Wisconsin 2020 Baseline and Health Disparities Report identifies mental health as a key focus area;
- Wisconsin Office of Children’s Mental Health’s 2017 Annual Report states that “kids and teens in Wisconsin are hospitalized for a mental health condition at more than four times the national rate. At the same time, Wisconsin’s youth suicide rate increased more than the national rate from 2015 to 2016, and remains significantly higher than most of the United States.”
- Children’s Wisconsin identified “early-childhood mental health” and “school-based mental and behavioral health” among seven initiatives to help address the growing mental and behavioral health crisis facing Wisconsin kids;
- The City of Wauwatosa Health Department’s 2018-2022 Community Health Improvement Plan (“a long-term, systemic effort to address public health problems in a community”) identified and prioritized “mental health across the lifespan” as a top health priority;
- The Wauwatosa School Board’s Legislative Advocacy Committee identified mental health for all students as its top legislative priority; and

Whereas, mental health is a proven prerequisite for consistently high levels of academic achievement and social development, according to research aggregated by the National Association of School Psychologists; and

Whereas, untreated mental health conditions are frequently cited as causes for academic struggles among students:

- More than 1 in 3 students (37%) ages 14 and older with a mental health condition drop out of school—the highest dropout rate of any disability group;
- 4 in 10 Wisconsin children have experienced at least one adverse childhood experience (ACE) — traumatic events including physical, emotional or sexual abuse; loss of parent through divorce, incarceration or death; physical or emotional neglect; witnessing domestic violence; inadequate housing or lack of food; serious or repeated medical needs; and living with a parent who abuses substances or has untreated mental illness.
- Children who have experienced trauma can show its effects through different behaviors, including: skipping school, running away, quick temper, bullying, problems sleeping, aggression, defiance, regression in development, lying, cheating, screaming, crying, withdrawing, and potentially harmful impulsive actions.
- Mental illness and disorders affect so many children and teens ages 6 to 17 that 79% of them do not receive mental health care.
- The average delay between onset of symptoms and intervention is 8-10 years; and

Whereas, the Wauwatosa School District and all Wisconsin school districts lack the resources to employ enough mental health professionals to meet the growing needs of students:

- **SCHOOL COUNSELORS**
  - 1:250 — The American School Counselor Association (ASCA) recommendation for counselor-to-student ratio, which the U.S. Department of Education and Wisconsin Department of Public Instruction both acknowledge.
  - 1:420 — School-counselor-to-student ratio among all Wisconsin public schools.
1:644 – Wauwatosa School District’s counselor-to-elementary-school-student ratio
1:315 – Wauwatosa School District’s counselor-to-middle-school-student ratio
1:304 – Wauwatosa School District’s counselor-to-high-school-student ratio

• **SOCIAL WORKERS**
  - 1:250 – The National Association of Social Workers’ (NASW) recommendation for a social-worker-to-student ratio for an average school population
  - 1:50 – The National Association of Social Workers’ (NASW) recommendation for a social-worker-to-student ratio for a student population with intensive needs
  - 1:1,468 – Social-worker-to-student ratio among Wisconsin public schools
  - 1:1,074 – Wauwatosa School District’s social-worker-to-elementary-school-student ratio
  - 0 – Wauwatosa School District’s social-worker-to-middle-school-student ratio
  - 1:1,619 – Wauwatosa School District’s social-worker-to-high-school-student ratio

• **SCHOOL PSYCHOLOGISTS**
  - 1:500-700 – The National Association of School Psychologists (NASP) recommendation for a psychologist-to-student ratio to implement its “NASP Model for Comprehensive and Integrated School Psychological Services,”
  - 1:967 – Psychologist-to-student ratio among Wisconsin public schools
  - 1:1,639 – Wauwatosa School District’s psychologist-to-student ratio; and

**Whereas**, Wauwatosa School District students are reporting mental health concerns today, according to the 2019 Wauwatosa Youth Risk Behavior Survey:

- More than 1 in 2 students (55.89%) report significant problems with feeling anxious, nervous, tense, scared or as if something bad was going to happen.
- Nearly 1 in 3 students (29.05%) report such prolonged disruptive sadness every day for two weeks or more in a row that they stopped doing usual activities.
- Nearly 1 in 5 students (15.54%) report seriously considering attempting suicide.
- Only 7 in 10 students (72%) say they are able to get through challenging times
- Only 2 in 3 students (63%) say they know how to cope when they feel stressed
- Only 1 in 3 students (31%) say they would talk with an adult about a personal problem; and

**Whereas**, Wauwatosa School District staff survey results indicate that mental health resources are crucial to our staff and students’ future success:

- Less than 1 in 2 staff (48.6%) agreed or strongly agreed that students’ social and emotional needs are being met
- More than 1 in 2 staff (56.9%) identified providing additional counseling, psychologist, and social work services as a top priority for the district
- Only 6 in 10 staff (59.8%) agreed or strongly agreed that they are able to sustain a healthy work-life balance
- Only 7 in 10 staff (70.6%) agreed or strongly agreed that they are able to manage stress well; and

**Whereas**, the Wauwatosa School District’s 2016-2021 Strategic Plan calls for:

- Improving prevention, identification and implementation efforts to address social and mental health issues that impact student learning.
- Continuing to provide opportunities and support to educate the “whole child” by promoting the highest possible levels of cognitive, social, emotional, physical, and ethical development for each child.
- Promoting advocacy of legislative issues at the city, region and state levels that impact the Wauwatosa School District; and
Whereas, the Wisconsin Department of Public Instruction’s School-Based Mental Health Services Grant Program offers one-time grants—without guarantee of continuous, sustainable and predictable funding for school districts. Wisconsin schools should not have to compete to provide funding to cover the basic mental health needs of our schoolchildren; and

Whereas, Wisconsin’s shortage of mental health care providers is described as a “crisis,” lagging most states in its per-capita workforce of all types of mental health professionals: nurses, counselors, social workers, psychologists and psychiatrists; and

THEREFORE, BE IT RESOLVED, that the Wauwatosa School Board calls upon the State Legislature and Governor Tony Evers to allocate sufficient, sustainable and predictable state funding enabling school districts to:

- Employ sufficient mental health professionals to meet the industry recommendations for support: 1:250 ratio of school counselors to students; 1:400 social workers to students; and 1:500-700 school psychologists to students
- Provide ongoing professional development to all staff
- Make comprehensive mental health screenings available to students
- Offer public information programs on relevant mental health topic
- Prevent an increase in local property taxes

BE IT FURTHER RESOLVED, that the Wauwatosa School Board calls upon the State Legislature and Governor Tony Evers to partner to address the shortage of mental health professionals in our state qualified to address the needs of school-age children, including:

- Establishing a mental and behavioral health qualified treatment trainee (QTT) matching grant program to annually train pediatric mental and behavioral health providers.
- Directing the Department of Health Services (DHS) to increase physician and other mental and behavioral health provider rates for services.
- Preventing the expiration of Medicaid reimbursement for school-based mental health practitioners to consult with school personnel on student care plans.
- Expanding the Child Psychiatry Consultation Program (CCPC), a mental and behavioral health physician consultation hotline service.

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7 "Resolution on Mental Health Programs and Services.” National Parent Teacher Association (PTA). https://www.pta.org/home/advocacy/ptas-positions/individual-PTA-Resolutions/Resolution-on-Mental-Health-Programs-and-Services
10 "Resolution on Mental Health Programs and Services.” National Parent Teacher Association (PTA). https://www.pta.org/home/advocacy/ptas-positions/individual-PTA-Resolutions/Resolution-on-Mental-Health-Programs-and-Services
12 "Table 2: Student-Pupil Service Professional Ratio: 2018 data.” Wisconsin Department of Public Instruction’s Office of Student Services, Prevention and Wellness.

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“School-Based Mental Health Services Grant Program.” Wisconsin Department of Public Instruction. https://dpi.wi.gov/spw/mental-health/school-based-grant-program


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